



maxliving[®]
CHIROPRACTIC

OPERATIONS MANUAL

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DAY 1: THE CONSULTATION & EXAM

WHAT IS DAY 1?

When we refer to Day 1, we are talking about the first appointment in a chiropractic office where the consultation and exam take place.

It's important to remember that patients who have been to a chiropractor have likely had some form of pain relief care – addressing the symptom, not the cause. On Day 1, we start the process of taking the patient from a symptom-based delivery system to a corrective-based delivery system.

Intention: The patient leaves knowing (1) the doctor has a full understanding of their chief complaint and (2) a thorough exam was done to determine the cause of their problem.

Tone: Welcoming, enthusiastic, upbeat. Ready to serve. Then, serious and concerned.

Why: This is our one chance to impact this person's life. You can only make a first impression once.

THE DAY 1 APPOINTMENT

The Day 1 appointment typically includes the following:

1. Team Welcome ([Team Development Manual](#))
2. Office Tour ([Team Development Manual](#))
3. Consultation
4. Exam
5. Next Steps
6. Handoff to the Team
7. Team Checkout ([Team Development Manual](#))
8. Day 1 Phone Call

TEAM WELCOME

See the [Team Development Manual](#) for additional information.

When welcoming the patient, it's important to be ready to greet the new patient by name, build rapport, and review their new patient paperwork.

“Hi, you must be Cathy! We are so excited to have you here.”

“Did you find our office okay? / Did you enjoy the dinner on Monday? / Dr. Matthew mentioned you're a friend of Jack. We love having Jack and his family as patients in our office.”

Get their new patient paperwork and review it to make sure it is complete.

“I see you filled out all of your paperwork. Did you have any questions?”

If pieces are missing.

“I see you skipped a few questions here. Would you mind taking a minute to answer these for the doctor?”

If they haven't completed their paperwork.

“Please have a seat over here and fill out your paperwork. Let us know if you have any questions and when you are done.”

Direct patient to the waiting area.

“Go ahead and have a seat right here. Here's some information for you to read while I prepare your paperwork for the doctor.”

Provide their spouse with the subluxation brochure – available in [English](#) on the MaxLiving Store and [Spanish](#) on the Print Store.

“Can we have a copy of your driver's license and any insurance information you would like us to verify?”

OFFICE TOUR

The office tour is an important part of welcoming the new patient. Throughout the office tour, you will begin planting seeds on key factors regarding patient education, office culture, and the MaxLiving mission. The key is to pick topics that your team and office are legitimately excited about.

See the [Team Development Manual](#) for additional information about the office tour.



THE DAY 1 CONSULTATION

The Day 1 script is designed to help you develop a thorough understanding of the patient's problem through a consultation and exam. The consultation should be a cause-oriented conversation where you show genuine concern.

It is very important the patient states their concern / hot button at some point during the conversation. Their hot button may or may not be the reason they scheduled their appointment.

There are several important points during the new patient consultation:

1. Rapport
2. History
3. Concern
4. Nerve Chart & Spine
5. Next Steps

While you certainly don't want the consultation to be robotic, you want to make sure you cover each of the important points. We'll provide some examples and scenarios for each important point.

RAPPORT

"I've had a chance to go through your paperwork. I see that you have [chief complaint] and [secondary complaint]. What made you decide to schedule an appointment?"

Review their paperwork. Be thorough and use your own words.

"Why has it gotten to the point where you want to get rid of it?"

HISTORY

Take their history. Develop their chief complaint. Ask questions. See the history section on page 8 for an additional layer of training.

CONCERN

“We see a lot of people with [chief complaint] and [secondary complaint]. We also see people with depression, anxiety, cancer, heart disease, etc. Everyone who comes in has three options:

- 1) You can do nothing and whatever is causing your problem will get worse.
- 2) You can go to a doctor or physical therapist, and they will give you drugs or exercises to hide your symptoms, but what is causing it will continue to get worse.
- 3) We can actually look for the cause of your problems.

“If this were something simple like a muscle or ligament issue it would have been gone a long time ago (*get them to agree*). The fact that it’s still there tells me it could be coming from a nerve problem which is a much bigger deal because the same nerves that go to your [area of chief complaint] go to organs like [list organs].”

NERVE CHART & SPINE

“Your brain controls every function of your body. It sends a message down your spinal cord and out through your nerves to every cell, organ, and muscle. Every day, this is how your heart beats, your lungs breathe, and how your stomach digests the food you eat.”

“Today, we’re going to do a thorough exam to see if this is, in fact, the underlying cause of your [chief complaint]. We will do that by looking at your posture, range of motion, and palpation. If anything shows a red flag, we will get x-rays taken. If we take x-rays, it’s because there is a more serious problem. If this is the case, I’ll want you back on the schedule within 24 to 48 hours.”

Conduct exam. After the exam, sit down and take notes.

REVIEW HISTORY, EXAM FINDINGS, & NEXT STEPS

“Ok Cathy, based on your history, I suspected we would find a big enough problem to warrant x-rays. With [insert exam findings], your exam confirms this. I’d like to take # x-rays of your spine to get a full picture of the cause and extent of your condition.”

X-RAY TRANSITION

“My next step is to review and analyze your x-rays. Based on your history and exam, I know I will find a problem big enough that we will want to get you adjusted on your next visit. This will be the main point of your next visit – get in, get some work done, and compare that to your x-rays so that we can develop a plan. Your next visit will most likely be brief. We’ll get you adjusted and determine your next steps from there.”

HANDOFF TO THE TEAM

“Jodi, today I completed an exam and a full set of x-rays with Cathy. I want to see her at my first available appointment tomorrow morning. Please make changes to my schedule to ensure the appointment is within this time frame.”

TEAM CHECKOUT

See the [Team Development Manual](#) for additional information. During checkout, three things need to happen:

1. Schedule the patient
2. Go over what to expect
3. Collect payment

“The next available appointment is ____ AM or ____ PM.”

Get confirmation and provide patients with the ‘What to Expect at Your Next Appointment’ document.

“When you come in tomorrow, the doctor will go over the results of your exam. If he recommends an adjustment, the fee is \$____. If any additional x-rays are needed, the fee is \$____.”

“The exam and x-rays for today will be _____. We take cash, check, or credit.”

Don’t use the word dollars. Record payment as necessary and provide a receipt. Add the patient to the doctor’s evening call sheet.

DAY 1 PHONE CALL

The Day 1 phone call is one of the most important parts of Day 1.

“Hi, Cathy. This is Dr. Matthew. I’m very grateful that we took the x-rays and did the exam. I wanted to let you know it was not a simple problem. It is subluxation as I suspected from your exam. The good news is this is exactly the kind of problem we take care of in our office. I look forward to seeing you tomorrow, talking to you more about your condition, and getting started.”

If there are any questions:

“That is a good question, and we will cover that more tomorrow (or whenever the appointment is scheduled for) when we give you the results of your tests and x-rays.”

ADDITIONAL TRAINING RESOURCES

TAKING A PATIENT'S HISTORY

It's important for patients to feel heard and understood. Taking a thorough history is part of that process. Below are some examples of questions to ask while taking a patient's history.

HOW LONG? HOW OFTEN?

How Long? How Often? Examples: (ask both)

"How long have you noticed the current episode / problem?"

"When was the first time you experienced this?"

PAST TREATMENTS

Past Treatment Examples:

"What have you tried so far?"

Let them respond.

"What I hear you saying is that you have been managing the problem, but haven't found anything to fix it."

If they have tried chiropractic, ask these questions:

"Did they take x-rays?"

"Did they take re-x-rays to see how your spine was moving or changing?"

"Did they put together a care plan and show you how to correct it, or was it more go in when it hurts?"

If the patient says they are just pushing through, make sure you ask:

"Has something changed to make you take action by coming in now?"

PAST ACCIDENTS & INJURIES

Scenario 1: Obvious Accident

"I need to figure out what's happened in the past that could be playing a role in your neck pain."

“Have you ever had any car accidents? Did you or do you play any sports? Have you had any falls or other injuries?”

If they've experienced an obvious accident, use their answer when you talk about their concern and / or during Day 2 when you talk about why they have a long-term issue.

Scenario 2: Micro-traumas (If they answer no to the obvious accident questions)

“What is a typical day at work like for you?”

You're looking for repetitive movements, sitting all-day, standing all-day, etc.

“How many hours a week do you perform this motion?”

“How long have you done this?”

LIMITATIONS

“What are some things this is preventing you from doing?”

Scenario 1: “I can't do anything.”

Dig in as much as you can to try to get to something specific.

“If you could do XYZ, what would that mean for you?”

Scenario 2: “I just do it all anyway.”

“Ok, imagine you woke up tomorrow without (symptom). What are some things you could do even better?”

Scenario 3: “Wellness.”

“What are some health goals you'd like to achieve one year from now?”

AT ITS WORST

“Think about your pain at its worst. At its absolute worst, what does it feel like?”

PROGRESSION

“In the last three months, has the problem been getting better, worse, or has it stayed the same?”

THE DAY 1 EXAM

The exam should consist of a combination of:

1. Posture
2. Range of Motion
3. Palpation
4. Orthopedic Tests
5. X-Rays (*if necessary*)

POSTURE

There are many different forms of technology you can use to check a patient's posture. If you do not currently use technology, you would check their posture visually. Vocalize what you see as you are analyzing their posture.

RANGE OF MOTION

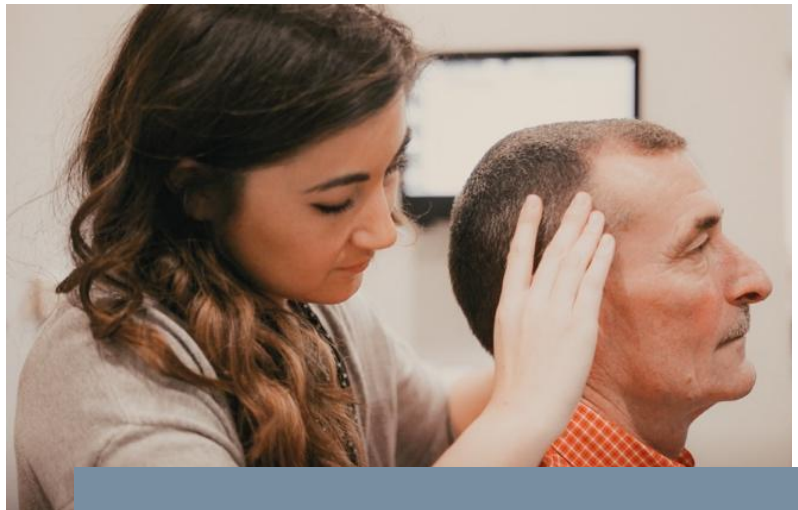
Check cervical and lumbar range of motion. Vocalize what you find.

PALPATION

Palpate the entire spine, not just the symptomatic area. Have the patient confirm findings throughout palpation.

ORTHOPEDIC TESTS

Perform tests and connect their concern to a positive test.





DAY 2: THE FIRST ADJUSTMENT

WHAT IS DAY 2?

At MaxLiving, we establish a root cause in everything we do. We look to uncover the cause of any symptom so that we can remove the interference and restore proper nerve supply.

The second visit in a chiropractic office, Day 2: The First Adjustment, plays a huge role in taking the patient from symptom to cause. The two main points to communicate throughout Day 2 are:

1. We found the cause.
2. We can help.

Intention: The patient should (1) know the cause of their problem has been identified, (2) understand there is a specific process to fix it, and (3) know where they are in that process.

Tone: Welcoming, yet serious, confident leadership.

Why: The patient's problem is worse than they thought. We can help. We have a proven process to support them with getting the best results.

THE DAY 2 APPOINTMENT

The Day 2 appointment typically includes the following:

1. Team Welcome ([Team Development Manual](#))
2. Warm-Up Exercises ([Team Development Manual](#))
3. The Day 2 Doctor's Interaction Pre-Adjustment
4. Adjustment
5. Handoff to the Tech CA or Another Team Member
6. Team Checkout ([Team Development Manual](#))
7. Day 2 Phone Call or Text

TEAM WELCOME

See the [Team Development Manual](#) for full preparation and instructions.

It is important the patient understands the seriousness of their condition from the moment they arrive.

“Hi Cathy. Welcome back. You can have a seat right here. Dr. Matthew is prepared to go over the results of your exam.”

WARM-UP EXERCISES

“Cathy, before you meet with the doctor, he has asked me to review some warm-up exercises with you. Please follow me.”

“The first exercise I am going to show you is our active cervical traction. This will help prepare your cervical spine for the adjustment.”

Demonstrate following the doctor’s recommendations.

“Next, we are going to use the wobble disc. While on the wobble disc, you will perform a series of movements with your spine - front to back, side to side, and rotational motions. Let me demonstrate for you.”

Demonstrate following the doctor’s recommendations. Optional – Have the team member further explain what these actions do for the spine.

THE DAY 2 DOCTOR’S INTERACTION (PRE-ADJUSTMENT)

The doctor’s interaction typically includes the following:

- Section 1: Review Anatomy
- Section 2: How It Relates to Their Symptoms & Health
- Section 3: Their Next Steps

“Good to see you again, Cathy. I reviewed your exam and x-rays last night, and it’s not good (pause). Here’s what I found.”

SECTION 1: REVIEW ANATOMY

“When I look at your spine from the front, your spine has to be straight, and your hips have to be level. Your [right hip has shifted down, creating a curve], creating the condition called subluxation, which is affecting the nerves in your [low back]. These are the nerves causing your [low back pain], but they are also the same nerves that go to organs like your [bowel, bladder, and digestive system].” Use nonverbals.

“The normal position of the neck is a 45-degree curve. Your neck is at _____. Your head is shifted forward creating degeneration, abnormal wear-and-tear in the [lower part of your neck at the C5/C6 level]. Those nerves are the nerves that control your [sinuses].”

SECTION 2: HOW IT RELATES TO THEIR SYMPTOMS & HEALTH

“The condition I see on your x-rays is progressive. If it’s not stopped or stabilized, it will continue to spread and get worse.”

Critical Portion of the Script

“Here’s the deal, you’re [58] years old, you’ve had this condition for over a month, it’s affecting other areas of your life. My concern is where this is going to be in another 6 months, or 5 years from now, if you don’t do anything about this.”

SECTION 3: THEIR NEXT STEPS

“From what I see on your x-rays, this is fixable. You’re in the right place. If this is something you want my help with, (pause) this is exactly what I do.”

“It is going to require going through the right process. Here’s what that process will look like for you:

- 1) “We’re going to get you adjusted today so I can see how your body responds to an adjustment.”
- 2) “To get the maximum benefit from each adjustment and correct your spine the fastest, we’re going to have you do spinal corrective exercises before and after the adjustment.”
- 3) “To see how you’re responding to care, I’m going to take an x-ray after your adjustment today. This will allow me to make the most accurate recommendations for your care.”

“At your next visit, we will sit down and review your x-rays, talk about how your adjustment went, and lay out recommendations for care.”

“It will be the longest and most important visit we will have, because, again, we will look at your x-rays, talk about your adjustments, and lay out recommendations. On this visit I’d like your husband to attend with you.”

