The ABC’s of Running a Successful Neurological Screening

with Brandi MacDonald
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ABOUT BRANDI MACDONALD

Brandi MacDonald (affectionately known as ‘The Queen of Teams’) and her husband, run a busy family-based subluxation correction office in Edmonton, Canada. She left her leadership career when she was personally touched by the healing power of Chiropractic. Today, she is the owner of True Concepts Inc., a consulting and professional speaking company that provides team training, and True Concepts Seminars, a seminar company dedicated to spreading the neurological principles to Chiropractic Teams.

She is the Executive Director of the IFCO, the International Federation of Chiropractors and Organizations. Being a patient of Chiropractic first and foremost, her specialty to teach health paradigm shifts is unrivaled. She has also contributed to two health-focused books, and is the author of her own manual: From Chiropractic Assistant to Advocate, as well as co-founding the online training program and community for Chiropractic Assistant training called the ‘Epic CA’. Her passion is to bring Chiropractic teams closer together by teaching both the principles of Chiropractic and improved communication skills.

ABOUT SPINAL RESEARCH FOUNDATION

The Australian Spinal Research Foundation (Spinal Research) is more than just a research foundation – it is a cooperative of like-minded people who have a common view of health and well-being, and are willing to stand up for it. Our role is to remain at the cutting edge of understanding and communicating how chiropractic contributes to community health and well-being, and therefore our Mission is two-fold – to facilitate research and disseminate knowledge that furthers the understanding, development and effectiveness of chiropractic care.

We fulfil our mission by creating knowledge, through the facilitation of research in support of chiropractic. We then communicate knowledge of chiropractic via a wide variety of seminars, science symposia, events and publications. In addition, we support Chiropractors to hold Community Health & Education Events, including Spinal Health Check Events (screenings) and Health Education Talks.

ABOUT THIS BOOKLET

Brandi and her team have been perfecting Spinal Health Check Events (screenings) and Neurological Screening techniques over a number of years, and because of the high demand for a new way to do effective screenings in Australia, Spinal Research has worked with Brandi to create this booklet, which makes up a suite of tools available to those who would like to conduct Spinal Health Check Events, or would like to build their skills around screening techniques and in particular, neurological screening events.

This booklet aims to give you practical tools for conducting events, as well as discussing some of the challenges that Brandi and her team have learnt from. Brandi brings her unique, conversational and energetic style to you in this booklet, which is based on a highly sought after tele-seminar that sought to answer questions that are very common for those interested in screenings: how to conduct successful screenings; what tests to use; how to describe the tests to participants; what to take along to the event; and perhaps most importantly, how to create energy and excitement at the event, in order to attract the right participants.
**WHY DO SCREENINGS?**

"Hopefully you get great results and more people want to come into your office and get checked, but mostly we’re trying to get the message about chiropractic out to the broader community. I think that’s really the idea that I want to get across about these events. It’s why we continue to do them today, even though we really don’t need new patients any more. We’re not desperately trying to grow our practice any more, and we really weren’t ever. That was never the intention behind doing spinal screening events."

Whether you have done Spinal Health Check (screening) Events before, or you are new to it, you’re probably aware that many people have done these events before and have found them to be unsuccessful. Maybe nobody was interested, or perhaps those doing events just didn’t feel comfortable or didn’t know how to approach people. Screening events have certainly gotten a bad rap, and there has been a great deal of apprehension in Australia because of the strict guidelines put forward by the Chiropractic Board of Australia. Brandi expresses it best here:

“I think there has been some situations where maybe certain folks have done spinal screenings and said a couple of things to the general public that were misunderstood, or maybe they were doing a booth and it came across as being, as I call it, creepy, and they didn’t feel comfortable in the booth. I think understanding how and why you want to do a spinal screening really is where you need to start.”

When Brandi & her husband Don’s practice looked at why they wanted to do spinal screenings, it was not because they needed new patients. They were weary of being frustrated with the general public thinking that chiropractic was an analgesic for pain. They felt like there had to be more that they could do. They knew they could talk with people one-on-one in their offices, but felt there must be something they could be doing on a larger scale.

They wanted to go to the community and provide an opportunity for them to see chiropractic in a different light. Rather than being frustrated by the fact that the general public’s paradigm was so far away from theirs, or that people may have seen another Chiropractor who had a different philosophy, Brandi and Don realised that they were responsible for bringing their message to the public in a way that could be understood. So instead of seeing screening events as just being a part of the marketing plan to bring more patients into the practice, they understood that their philosophy had to begin with educating the public. Building a practice simply becomes a bi-product of bringing your message to the community.

Brandi learnt that if you stand in your booth in a state of desperation, that really comes across to the people - the general public is very savvy. They're very concerned about being manipulated by people selling things. We're all part of the general public.

