

## Full Q&A with Marlaina Donato of Natural Awakenings

**Donato:** Times have changed a lot, and so too, chiropractic in terms of expanding with harmonious modalities under one roof. Can you explain to our readers what “traditional” chiropractic is as compared to “progressive or integrative” chiropractic? And to clear up any confusion, can you, in your own words, emphasize how offering other modalities under one roof does NOT dilute the power of chiropractic...

**Hyland Robertson:** Most chiropractors in America tend to do a combination of manual adjusting and physical therapy modalities, focusing on the physical stresses of the human body (and sometimes animal body as in veterinary chiropractic), which we might call "traditional" chiropractic. However, "traditional" chiropractic will mean something different to each chiropractor, and may depend on their schooling and the philosophy of the school they attended, but will often be limited by the state's scope of practice, which also varies dramatically. Often "traditional" is confused with what many chiropractors call "Straight" chiropractic, whose philosophy is that manual adjustments of the spine will "remove subluxations" from the spine and allow the body's innate intelligence to heal itself--which seems fairly self-evident (and kind of makes sense) but assumes that the patient is not actively working against the body, is not overweight/obese, is not avoiding physical exercise, good ergonomics, and good sleep/awake posture! Straight chiropractic also assumes that the average patient is not consuming stressful foods/beverages/spices, nor encountering any mental/emotional stress. "Mixers", were named by "straight" doctors as chiropractors who perform treatments other than adjustments, "mixing" chiropractic with Western medicine (and Eastern, and Southern, etc.). Straight chiropractors will often not use any tool other than their hands, head, and heart. Yet even early chiropractic was actually integrative, with the founder of chiropractic, D.D. Palmer, over 100 years ago suggesting that most illness is caused by inflammation (which is true) and promoting a healthy diet and calmer lifestyle. A true integrative physician, chiropractor or otherwise, should employ the nutri-biopsychosocial-spiritual model of care. This healthcare provider WILL look at all aspects of physical stress, nutritional/biochemical stress, as well as mental/emotional stress and act to guide their patients to optimal health.

To be fair, to limit chiropractic to two categories of "traditional" and "integrative" is not very accurate, because there are almost as many specialists in doctors of chiropractic (DCs) as there are in medical doctors (MDs). There are chiropractors who specialize in pediatrics, veterinary, orthopedics, internal medicine, neurology, radiology, extremities, nutrition...and the list goes on. I would say that integrative chiropractic uses as many tools as possible from the realm of each doctor's training, trying to keep up with the most current science, but also recognizing when science may not have the best answer and we have to use our best intuition and sleuthing skills to guide our patients to best health.

**Donato:** It is a misleading assumption that chiropractors are only “pain doctors”, when in reality, chiropractic is so much more. Can you touch upon some key points of how chiropractic is much more than the treatment of chronic pain?

**Hyland Robertson:** As mentioned above, the various specialties within chiropractic show that we are not just "pain doctors", just as MDs are not just "pill-pushers". Chiropractic integrates the many modalities that have been found to be more effective and safer than opioids including adjustments, physical therapy, nutritional supplementation, anti-inflammatory diet counseling, stress-relief

counseling, and sometimes yoga, meditation, tai chi, acupuncture, ayurveda, and even more! Chiropractic tends to bring a high level of satisfaction to patients, partly due to the literal "hands-on" modality of human touch during every visit, but also the perception that DCs are real people (rarely in a white lab-coat), work one-on-one with the patient (not feeling like a number in a mill). Patients in pain want to feel listened to, and chiropractors are often able to fit this bill, at the same time providing pain-relieving modalities simultaneously. Again, applying the nutri-biopsychosocial-spiritual model of care will not limit the patient to being a "bag of broken body parts", but a whole being that needs guidance in their time of suffering.