AT THE ADJUSTMENT: SIT THEM UP & TELL THEM WHAT TO EXPECT

“Your adjustment went well; you’re going to sleep better than you’ve slept in a while. Don’t be surprised if you [have a few extra bowel movements or sinuses draining] because the same nerves that go to your [low back] affect your [bowels and sinuses]. The normal physiology of your body is going to kick in and your body will go into overdrive. Just let it run its course. Drink half your body weight in ounces of water. This will help with inflammation, and it will speed up the healing process. Do this every day until the next time I see you.”

“Let’s go ahead and get a head weight on you and take an x-ray so we can see how your spine responds.” (Keep a head weight in the adjusting bay for maximum efficiency)

FOLLOWING THE X-RAY IN THE EXAM ROOM

“At your next appointment, like I said, we’re going to sit down, go over your x-rays, talk about this adjustment, and lay out recommendations for care. Let’s get you checked out at the front and Jodi will get you confirmed for tomorrow night with your husband, Bob.”

HANDOFF TO THE TEAM

“I met with Cathy, reviewed her exam findings, and most importantly got her adjusted. She did great with her adjustment. She’s going to drink a lot of water. Cathy and I discussed that I want to get her back here tomorrow night with her husband Bob to sit down together, review her x-rays, and lay out recommendations for her care.”

“Jodi, if you could take care of her adjustment and x-ray today and get her confirmed for her appointment tomorrow with Bob, that would be wonderful. Cathy, you’re going to do great. You’re going to sleep well tonight. If you have any questions, don’t hesitate to call me, otherwise I’ll see you and Bob at 5:30pm tomorrow.”

TEAM CHECKOUT

Collect payment and provide the patient with the ‘What to Expect After Your First Adjustment’ document.

“We have you down for the Doctor’s Report on Thursday. It starts promptly at 6:00pm, so you and Bob will need to arrive by 5:55pm. Be sure to set aside 90 minutes for this appointment, and let Bob know that as well. This is a longer appointment because it is the most important appointment you will have in our office, and Dr. Matthew wants to ensure that you and Bob both fully understand what you will be seeing in your x-rays.”

“You and Bob will start together with a handful of other patients, as a group, to go over the information that will help you understand what it is you are looking at when you see your x-rays. Then the doctor will take you back privately to go over your personal exam findings and x-rays. Please be assured none of your personal information will be shared with anyone. The doctor has set aside an adequate amount of time to go over all of your recommendations and answer any questions you or Bob might have. There is no charge for the appointment, yet we ask you to keep in mind that it is a financial decision-making appointment, so come prepared for that. Also, bring a calendar with you so we can schedule future appointments! You see we love having kids here, but this is the one time we ask that you arrange child care for an appointment at our office. We’d hate for you to miss any of the information Dr. Matthew is going over. Will you be able to find a babysitter for tomorrow’s appointment?”

If yes:

“Great! Do you have any other questions about this appointment?”

If no:

“Do you have any friends or family that might be able to watch them? Perhaps a neighbor or a friend from school you could swap some babysitting time with?”

As a last resort:

“Would you be comfortable bringing some toys/ books/movies and letting one of our team members watch the kids in the back during this appointment?”

DAY 2 PHONE CALL OR TEXT

At the end of each day, the front desk CA should provide the doctor with his or her call sheet. Make sure that Day 2 first adjustments are on the doctor’s call list. Their name, phone number, chief complaint, spouse’s name (mom and dad’s name if a minor), and scheduled Doctor’s Report date and time should be included on the doctor’s call sheet as well as any important information that the doctor needs to know (resisted while scheduling, husband is out of the country, etc.) This call establishes a relationship and lets them know you care.

“Hi, this is Dr. Matthew. I’m calling to see how you responded to your 1st adjustment.”

Very sore response:

“Being sore is a completely normal response. While it isn’t fun, it’s actually a sign that your body is responding well to your first adjustment. Make sure you ice for 15 minutes every hour and drink plenty of water. I’ll see you and your husband tomorrow at 6:00pm and we will continue your healing process.”

Better, great or excellent response:

“Perfect, that is exactly what we expected. I’m glad we got your healing process started today. I will see you and your husband/wife tomorrow at 6:00pm”

I haven’t noticed any change at all response:

“It’s normal that you may notice no change and that’s because your subluxations have been there for a long time. We’ll see you and Bob tomorrow at 6:00pm and continue your healing process.”

POSSIBLE UNANSWERED QUESTIONS (OBJECTIONS)

Scenario 1: Why does my spouse have to come OR does my spouse have to be there?

“In my experience, I have taken care of thousands of patients, and we have found that the people who include those who matter in their life, such as your spouse, get the best results, and I want the best for you.”

If still objecting:

“The reason is, you are going to be making both a time and financial decision. Do you make decisions like that together?”

Wait for response. If yes:

“Then they need to be here.”

Any more than this is badgering opposed to leading and can create a negative relationship.

Scenario 2: I can't come at that time

“What's the issue?”

The only acceptable answer here is work.

“This is the only time we ask you to come at such a specific time. How can you make one of these appointments work?”

Give solutions.

“I can write you a doctor's note.”

Schedule an additional adjustment before their doctor's report. Do not let them go more than 7 days without an adjustment.



DAY 3: THE DOCTOR'S REPORT

WHAT IS DAY 3?

The doctor's report (DR) is by far the most important appointment in a chiropractic office. While the first and second visits (Day 1 and Day 2) are designed to help the patient understand the symptom they are experiencing is **not** the problem – that there is an underlying cause – the doctor's report is designed to help them understand what is wrong, how long it's been existing, the time it will take to correct it, and the cost.

To set the patient up for success, we always recommend the spouse or significant other attend the doctor's report. By the end of the visit, the spouse should also understand what a subluxation is, what is wrong, how long it will take to fix, and the cost. Having the spouse present establishes accountability, increases patient retention, and helps create a family practice.

The doctor's report is typically done in a group setting, covering the information that applies to all patients in the group. Once complete, the doctor meets individually with each patient to review their personal recommendations and care plan.

Intention: To mobilize patients to take an active role in their health and join the MaxLiving mission.

Tone: Empowering, certain, and optimistic.

Why: This is what sets the tone for the mission and culture of an office.

THE DOCTOR'S REPORT VISIT

The doctor's report appointment typically includes the following:

1. Team Welcome ([Team Development Manual](#))
2. Team Introduction to the Doctor's Report ([Team Development Manual](#))
3. The Doctor's Report
4. Recommendations & Finance
5. Handoff to the Team
6. Team Checkout ([Team Development Manual](#))
7. Adjustment (*optional, procedures vary by office*)

WHAT THE DOCTOR'S REPORT IS NOT

A well-done doctor's report is typically 20 to 45 minutes. The doctor's report is not meant to share the entire history of chiropractic, every reason you are passionate about chiropractic, or showcase every patient miracle your office has experienced.

TEAM WELCOME

See the [Team Development Manual](#) for full confirmation, set-up, and arrival instructions.

“Hi Cathy and (spouse's name if present). Let me show you to your seats. You can have a seat right here. If you need to use the restroom it is located just around the corner; first door on your left. Would you both like a bottle of water?”

Provide the patient with a copy of Interest vs. Commitment brochure – available in [English](#) and [Spanish](#) on the MaxLiving Print Store.

“Today is likely the most important visit you'll have here. The doctor is going to go over everything it takes to get well and stay well. Dr. Matthew asked that I have you read this while you wait.”

Provide their spouse with the subluxation brochure – available in [English](#) on the MaxLiving store and [Spanish](#) on the Print Store.

“This brochure provides some insight to the information the doctor will be going over in more detail in just a few minutes.”



TEAM INTRODUCTION TO THE DOCTOR'S REPORT

It's up to you, the doctor, whether or not you have a team member open the doctor's report. If you do, here are some points for them to cover:

- Name
- Role in the office
- Personal story, perspective, transformation
- What to expect: reason you're starting as a group
- Reminder to silence cell phones

"Welcome to the doctor's report. The purpose of today's report is to explain how chiropractic care works, what we have discovered in your x-rays, and how our office can help you."

"Dr. Matthew will be leading the doctor's report today. Following the report, the doctor(s) will review your x-rays with you in a private room and provide recommendations."

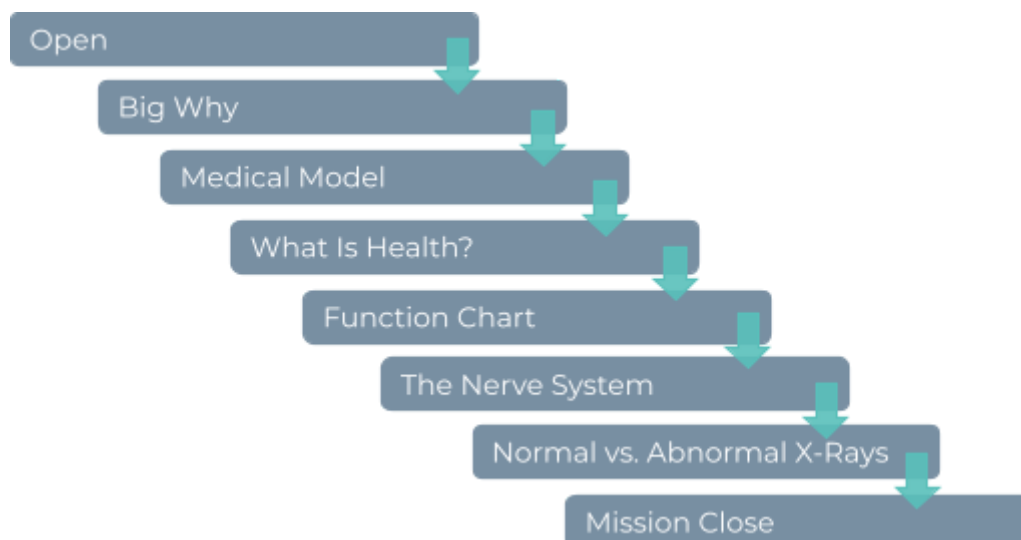
"For some of you, this is a different experience than you are used to. It is a proven fact that patients who fully understand the problem get the greatest results. Dr. Matthew travels all over the United States several times per year to learn from top doctors in the world so he can bring you the most factual and up-to-date knowledge on health and disease prevention."

The team member should include a personal testimony of how chiropractic has impacted their life.

"We do ask that you please turn off any cell phones so that no one will miss even 10-seconds of this information. Dr. Matthew will be with you shortly."

THE DOCTOR'S REPORT

While each doctor's report will be unique, here's an outline to follow, plus some important points to help you **develop your personal doctor's report**.



When developing your doctor’s report, it is important to remember to share more about what you do well than what the medical model does wrong.

OPEN

Intention: To let patients know what is going to happen throughout the visit and how long they should expect.

BIG WHY

Intention: To create rapport with the patient by sharing why you do what you do.

MEDICAL MODEL

Intention: To share facts about the medical model and the state of healthcare in our country. The medical model is reactive not proactive. The facts are clear – the medical model is not working.

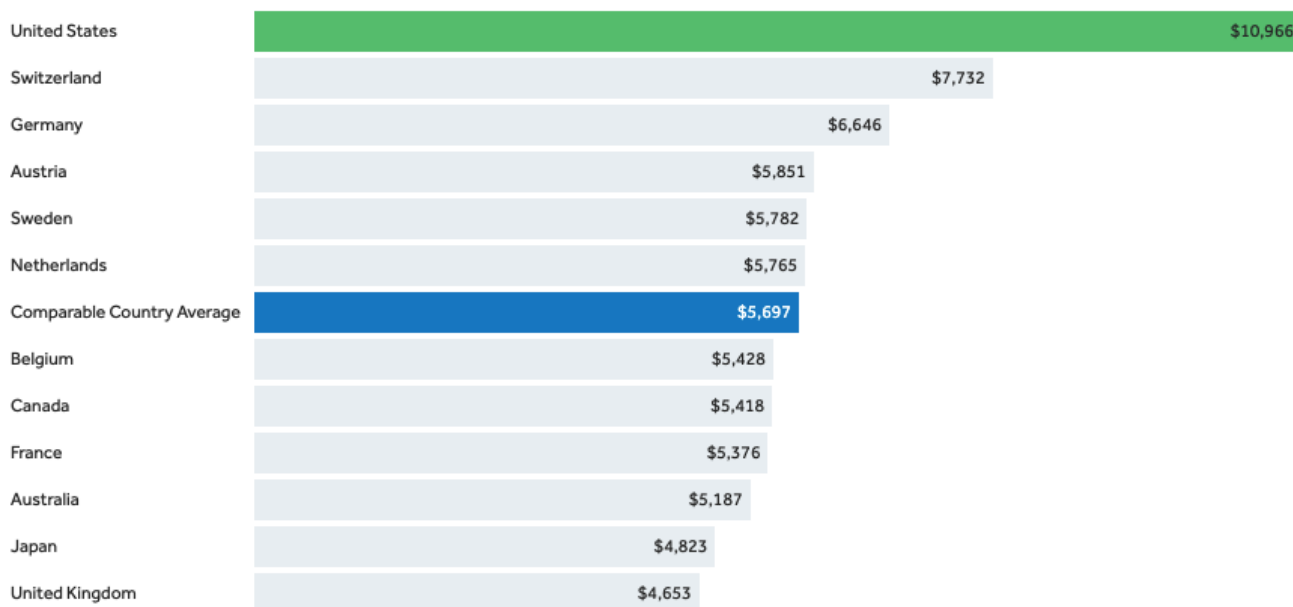
Stats and Research:

Numbers matter; here are some facts about the medical model. Use some of them, but not all of them or you’ll overwhelm your patients. And remember, talk more about what you do well and less about what the medical model does wrong.

HEALTHCARE SPENDING DATA & RESEARCH

Health spending in the United States by far exceeds that of other countries.

“On average, other wealthy countries spend about half as much per person on health than the U.S.”



Peterson-KFF Health System Tracker, December 2020, retrieved from <https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/>

“U.S. health care spending grew 4.6% in 2019, reaching \$3.8 trillion or \$11,582 per person.”

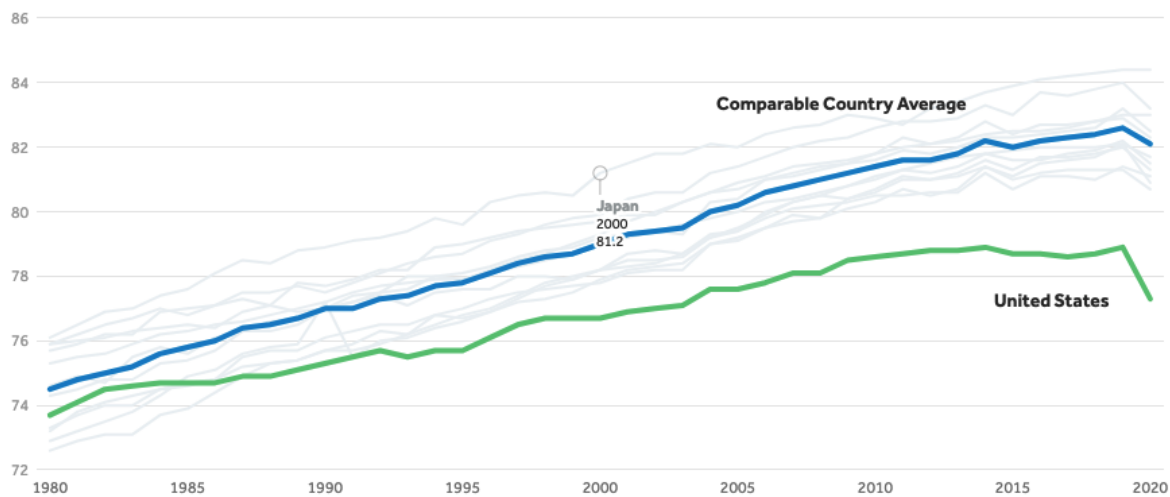
Centers for Medicare and Medicaid Services, 2020, retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical>

“The U.S. health system spends a higher portion of its gross domestic product than any other country but ranks 37.”