*We’re tired of people selling us things that are quick fix, or a miracle cure, only to get it home and we wish we hadn't bought it.*

*The general consumer today is already defensive when they come past you.*

*If we are also in ‘defence’ and we are desperate to get people into our office, that simply doesn’t work. It just come across as being either aggressive or desperate.*
Brandi talks here about success: “To us, education is the measure of success of the event. Some of the people you talk to don't come to the practice, but it's still been a success to me, because they left our booth with a completely different understanding of chiropractic. They left our booth with an understanding that they actually have something called a nervous system: the brain, the spinal cord, the spinal nerves. Most people don't even know that unless it's pointed out to them. That's a success to me.

You have to determine what your success is, because the more you keep education as your focus, I promise you the more people will come into your office from a booth. It just happens that way. It's really important when we involve them and we show chiropractic as a health care option, not just an analgesic for pain, people will choose that. They just have never heard it before”.

*I just want to stress the mindset in going into a booth. It is critically important that, yes, you do have it as a part of your marketing plan. Whether you choose to do 8 booths a year or 1 booth a year, it doesn't really matter. It should be written into your marketing plan. You also need to know: what is the message in your office? The reason the neurological booth became part of who we are in our office, is that we started to move away from the model that talked to people about prevention of pain & degeneration, and started to talk to people about function - about the fact that the only thing we do in chiropractic is to improve neurological function.*

**WHY NEUROLOGICAL SCREENINGS?**

Neurological function means the way in which the brain and body work together. When we improve that function, we want to see the symptoms, the pain and the problems do go away, but we don't treat that. We are merely removing the interference to the system that adapts to the stressors, regulates everything and runs the show.

Many practices are now introducing some neurological tests in their office and at Spinal Health Check events, as a great visual demonstration. Here Brandi tells us why her practice began to introduce this type of screening into their booths at events:

“The reason we moved away from the subluxation station for screening purposes is that at one point we went to one show where there were about 7 Chiropractors at this one show, and 6 of them were using thermography in some way. If it wasn't a subluxation station, they were using another type of equipment. They were all thermography based, and the booths all looked the same. That's a great thing for chiropractic. It normalizes that equipment. It normalizes that this is what we're doing in chiropractic.

Though as we know, the scanner is just for educational purposes at the booth, so it's not really clinical. It doesn't really show anything and people might get a different scan at a different booth than what they got from us. Then it's confusing to the general public. So we had started implementing some simple neurological tests as well as the subluxation station. We realised that we could actually get people involved in active demonstrations and they would retain it more. We wanted to have an active demonstration for people instead of a passive demonstration. That's really where the idea was born for the neurological screenings.
Here’s the other thing. I believe that chiropractic is in a place in the world where we have lost our identity. Because we have lost our identity, we have become okay within the profession with the fact that we’re an analgesic for pain. Because we’ve been okay with that fact, we have not pressured ourselves to step outside our comfort zones and really look at what we offer people, bigger than pain.

What has stretched our comfort zone somewhat is to really grasp the understanding that every time somebody gets checked and adjusted by a Chiropractor, taking pressure off the nervous system - the system that keeps us alive, that regulates everything, that adapts to the environment - 100% of the time that system functions better regardless of how that person feels. That is where we have not pressured ourselves enough in chiropractic. When that happens enough times for people, they step into a health potential and then a life potential that they didn't know existed.

That is the vision that I have for chiropractic.
It's the vision that I have for every single person I talk to that comes into the booth.

In order for people to see the power they hold as individuals, they have to be involved. We can't passively demonstrate everything - and we do passively demonstrate a lot to people. We talk a lot at people, but when somebody is actually involved in their own learning and they see it for themselves, they retain it longer and they say things like, "I never thought of it that way. I wouldn't have even known that. Does this mean this?" They start putting things together and they start asking you questions. As I often say in my seminars, that is the crack cocaine of teaching because people's light bulbs go on and you start to see that they think differently. This is why the physicality of neurological screenings works so well.”
When you develop the screening ‘plan’ for yourself, first make sure that whatever message you plan to have in the booth is going to be the same message as in your office. It can be a challenge if your screening is neurological, but your office is allopathic or pain based.

If you're going to do a neurological booth and you're going to show people and involve them in understanding functional improvement that's objectively measured, you have to have tools in your office to match that. If they come into your office and don't get similar information, there's no transferring of that data or that education that they got in the booth.

**Creating a Fantastic Event**

**Location, location**

*People always ask, "Where do you do booths? Where do you set them up? At a health show?" Wherever you want. This is my answer. You do them wherever people are walking around and are alive and have a spine. That's where you do them.*

More from Brandi: “You don't have to match the show. Is it great to do a health show? Absolutely. I don't think I've ever in 7 years of doing these ever done a health show. We have always done the Home and Garden show. We've done it at big corporate offices. We have gone into ATCO and EPCOR, which are big power and gas companies here in Edmonton. We've gone into those businesses and we’ve set up at lunch in their foyers.

