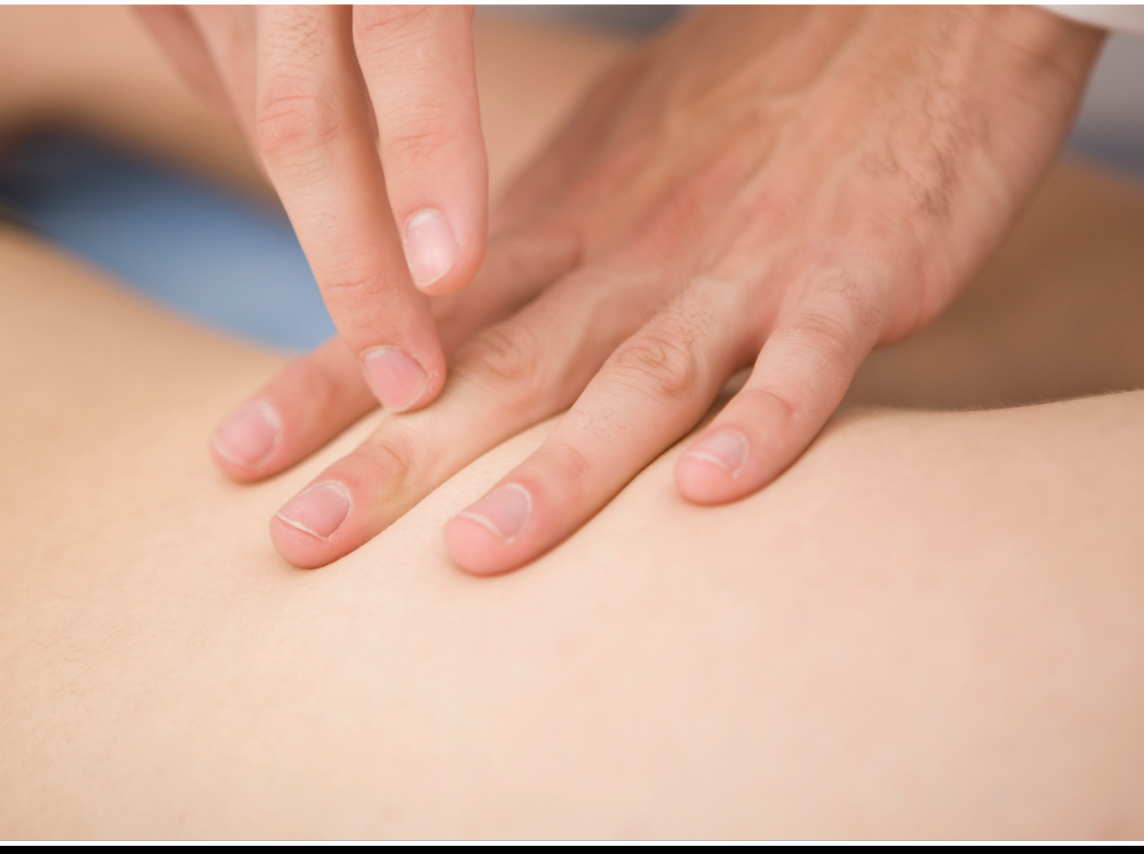
HANDS ON

Basic Clinical Skills for Students and Practitioners of Complementary and Alternative Medicine



NIC ROWLEY

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Basic Clinical Skills for Students and Practitioners of Complementary and Alternative Medicine

Nic Rowley

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This book is dedicated to my wife, Kirsten Hartvig.

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PREFACE

As accreditation standards become more stringent, the student of complementary medicine is coming under increasing pressure to acquire orthodox clinical examination skills as an aid to safe clinical decision making.

Eliciting clinical signs is a subtle art and cannot be learnt from books alone. Moreover, many of the techniques used by doctors are only relevant to a medical system that has become dependent on high tech, invasive investigations.

However, the basic clinical skills of listening, looking and feeling are common to all the healing arts. Hands on seeks to enhance and illuminate these skills in a way that is relevant to the needs of the complementary practitioner. As a consequence, some of the detail to be found in orthodox textbooks is omitted but it is hoped that readers will seek to broaden their knowledge through practical experience and by reference to standard texts.

I owe a debt of gratitude to many students and practitioners for their advice and support in the completion of this book and I would like to thank Dr Caroline Aldous, Dr Mike Robinson, Dr Richard James, Joe Nasr, Frances Kelly and Sai Baba for their particular help and inspiration.