World Health Organization, 2020, retrieved from <https://www.who.int/news/item/07-02-2000-world-health-organization-assesses-the-world's-health-systems>

LIFE EXPECTANCY DATA & RESEARCH

In the United States, we are spending more than any other country, yet our life expectancy is lower than any other country.



Peterson-KFF Health System Tracker, 2021, retrieved from <https://www.healthsystemtracker.org/chart-collection/u-s-life-expectancy-compare-countries/>

PRESCRIPTION MEDICATION DATA & RESEARCH

“Americans, constituting only 4.6% of the world's population, have been consuming 80% of the global opioid supply, and 99% of the global hydrocodone supply.”

Manchikante. March 2008, *Pain Physician*, retrieved from <https://pubmed.ncbi.nlm.nih.gov/18443641/>

“Prescription drug spending per capita is far higher in the United States than in the nine other high-income countries.”

The Commonwealth Fund, October 2017, retrieved from <https://www.commonwealthfund.org/publications/issue-briefs/2017/oct/paying-prescription-drugs-around-world-why-us-outlier>

“More than half of Americans now regularly take a prescription medication—four drugs, on average.”

Consumer Reports, August 2017, retrieved from https://www.consumerreports.org/media-room/press-releases/2017/08/consumer_reports_examines_do_americans_take_too_many_prescription_medications/

Potential Questions to Ask: Who is responsible for your health? The medical model? Your insurance company?

WHAT IS HEALTH?

Intention: To help patients understand the true definition of health; it’s not about how you feel. When asked, what is health? Most people respond something along the lines of feeling good, eating right, or exercising. While most people think health is how you are feeling, it is actually how you are functioning.

Potential Questions to Ask: How do you know you are healthy? What is health? Do you know someone who appeared to be the picture of health but died from a heart attack? Do you think we are getting healthier or sicker as a nation?

Stats and Research:

Heart disease and cancer have been the leading causes of death for adults in the United States for over two decades.

Center for Disease Control (CDC), 1980 – 2018, retrieved from <https://www.cdc.gov/nchs/data/hus/2019/007-508.pdf>

FUNCTION CHART

Intention: To explain symptoms are typically not present until the nervous system is functioning at less than 100%. It has been said that symptoms are not present until 60% function. The goal is to get to as close to 100% function as possible, which means your body is healing at the highest level it possibly can.



High Level Mindset: Think of Reggie Gold saying, if you’re getting adjusted to make your symptoms go away, you’re doing it wrong.

The purpose of the adjustment is to get your body to function at the highest level. If your symptoms go away, great. If they don’t, great. This is a high level and difficult concept to communicate, but it should be the ultimate goal once you’ve mastered your doctor’s report.

THE NERVE SYSTEM

Intention: To help patients understand the autonomic nervous system (ANS), the role it plays in the body healing and functioning, and how subluxation interferes with proper function.

The ANS banner is available for print on the MaxLiving [Print Store](#).

NORMAL VS. ABNORMAL X-RAYS

Intention: To help patients understand normal x-rays and spinal alignment versus abnormal x-rays and spinal alignment.

Important Points: Explain the proper position of the spine.

- The spine should be straight up and down from the front.
- From the side it should have curves.
- If the spine deviates from that, you have problems.

Explain subluxation. The spine goes out of alignment for three reasons:

1. Traumas (accidents)
2. Thoughts (emotional stressors)
3. Toxins (medications, chemicals around us, etc.)

Review the phases of degeneration.

Use pre and post x-ray examples the cover each of the following:

1. Time of Correction
2. Corrective vs. Palliative (Symptom Relief)
3. Money and Insurance
4. Matter has Limitations (Set Realistic Expectations)
5. Family and Lifetime Care

Potential Examples to Use: The garden hose analogy is a great analogy to use. If you kink a garden hose, what happens to the water?

The analogy of having braces on your teeth can help patients understand the frequency of care in the chiropractic office. If you only had braces one day each month, what would happen to your teeth? Would they straighten?



MISSION CLOSE

Intention: To get patients to join the MaxLiving mission.

Important Points: Use stories of patients who have referred. The overall tone of this section should be lifetime care, family care, and the mindset that everyone deserves a chance to get checked.

RECOMMENDATION & FINANCE

REPORT OF FINDINGS

During the report of findings, you'll meet individually with the patient and their spouse, significant other, or parent. It's important to build rapport during the report of findings.

“Hello Cathy. You must be Bob. It's so nice to meet you, Bob! Let's go over the concerns from your x-rays.”

Start with their chief complaint.

“What do you see?”

Let them answer, and then tell them their percent loss of curve.

“What is that doing to the nerve?”

Let them answer and then link back to the chief complaint and tell them where the nerves go.

“What is this doing to your body?”

Be silent.

“What would continue to happen if this were not corrected?”

Transition to care plan review.

“We're not going to let that happen. It's going to take some work to get this corrected, but with our care and your commitment, we will get there. To begin, you will be given at-home exercises that will need to be performed daily, twice a day. Do you foresee any challenges with doing these exercises twice a day, every day?”

Get commitment on this before continuing.



“You will need to be adjusted ___ times per week. Are there any issues with you getting here ___ times per week?”

Handle objections before continuing.

CHIROPRACTIC RECOMMENDATIONS

When reviewing chiropractic recommendations, make sure the patient understands.

“You will be adjusted ___ times per week for the first ___ weeks and then graduate to ___ times per week for the next ___ weeks. That’s a total of ___ visits over ___ months. We will be doing evaluations and x-rays along the way to ensure proper progress.”

“If you were to pay at the counter every time you come to the office, your total out of pocket cost would come to \$____. But, we don’t do pay per visit as it drives up your cost. We put together a care plan that helps drive down cost.”

If insurance is involved, cover what is expected here.

FINANCE

“There are two options for payment. The first option is the most popular because it saves you the most money. It’s a one-time payment of \$____ which saves you \$____.”

“The second option is an automatic payment scheduled with credit, debit, or check. The initial payment is \$____ and # equal payments of \$____.”

Only discuss the third option if necessary.

“The last option is the least popular because it spreads out payments longer than four months. At the four-month mark, I will make recommendations to maintain the changes you are making. Most people prefer not to have a balance when we have that conversation.”

TRANSITION TO THE TEAM

Transition authority to CA to schedule and collect payment.

“Cathy is ready to get started. She is going to do this option here, which is a down payment of \$____ and a monthly payment of \$____. I need to make sure she is scheduled to see me starting at ___ times per week for the first ___ weeks. From there we expect her to graduate to ___ times per week. Please make sure to also set her up with her orientation appointment and home care. Cathy and Bob have two children that I’d like to evaluate sometime this week. Please make sure to get them and Bob scheduled.”

Be sure to get an agreement of understanding before you exit.

TEAM CHECKOUT

See the [Team Development Manual](#).

“Alright Cathy. This will be __ visits over the next __ months. With this option, it is a down payment of __ and a monthly payment of __. Which card do you want to put this on today?”

Wait for a response. Do not say anything until the patient responds.

“Is this the same card you would like to use for monthly payments?”

From here, the team member would schedule the patient for future appointments and schedule the family. When scheduling the family, keep it simple.

“Do you want to schedule John and Julie for their evaluations at the time of your next appointment or would you like to schedule a separate time?”

Confirm the patient’s upcoming schedule.

“Alright Cathy, we have John and Julie scheduled for Wednesday at the same time as your adjustment. We also have you all set for your future appointments on Monday, Wednesday, and Friday at 9:30am.”

“Our patients who get the best results are those who are consistent. We understand that circumstances may arise in which you need to reschedule. In the event this happens, we have three convenient ways for you to reschedule. The first, and most common option, is to text us at _____. You can also email us at _____ or give us a call at _____.”

“At your next visit, we will be reviewing the home care that Dr. Matthew has prescribed for you. These home care exercises will assist in achieving the best results possible. Please be prepared to be here for an additional 15 minutes tomorrow so that we can review these exercises and answer any questions.”

“Dr. Matthew has also recommended progress evaluations. These progress evaluations will be helpful for us to check your progress and how your body is responding. Your first progress evaluation is scheduled for four weeks from today, but no worries, we will be sure to remind you to plan your time accordingly as your progress evaluation approaches.”

Provide the patient with the [New Patient Quick Start Guide](#).

“These resources cover the basics of the 5 Essentials and simple steps you can implement to achieve the best results.”

A woman with long dark hair, wearing a black lace top and a brown watch, is leaning over a patient lying on a black table. She is adjusting the patient's back. The background is a plain, light-colored wall.

ADJUSTING ON DAY 3

When it comes to adjusting at your doctor's report, you need to do what is best for your clinic – before, after, or not at all. Offices are typically active before doctor's report, so whatever you choose to do, keep maintaining an excellent patient experience at the top of your mind.

Whatever you do, own it, and create an amazing experience.



DAY 4, 5, 6: CREATING LIFETIME PATIENTS

WHAT IS DAY 4, 5, 6?

Day 4, 5, and 6 are a series of appointments designed to create lifetime patients who refer, pay, and stay. Day 4, 5, and 6, must affirm the claims made throughout the doctor's report.

Intention: The patient leaves knowing (1) how to get the best results by completing their prescribed home care exercises, (2) how to plug in and stay engaged, (3) how to refer people to the office, and (4) how to complete the Life Risk Questionnaire (LRQ) to determine their risk level.

Tone: Calm, healing, and excited.

Why: Every patient matters and should know their care is personalized and specific to them.

The Day 4, 5, and 6 Appointments

While each office may have a slightly different flow for Day 4, 5, and 6 (a concept known as freedom in the framework); here are the primary points that should be covered each visit.

Day 4

- Homecare prescription sheet
- Body weights

Day 5

- Daily Essentials
- MaxLiving [engagement brochure](#)

Day 6

- [Verbal survey](#)
- Life Risk Questionnaire (LRQ)

Freedom in the Framework: Slight variations in process from office to office based on office size, team size, and level of training and implementation.

THE DAY 4 APPOINTMENT

Intention: The patient should feel at home, comfortable, and have hope for the future. They should leave their Day 4 appointment with trust, confidence, and hope. Remember, a great Day 4 starts with a great Day 3.

The Day 4 appointment includes the following:

- Team Conversation Pre-Adjustment: Check-In & Office Flow
- The Day 4 Doctor's Conversation
 - Reiterate Short-Term Goals & Healing
 - The MaxLiving Mini Book
 - The Mission
- Team Conversation: Body Weighting, Homecare, & Scheduling Appointments

DAY 4 TEAM CONVERSATION: CHECK-IN & OFFICE FLOW

See the [Team Development Manual](#) for full preparation and instructions.

“These resources cover the basics of the 5 Essentials and simple steps you can implement to achieve the best results.”

When reviewing the office flow, it is important to show patients how to get the most out of their care. Make sure you review the following:

- How to check-in
- Warm-up exercises (wobble and traction)
- Take a number / signing in for their adjustment
- Lying face down on the adjustment table
- Post-adjustment exercises (body weighting or vibration therapy)

TEAM CONVERSATION PRE-ADJUSTMENT

As the team brings the patient to the adjusting bay, it is important to emphasize bay etiquette.

“When it is your turn to get adjusted, you’ll sign into the computer, lay face down on the adjusting table, and rest while you wait for the doctor to arrive. The doctor will access your x-rays and care plan on the computer and be completely focused on your adjustment, so the adjustment is not the time to ask questions about nutrition, toxicity, or even home exercises.”

“If you’re experiencing a new injury or condition, please call prior to your appointment or notify a team member before you warm-up so the doctor can determine if you need an exam. If something has changed, we need to know before your adjustment so that we can give you the best care possible.”

THE ADJUSTMENT

THE DOCTOR'S DAY 4 CONVERSATION: SHORT TERM GOALS & HEALING

When the doctor connects with the patient on Day 4, it is important to acknowledge:

- They understand the office flow.
- A team member will return to help them with their body weight set-up.
- How they can engage with the office to get the most out of care.

“Remember, we’re following a plan based on your initial exams and x-rays, so while there may be days you feel better, worse, or the same, your body is undergoing a complex healing process that involves your muscles, ligaments, and neurology. Your home care is the best asset to expedite the process, so please make sure you get started tonight. If you have any problems with your prescribed exercises, let a team member know as soon as possible. It’s a critical component to your care.”

The doctor should also:

- Reiterate their short-term goal shared at Doctor’s Report. Shared by the Doctor after Doctor’s Report: “What is your number one goal for care? The day that happens for you, no matter how busy it appears I am, I want you to stop me and pull me aside to let me know. Then, I know I am doing my job for you.”
- Address whether their family is being checked. If their family is not being checked, acknowledge their reason but do not make them feel bad about it.
- Recognize the patient as part of the family.

“You’re a part of the family now, and over the next few visits, our team is going to make sure you are aware of everything you have access to as a MaxLiving member. Plug in to as much, or as little as you want.”

THE DAY 4 DOCTOR'S CONVERSATION: THE MAXLIVING MINI BOOK

The *MaxLiving Mini Book* is given to the patient after their Doctor’s Report. On Day 4, share your favorite part of the book.

“At your last appointment, you received the MaxLiving Mini Book. This book is your roadmap to healing—it’s an incredible resource that will help you understand how to utilize the 5 Essentials and this office to help you achieve your health goals.”

“My favorite part of the book is....”



DOCTOR'S CONVERSATION: THE MISSION & HOW TO REACH THE DOCTOR

"Before I let you go, what stood out to you during your Doctor's Report?"

If they lean towards the mission.

"This is exactly why we have the community dinner and host lunch-and-learns. The team will make sure you know how to plug the people you love into MaxLiving offices and events – no matter where they live."

"If you have any questions along the way, everyone in our office is a resource for you. We always have multiple hands and multiple sets of eyes available to you. Here is my card with my personal email. Feel free to reach out any time."

"[Team Member] will take you from here. I'll see you on [Monday] at [3:30pm]."

If they lead towards symptoms or relief, address this and tie it to the mission to future-pace the patient.

"There are thousands of people in our community dealing with the same thing. It's exactly why we do lunch-and-learns, are out in the community screening people, and looking for ways to engage people before they get to that point."

"We're going to be showing you how to refer people to our office. If you have names and numbers or want referral cards so that people you know can come in, just let me know."

"If you have any questions along the way, everyone in our office is a resource for you. We always have multiple hands and multiple sets of eyes available to you. Here is my card with my personal email. Feel free to reach out any time."

"[Team Member] will take you from here. I'll see you on [Monday] at [3:30pm]."

If the patient had someone in mind to invite to the next dinner, the team should get their name and show them how to sign up right away. Otherwise, this will take place on Day 5.