It doesn't matter where you do it. It just matters that people are there, that you have access to people to talk to. Really that's pretty much everywhere. Obviously the shows that sell the booths are the easiest ones because you purchase the booth and then you set everything up. It's a little more complicated to get into big corporate companies, but it's not a hard thing to do if you're interested in doing that.

I'm sure lots of you have practice members that work in big corporations. It's a really fun thing to do on a Friday afternoon and people love these booths. They're fascinated by them. They think it's really fun. Because of that, wherever you set up, people do want to come by and see what you're doing. Corporate offices are usually free, as are places like gyms. These are all great ideas.

The big shows obviously have a cost to them, because you rent the booths. It's really quite easy to do those. It is an investment for sure. The big, big shows, if you have never done a big show ... For example, here in Edmonton, we have something called the Home and Garden Show. It's a 4-day show. That show runs us close to $4,000 of investment, both with the booth rental and our staff time, and it's totally worth it. We have enough of our team to put at the booth so that one person is not working the entire show.”
How to attract people to your booth

I want to encourage you to always have this mindset when you're going to the booth – that it's really a lot of fun and it's a way to get the message out to the community. That excitement and energy is how you attract people to come over and talk to you.

Brandi tells us about her experience in relation to what works in booths:

“I used to walk around these big trade shows and look at who had the biggest amount of people at their booths. Who are the people that had crowds around them? There were 2 types of booths that had crowds around them. The first type of booth were people who wore headsets. I know all of you have probably been to home shows, garden shows etc. If you walk around, you'll see the folks that wear their headsets with speakers. They're talking and they're generally displaying things like cooking equipment, sweeper mops. They're cleaning up things with vacuums. They're showing demonstrations and getting people to participate - like helping out, taking the vacuum etc. They’re actually involved in it and they see it for themselves. They by far had the biggest amount of people around their booth. People weren't necessarily sitting down and listening to them – they were standing around or stopping as they walked by because they were interested in the demonstrations.

The second type of booth that had the folks in front of them were the demo booths. They were the passive demonstrations where folks were sitting in chairs and listening and receiving the information. It was interesting and they were interested in the product. This is similar to using subluxation stations and TV's in the booth. Many of you probably have a subluxation station in your office. Some of you may have even used it at spinal screenings. We did the same thing as well. That would be called a passive demonstration. We had a big-screen TV. The subluxation station could be taken with us. It was portable. We could do a thermal scan on their cervical spine. They would light up in a colour. We could talk to them about that. It was interesting. That's called a passive demonstration and it's a great tool. There is nothing wrong with that.

However, creating an active booth that gets people involved will always draw more people and be more educational. This is one of the reasons that neurological booths are so effective”.

A note from Spinal Research...

Spinal Health Checks are an opportunity for you to offer up a service that helps community members make positive decisions about their health care. Gone are the days when the only option open to practices was to have a little free booth in a local shopping centre. There are so many people selling their goods in shopping centres these days that people are far less likely to stop for you than in times gone by. For a bunch of great ideas and inspiration, download the 'Community Health & Education Events' Information Kit from our website.
Brandi also talks about using a couple of ‘props’ in the booth that are attention-getting.

“When people walk by, the number one thing that they stop at is our autonomic nerve chart. It’s amazing to me. It tells me people want to know. They're interested in this information. They did not know that spinal nerves go to end organs. Then they come over and they start tracing it in their mind and they're like, "Oh my God. Look at this.". The second biggest thing that people come over and look at is the spinal degeneration poster. This is the poster that has the phases of spinal degeneration in the cervical spine, thoracic spine, lumbar spine. People come over for those 2 posters the most, and we’ve tried all the posters. We then have spinal degeneration handouts that we give to folks if they're interested in that.

We also use a huge blow-up spine. It’s about 5 feet tall! People love it. Nobody knows what it is. Everybody comes over and asks what it is. People ask me where I got it all the time. (I have no idea where I got it, but you can Google it!). You can start a conversation like that. Then we have the degeneration models, which are the little magnetic vertebra models that show normal all the way through to fusion and they match the spinal degeneration poster that we have. People can pick it up, touch it, play with it. The vertebra move. You can show what a subluxation is. Anything that involves people, they can touch, they can feel, they can pick up. They can talk. They can read. People learn it in a variety of ways so all of those things are interesting.”

Who should be in the booth?

Having the right personalities in the booth, doing the right tasks, is critical to success, as discussed by Brandi below.

“Your extroverts need to be the face of the booth. Your introverts and ‘analyticals’ can be there, but they're the support team. If you are an analytical personality or an introvert, my recommendation is that you have some support with you in the booth. These are not necessarily easy booths for you. These are not your talent. It's not that you can't do it, but you're not great at it.

