



YOUR PRACTICE / BUSINESS

Useful Medical Insights

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An RN friend of mine recently had a tough time trying to persuade her M.D. husband to go to the emergency room after he broke his arm. Surprising? Well yes, considering her husband formerly chaired a department at one of the nation's top medical schools. Years ago, I remember catching a doctor buddy of mine trying to open zits on his face with an unsterilized safety pin.

Famous heart surgeon and TV personality Mehmet Oz recently wrote a witty, but sobering account of himself as a "lousy patient" through colonoscopy and removal of polyps in the June 2 issue of TIME magazine. Oz admitted he sneaked a lentil lunch half way through the required 36-hour "no food" rule prior to the procedure, requiring a follow up colonoscopy.

Why are our bodies our blind spots?

Once, I snapped a hamstring while teaching stretching exercises in one of my Shiatsu classes at a time when I was in training for the New York Marathon years ago. Did I stop running? Oh, no. Off I went to Central Park the next day, only to end up on my knees. Several sessions with my chiropractor convinced me it was time to swap running for cycling. A few years later, I ignored a breast lump. I told myself, "I'm far too healthy to have cancer." That was until I ended up with a modified radical mastectomy. True, I was able to transform the experience into special *qi*-inspired post-mastectomy exercises I teach globally, along with a whole new multi-dimensional way of treating cancer patients and their families. But, my experience also taught me to send clients or students with breast lumps or any other sudden lumps to their physicians immediately to examine all possibilities. Learn from my stupidity, I tell them.



Beyond this, I encourage all my students and graduates to view every injury, medical challenge or a personal or accompanying visit to a physician or the ER as invaluable forms of continuing education. As bodyworkers, we are that much more critically aware of the way physicians, physical therapists or physician assistants touch and examine us, because this also gives us an insight into the way our own clients are touched or treated.

After experiencing a shoulder injury during a cycling accident, I remember bristling when my orthopedist's assistant said, "women of your age...." I held up my hand and said, "Stop right there. As a courtesy, why don't you take a patient's full health history and exercise regimen into consideration, before you make sweeping generalizations based on age?" I added, "Ageism is as offensive as racism and sexism." The guy was dumbfounded. No patient had ever talked to him like that before. He was open to learning from the experience.

Similarly, I can remember ducking when an eye doctor approached my eye too quickly. I encouraged him to see the effectiveness of a subtle approach to ensure my eyes were relaxed before he started any procedures. I am sure that every woman who reads this also knows the difference between a subtle pelvic exam from a sensitive gynecologist compared with a painfully intrusive exam.

Speak Up!

My advice to graduates and clients is this: Speak up if you are not comfortable with the way an MD, RN or any therapist or medical assistant moves or touches your body. Speak up if they are too rough, or speedy or indifferent to your position and /or comfort during a medical procedure.

We can all share the effectiveness of our *qi* training in so many helpful ways. Those of us who meditate have a much easier time going through an MRI or CT scan. It's worth sharing tips like deep breathing and creative visualization with the technicians, so they can share similar advice with other patients.

How well I remember waiting to have a Plaster-of-Paris removed from my arm in a hospital a few years ago, giving me a chance to watch procedures on others. I was shocked by the way one orthopedist told patients, "You really have to work that wrist now, move it back and forth," as though advising them to open and shut a trap door at top speed. Since it wasn't diplomatic to talk to him in front of his patients, I waited for him to leave before sharing some subtle, *qi*-inspired wrist movements with the patients and techs to facilitate mobility and muscle strength gradually and comfortably. The techs were fascinated, feeling they had observed an invaluable lesson in a matter of minutes.

The Art of Touch and Observation

In her excellent book "*Every Patient Tells a Story*," Lisa Sanders, M.D., bemoans the effect that high-tech tests in hospitals have had on minimizing the basic physical exam, "once the centerpiece of diagnosis," she writes. Sanders describes the decline of the physical exam in medical training and how obvious symptoms and clues often are overlooked when physicians rely primarily on lab results and tests. This is deeply worrying to those of us trained in the bodywork art of observation, movement and touch.

However, Dr. Sanders includes an inspiring insight for teachers of all forms of medicine in the story of Irvin Braverman, legendary Yale professor of dermatology, who used to sharpen his students' observational skills by taking them into Yale's Center for British Art to study and describe different

paintings. He tested those same students before and after the art outing, to assess their ability to diagnose photos of patients with abnormalities. Scores improved by more than 50 percent after the museum visit.

References

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