DAY 4 TEAM CONVERSATION: BODY WEIGHTING, HOMECARE, & SCHEDULING

A team member should teach the patient their body weighting set-up. This can be done in a private room or at the front desk.

- Give the patient their body weights.
- Review their prescription homecare sheet.
- Review their schedule, how to see their schedule, and how to reschedule if needed. If the patient seems overwhelmed, you can move this to Day 5.
- Confirm their next appointment.

THE DAY 5 APPOINTMENT

Intention: By Day 5, the patient should feel like they are settling in, at home, and comfortable in the office. They should understand what needs to be done in the office and at home to get the best results. Nothing is confusing; everything is clear.

The Day 5 Appointment includes the following:

1. Team Conversation: Team reiterates office flow
2. Doctor Conversation: Adjustment, Office Flow, Homecare, & Additional Resources
3. Team Conversation: The Daily Essentials
4. Team Conversation: How to Engage in Workshops & Dinners
5. Team Conversation: Homecare & How to Reach the Doctor

DAY 5 TEAM CONVERSATION: TEAM REITERATES OFFICE FLOW

“Hi Cathy, welcome back. Do you need a refresher on how to check-in, warm-up exercises, or post-adjustment exercises?”

If so, review:

- How to check-in
- Warm-up exercises (wobble and traction)
- Take a number / signing in for their adjustment
- Lying face down on the adjustment table
- Post-adjustment exercises (body weighting or vibration therapy)

“I’ll meet with you after your adjustment to go through additional MaxLiving resources and answer any questions you have.”

DAY 5 DOCTOR CONVERSATION

On Day 5, the doctor should review the following with the patient during their adjustment:

- Make sure they are comfortable with office flow.
- Let them know a team member will check-in regarding their homecare instructions and provide them with additional resources today.
“A team member will meet with you after your adjustment to give you your supplements. These supplements will contribute to your healing journey by [specific reasons]. The team will also touch base regarding your homecare instructions, review your schedule, and make sure you know how to contact me.”

“We’ll see you on [Tuesday] at [1:00pm].”

DAY 5 TEAM CONVERSATION: APPOINTMENTS & SCHEDULING

A team member should have the following conversation in a private room or at the front desk.

- Make sure they are comfortable checking in and navigating the flow of the office.
- Review how to schedule and reschedule appointments.

“The scheduling app makes it very simple to reschedule your appointment. It’s essential to make up appointments within the same week to maintain your adjustment frequency and keep momentum.”

“If for some reason you no call, no show, we consider this an emergency.”

- Give the patient their engagement card.
- Connect the patient on Facebook and Instagram.
- Begin the conversation about community dinners and workshops.
- Review how to contact the doctor(s).

DAY 5 TEAM CONVERSATION: THE DAILY ESSENTIALS

“Here are your Daily Essentials. Because the nutrient concentration in our food is dramatically lacking compared to what it used to be, the Daily Essentials will help you get the nutrients you need every single day. Your first month’s supply is covered in your care plan.”

“Taking these supplements daily will help you bridge the nutrient gap with one convenient packet that includes a multivitamin, B-complex, omega, vitamin D3, and magnesium glycinate.”

RECOMMENDED PERSPECTIVES

“Because of your history with [high cholesterol], you’re also receiving our cholesterol balance health perspective that includes: [Red Yeast Rice + CoQ10, Plant Sterols +, and Curcumin C3] to help [balance cholesterol levels and support cardiovascular health], naturally.”

DAY 5 TEAM CONVERSATION HOW TO ENGAGE IN WORKSHOPS & DINNERS

“Here is your engagement brochure [[English](#), [Spanish](#)]. This shows you how to get the most out of care by plugging in to all the resources offered at our office.”

Note: If the patient is engaged and understanding the mission of your office, this is when you would ask – Who do you know? – and get names.

DAY 5 TEAM CONVERSATION: HOMECARE & HOW TO REACH THE DOCTOR

REVIEW HOMECARE

“How did your homecare exercises go last night?”

“Do you have any questions about your prescribed exercises?”

HOW TO REACH THE DOCTOR(S)

“We want you to know that our doctors are 100% accessible to you. If you have questions for the doctor(s), brief questions can be answered in the adjusting bay, but most questions require more time, so the adjustment is not the best time to get the answer you deserve.”

“We recommend reaching out to the doctor through their personal email [doctor@maxliving.com]. For questions that require more time, you can schedule a consultation with the doctor.”

THE DAY 6 APPOINTMENT

Intention: When a patient arrives on Day 6, they should be slightly overwhelmed in the best way possible – wow, I didn't know I'd get all of this!

- Make sure they are signed up for an upcoming workshop.
- Send the patient the link to the Life Risk Questionnaire (LRQ).

DAY 6 THE LIFESTYLE RISK QUESTIONNAIRE (LRQ)

“We are going to text you a link to our Lifestyle Risk Questionnaire – or LRQ. It is a self-assessment on each of the 5 Essentials that only takes 10 to 30 minutes to complete. When you complete the assessment, it will generate a report showing you an objective view of how you're doing with the 5 Essentials, kind of like a scorecard.”

“Once you've completed the LRQ and attended your first workshop, you can set up a consultation with our Health Coach to create a lifestyle plan designed for you. Being a member here is what gets you access to services like this, so take advantage of as much or as little as you would like.”



VERBAL DAY 6 SURVEY

A team member should verbally review the questions below in a conversation with the patient. The team should leave this on the doctor's desk after shift to review.

Patient's Name: _____ Date: _____

Are you comfortable with the warm-up exercises and office flow? YES NO

Are you comfortable with your post-adjustment exercises? YES NO

If you have homecare equipment, is your neck traction set up? YES NO

Where? _____

Do you feel comfortable with your homecare exercises? YES NO

Have you downloaded the scheduling app? YES NO

Do you feel comfortable rescheduling an appointment? YES NO

Are you registered for the upcoming workshop? YES NO

If not, do you know how to register in the future? YES NO

Have you heard about MaxLiving Corporate Wellness? YES NO

Did you know we come to your workplace, bring lunch, and teach on a topic of your choice? This service is available to all our patients for any group of eight (8) or more. YES NO

Do you have any questions or concerns currently? YES NO

Do you know how to get in touch with the doctor(s)? YES NO

And, how to request extra time if you need it? YES NO



PROGRESS EVALUATIONS

WHAT IS A PROGRESS EVALUATION?

A progress evaluation is a way to measure a patient's progress and evaluate changes in their spine and nervous system.

Intention: Progress evaluations are designed to (1) update the patient on their progress, (2) reconnect them to the principle of chiropractic, and (3) provide them with a new time and frequency recommendation so they know exactly where they are in the process.

Tone: Excited, yet serious about continuing with care.

Why: This is the time to remind the patient where they started and where they are going. Your tone during PEs must match the tone of your doctor's report.

HOW OFTEN SHOULD PROGRESS EVALUATIONS BE COMPLETED?

PEs should be completed at the doctor's discretion. During corrective care, they will take place approximately every 12 visits. Once a patient has entered wellness or maintenance care, they should be completed a minimum of once per year. But, you can use freedom in the framework to determine what's best for your clinic.

THINGS THAT MUST HAPPEN IN EVERY PROGRESS EVALUATION

It is critical for each office to develop their own rhythm and understanding of the power of progress evaluations, re-exams, re-x-rays, and re-signs. All team members need to be trained and understand the relationship to patient care, compliance, retention, and most importantly **results**. Your patients can see your confidence and comfort. It's not about the words; it's about your heart. Never forget that.

1. **Reconnect.** Your patients need to know that you are concerned about them, their results, and their continued commitment to taking care of their spine.
2. **Results.** Make sure you properly explain results and the ramifications of the results whether better or worse. This will often lead into other necessary discussions of compliance, lifestyle, health, etc.
3. **Past. Present. Future.** It's important to briefly review where they were, where they are now, and where they are headed. Get them excited about future results.
4. **Mission.** Share your heart. Explain the mission and offer them the opportunity to attend upcoming events, PADs, dinners, etc.

Never forget these are real people that need real help. You are likely the only person that will ever be sharing this vital truth with them. Be prepared.

SCHEDULING PE PREP & PE APPOINTMENTS

"[Patient's Name] at your next appointment we will be checking your progress. Please come to that appointment prepared to spend an additional [10 to 15 minutes] in the office. At the following appointment, the doctor / tech CA will review your progress with you, so you'll want to allow an additional [10 to 15 minutes] then too."

PE PREP APPOINTMENTS

PE prep appointments typically include:

1. Team Welcome - Paperwork
 - a. Progress evaluation form
 - b. Activities of daily living (if necessary)
 - c. Outcome assessment tools (if necessary)
2. Exam (done in the bay or in an exam room)
3. Surface EMG and or X-rays (if necessary)
4. Wobble and traction
5. Adjustment
6. Vibration therapy and body weighting



PE PREP TEAM WELCOME

“Hi [Name], today we’re going to check your progress to see how you’re responding to care. Please complete this paperwork and then we’ll do an exam and x-rays (if necessary). Once completed, you can warm up and get adjusted as usual. At your next appointment, the doctor will review your progress with you, so plan for an additional [10 to 15 minutes] at that time.”

Move forward with the exam, x-rays, wobble and traction, the adjustment, and vibration therapy and body weighting.

THE PROGRESS EVALUATION APPOINTMENT

PE appointments typically include:

1. Wobble and traction
2. Adjustment
3. PE Consultation (freedom in the framework - done in the bay or in an exam room)
4. Handoff to the Team
5. Team Checkout

PREPARING FOR PROGRESS EVALUATIONS

When scheduling PEs, it’s important to develop a rhythm for your office. For example, will you cluster book appointments at the end of the morning shift and the beginning of the evening shift? Find out what works best for you, and stick to specific times that are agreed upon between you and your team.

Preparation is key to the progress evaluation being brief. The PE prep appointment puts you one step ahead, equipping you with all of the information you need. Bring the patient’s paperwork, notes, and analyzed x-rays (if applicable) to your team huddle the day of the patient’s schedule PE.

PE CONSULTATION

There are eight important steps to reviewing progress x-rays with your patients. Using freedom in the framework, you can develop a flow that works best for you.

1. Congratulations
2. Symptom review
3. Initial exam findings
4. Normal spinal alignment + mini doctor’s report
5. Function chart
6. Initial x-rays
7. New exam findings and x-rays
8. Recommendations

PE CONSULTATION EXAMPLE

“Congratulations on reaching this point! Corrective care stabilizes your spine and removes interference from your brain and nerve system.

When you first came to our office, you had [symptoms] - all signs of malfunction. We found multiple areas of subluxation in your [neck / mid back / low back].

These subluxations correlated with [exam findings], which we identified during the examination and confirmed on your x-rays. Your x-rays showed you had phase [1] degeneration, indicating a long-term problem. Based on your lifestyle, past injuries, and history, it's no surprise your spine was in this state, but we knew we could help you by adjusting your spine to remove subluxations.

Your spine should be straight from the front and have three normal, healthy curves from the side. Your brain controls every function of your body. It sends a message down your spinal cord and out through your nerves to every cell, organ, and muscle. Every day, this is how your heart beats, your lungs breathe, and how your stomach digests the food you eat.

It has been said that symptoms are not present until you've lost 40% function. The goal is to get to as close to 100% function as possible, which means your body is healing at the highest level it possibly can.

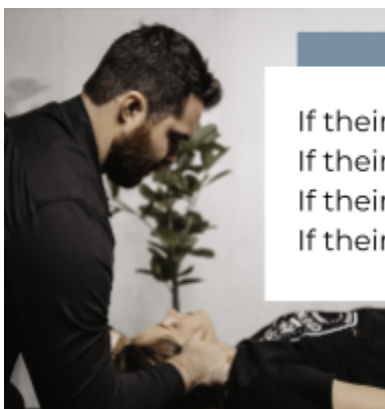
Now your [address symptoms, acknowledge their goals, acknowledge referrals]. Let's look at your x-rays again. You started with a [100%] loss of your arc of life, where your spinal cord extends to your [organs]. You have improved to a [33%] loss in just [3, 6, 10, 12] months. This is awesome! As you can see, the cause of your current health problems is under active correction. Your examination shows [improvements].

We are excited about your progress so far. Here are your next steps... [personal recommendations, include necessary homecare and perspectives]. Regular adjustments and homecare are crucial for your spine to continue to improve and your body to heal.

We bring all of our new patients to dinner. The reason we do it is to provide an easy way for you to introduce MaxLiving to your friends and family. Does the [date] work for you?”

SYMPTOMS & X-RAYS

When it comes to reviewing symptoms and x-rays during progress evaluations, it's important to go in with the following mindset.



If their symptoms get better, they are leaving.
If their symptoms get worse, they are leaving.
If their x-rays get better, they are leaving.
If their x-rays get worse, they are leaving.

They stay only if they grasp the principle: adjustments are about enabling their body to function optimally, ensuring a fulfilling life – indefinitely!

Use the chart below to map out how you will handle a patient’s symptoms and x-rays. Remember, patients stay when they understand the principle of chiropractic - above, down, inside, out.

Symptoms X-Rays	- (worse)	○ (the same)	+ (better)
- (worse)			
○ (the same)			
+ (better)			

IF THE PATIENT IS OFF TRACK

If the patient is off track, show them their x-rays and ask the following questions:

1. Do you remember what your x-rays looked like when you first came in?
2. What was that doing to your nervous system?
3. What had that caused in your body?
4. Do you recall our plan of action to get and keep you well?

HANDOFF TO THE TEAM

“Cathy is doing great. We’re changing her frequency to [2] times a week for [6] weeks and then we’ll check her progress again. She needs to continue doing her homecare daily, and we’re adding the [blood pressure perspective].”

PE CHECKOUT

There are a few important steps to PE checkout:

1. Confirm new recommendations (frequency, time, and new homecare).
2. Congratulate them on their next phase of care. Remind them it is the most important.
3. Close them to the next event.
4. Confirm appointments, how to schedule, reschedule, etc.
5. Confirm payments and/or review care plan

MAINTENANCE REPORTS

WHAT IS A MAINTENANCE REPORT?

Maintenance reports are delivered (1) when a patient is moving from corrective care to wellness or maintenance care, or (2) when they've been under maintenance care for a while (6 to 12 months) and you're doing a wellness PE. Maintenance reports can be done in a group, individually, or primarily through video with a brief in-person meeting with the doctor or tech CA after the video.

Intention: Maintenance reports are designed to (1) congratulate the patient for reaching this point in care, (2) remind them how to achieve a lifetime of wellness, and (3) review their options for moving forward with care.

Tone: Genuine excitement, yet serious about committing to a lifetime of wellness.

Why: This is the time to remind the patient of how far they've come and to reconnect them to the principle of chiropractic and the 5 Essentials.

HOW OFTEN SHOULD MAINTENANCE REPORTS BE COMPLETED?

Maintenance reports should always be completed at the end of a patient's care plan. Once a patient has entered wellness or maintenance care, they should be completed a minimum of once per year. But, you can use freedom in the framework to determine what's best for your clinic.

PREPARING FOR MAINTENANCE REPORTS

How you conduct maintenance reports - individually, in a group, or via video - will impact how you prepare for and schedule them. The end of plan (EOP) appointment equips you with all of the information you need to move forward with the maintenance report - paperwork, and exam, and x-rays (if necessary). Find a rhythm that works best for your office and stick to it.