If you have an extrovert out front, they can talk to anybody. They don't have to know all the information you ever wanted to know about chiropractic. The only thing they need to do is open a conversation with somebody, and maybe run them through some neurological tests before passing them on to the Chiropractor.

By the way, if you're a little more introverted and you're a more one-to-one person, that's okay too because the extrovert is going to get people into the booth, then you're individually just going to talk to people, and that's great. Those 2 types of people are a nice combination to have in the booth because there's always lots of different types of personalities walking by.

It's really smart to totally involve our Chiropractic Assistants in the process, so that the Chiropractors don't have to necessarily stand in a booth by themselves the entire time - that they have some support while they're at the booth. You might say, "There's only 2 people in the office, me and another CA," or, "It's a Chiropractor and a CA. I don't have enough people."

If you don't have enough support, I recommend you talk to somebody: your on-fire practice members, your big referrers, family members, your CA's friends. It's not rocket science to have people in the booth. Once I go over the test, they don't even really need to know much about the test other than to be confident that they can run somebody through them. Of course you always need to have a Chiropractor in the booth.
What we find is once the person who comes into the booth is actually in front of the Chiropractor, then there is rapport being built. Once there's rapport being built, if you are looking to invite or attract new people into your office, this is where it's going to happen. Don't worry too much about, "I'm the one who has to close the person, convert the person," whatever - all those creepy terms. It's nothing like that. You're opening a conversation with people. You're inviting them in. You're creating a relationship with them and some rapport, because when you have that is when they're most open to hearing some information from you that they've never heard of ever in their life about health".

Hints & Tips

~ Keep the shifts to under 5 hours. It's the same as Chiropractors. If you're adjusting, you would probably not be adjusting for 12 hours straight. Very few Chiropractors I know adjust for 12 hours or even 10 hours. So, if you have a 12-hour event day, it's a long, long day to have somebody be at the booth all day.

~ At events, we cluster book our team's time so that the entire time they're at a booth, their energy is high. There's no sitting down. We're not tired. Everybody's energy is high. Everybody is having fun.

How to talk to people at your event

Anyone who has done any type of public event knows that it's not always easy to talk to strangers walking past a booth. The first hurdle you need to get over is peoples fear that you are there to sell them something or take advantage of them. Brandi has a huge amount of experience in relation to what works and what doesn't.

"The way we did it was look at all of those active demonstrations and say, "What would invite people to come to our booth without us having to go out and grab them?" That was important, because we've all experienced those people in the mall who drive us crazy. I would walk past them and they would literally walk beside me for, I don't know, about 10 feet and talk to me the whole time, trying to get me to come back to their booth. I didn't really like that style, because firstly, we are trying to build trust quickly, and I also really want people to actually be interested in what we have to offer.

Generally, we're not opening the conversation saying, "Hey, what do you think of chiropractic? Do you have a Chiropractor? When is the last time you had a chiropractic check-up?" Not that there's anything wrong with those questions, but the majority of the world has not had any of those things, and your opening comments generally shouldn't be around anything that you may need to backtrack out of.

We have our extroverts out there and they're just talking to people walking by. That's all we're doing. We're talking to people walking by - "How are you? How's the show? Where did you get the Swiffer mop from? Oh my God, I love your coat. Your little one is so sweet. Have a sticker. Here's some ... " Whatever. Whatever is important to them is what you connect with, not to whatever is important to you to get them into your booth. That is why the extroverts should be the face of the booth.

Once you do get talking to people, you need to have a philosophy – a system. It might go something like this:

"Their belief system is where they're at and it's okay, but we have a different belief system. Would it be possible for us to show them a different way of thinking?"
Lots of people are going to come to your booth and say, "I've got this shoulder thing. I've got this neck thing. I've got this migraine headache thing." That happens all the time. Obviously, we don't treat anything - we just go back to the beginning. We explain the nervous system. We explain improving function. We explain what happens when the body is able to regulate things better, adapt better. The brain and body can talk to one another better. The things resolve very often, but the only thing that we look at is the function of the nervous system. The only thing we measure is function of the nervous system. The only thing objectively that we can see improvement in actually is the function of the nervous system.

Subjectively, they can tell us how they feel, but we can never measure that. We are often in the booth talking to people about subjectivism and objectivism because in our office on the first visit, we're going to talk about subjectiveness - how you feel, and objectively what we're going to measure. What we want people to understand is, we can help you, but when you come in with a migraine headache, we're not treating the migraine headache. What we're going to do is analyse you for subluxation. We're going to see how you're functioning overall. We're going to objectively measure that and then we're going to remeasure that. As time goes on, very often what we will find is that migraine headaches do resolve themselves because the body is functioning better. It's adapting to stress better. Does that mean we've fixed your migraines? Not really. It means the body did it. We did our part.