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INTRODUCTION

There is no right way to take a history and examine a patient.

This book aims to demonstrate one way of approaching the task that you can adapt to your personal style and needs.

It is written in the belief that students of complementary medicine are presented with so much detailed information when first introduced to history taking and clinical examination that they never really understand why they are doing what they are doing.

The objectives of the book are therefore very simple:

1. To provide you with a basic set of questions to ask.
2. To teach you where to put your hands when examining a patient.

Your aims should be:

1. To develop a consistent clinical routine.
2. To practise this routine until you no longer have to think about what you are doing (or what you are supposed to do next).
3. To examine so many normal people that you will never fear missing the abnormal.
4. To be confident enough of your technique to allow you to perceive what your eyes, ears and hands are telling you.
5. To always be mindful of your client's comfort and dignity.
6. To be kind and gentle.
7. To explain to your client what you are doing.
8. To understand yourself why you are doing it.
9. To use the information you obtain to the benefit of your client.
10. To make decisions on the basis of your findings.

Clinical students are told from day one that the correct order for examining the patient is

LOOK

FEEL

TAP

LISTEN WITH THE STETHOSCOPE

or, in posh jargon,

OBSERVE

PALPATE

PERCUSS

AUSCULTATE

This routine is based on sound principles and it serves as a reminder that simply listening to what the patient has to say and observing him/her closely is usually all you have to do to gain the information necessary to formulate a relevant list of diagnostic possibilities.

In other words, much of what this book describes is likely to be unnecessary in most cases. However, someone once said that the trouble with life is that it has to be lived forwards but it can only be understood in reverse, and so it is with clinical examination. You only know it was unnecessary after you have done it.

In the orthodox medical model, history taking and clinical examination are supposed to generate a **differential diagnosis** (a list of diagnostic possibilities) which is refined by various investigative procedures into a **definitive diagnosis.** The definitive diagnosis is supposed to imply a causal link between demonstrable organic pathology and a particular clinical presentation. Having established this link beyond all reasonable doubt, the orthodox doctor is then supposed to make a logical intervention at the cellular, tissue or organ level in order to eradicate the underlying pathology.

The orthodox medical model can thus be summarized as follows:

TAKE A HISTORY

EXAMINE THE PATIENT

FORMULATE A DIFFERENTIAL DIAGNOSIS

PERFORM BASIC INVESTIGATIONS (urine analysis, blood tests, x-rays)

PERFORM SPECIALIST INVESTIGATIONS

CONFIRM THE DIAGNOSIS

TREAT THE UNDERLYING PATHOLOGY

FOLLOW UP THE PATIENT

Logical and laudable as this scheme is, however, it is rarely followed in practice due to the unswerving ability of patients to enliven their pathologies with mind, spirit, emotion, family and friends. Furthermore, without access to many of the investigations performed routinely by orthodox doctors, complementary practitioners often feel that it is irrelevant to perform an orthodox clinical assessment.

But, I believe that this misses the point which is that basic history taking and clinical examination is usually all you need to do to confirm that someone is WELL.

Never underestimate the importance of confirming wellness to your client – medical students are always lamenting the lack of 'real' pathology in their clinical experience. I think the best outcome of a medical encounter is one in which the patient is told that they are not a patient at all, i.e. that they are fit and well.

If you accept this, then you do not need to see a lot of pathology in your training. You need to see a lot of well people.

Some general thoughts:

- The range of normality is very wide indeed.
- Most *significant* clinical signs are as obvious as barn doors swinging in the wind.
- If you have not got a pretty good idea what is wrong with someone by the time they get on to your examination couch, you are unlikely to know what is wrong with them by the time they get off it.
- You are examining patients for their benefit and not to prove that you can perform the exercise in a technically correct manner.
- First clinical impressions are often the most accurate.
- Isolated clinical signs in obviously healthy people almost never suggest serious underlying pathology. Clinical signs only achieve significance in the context of the case history as a whole.

It is more important to be alert to warning symptoms and signs suggesting someone is seriously ill (and should thus be referred to expert help) than to understand the precise nature of the underlying problem. For example, the important things to notice in a patient with severe aortic stenosis are that they complain of angina, dizzy spells and shortness of breath on exertion and have a low volume pulse and a heart murmur. Describing the finer points of the murmur itself is not particularly important. Such a patient is ill and needs help. Basic history taking and examination are enough to demonstrate this.