END OF PLAN (EOP) APPOINTMENTS

EOP appointments typically include:

1. Team Welcome - Paperwork
 - a. Progress evaluation form
 - b. Activities of daily living (if necessary)
 - c. Outcome assessment tools (if necessary)
2. Exam (done in the bay or in an exam room)
3. Surface EMG and or X-rays (if necessary)
4. Wobble and traction
5. Adjustment
6. Vibration therapy and body weighting

EOP TEAM WELCOME

“Hi [Name], today we’re going to check your progress. Please complete this paperwork and then we’ll do an exam and x-rays (if necessary). Once completed, you can warm up and get adjusted as usual. At your next appointment, the doctor will review your progress with you, so plan for an additional [10 to 15 minutes] at that time.”

Move forward with the exam, x-rays, wobble and traction, the adjustment, and vibration therapy and body weighting.

THE MAINTENANCE REPORT APPOINTMENT

For patients who are entering wellness, provide them with *The Most Important Phase of Care: Wellness Care*.

While maintenance reports may look different from office to office, there are important concepts to cover no matter what, primarily reviewing what you originally covered during the doctor's report.

1. Congratulations for making it to this point
2. What is health?
3. Function
4. The nerve system
5. Normal spinal alignment
6. X-rays: three possible outcomes
 - a. Better
 - b. The same
 - c. Worse
7. Next steps and frequency of care moving forward
 - a. “Our goal is to be your chiropractor for a lifetime, and this means we go through seasons of life with you. Your frequency may go up or down throughout the year based on your individual needs.”
 - i. Weekly
 - ii. Every other week
 - b. Homecare
8. Next Steps



Using freedom in the framework, you can develop a maintenance report that fits the culture of your office.

MANAGING OBJECTIONS

Can I bill maintenance or wellness through my insurance?

“No, unfortunately Medicare, whom other insurance companies follow, says that care for maintenance is not covered. That goes for anything you do for your health and wellness - organic vegetables, supplements, vitamins, gym memberships or your wellness chiropractic care.”

I feel better, can I discontinue care?

“Remember, health isn't about how you are feeling, it's about how you are healing. Symptoms are not present until you've lost 40% function. The goal is to get to as close to 100% function as possible, which means your body is healing at the highest level it possibly can.”

My spine looks better, why do I need to keep coming in?

“Just like you wear a retainer after you've had braces, you'll continue taking care of your spine after your corrective care. Research shows that when your spine is out of alignment, it starts to degenerate after only 14 days. This is why, at minimum, we recommend getting adjusted every other week.”

I'm still in pain, why should I continue?

“I understand you are still in pain. Unfortunately, pain is often one of the last things to go. I know this is hard to hear because you want your pain to go away. We do too, but this is much bigger than pain. Only 6-7% of your nerves are responsible for pain, the other 93-97% are responsible for communication and function. How well do you think the nerves are working here? [Point to ANS chart]. Thank God you still have pain because that is the body's warning sign that there is a problem. You are progressing exactly as I expected and we need to continue this course. You are ready to begin [additional homecare exercises].”

I can't commit to this care plan, I'll just come in when I can.

“Regular adjustments and homecare are crucial for your spine to continue to improve and your body to heal. What can you commit to?”

INTERNAL MARKETING & PATIENT EDUCATION

THE TRIPLE PROMO

The **triple promotion** (or triple promo) is a sequence of events designed to generate energy and momentum in your community. Each event builds upon the previous one, creating a cumulative effect that consistently attracts people who need help. This approach ensures that you never have to start from scratch and provides a continuous flow of new patients to your practice, saving lives in your community.

Each event in the triple promo will develop its own unique vibe. The recommended series of events is as follows:

- **Event 1:** Community Dinner (Dinner with the Doc) or Patient Dinner
- **Event 2:** Workshop or Makeover
- **Event 3:** Patient Appreciation Day (PAD) or Friends and Family Week

The triple promo provides all of the necessary resources to effectively communicate with your patients and help them understand the 5 Essentials. Don't get caught up in the small details, do the work, and lives in your community will be transformed!

Intention: To share the gift of health with your patients and your community.

Tone: Exciting and educational.

Why: The world is inundated with conflicting, confusing information about health. The triple promo is an opportunity to teach people how our bodies were designed to heal and function.



PATIENT DINNER

A **patient dinner** is designed to show appreciation to your best patients and re-anchor them to the mission thus creating warrior patients. If you've never hosted a dinner, a patient dinner can be a great place to start.

Audience: Your best patients, at least 80% of your attendees should be your A-list, "VIP" patients.

Objective: Thank your patients and re-anchor them to the principle of chiropractic.

Size: A small intimate setting with 10 to 15 attendees.

Invitation: A personal invitation, ideally provided by the doctor.

Topic: Stories, testimonials, and chiropractic miracles.

An **anniversary dinner** is a fun spin on a patient dinner. It's a time to celebrate patients who have been with you for a specific period of time - 3 years, 5 years, 10 years, etc.

PLANNING A PATIENT DINNER

There are five primary steps to planning a successful patient dinner.

1. **Choose a venue and select a date.** During the patient dinner, it is important that everyone can hear, so find a venue with a private room or a section that is quiet.
2. **Set the menu.** Being congruent is important, so try to stick to the MaxLiving Nutrition Plan or Advanced Plan. Select something fun to show appreciation to your patients.
3. **Develop a list of patients to invite.** The goal is to get 10 to 15 people at the dinner. Since not everyone will be able to make it or bring their significant other, plan to invite around 20-25 people to meet your goal.
4. **Determine who, if anyone, will be working the patient dinner.** Following the concept of freedom in the framework, doctors may choose to host the dinner alone or they may prefer to have a team member help with the patient dinner.
5. **Invite your patients.** It's important for the doctor to deliver a personal invitation to each patient on the list.

PROMOTING A PATIENT DINNER

Because you've pre-determined who you will invite to the patient dinner, promoting the patient dinner is simple.

1. **Create personal invitations.** You can take it to the next level by having someone from your team write a personal note on the invitation.
2. **Set a stop in your system for each patient.** Review the stop during your team huddle so that the doctor is prepared to give the invitation to the patient.
3. **Invite the patient.** Explain why they were invited, and let them know why you're excited. It is important for the doctor to invite the patient.

4. **Show excitement.** The entire team should show excitement as that energy transfers to your patient and sets you up for a successful patient dinner.

PULLING OFF A PATIENT DINNER

The day of the VIP patient dinner, it is important you know who is coming.

1. **Welcome patients.** Everyone working the dinner should know exactly who is attending. Greet patients and their spouses by name and use name tags.
2. **Place the food order** using the preselected menu. Once the order has been placed, the dinner talk can begin.
3. **Give the dinner talk.**
4. **Share chiropractic stories.** Have each patient share how long they have been a part of your office, why they came into your office, and where they are now compared to where they started.
5. **Share the gift of health.** Encourage patients to share the gift of health with their friends and family by inviting them to the next workshop or makeover. Collect the names of their friends and family using the lifeline sheet in the [dinner toolkit](#).

COMMUNITY DINNER

A **community dinner** is a chance to bring MaxLiving and the 5 Essentials to your community so that people can experience a life without limits. A community dinner is also known as a **dinner with the doc**.

Audience: Patients and guests

Objective: To share the gift of health with your community.

Size: 5 to 100+ people

Invitation: A personal invitation where the patient's ticket to the dinner is to bring a guest.

Topic: Overall health, how the body heals and functions, or a topic of your choice.



Community dinners are a time to:

- Re-engage and re-commit patients in your office.
- Show your patients how we inspire people to honor the wisdom of the body and live a life free from interference.
- Introduce MaxLiving and the 5 Essentials to the community.
- Give guests an opportunity to schedule a new patient appointment.

You and your team can use the 3 P's to plan, promote, and pull off a successful community dinner.

PLANNING A COMMUNITY DINNER

When it comes to planning a successful community dinner, use the following steps.

1. **Download the community dinner toolkit.** Before you begin planning, download the [community dinner toolkit](#) which includes: a six-week workback schedule, a flyer, Canva templates, rave cards, a health survey, a new patient scheduling sheet, a leads/lifeline sheet, and what to expect at your next appointment.
2. **Set a date and find a location.** You can use 1) a restaurant with a private room, 2) a semi private area of a restaurant, or 3) your office. If you decide to go with a restaurant, talk to the General Manager of the restaurant and let them know you will be bringing in business about once a month and they may be willing to work with you on cost.
3. **Set the menu.** We recommend selecting three to five menu items that follow the MaxLiving Nutrition Plan or the Advanced Plan. Provide water only, and stick to the [Office of the Inspector General's \(OIG\) recommendations](#) stating that inexpensive gifts of nominal value are permitted, but according to the OIG, nominal value equates to no more than \$15 per item or \$75 per patient per year. This means you should keep your community dinner cost at \$15 or less.
4. **Meet with your team to plan the dinner.** Set goals for:
 - a. Total attendees
 - b. Guests
 - c. Appointments scheduled
5. **Promote the community dinner.**

PROMOTING A COMMUNITY DINNER

Promoting a community dinner is fun, and you should be excited to invite your patients to share the gift of health with their friends and family. When promoting the dinner, remember your patient's ticket to the dinner is to bring a friend or family member with them.

1. **Begin promoting at least two weeks in advance.**
2. **Personally invite your patients to the dinner**, remember their ticket to the dinner is to bring a friend or family member.
3. **Engage in active promotion.** Use quick conversation starters such as:
 - a. Patient states they've received relief from headaches. Doctor states, "Who do you know who has headaches? Are they coming to our next community dinner?"
 - b. "Who do you know that needs to be in our office?"
4. **Use the promotional tools provided.** Flyers, rave cards, and sign-up sheets are forms of passive promotion and should always be accompanied by an active form of promotion - a conversation.

PULLING OFF A COMMUNITY DINNER

Use the following steps to execute a successful community dinner. Remember, you can use freedom in the framework to make this process unique for your office.

1. **Confirm headcount.** Always call the restaurant to confirm the amount of guests who plan to attend.
2. **Arrive early and set up.** Your team should arrive early and set up anything you need: banners, nerve system poster, spine, menus. Each guest should have: new patient paperwork, a health survey, a new patient scheduler, a lead/lifeline sheet, and what to expect at your next appointment.
3. **Welcome and seat guests.**
4. **Place orders.** Patients and guests should circle what they want to eat so that all the waiter needs to do is pick up the menu. It is important to meet with the restaurant and let them know that they should **not** deliver the food until the doctor is finished speaking. In fact, they should not interrupt at all, they should simply leave water pitchers on the table.
5. **Introduce the doctor.** Have a team member introduce the doctor.
6. **Give the dinner talk.** The community dinner talk should let your patients and their guests know the following:
 - a. **Let them know what health is.**
 - b. **Let them know what health is not.**
 - c. **Nerve supply.** Let them know that in order to be healthy they need to have 100% nerve supply from the brain to the body. The only thing that interferes with nerve supply is subluxation, and the only way to know if they have subluxation is to have a consultation, exam, and x-ray if necessary.
 - d. **Pre-close.** Answer questions before they are asked, this creates certainty and builds trust.
 - i. How much does it cost?
 - ii. Do you take my insurance?
 - iii. What should I expect during my first visit? How long will it take?
 - iv. Will I get adjusted?
 - e. **Close.**
 - i. **The offer.** Present your offer. "For only \$__ (your exam fee) you can come in for a consultation, exam, nerve scan, and any necessary testing to determine if you need x-rays. If we do need to take x-rays, we would discuss that prior to taking them."
 - ii. **Circle a time.** "Circle a time to come into the office. If you circle this time, be committed to coming in so that you are not taking time away from someone else that wants that appointment." Your team will go around and collect their sign-up sheets/schedule appointments.
7. **Team close.** As soon as the doctor is done speaking, the food should begin to come out. Your team members should go around and collect sign-up sheets/schedule appointments while the patients and their guests are eating. Make sure your team stays around until everyone has left.
8. **Enjoy dinner.** While team members connect with guests, everyone can enjoy dinner.
9. **Confirm new patient appointments.** Follow up as soon as possible after the community dinner to confirm all new patient appointments.

WORKSHOPS & MAKEOVERS

A **workshop** is an event hosted by a MaxLiving office designed to educate patients and the community on the 5 Essentials. Topics for workshops may include Nutrition 101, Heart Health, Gut Health, Sleep, Toxins, Sugar and Stress, and Metabolism.

A **makeover** or **MaxLiving makeover** (MLMO) is a two to three hour seminar to educate patients and the community in-depth on a specific topic. Makeover topics include Total Food Makeover, Immunity Makeover, and Metabolism Makeover.

PLANNING WORKSHOPS & MAKEOVERS

When it comes to planning workshops and makeovers, it's important to use the tools provided.

1. **Download the toolkit.** MaxLiving [toolkits](#) include PowerPoint, rave cards, tickets, sign-up sheets, social media posts, and drip campaigns.
2. **Use the seminar workback schedule.** The six-week workback schedule clearly outlines what needs to be done six weeks prior to the event and a few days after the event.

PROMOTING WORKSHOPS & MAKEOVERS

Knowing what you're promoting is one of the most important components of promoting a makeover or workshop. To know what you're promoting, you need to spend time studying the materials in the toolkit.

Doctors

1. Download the deck (PowerPoint).
2. Review the deck.
3. Modify the deck. Find research that excites you and add it to the deck.
4. Watch the walkthrough provided by MaxLiving.

Team Members

1. Review the deck during your team meeting or team training.
2. Brainstorm a list of questions you can ask patients to spark conversations about the event.
3. Find one or two facts from the deck that excite you. Share these facts during shift to engage patients in conversation

PULLING OFF WORKSHOPS & MAKEOVERS

Time, energy, and effort are required to pull off a successful makeover or workshop. Use all of the tools and resources available to set yourself up for success.



PATIENT APPRECIATION DAY + FRIENDS & FAMILY WEEK

A **patient appreciation day** (PAD) is exactly what it sounds like, a day to appreciate patients. Successful PADs play a huge factor in patient retention. They shouldn't be too difficult to host, so if you are stressed out about this, you're probably doing too much or overthinking it. Here are some fun, easy ideas:

- **Food** - Provide fruit, berries, vegetables and hummus, or smoothies with protein. You're sure to sell protein if you add it to your smoothies, so make sure you are stocked up.
- **Toys or fun activities** - Beach balls, balloons, and bouncy houses are fun for families.
- **Trivia contests** - Develop trivia questions and make sure there is a prize (a book, a supplement, etc.) Make sure your questions help with patient referrals or retention. EX:
 - At what age should someone start getting adjusted?
 - What is the topic of our next workshop?
- **Free massages or body fat testing** - Partner with another business in your community. It's free marketing for them and a way for you to show appreciation.

While PADs are all about your existing patients, **friends and family week** is a week for patients to share the gift of health with their friends and family. It typically includes a special offer for new patient referrals.

PLANNING A PAD OR FRIENDS & FAMILY WEEK

Planning a PAD

1. Determine which PADs you'll host. Common PADs are:
 - Valentine's Day PAD
 - Saint Patrick's Day PAD
 - March Madness PAD
 - Mother's Day PAD
 - Father's Day PAD
 - Back to School PAD

- Fall PAD
 - Holiday PAD
2. Set a theme. Make it fun.
 3. Decide how you are going to appreciate your patients.