What we're doing is we're starting there, before somebody even comes into the practice to see us - even if they never come to see us. That's why a neurological booth is so important to us. To me that is the success of the spinal screening. Guess what? In the 7 years we've been doing these and the thousands and thousands of people we've screened, some of those people don't come in, but it's still been a success to me because we have involved them and shown chiropractic as a health care option, not just an analgesic for pain. People will choose chiropractic based on what we have shared with them – they've just never heard it that way before.”

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**The ‘What’s Your Score’ Concept**

When deciding how to run their booths, Brandi's team looked towards those booths that were attracting big crowds at events. They asked themselves: how do we determine who is interested? Brandi explains the evolution of the ‘What’s Your Score’ idea that has become the backbone (pardon the pun!) of their screening events. She then goes on to explain how you might be able to do this yourself.

“What we did was look at those booths attracting the crowds, and we asked ourselves - why are people going into the booth? They're not yelling at people to come over to their booth. People are initiating going in themselves. We came up with an idea based on what we saw. The first thing we did was create T-shirts that said, "What's your score?" on the front.

The reason we used that question was that rather than us going out and asking those close-ended questions that I mentioned earlier, they come to us and they say, "What are you scoring? What are you doing? What's going on in your booth? What are you guys teaching?" They initiate the conversation with us. We don't go out and grab them. That has worked beautifully.

"What's your score?" is based on giving people a health score. That's what we call it. When they come to us and they ask, "What are you doing?", we say, "We are giving people a health score." They say, "What's that?" because people don't have a clue. We'll say, "What we're doing is we're doing 4 fun little tests that give us an indication of how well the brain and the body are working together through what we call the nervous system. Would that be something you'd be interested in?" "Sure. How long does it take?" "2 minutes." "Excellent." Then we have somebody there to do the 4 tests.
We originally called it a stress score. We called it a variety of things. We just found a health score was the best name, but I’m not dedicated to that. Certainly, you might find some really cool names to call it. People don't know what we're doing anyway, so we just have to describe it to them. We then had cards made that are 2 sided. You print on the one side the score with the test that I'll go over later (see the next section). On the other side, you print whatever you want.

It's really important that you take what will work for you in your office, in your town, in your philosophy, in your belief system. I certainly don't want to make cookie cutter offices or events. I want you to use your own messaging, use your own philosophy and create something that is yours so that you own it. That will allow you to really step into it rather than trying to do something that somebody else is doing.

Going back to the earlier discussion about extroverts, it's worked beautifully because there's lots of energy in our booth. It's not as if we're able to just stand in the back of the booth because we're wearing the T-shirts. I don't want to flog a dead horse here, but I keep going back to that it’s super important who is in your booth. Because there's lots of energy in our booth and lots of activity people come over to have a look. Then other people go where people are so they come over. They say, "What are you doing? What's your score?".

In the booth, all of our CA's wear the What's Your Score? T-shirts, but the Chiropractors don't. The Chiropractors wear dress clothes, and we all wear name tags. The Chiropractors wear their name tag that says ‘Dr. Don MacDonald, Chiropractor’, and the CA’s wear ours from the office, saying our name and title - Chiropractic Assistant. We did differentiate the look between the Chiropractors and the Chiropractic Assistants.

We then made some stand-up boards that said, ‘What's your score?’, so that those are on the outside of our booth. When people walk by, if they don't happen to see a staff member, they can see the stand-up board that says, ‘What's your score?' Then on the other side, on a stand, is the autonomic nerve chart. We also have handouts of the autonomic nerve chart because the really introverted folks that walk by are interested, but they're nervous. They don't want to do the test. They don't really want to come into the booth, but they do want some information.”

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**Important side-note:**

Remember that in Australia there are strict guidelines relating to the information you hand out. Please read Spinal Research Foundations ‘Community Health & Education Events Information Kit’

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**Important side note:**

In Australia, the Code of Conduct for Chiropractors states that you are not allowed to hand out promotional materials relating to your practice, including business cards, though the Code of Conduct states that: **Good Practice in relation to health activities in a public setting involves: ...**

b) providing the participant with contact details at their request...

To ensure compliance, the Australian Spinal Research Foundation strongly suggests that you make your own informed decisions, including contacting the Chiropractic Board of Australia if necessary. You can find the Code of Conduct and other important information in Spinal Research Foundations ‘Community Health & Education Events Information Kit’
How to do neurological tests

Below we take a look at how to conduct the neurological tests in your booth. If you are interested in delving into neurological screenings in-depth, you can purchase a set of video and audio recordings by Dr Michael Hall, who is an expert on the subject. Proceeds of the USB set go to Spinal Research Foundation. See more here.

