A CCPA Field Guide

The Power of Communication

in Chiropractic

A quick-reference companion to the convention session — the words, habits, and moments that turn everyday patient interactions into trust. Keep it at your desk.

Chiropractic Educational Network

Why this matters

The Foundation

> **How to use this guide.** This isn't a transcript of the talk — it's the part you'll actually reach for. Skim the **Say This, Not That** scripts before a shift, keep the **Patient Playbook** handy for tough personalities, and use the **Top 10% Self-Check** to pick one habit to sharpen each week.

Communication is the difference

Same office, same doctor, same treatment plan — two completely different patient experiences, based on communication alone.

It's not a knowledge problem

You already know what to do. The challenge is applying it in real time, under pressure, when it's busy and the patient is confused or frustrated.

Connection, not perfection

You don't need to say everything perfectly. You need the patient to feel understood. Aim for clear, confident, and genuine.

First impressions & tone

The first 30 seconds matter most.

Before anything is explained — before the doctor walks in — the patient is already forming an opinion. They decide fast, sometimes within seconds.

You set the tone.

Calm or anxious, confident or unsure, welcomed or rushed — you shape how the patient feels before care ever begins.

Tone carries the message.

It's not just what you say, it's how you say it. "Hi! Welcome in, I'm glad you're here" and "Have a seat, the doctor will be with you" say the same thing and feel completely different.

Confidence creates comfort.

When you sound sure, patients feel safe. When you sound unsure, they feel unsure too.

The words that work

Say This, Not That

Four conversations that make or break trust. Same situation, completely different outcome — it comes down to the words.

When a patient doesn't understand their care

AVOID

"That's just what the doctor recommends."

SAY INSTEAD

"Let me explain that so it makes sense."

The first shuts the conversation down. The second guides them.

When a patient pushes back on cost

AVOID

"That's what we charge."

SAY INSTEAD

"I completely understand — that's a common concern."

Relate before you respond. Cold and final vs. acknowledging and open.

When a patient isn't following the care plan

AVOID

"You need to follow the doctor's care plan."

SAY INSTEAD

"Can we talk about what's made it difficult to follow the plan?"

A command closes the door; a question opens a conversation.

When a patient is frustrated

AVOID

"That's our policy."

SAY INSTEAD

"I understand why that's frustrating."

One creates instant disconnect; the other acknowledges the emotion.

Every personality

The Patient Playbook

Not all patients communicate the same way — and that's where your skill shows. Your goal is never to win the conversation. It's to guide the patient, not control them.

The Anxious Patient

Nervous, unsure, overwhelmed

WHAT TO SAY

"I'm going to walk you through everything step by step so you feel comfortable."

The Angry Patient

Feels unheard and frustrated

WHAT TO SAY

"Let's slow this down. I want to understand what happened so we can fix it."

The Overwhelmed Patient

Too much information, not enough clarity

WHAT TO SAY

"Let's take this one step at a time so it feels manageable."

The Resistant Patient

Pushes back and questions everything

WHAT TO SAY

"That's a great question. Let's talk through it so you feel comfortable."

Small changes · big impact

Acknowledge the emotion first. The rest of the conversation follows.

What to avoid

The 5 Communication Mistakes

Mistake #1 — Talking too much

More explaining isn't more helpful. Too much information overwhelms — patients need clarity, not a lecture.

Mistake #2 — Not really listening

Hearing the patient while already planning your reply. They can feel it.

Mistake #3 — Sounding scripted

Patients don't connect with scripts. They connect with people.

Mistake #4 — Rushing the interaction

When you rush, patients feel like they don't matter.

Mistake #5 — Avoiding hard conversations

Money, compliance, missed visits — avoiding them doesn't make them go away. It makes them worse.

The listening problem

> **The 18-second problem.**
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> On average, patients are interrupted after about 18 seconds — and then we wonder why they feel unheard. When patients don't feel heard, they don't trust you, don't open up, and don't follow through.

What real listening looks like

- Let them finish — don't interrupt.
- Stay present instead of waiting for your turn to talk.
- Reflect back: "So what I'm hearing is..." — it proves you're paying attention.
- Ask better questions: "Can you tell me more about that?"

Inside the patient's mind

How Patients Really Think

Patients think emotionally, not clinically.

They're quietly asking: *Can I trust you? Do you care about me? Is this worth it?* They're not evaluating your knowledge — they're reading your energy, your tone, and how you make them feel.

Emotion drives the decision; logic justifies it.

If a patient feels confident, they move forward. If they feel confused, they hesitate — and hesitation means not committing to care. That confidence comes from you.

What the top 10% do — a self-check

- ✓ I stay present even when it's busy — I don't rush.
- ✓ I personalize each interaction; I don't sound the same with every patient.
- ✓ I build trust quickly through tone, clarity, and confidence.
- ✓ I educate clearly — I simplify instead of complicating.
- ✓ I listen more than I talk.
- ✓ I lean into difficult conversations instead of avoiding them.

You are the experience.

Patients forget the details. They remember how you made them feel.