Planning a Friends & Family Week

1. Determine your offer.
2. Print referral cards.
3. Set a goal.

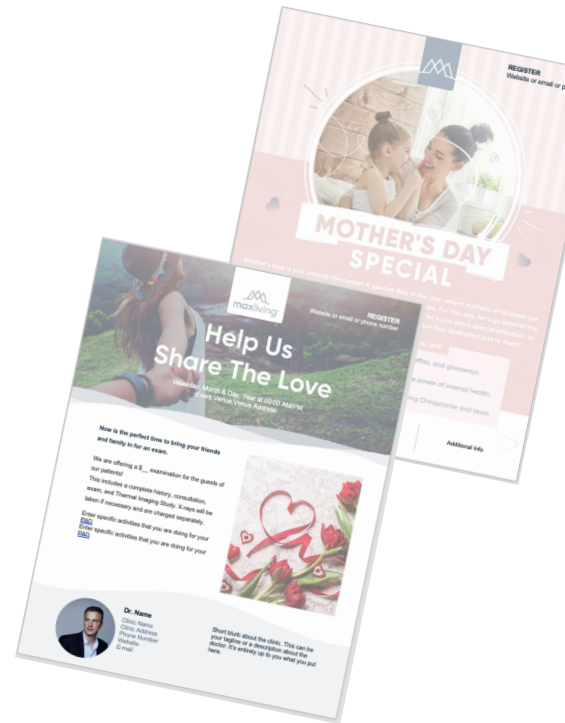
PROMOTING A PAD OR FRIENDS & FAMILY WEEK

Promoting a PAD

“Hi Ellie, May 14 is our Mother’s Day PAD. We’re going to have food, refreshments, and a free chair massages for all moms! It’s going to be a very exciting day, so we will make sure to get you scheduled for an adjustment that day.”

Promoting a Friends & Family Week

“Who do you know that needs to be in our office? We’re hosting a Share the Love friends and family week so for only \$___, your friends and family can schedule a new patient appointment and get their spine checked.”



TYPES OF PROMOTION

There are many different ways to promote events.

Passive Promotion	Active Promotion
Flyers around the office	Talking to patients during re-exams
Information on white boards	Talking to patients in the hot seat area
A calendar behind the front desk	Hot seat announcements
Decorating the office	Promoting the next event at the current event

PULLING OFF A PAD OR FRIENDS & FAMILY WEEK

When it comes to pulling off PADs and Friends & Family Week, preparation is key. If you put in the time to prepare well and confirm everyone, you’ll have a successful event. Remember, go the extra mile and greet everyone by name.

TERMS & DEFINITIONS

Patient Dinner - A dinner designed to show appreciation to your best patients and re-anchor them to the mission thus creating warrior patients.

Anniversary Dinner - A time to celebrate patients who have been with you for a specific period of time - 3 years, 5 years, 10 years, etc.

Community Dinner / Dinner with the Doc - A chance to bring MaxLiving and the 5 Essentials to your community so that people in your community can experience a life without limits.

Workshop - An event hosted by a MaxLiving office designed to educate patients and the community on the 5 Essentials with topics including: Nutrition 101, Heart Health, Gut Health, Detox, etc.

Makeover / MLMO - A two to three hour seminar or workshop to educate patients and the community in-depth on a specific topic such as: Metabolism Makeover, Immunity Makeover, Total Food Makeover, etc.

Patient Appreciation Day (PAD) - A day to appreciate your patients.

Friends & Family Week - A week for patients to share the gift of health with their friends and family.



EXTERNAL MARKETING

(IN PROGRESS)



HIRING, DEVELOPING, & RETAINING A POWER TEAM

(IN PROGRESS)



TEAM RHYTHM: MEETINGS, TRAININGS, HUDDLES

CREATING TEAM RHYTHM THROUGH GATHERINGS

People are sick and suffering. In MaxLiving offices, that's why we show up for work every day. There are kids taking medications for chronic conditions that they are expected to be on for the rest of their life. There are moms too depressed to get out of bed. There are construction workers who can't go to work because of their debilitating back pain. There are people sick and suffering in your community.

One person alone cannot change an entire city, but your team working together can if they establish a solid communication rhythm. There is a direct link between the cohesiveness of your team and the impact you can make. The foundation to a healthy team is found in rhythm established in your meetings, your trainings, and your huddles.

Team Meeting: A 30 to 60 minute weekly gathering to review progress, discuss priorities, and collaborate as a team.

Team Huddle: A 10 to 15 minute gathering prior to each shift to improve the team's energy and focus, discuss tactical issues, and prepare for patients.

Team Training: A 30 to 60 minute weekly gathering where team members learn and refine their communication skills.

Team meetings, huddles, and trainings help us establish a solid communication rhythm. Here are four reasons a consistent rhythm of team communication is important:

1. **Communication.** We gather our team to communicate better.
2. **Be prepared.** We want to be proactive instead of reactive.
3. **Address subluxations.** The reality is there will be miscommunications, mistakes, and things that do not go the way we want them to go. Our meeting rhythm provides a time to address these subluxations.
4. **Connection.** Connection creates unity. It's really that simple.

EFFECTIVE TEAM GATHERINGS

Team gatherings can either help you equip your team to serve your patients or be a complete waste of time. Here are five components to effective team gatherings:

1. **Preparation.** Preparing yourself and your team is the first step and likely the most important. Each team member should know exactly what is expected of them at each gathering.
2. **Consistency.** There should be a consistent rhythm for each gathering.
3. **Intentionality.** Each gathering should have a clearly defined purpose.
4. **Collaboration.** Engaging and collaborating is a key to success.
5. **Follow through.** Each gathering should end with clear action steps and a process to circle back.

TEAM MEETINGS

A team meeting is a 30 to 60 minute weekly gathering to review progress, discuss priorities, and collaborate as a team. Here are answers to some common questions about team meetings.

Why do we have team meetings? To create team unity.

Who is involved in the team meeting? The entire team is involved.

What is discussed in a team meeting? Many things can be discussed during a team meeting. It's best to follow an agenda that includes the following: calendar, stats, goals, and vision.

Where does the team meeting take place? Meetings should take place at a consistent location. The location is up to you. It could be a break room, the front desk, or your hot seat area.

When do team meetings take place? Consistency is the most important thing. Set a consistent day and time for your meeting, and make sure it happens every week. Many offices meet on Monday morning for 30 to 60 minutes after the morning shift.

5 COMPONENTS TO AN EFFECTIVE TEAM MEETING.

The most effective team meetings include the following:

1. **Preparation.** Every team member should know what to expect – what to bring, when, where, how often, etc.
2. **Consistency.** Meeting on Monday morning after the morning shift is a best practice. If there is a holiday on a Monday, never cancel a team meeting. Reschedule the team meeting for another day, and make sure the entire team is aware.
3. **Intentionality.** Make sure that you and your entire team know the end goal of the team meeting. The key to intentionality is focus, and there are many tools to help:
 - a. **Max Accountability Sheet** – A one page document that lays out the priorities and rocks for the year and quarter.
 - b. **Scoreboard** – A place to view different numbers you’re tracking to help visually see your progress.
 - c. **Meeting Agenda** – A simple document that lays out the agenda for the team meeting.
4. **Collaboration.** Engagement is key in team meetings. One person should not be talking the entire time. Let every person on your team bring something to the meeting that they can own.
5. **Follow Through.** Every team member should come to the meeting with a pen and paper so they can write down action items assigned to them.

What gets rewarded and appreciated gets repeated. If you love the way your team meetings are going, tell your team.

CORE VALUES		PURPOSE	TARGETS: WHERE	GOALS: WHAT	ACTIONS: HOW	YOUR ACCOUNTABILITY	
PURPOSE: SHOULD / SHOULDN'T	PURPOSE: WHY	RESULTS: 3 TO 5 YEARS (set at least 2 goals)	RESULTS: 1 YEAR (set at least 2 goals)	RESULTS: QUARTER (set at least 2 goals)	INDIVIDUAL RESULTS WHO / WHEN		
CREATED TO SERVE	Inspiring people to honor the wisdom of the body and live a life free from interference.	Total Revenue	Total Revenue	Total Revenue	Individual Team Member's Key	Performance Indicators	Goal
		Profit as a % of Revenue	Total Expenses	Total Expenses	Net Income	Net Income	
GUARD IT WELL	THE MAIN THING Keep the main thing, the main thing	Weekly Patient Visits	Profit as a % of Revenue	Profit as a % of Revenue	Visit Collection Average	Visit Collection Average	
		Weekly Patient Visits	Visit Collection Average	Visit Collection Average	Weekly Patient Visits	Weekly Patient Visits	
CAUSE OVER CONDITION	NON-NEGOTIABLE ACTIONS Commit to these, no matter what	NP Conversion Rate	New Patients (NP)	New Patients (NP)	New Patients (NP)	New Patients (NP)	
		NP Conversion Rate	NP Conversion Rate	NP Conversion Rate	ROCKS Quarterly MAP	Who	YOUR QUARTER 4 PRIORITIES Individual Q4 MAP
HEROES GROW HERE	MASSIVE ACTION PLAN (MAP) 3 to 5 Year MAP	MASSIVE ACTION PLAN (MAP) 1 Year MAP	ROCKS Quarterly MAP	Who	YOUR QUARTER 4 PRIORITIES Individual Q4 MAP	Due By	
		MASSIVE ACTION PLAN (MAP) 1 Year MAP	ROCKS Quarterly MAP	Who	YOUR QUARTER 4 PRIORITIES Individual Q4 MAP	Due By	
MAKE IT BETTER	PROFIT PER VISIT	BRAND PROMISE KPIs	ROCKS Quarterly MAP	Who	YOUR QUARTER 4 PRIORITIES Individual Q4 MAP	Due By	
		BRAND PROMISE KPIs	ROCKS Quarterly MAP	Who	YOUR QUARTER 4 PRIORITIES Individual Q4 MAP	Due By	
NUMBERS MATTER	BIG PICTURE GOAL	BRAND PROMISES	ROCKS Quarterly MAP	Who	YOUR QUARTER 4 PRIORITIES Individual Q4 MAP	Due By	
		BRAND PROMISES	ROCKS Quarterly MAP	Who	YOUR QUARTER 4 PRIORITIES Individual Q4 MAP	Due By	
LIFE TOGETHER	ANNUAL THEME:	QUARTERLY THEME:	ROCKS Quarterly MAP	Who	YOUR QUARTER 4 PRIORITIES Individual Q4 MAP	Due By	
		QUARTERLY THEME:	ROCKS Quarterly MAP	Who	YOUR QUARTER 4 PRIORITIES Individual Q4 MAP	Due By	
STRENGTHS		WEAKNESSES		TRENDS / THREATS			

The Max Accountability Sheet can be found in the [Max Accountability](#) course on the LMS.

TEAM HUDDLE

A team huddle is a 10 to 15 minute gathering prior to each shift to improve the team's energy and focus, discuss tactical issues, and prepare for patients. Here are answers to some common questions about team huddles.

Why do a team huddle? The huddle is a time to improve the energy and focus of the team.

Who is involved in the team huddle? Every team member working a shift should be present. Many offices set a standard that if you are not at the team huddle, you do not work the shift.

What happens at the team huddle? This depends on what is happening throughout the next shift. You'll review the patient files, x-rays, recommendations, flow of the schedule and get a game plan for how the shift will go.

When is the huddle taking place? While the when may vary by office and team size, the huddle typically takes place 10 to 15 minutes before your doors open for the next shift.

Where does the huddle take place? Typically, the huddle takes place somewhere where you can see the schedule and view the patient's x-rays.

5 COMPONENTS TO AN EFFECTIVE TEAM HUDDLE

The five components to an effective team gathering apply to team huddles as follows:

1. **Preparation.** Preparation looks different for everyone, but you should be prepared with the schedule, patient files, and patient x-rays.
2. **Consistency.** You should huddle before every single shift.
3. **Intentionality.** The end goal of each huddle is creating an awesome shift by serving people with a plan in mind.
4. **Collaboration.** There should be a point person for each section of the huddle, but the huddle is short, so not everyone talks but everyone should be engaged. There are some things you should not do:
 - a. No side conversations.
 - b. No negativity.
 - c. No training.
 - d. No distractions.
 - e. No phones.
5. **Follow Through.** The follow through happens during the shift because you walked into the shift with a plan.

TEAM TRAINING

A team training is a 30 to 60 minute weekly gathering where team members learn and refine their communication skills.

Why do we do team training? To quote our core values, we do team training to ‘make it better’ – to grow our skills and enhance our ability to communicate.

Who is involved in team training? Everyone involved in patient care should participate in team training.

What are we training on? Training topics will vary from office to office, but we recommend following a six-week training cycle as a starting point.

Where does training take place? Training takes place in the office. To make the setting as realistic as possible, you’ll move from place to place as you train.

When are you training? You should train once a week for 30 to 60 minutes.

5 COMPONENTS TO A SUCCESSFUL TEAM TRAINING

Here’s how the five components to effective team gatherings apply to team training:

1. **Preparation.** There should be a lead for each team training. It is their responsibility to prepare and create a training plan relevant to the team.
2. **Consistency.** Follow a regular cycle of training topics to establish a rhythm for your team training.
3. **Intentionality.** The end goal of team training is that your skills are sharpened. This happens through role play.
4. **Collaboration.** While one or two people will be involved in role playing, all members of the team should engage in training.
5. **Follow Through.** Follow through is all about application. Once you have trained on a particular part of the patient process, you should immediately apply it.