Brandi talks about how they run the screenings in their booths.

“On the flip side of the card that we mentioned earlier, we write a little something about what we're measuring, what the nervous system is and what the score tells us. On the other side is the tests. There are 4 tests that we do - 3 are neurological. One just creates a lot of interest from people.

The first thing that we do is Bilateral Scales. These are big, heavy duty, metal scales that we bought at Costco. They're not digital. They could be digital, but for us we bought the heavy duty metal ones because they were easier to manage. The digital ones just kept dying on us. The bilateral weight reading we put at the edge of the booth. People are fascinated by the bilateral scales. They're either nervous that we're going to weigh them or they want to know what they are.

The bilateral scales for us is in kilograms. Under 3 kilograms is what we would consider normal. What happens is we say, "Go ahead and step up on the scale. 1 foot goes on each scale equally. You're going to look straight ahead, hands at your side." These particular scales click into place. That's why we like them. "Look straight ahead, hands at your side." As soon as they're balanced, and stop moving, we're going to click them into place and they can go ahead and step off.

Once they step off, we get them to tell us what the numbers are. If they're 55 kilograms on the right and they're 85 kilograms on the left, they're seeing then there's a significant difference. People are like, "What does that mean? What's wrong with me?" Here's what we say - "This booth is merely for education purposes and we're not doing a proper clinical analysis in the booth at all. It obviously suggests that you are heavily weight bearing on one side versus the other, but you were standing equally on the scales so it could be a postural thing. Could be something in your lower back. We don't know until you're actually analysed fully in a clinic”.

It's amazing. You can pretty much look at somebody who is 20 kilograms off kilter (which is not the technical term!), and you can see that the one shoulder is basically touching their ear and the other one is down 6 inches. Then they might start to say, "That's funny because when I was 25, I fell off a motorbike" and to tell you all this stuff that they really thought was irrelevant.

So - if they score above 3 kilograms on the scales, they fail, so they get a zero on their card. This is where your extroverts come in handy, because we want to be pretty light-hearted about it. We're like “Unfortunately that is a fail. You're 0 for 0!” People think this is pretty funny. Some people ... I would say there's a percentage of people, like 40%, maybe even 50 if I'm pushing it, that pass the bilateral scales, that are actually pretty even. They'll get 1. If people pass any of these tests, generally it's going to be one of 2 tests, and this is one of the ones that they're going to pass. If it's under 3 kilograms, they get a 1. That's how we score it. On the back of the card, it says, "Right, left, bilateral scales." We put the weight in the right. We put the right and the left. Then right beside it, we write a 0 or write a 1.

The next test we do, the second test, is something called the Romberg's Test, which Chiropractors will know, but for those CA’s who perhaps don’t, this is the balance test. We call it the balance test to the general public. By the way, we don't necessarily do these in order, because there could be potentially 6, 10 people in our booth, and there could be 3 or 4 people doing the test at one time. The CA’s really just take the people wherever ... if somebody is on the scales, then I'll do something else.

What we ask them to do is we ask them to balance on whatever leg they like for 30 seconds. It doesn't matter which one they choose first. The caveat with the balance test for people is they can't yoga pose it. They can't
be touching the other leg in a weird V to the other leg and doing a yoga pose. They can put their arms out. They can do whatever they like, but they have to balance with 1 leg up. If somebody cannot balance on 1 leg with their eyes open, this is a failure totally and we're not taking them forward on it at all. If you are a Chiropractor, that is the time you need to get involved with the conversation with that particular person around equilibrium as they get older, and the fact that needs to be improved. It's something they want to get a handle on. Very often those people that are unstable on their feet in a balance test are unstable on their feet walking.

I will often ask, "Do you ever feel unsteady on your feet? Do you feel like your gait is wider? Do you have a hard time going upstairs, downstairs?" You'll start to see ... The people will start to tell you that they're losing their equilibrium and they don't even realise it's happening. This is a huge one for people particularly over the age of 50. It's crazy how many people cannot do this. If they can balance with their eyes open on that leg, then they relax and they do the other leg, 30 seconds eyes open. If they pass those two, then what we tell them is we say, "We can see you can physically do it." That's the biggest reason for getting them to do it with their eyes open. I just want to see if they can physically do it, meaning they don't have an injury. They don't have a broken ankle. Their knees are not all wrecked. They can physically balance and they themselves see, "Yep, I can balance."

The next phase is to do the test with the eyes closed. This is where the score comes in. If they pass with their eyes open, then they try it with their eyes closed, 30 seconds. Most people in the general public pretty much think no problem, "I just passed that. I'm going to nail this." A huge percentage of people fail this test. What they do is they start to balance and within 5 to 20 seconds, they'll touch down or open their eyes or bobble over. That is a fail. If they can do 30 seconds with their eyes open, they should be able to do 30 seconds with their eyes closed if all things are functioning well. Then they do the other leg. Most of the time, the majority of people fail this, so it's a zero.