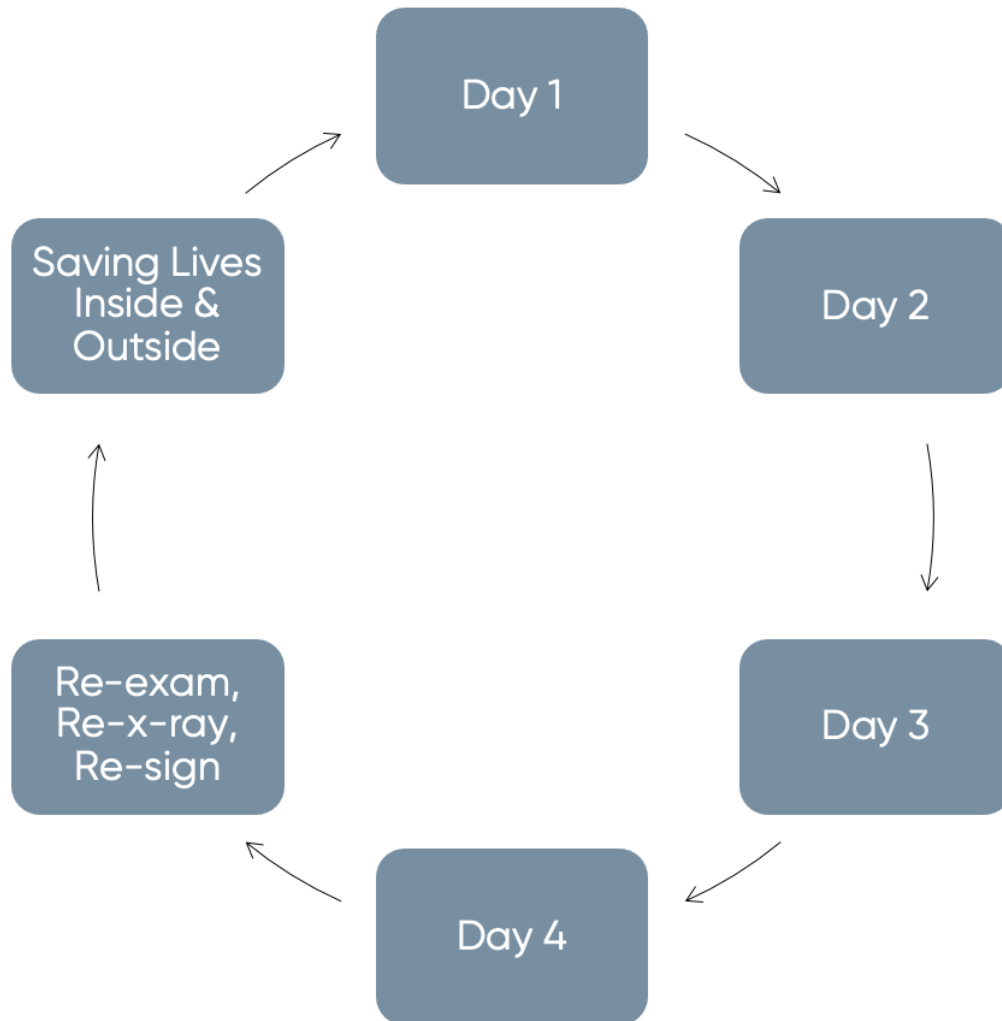
A few things to consider as a framework for training are:

1. **Heart** – Why are we training on this?
2. **Head** – What is actually involved in this?
3. **Hands** – This is where we actually role play.
4. **Feet** – This is when you equip your team.

Remember, what is appreciated and rewarded gets repeated. Let your team know what you appreciate about team training.

THE TEAM TRAINING CYCLE

While training topics may vary from office to office, the six-week training cycle is a great place to start.



MAKING TEAM GATHERINGS TIMELY & PURPOSEFUL

When done right, team gathering can equip your team to serve your patients. It's up to you as a leader to set your team up for success. The culture of your team is a combination of what you create and what you allow.

Lack of focus and time management are the top two reasons team meetings are not timely and purposeful.

To make your meetings more efficient, begin by asking yourself the following questions:

- What distracts your team during a team meeting?
- What distracts your team during a team huddle?
- What distracts your team during the team training?

Here are six tips for successful time management:

1. **Set a time limit.** This can be as simple as setting a timer or assigning a timekeeper for each gathering.
2. **Stack your meetings.** Going from one thing to the next can help you stay on time.
3. **Be prepared.** By preparing, you will stay on time.
4. **The “once” principle.** Set aside one time to talk about stats, one time to talk about concerns, etc. Discuss each item once.
5. **Later box.** When topics come up that don’t fit at a certain point during a gathering, have a place to write them – a later box.
6. **Margin.** Schedule things with margin in mind. Give yourself a buffer to help you stay on time.

Remember, your culture is a combination of what you create and what you allow, as the leader, you set the tone; and what is appreciated and rewarded gets repeated.

SAMPLE TEAM HUDDLE SCHEDULE

Here is an example of when your team huddles could take place based on the time your doors open.

Shift	Huddle	Doors Open
Monday Morning	7:40am	7:55am
Monday Afternoon	2:40pm	2:55am
Tuesday Afternoon	2:30pm	2:55pm
Wednesday Morning	7:40am	7:55am
Wednesday Afternoon	2:40pm	2:55pm
Thursday Afternoon	2:30pm	2:55pm
Friday Morning	7:40am	7:55am

SAMPLE TEAM HUDDLE AGENDA

Go over the schedule – 3 to 5 minutes

- Review the schedule with an emphasis on specialty appointments. Questions to ponder when reviewing the schedule:
 - Are they on track/off track?
 - Have we checked their whole family?
 - Are they referring? Why?
 - Are they participating at events?
 - Would they re-sign today?

View x-rays as a team - 5 to 10 minutes

- Have x-rays ready for anyone who is going over their x-rays that shift.
 - Day 2
 - Doctor's Report
 - Re-Reports and Re-Signs
- When viewing Day 2 x-rays, get or confirm the patient's initial care plan recommendations from the doctor. Go over the recommendations again on doctor's report day to make sure everything is correct and ready for the doctor.
- With re-reports and re-signs, make sure that you get the frequency at which the patient needs to continue with their adjustments so that you can have the new care plan ready for the patient if necessary.

Set a goal for the current upcoming event – 2 to 4 minutes

- Set your goal for the shift.
 - Every team member should pick certain patients that they are going to talk to during shift.

Inspirational moment - 3 minutes

- Assign one team member per shift to share an inspirational moment. Examples include:
 - Patient testimony
 - YouTube video
 - Research article
 - You should leave ready to serve.
- Mindful Moment – 1-2 minutes
 - End with a mindful moment or prayer.

SAMPLE TEAM MEETING FORM

Date: _____

The Numbers & Department Reports

1. Patient Visits Last Week: _____ Goal This Week: _____
2. Pre-Appointed Visits Last Week: _____ Goal This Week: _____
3. New Patients Last Week: _____ Goal This Week: _____
4. Day 1-3 Patient Results Last Week:

5. Monthly New Patient Goal: _____ Month-To-Date NP: _____
6. Action List:

7. Featured Resources / Inventory Update:

_____ Order Approved: Y / N

_____ Order Approved: Y / N

_____ Order Approved: Y / N

8. Action Items:

Who	What	When



TEAM DEVELOPMENT MANUAL

DAY 0.5: WHERE IT ALL BEGINS

Intention: To set clear expectations and ensure a positive first experience.

CA Tone: Friendly and Professional.

Why: Establish connect, rapport, and trust.

Principles of the Process

1. Set and communicate time expectations.
2. All fees are discussed before services are rendered.
3. Build trust by being congruent with your words, thoughts, actions, and habits.
4. Make it simple to be a MaxLiving patient.
5. Patient is always above the process. Meet each patient with where they are on their unique journey.

THE DAY 0.5 OUTLINE

Day 0.5 includes any communication to the patient prior to the patient walking into your door for their New Patient appointment. This includes the Day 1 phone call and/or the schedule of the appointment at an outreach event or a dinner.

Scheduling Appointments by phone call / Day 1 Shopper:

- “I can help schedule your appointment.”
- “How did you hear about us?”

If Radio: “Great! What prompted you to call to make an appointment?”

If Google: “Why are you looking for a chiropractor?”

If Patient Referral or previous community event: “Great! What prompted you to call to make an appointment?”

“How long have you been dealing with X?”

“I am glad you called because we specialize in helping patients get to the cause of X. We have seen several patients come with [mirror their language given you such as back pain, etc.] and get relief to complete resolve. We will do an exam to help identify the cause of your [mirror their complaint].”

“At your first appointment we will do a full exam and any necessary x-rays. I will send you your new patient paperwork via email as soon as we hang up. Please fill out your paperwork online completely and if something doesn’t apply just type N/A. If you do not have this completed prior to your appointment we may need to reschedule your appointment.”

“The fee for the new patient visit is typically \$. (pause) Since you found us through _____, your cost will only be \$ which will cover the exam and any necessary x-rays. We are an active office, so we take \$ today to secure your appointment, and you will resolve the remaining balance of \$ at the time of your appointment.”

“Does a morning or afternoon appointment work better for you?”

“It looks like our next available morning appointment is _____.” (Schedule appointment. If that does not work, offer potential solutions and/or additional scheduling options.)

“Please set aside 1 hour for your appointment and arrive 10-15 minutes early. We are located at 15th & Hopper Blvd, behind the Chase bank in the Summerport Shopping Plaza.”

“How would you like to take care of the \$ today?”

“Perfect, you are all set. We look forward to seeing you at _____ on _____. Do not forget to complete your New Patient paperwork. You will also need to bring your driver’s license and any insurance you would like us to verify.”

Insurance Questions: “We verify all insurance. The first appointment’s payment is due at the time of service. Bring your insurance card with you, and we will verify what they contribute. If they contribute to something you have already paid for then we will reimburse you for that or apply that money toward future care.”

Can you help with X? “We have seen patients come in with the same issues you’re describing. We have seen several patients come with [mirror the patient’s language and concern, such as back pain, etc.] and get relief to complete resolve. Let’s get you an appointment scheduled, so the doctors can help you find the cause and let you know at that time if they can help.”

New Patient Phone Call; Managing Expectations & Pre-framing the Appointment CA is responsible for the bulk of pre-framing expectations before the patient comes into the office by providing certainty and clarity of what to expect.

- Be a vessel of truth and be certain you can help.
- It is your responsibility to set the patient up for success.

Collect information required to schedule the appointment, such as first and last name, phone number, how they heard about your office, and any additional information required by your office.

- Provide location information.
- “Our office is really easy to find. We are located behind the Chase bank on the corner of 15th Street and Hooper Blvd. Look for the sign that says MaxLiving”.

For patients coming from an event, reiterate that they will **not** receive an adjustment at this appointment.

- “As Dr. Matthew mentioned at dinner, this appointment is primarily focused on identifying the cause of your problem. This initial consultation will include an exam and any necessary x-rays.”

Inform the patient on how to complete patient paperwork.

- Directing patients to your website with online paperwork is a good way to show them information on the 5 Essentials® prior to coming to your office. Emailing the paperwork is also a great way to get the paperwork to the patient directly.
- Texting a link to paperwork is also effective.
- Monitor the completion of new patient paperwork prior to confirmation. If not yet completed, send a reminder.

Review appointment time. Include suggested arrival time for the patient’s benefit. Discuss the importance of being on time or early.

- “I am going to send you a text message to this number so that you can fill out your new patient paperwork. It is very important to have this completed before you arrive to your appointment, so we can take you right back to the exam room at 5:30pm. If you have any issues completing this in advance, please arrive at the office 20 minutes before your appointment at 5:10pm.”

Address insurance if applicable.

- “Please bring your insurance card with you. We will provide a complimentary benefits check for you to see what it covers and what it doesn’t. We will review it with you, and you can make a decision.”

Provide length of appointment.

- Overshoot the length of the appointment. If the appointment typically takes 30 minutes in your office, tell the patient to allow for 60 minutes. This sets up a layer of trust and good customer service in case of delays.
- “I want to make sure you know what to expect when you come into the clinic. Please plan to be at your appointment for one hour.”

See answering the phone basic etiquette

Confirm Appointment

Confirmation can be done via phone, text, or email the day before the appointment.

Vary your Schedule Conversation Based on the New Patient Avenues

- New patient avenues are ways that a new patient may become connected with your office, typically from an event or referral. Google calls, screenings, community dinner, lunch n learns, and direct referrals are some avenues.
- Modify conversation points based on the avenue in which each new patient became connected with your office
- See [maxliving.training](#) for training videos related to [Day 0.5](#)

DAY 1: THE INITIAL CONSULTATION & EXAM (TEAM)

Intention: The patient knows they are in the right place and that they have a problem we can help with.

CA Tone: Extremely welcoming, enthusiastic, and upbeat. Ready to serve.

Why: One-Day Principle; this is our one chance to impact this person's life. You can only make a first impression once.

THE DAY 1 OUTLINE:

NEW PATIENT WELCOME

Be ready and prepared to greet the new patient by name.

- *"You must be Mark! We are so excited to have you here."*

Build rapport as soon as they enter (pick one!)

- *"Did you find our office ok?"*
- *"Did you enjoy the dinner on Monday?"*
- *"Dr. Matthew mentioned that you are a friend of Jack. We love having Jack and his family as patients in our office!"*

Review New Patient Paperwork. Make sure pieces are completed in their entirety.

- *"I see you filled out all of your paperwork. Did you have any questions?"*
- If there are pieces to complete: *"I see you skipped a few questions here. Would you mind taking a minute and answering these for the doctor."*
- **If they haven't filled it out:** *"Please have a seat over here and fill out your paperwork. Let us know if you have any questions and when you are done."*

Direct patient to waiting area.

- *"Go ahead and have a seat right here [show the patient where you want them to sit, take out the decision making factor for them] while I prepare your paperwork for the doctor."*
- Collect driver's license. If applicable, discuss insurance. *"Can we have a copy of your driver's license and any insurance you would like us to verify?"*



OFFICE TOUR

The office tour is an important part of the New Patient Welcome. Throughout the office tour you will begin planting seeds with new patients on key factors regarding patient education, office culture, and the MaxLiving Mission. The key is to pick topics that your staff and office are legitimately excited about. Below are sample points to consider covering in your office tour:

- Most importantly, make sure they feel comfortable and welcome, i.e. show them where the bathroom is, where to hang their coat, etc.
- We have been serving families in this community for five years.
- We are a family focused practice and have adjusted patients from birth to our oldest patient who just turned 99 years of age.
- Every time you are here you will see children and babies in our office. These kids aren't just here with their parents, they get adjusted and see great results with asthma, allergies, reflux, ear infections, sleep issues, and many other health issues.
- Personalized story: My son got his first adjustment at just 8 hours old and gets checked weekly to ensure his spine stays in good health as he grows!
- We are passionate about helping as many families as possible live their healthiest lives. For that reason, we host advanced workshops focused on MaxLiving's 5 Essentials®.
- In the adjusting bay, you will scan a card to pull up your x-rays for the doctor every time you get adjusted. Each adjustment is customized for you based on what is causing the problem so it can be corrected.
- Our patients are prescribed rehab exercises they do at home and in the office before every adjustment. These simple exercises {pointing to traction and wobble} help to combat degeneration in the spine and prepare you for the adjustment.
- Our doctors are certified in advanced spinal correction techniques. These protocols are what set us apart from traditional chiropractic. This will allow you to see lasting results and achieve your health goals.
- We host workshops in our office as part of our patient's care. The last workshop was on Heart Health and how to naturally prevent heart disease.
- We love celebrating our patients' victories in health. We have an entire wall here dedicated to their stories, such as {share patient story}. These are just some of the stories of hope and healing we have seen. I can't wait to see you having a similar result.

POST EXAM CA SCRIPT

Handoff

Doctor to CA: *“Today I completed a full evaluation with a full set of x-rays for John. I want to see him back in the next _____ hours. Make any accommodations to my schedule you need to ensure his appointment is within this time frame.”* (Confirm time frame and parameters to scheduling within your clinic.)

Checkout

There are 3 things that must happen at every Day 1 checkout. (Determining the order of these three steps is up to each office.)

1. Schedule
2. Review what to expect
3. Take payment

Scheduling the 1st Adjustment

Schedule for next available appointment (Create Urgency)

- *“The first available appointment is __AM/PM”* (Give two options, so that you don’t start the interaction at a disagreement. For example: a morning and an afternoon option)
- Problem-solve to get the patient scheduled within the time frame the doctor requested.
- Confirm appointment time.

What to Expect at Your Next Appointment

- Provide patients with *“what to expect at your next appointment”* document.
- *“When you come in tomorrow, the doctor will go over the results of your exam. If he recommends that you get adjusted, the fee will be \$. If any additional x-rays are needed, the fee is \$.”*

Collect Payment

- *“The exam and x-rays for today will be \$. We take cash, check or credit.”*
- **Note:** don’t use the word “dollars” - Example: *“today’s exam and x-rays are one-sixty-five.”*
- Record payment as necessary and provide receipt.
- **Note:** X-rays are not shown at their next visit. Do not lead the patient to believe they are by saying “go over your x-rays” or anything to that effect.