In the same way as with the first test, on your card it should say 'balance test' on the next line. Right leg, 30 seconds. Left leg, 30 seconds. We just count our head and we write down how much time that they could stand with their eyes closed. They see then that they can't do it, and they're like, "That's so weird." Chiropractors, this is not the time to give them neurology 101. They just need the real basics as to the fact that balance is a little bit in the inner ears, but the majority of sensors that tell the brain where the body is in space and relationship to balance actually lie in the neck. That's 'basics 101 general - public talk'.

For example: "If there's interference in that system, or subluxation as we call it in chiropractic, when I take your sight away, which is your ability to cheat with one of your senses ... I take that away, now I really see if the system is working well". People are like, "No way." It's pretty cool when you start doing these because people are really quite excited about their failures, but more because they just never thought of it that way. If they pass on 1 leg, so for example, they can balance for 30 seconds on 1 and fail on the left leg, I give them a 0.5 because I'm nice. Some of the CA's fail them totally. I just say, "You get 0.5 out of 1."

The next test is, for Chiropractors, called the Tandem Gait. For the general public and the CA's, this is called the Heel Toe Walk or the Sobriety Walk as we say to people. This is exactly what you see police officers do. Get people to do this test with their eyes open first. They do 8 steps forward. The heel must touch their toe every single time. On the line on the card, it just says, "Heel, toe," out of 8 steps. Then you count. Eyes are open first. This is not where the score comes. Most people can do this test, though I don't very often have seniors do this if I can I can obviously tell that they have gait problems or balance problems.

By now people probably know that you're going to get them to close their eyes. Same thing, they close their eyes. You count out loud how many steps they take. If they wobble off the line, as I call it, which means they pop off the line. They're not touching their heel to their toe or they open their eyes, it's a failure before 8. If they do pass this, I would give them a 1.
That test is really easy, doesn't take much time, and it's the same explanation as the balance test from the general public's perspective. Again, we're just taking their sight away to see whether or not their brain can really see where their body is in space. If they feel wobbly or unbalanced, that's all we're looking for.

The last test is probably the most powerful test we do. For the Chiropractors, this is called the Middle Myer's test. For the CA's, this is called the Marching Test. This is the postural test. This by far has the most people fail unless they're young children. Even then, many, many young kids fail this.

For this test you require duct tape. We get coloured duct tape. We use hot pink because we have black carpet, but you could do whatever colour you wanted.

You make a T with duct tape on the floor of the booth. We make 2 T's because we have so many people in there, and we want to be able to screening numerous people at one time. The person stands with their heels on the T part straddling the middle tape. If you imagine the T, the top of the T, the heels are going to be on top of the T, and the long part of the T is what they're straddling. It will look like a line and they're moving forward.

They have to have their arms facing forward. Their eyes are closed and they march high and fast for 30 seconds. We demonstrate this because they can't march too slow, but you don't want them running either. It's a fairly quick paced march. Big thing is to keep them so that their arms are forward. Arms are forward, eyes are closed and we show them, "You're going to march high and fast, and you're going to stay in place." Here's what I say to somebody, "You're going to stand on the line. Heels are at the tape, straddling the tape. Just watch me first. Your arms are going to be forward. Your eyes are going to be closed. You're going to march high and fast in place for 30 seconds. I won't talk to you because you'll move towards my voice, but as soon as 30 seconds is up, I will let you know when you can open your eyes."

You don't want them to be moving towards you when you talk because people will. They go ahead and march and almost 100% of people go anywhere from ... We do a 2-foot line ... March anywhere from 2 feet to 6 feet. We stop them. We keep their hands up. I tell them to open their eyes and the first question I ask them ... I don't let them look at where they started. I say, "How did you feel?" Did you feel like you did well?" Then I say, "What actually happened?" They turn around and most people freak out. If you haven't tried this test yourself, you'll see what I mean when you try it. They freak out because they cannot believe that they moved that far and didn't feel it. Other folks will march forward and rotate. The reason you have the T is they can see what quadrant they rotate into. They either rotate into the right or they rotate into the left. Many people will march and rotate at the same time. About 90% of people fail this test.

This is the kicker with this particular test and what we're trying to get people to understand. I say, "If your brain told your body as far as you could tell that you were standing in one place and marching and yet you were walking across the booth 6 feet and couldn't feel that, might that be a problem?" Of course, 100% of the people are saying, "Yes." I'm asking the question, not telling them. I want them to come up with the answer themselves. I go on to say “This is the same system that keeps you alive and controls everything in the human body. It's called the nervous system. When there is a disconnect or a subluxation, you don't feel it, but there is obvious dysfunction”. People are like, "No kidding".