Day 1 Phone Call / Text / Email

- Include patients on the doctor’s call list.

DAY 2: THE FIRST ADJUSTMENT (TEAM)

Intention: The patient should understand that the cause of their problem has been identified and there is a specific process to go about correcting it.

CA Tone: Welcoming, yet serious.

Why: It is worse than they thought, yet we can help, and we have a proven process to support them with getting the best results possible. The next step in the process is their first adjustment and setting them up for success for their Doctor's Report.

THE DAY 2 OUTLINE

Preparation

- Confirmation call, text, or email
- Review file for insight to better serve the patient such as marital status, if they have children, the status of any pending insurance verification (if applicable), and health goals. This information will be helpful with navigating the conversation of what to expect at Doctor's Report.
- Ensure the doctor is prepared and has reviewed the appropriate x-rays for first adjustment appointments.
- Consider formatting your Day 2 process so the doctor can freshly glance at the patient's x-rays just prior to seeing the patient.

Welcoming the Patient/Setting the Tone for the First Adjustment

- It is important that the patient understands the seriousness of their condition from the moment they arrive in the office.
- "Hi, Anthony. Welcome back. You can have a seat right here. Dr. Matthew is prepared to go over the results of your exam."

Warm-Up Exercises

- "Anthony, before you meet with the doctor he has asked me to review some warm-up exercises with you. Please follow me."
- "The first exercise I am going to show you is our active cervical traction. This will help prepare your cervical spine for the adjustment." (Demonstrate following the doctor's recommendations.)
- "Next, we are going to use the wobble disc. While on the wobble disc, you will perform a series of movements with your spine - front to back, side to side, and rotational motions. Let me demonstrate for you." (Demonstrate following the doctor's recommendations.)
- Optional - Have a CA further describe what those actions do for the spine. (Explain the why behind)

Handoff to Tech CA or other team (if applicable) Briefly explain the stress x-ray process:

- Set up body weighting and vibration therapy
- Take stress x-ray
- **Handoff:** Walk the patient up to the front desk and tell the CA what the next steps are for the patient
 - "Melissa, Dr. Matthew met with Cathy, gave her a quick rundown of her exam findings, and most importantly got her adjusted today. Dr. Matthew said she did great with her adjustment. She's going to drink a lot of water, and Cathy discussed

with Dr. Matthew that he wants to get her back tomorrow night with Bob, her husband, to sit down together, review her x-rays, and lay out recommendations for her care. Please get her confirmed for her appointment tomorrow.”

- “Cathy, you’re going to do great. You’re going to sleep great tonight. If you have any questions, don’t even hesitate to call us, otherwise, we will see you and Bob here at 5:30 pm tomorrow for your review of your x-rays.”

Checkout

What to Expect After Your First Adjustment document given to the patient

- Schedule for next doctor’s report (Review What to Expect After Your Chiropractic Adjustment)
 - “We have you down for the Doctor’s Report on Thursday. It starts promptly at 5:30 pm, so you and Bob will need to arrive by 5:25 pm. Be sure to set aside 90 minutes for this appointment, and let Bob know that as well. This is a longer appointment because it is the most important appointment you will have in our office, and Dr. Matthew wants to ensure that you and Bob both fully understand what you will be seeing in your x-rays. You and Bob will start together with a handful of other patients, as a group, to go over the information that will help you understand what it is you are looking at when you see your x-rays. Then the doctor will take you back privately to go over your personal exam findings and x-rays. Please be assured none of your personal information will be shared with anyone. The doctor has set aside an adequate amount of time to go over all of your recommendations and answer any questions you or Bob might have. There is no charge for the appointment, yet we ask you to keep in mind that it is a financial decision-making appointment, so come prepared for that. Also, bring a calendar with you so we can schedule future appointments! You see we love having kids here, but this is the one time we ask that you arrange child care for an appointment at our office. We’d hate for you to miss any of the information Dr. Matthew is going over. Will you be able to find a babysitter for tomorrow’s appointment?”
 - If yes - “Great! Do you have any other questions about this appointment?”
 - If no - “Do you have any friends or family that might be able to watch them?”
 - “Perhaps a neighbor or a friend from school you could swap some babysitting time with?”
 - Last resort: “Would you be comfortable bringing some toys/ books/movies and letting one of our team members watch the kids in the back during this appointment?”
 - “Any questions about this appointment?”

Best practices for “Reviewing What to Expect at Doctor’s Report”

- Use the spouse’s name (support person) at least three times to ensure it is clear that this appointment is for both the patient and their spouse.
- Write down any appointment specifics on the “What to Expect” sheet. For example, the expected time of arrival, their spouse’s name, and the expected length of the appointment.

- Be sure to emphasize any key points that may affect the patient's experience at the Doctor's Report. For example, if they have children, confirm that they will be able to make child care arrangements for this appointment.
- Build your Day 2 Checkout based upon objections you get at DR. For example, If patients are consistently surprised to make a payment at DR, then be sure to emphasize this is a financial decision-making appointment at the Day 2 Checkout.
- Take each patient's personal intake information into consideration prior to each Day 2 Checkout. Consider emphasizing any office policies that will play a key role in setting each patient up for success at their Doctor's Report appointment. For example, if a patient does not have kids, then we do not need to emphasize that they arrange child care in advance. If they were late to Day 1 and Day 2 - then HAMMER home the point of arriving to DR early, and if they were 15 minutes early to both then there is likely no need to mention the importance of arriving early.
- Smile in knowing each patient is in the right place and you can help.

Follow Up Communication

- Phone call or text from Doctor
- Ensure all Day 1 and Day 2 patients are on the doctor's call list at the end of each shift

DAY 3: THE DOCTOR'S REPORT (TEAM)

Intention: To mobilize patients to take an active role in their health and join the MaxLiving mission.

CA Tone: Empowering, certain, and optimistic.

Why: This is the most important appointment for what "could be" for this family.

THE DAY 3 OUTLINE

CA Preparation for Doctor's Report

Have a checklist (for example: Clean the office, remove clutter from the front desk, clean bathrooms, verify insurance, prepare care plans, etc.)

- Review patient files in team huddle
- Complete insurance verifications (if applicable)
- Verify all care plans and financials are completed and ready for review
- Set up the doctor's report space
 - The specific setup will be personalized to fit your doctor's report needs. It is imperative that the CA sets up the room with everything the doctor needs for the report, so they don't break state when they realize something is missing.
 - Set up chairs
 - Make sure that no matter where the patient is sitting, they will be able to see
 - Space chairs so the patients will not be crowded
 - Spine
 - Nerve System Chart
 - Whiteboard and markers

- Doctor's report x-rays
- Have resources ready at the desk for patients who commit, ie: Quick Start Guide · 5 minutes prior to DR starting, call patients who have not arrived ("Where are you?" calls)
- *"Hi Cathy, this is Melissa at MaxLiving Chiropractic. I am calling to confirm you are safely on your way to the clinic for your 5:30 pm appointment."*

Patient Arrival to Doctor's Report

As the patients arrive for the doctor's report, the following steps should be taken by the CA. Be mindful that it is likely the spouse's first impression of the clinic.

- Greet patients and their spouse by name
- Introduce yourself to anyone you have not met
- Be sure to make everyone feel welcome
- Have them check-in
- Show them to their seats
 - *"Let me show you to your seats. Your two seats are right here. If you need the restroom, it is located just around this corner; first door on your left. Would you like a bottle of water?"*
- Provide patient with a copy of Interest vs. Commitment brochure
 - *"Today is the most important visit you will ever make to any doctor's office. The doctor is going to go over everything it takes to get well and stay well. Dr. Matthew asked that I have you read Interest vs. Commitment while you wait."*
- Provide spouse with Subluxation brochure
 - *"This is some insight to the information the doctor will be going over in more detail in just a few minutes."*



Office Preparation

It is important to minimize distractions that may interrupt the doctor's report. Examples of how to prepare the office include:

- Lock the office front door
- Switch phones to answering service
- Turn any music or audio off, include hot seat TV
- Verify each patient has arrived
- Confirm each patient file is complete, x-rays are analyzed, and match to each patient who has signed in
- Verify all financials are completed and ready for review

CA Intro to Doctor's Report (Based on Doctor's Preference)

Based on the doctor's preference, if your doctor prefers to have a team member open the doctor's report below are some bullets that you will cover.

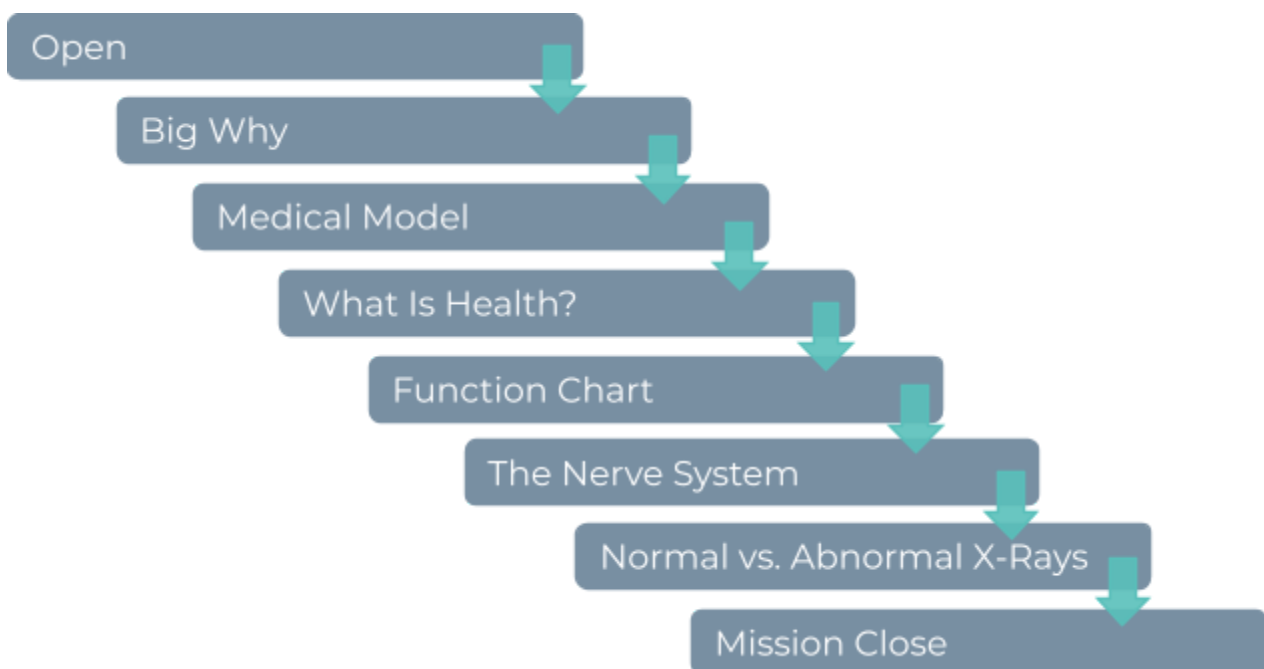
- Your name
- Role in office
- Personal story, perspective, transformation
- What to expect: reason starting as a group, why you are excited for them, how chiropractic has impacted your life
- Reminders to silence cell phones

"Welcome to the Doctor's Report. The purpose of today's report is to explain how chiropractic works, what we have found in your x-rays, and how our office can help you. Dr. Matthew will be doing the Doctor's Report and afterward, you will go to a private room to view your x-rays and receive recommendations with your Chiropractor (if more than one Doctor). For some of you, this is a different experience than you are used to. It is a proven fact that our patients who fully understand the problem get the greatest results. Dr. Matthew travels all over the U.S. many times per year to learn from the top doctors in the world so he can bring you the most factual, up-to-date knowledge on health and disease prevention."

CA should include personal testimony of how chiropractic has impacted their life

"We do ask that you please turn off any cell phones so no one will miss even ten seconds of this information. Dr. Matthew will be with you shortly."

The Doctor's Report



Post Doctor's Report CA Duties

- Put the next patient in the room with x-rays, care plans, and files.
- Schedule family members for new patient appointments.
- Collect payment.
- Explain to the patient when they will receive the additional items included in the care plan such as the Complete Homecare Kit and scheduling in-office events.
- Clean up doctor's report setup.

Handoff to CA

Transition authority to CA to schedule and collect payment.

"Cathy is ready to get started. She is going to do this option here, which is a down payment of \$ and a monthly payment of \$. I need to make sure she is scheduled to see me starting at x times per week for the first x weeks. From there we expect her to graduate to x times per week. Please make sure to also set her up with her orientation appointment and home care. Cathy and Bob have two children that I'd like to evaluate sometime this week. Can you please make sure to get them scheduled?"

CA Checkout

"Alright Cathy, this will be ___ visits over the next_____ months of care. With this option, it is a down payment of ____ and monthly payment of _____. Which card do you want to put this on tonight?"

Wait for a response; do not say anything until the patient responds.

"Is this the same card that you would like to set up for your monthly payments as well?"

Schedule out the dates and times each week for their visits and provide the patient with a copy of their schedule. This includes all adjustments and progress evaluations for the length of the care plan.

- They should be scheduled for their next adjustment within 24 to 48 hours from the doctor's report.
- Ensure each patient is scheduled to receive their Homecare resources, Homecare prescription, and equipment.
- Review missed appointment policy and other office policies.
- Ask each patient to initial and date each care plan section and office policies as you go through it.
- Provide each patient with a copy of all care plan documents and payment schedule.
- Manage patient's expectations, such as explain how to get questions answered, when they will receive additional resources, and learn how to refer.
- Schedule family to be checked and provide them with new patient paperwork to fill out prior to their appointment. Keep it simple, for example: *"Do you want to schedule John and Julie for their evaluations at your next appointment or would you like to schedule a separate time?"*

“Ok Cathy, we have John and Julie scheduled for Wednesday at the same time as your adjustment. We also have you all set for your future appointments starting on Monday, Wednesday, and Friday at 9:30 am. Our patients who get the best results are those who are consistent; we understand that unexpected circumstances may arise in which you may need to reschedule. In the event that happens, we have 3 convenient ways for you to do so. The first and most common is to text this number, emailing us at info@maxliving.com is another option, and additionally you can always give us a call. At your next visit, we will be reviewing your Homecare that Dr. Matthew has prescribed for you. These homecare exercises will assist in achieving the best results possible. Please be prepared to be here for an additional 15 minutes tomorrow so we can have plenty of time to review your exercises and answer any questions. Dr. Matthew has also recommended Progress Evaluations. These Progress Evaluations will be helpful for us to check in on how your body is responding to care periodically. Your first progress evaluation is scheduled for 4 weeks from today, but no worries, we will be sure to remind you to plan your time accordingly as your evaluation approaches.”

- Give the New Patient Starter Guide (if given on Day 3) Example Script when giving the New Patient Starter Guide: “These resources cover the basics of the 5 Essentials and simple steps you can implement to achieve the best results.”



Contact Us

If you have any questions or need further assistance, please reach out to support@maxliving.com
(321) 939-3060



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