It's really important for us to get this message across to people because most of us wait until we feel bad. We feel sick and then we think we're unhealthy, but in fact, we can be in states of dysfunction and feel fine. The really cool thing about chiropractic is that we can actually measure that and objectively remeasure that and see improvement. People then ask, "Do people ever pass it?" Yes, they do because these tests in our office form part of our first visit and every re-evaluation we do thereafter. All of my CA's, who have been
under care, all failed horribly when they first started. After being under care, all now pass, meaning they don't move at all any more. People will say, "Let me practice it. I'm going to home to practice" and I'm like (gently and with humour!), "Go ahead and practice. Totally, go home and practice. Give me a call."

By the way if people want to know why they march forward, the majority of people march forward because of anterior head carriage or forward head carriage, which is really poor posture. They rotate right and they rotate left. From the neurological perspective, there's a way to interpret that and use it in your clinical findings. That would be something you could learn from Dr Michael Hall, as mentioned earlier.

You can do these tests with kids probably 8 and up. We have a family based practice and what that means is our focus is really on the adults and then on the children. We have a bunch of stuff in our booth for kids. We have handouts about newborns and handouts about babies and we have stickers and we have toys and we do more postural stuff with kids so we get the parents to do a posture check with the kids. That's more the route we take with little ones if they're too little to do the tests.

Now, here is how we 'close' people. Let's say they scored 1 out of 4. At the bottom, there's a little percentage. I just write 25%. With most people at this point we have a rapport. We've joked around. I've run them through the tests. It takes about 2 to 4 minutes at the most unless they have tons and tons of questions. Because I have a rapport with them, I can they give them my contact details if they ask for them.

If they have a current Chiropractor, I send them back to their Chiropractor. I probably refer more people back to their Chiropractor than who comes into our office. If they don't, then I will say ... "Really we're here for 2 reasons today. The first reason is to educate the general public about health and that you don't have to feel sick to be sick and that you have a system called the nervous system that is the most critical system in the human body. Chiropractors are trained to analyse the health of this system and deal with interference to it (called subluxation) and help that system restore itself back to health if you so choose. Sometimes people have pain. Sometimes they don't. Sometimes they have symptoms, and sometimes they don't. Most people don't know what we do and therefore we have these booths so that they can really understand what we do and what potential overall health outcomes they could achieve.

The second reason we're here today is if you're truly interested and serious, we are offering you a free consultation in our office. What this means is you would come into a clinical setting. Obviously this booth is just for fun. It's just for education, but you would come into a clinical setting. We would actually do these neurological tests as well as some neurological scans and possibly X-rays and really give you an overall picture of how well the nervous system is functioning, what's going on for you, whether we think we can help you or not. Normally that fee would be $x, which we are happy to waive. We would ask that you consider making a donation to Spinal Research Foundation, who are the Foundation that help us to have research that supports our profession”.

Important side note:
In Australia, the Code of Conduct for Chiropractors prohibits you from making appointments at your spinal screening event, and you must not contact people after the even unless they specifically request that you do so. You can find the Code of Conduct and other important information in Spinal Research Foundations ‘Community Health & Education Events Information Kit’
That is only offered to people that we believe are a match for us, they're serious about it and that they really do want to find out. You will know who the ‘tire kickers’ are. If they're just looking for free stuff they are probably not an ideal patient, those are folks that we probably wouldn't offer the free consultation to.

What you will find is the more savvy you become, the more discerning you become. It still doesn't mean you won't run a lot of people through the testing. We want people to understand this information, but you only want to further your relationship with those folks are and who are a match for you.

If people have opted to give you their details, you can send them some more information after the show and continue to ‘build the relationship’.

~ Before you do a show, once you have all the equipment and you have the signs and you have the cards and you're all ready to go, do not do it without role playing in your office first. I still have all the staff and the doc’s role play - the tasks, the questions, we do all that before the show.

~ CA’s, you do not have to explain all these tests to people. It is not your responsibility. Your job is to create an environment where people want to come into the booth and do the tests. It's tons of fun.

“So there you have it! That's like drinking from a fire hose of spinal screenings, I know, but once you have the systems in place and information, it's really, really easy to do. People have a lot of fun and the stuff that happens is shattering to watch. It's amazing to hear what people say about chiropractic, their experience of chiropractic, and it really does fill your soul to know that even if they don't come into your office, they left your booth with a different opinion.

That’s really what it's all about. I can't stress that enough - the people that do choose to come into your office, their level of health potential and what happens to them because you said something is what we’re all here for. I want to encourage you to always have this mindset when you're going to the booth – that it's really a lot of fun and it’s a great way to get the message out to the community”. Brandi Macdonald

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**Important Disclaimer:**