**Donato:** What made you decide to gather different modalities under one roof and how does this benefit your patients?

**Hyland Robertson:** I received extensive training in multiple modalities at my alma mater National College of Chiropractic (now NUHS) as a primary care physician. Because Illinois state law considers MDs, DOs, and DCs all to be physicians, I had to learn to diagnose, treat, or refer to the appropriate colleague just about every condition that would present to a typical primary care office. Having received training in acupuncture early in my career, as well as practicing massage therapy and becoming a reiki practitioner during my final year in graduate school, and more recently becoming a yoga teacher, I realized the benefits of having different diagnostic and treatment philosophies: to essentially look at the same problem from different angles. After also receiving extensive nutrition training in school, I have focused the majority of my continuing education on nutrition to support the natural healing processes guided by the other modalities, or to support the medications (or reduce their side effects) that the patients are already on. I recognize that while I may not be an acupuncturist, a yoga therapist, a massage therapist, or a medical doctor, I have to wear all their hats in some way and understand their treatment philosophies, so I figured I would try to bring some of the best available in the area to work under one roof. Patients hate having to wait for a specialist visit, wait for the results of a test. Studies have proven that the more testing and the more different doctors a patient goes to, the greater their level of stress—the higher their stress level, the greater the magnitude of their symptoms, especially since the symptoms are often caused by the well-known effects of stress in the first place!

**Donato:** How does having acupuncture, massage therapy, and physical therapy on board inform your work as a chiropractor and how does your chiropractic work go hand in hand with these other offerings?

**Hyland Robertson:** It's great to be able to co-treat patients with other practitioners, to discuss the patient's problems from different perspectives, as long as we have permission from the patients to do so, HIPAA being what it is. Usually, our patients encourage this, so I can speak directly to the other practitioners, sometimes even with their yoga therapist or yoga teacher, giving them some guidance on what to look out for or be aware of and give positive feedback as well. I am always open to new perspectives, new techniques and recognize that I can't possibly know everything--I'm absolutely comfortable saying "I don't know, but I'll do my best to find out." I've always found patients to appreciate that while I don't know, I'll be able to ask their other providers or find the answers in short time. The human body has an amazing potential to heal, but we do tend to set up big roadblocks for ourselves--working with multiple practitioners allows me to break through those roadblocks much quicker than having a patient wait for a specialist referral, or wait for an (often unnecessary) expensive test, especially as all of our treatment is conservative and very safe. If we don't get results in two weeks, or symptoms get worse, I know where to send the patient for another opinion.

**Donato:** As a doctor and a person in business, how does offering different modalities under one roof help you to provide even more for your patients, and in turn, fortify your own practice?

**Hyland Robertson:** Having other practitioners renting space from our office suite 7 days a week, as well as sub-letting space for our yoga studio and other specialist practitioners lowers my overhead to the point where I can keep my practice limited to about 75-80 patients/week. I sleep better at night knowing that I don't have to run a "patient mill" and see 300 patients/week just to keep the lights on! I have found a good mental and business balance and feel that I'm providing great healthcare for my patients and make a comfortable income at the same time.

**Donato:** What are your areas of expertise and what do you personally offer patients (for example, do you perform any of the other modalities as well as chiropractic?)

**Hyland Robertson:** I am a Doctor of Chiropractic with Physical Therapy Privileges, who is extensively trained in nutrition. I am also a member of the International Association of Yoga Therapists, a registered yoga teacher (RYT) with the Yoga Alliance, and a level II Reiki practitioner. I have training in acupuncture, tai chi, and have practiced as a massage therapist in the past. I have been actively practicing yoga for 18 years, and have been meditating daily for 4 and a half years. I actually do practice what I preach.

Any service currently billed through insurance is performed by me, not by an assistant. Patients seem to like the one-on-one service. We sub-lease our office suite to a licensed acupuncturist, two licensed massage therapists, and a yoga therapist. We also have a full-time running yoga/pilates studio: Whole Yoga & Pilates which offers classes 7 days a week and additional private sessions.

**Donato:** Do you offer weight loss programs at your facility? If so, can you briefly tell our readers what these are and how patients utilize them?

**Hyland Robertson:** I do offer weight loss counseling and nutritional advice--most of weight loss is mental. The patient has to make a conscious decision to lose weight the way that they are comfortable doing it. We start with the premise that we will meet the patient where they are ready, but that we have to agree that it will be a long-term project, not a quick fix (a marathon, not a sprint). If they're on-board, we start with simple diet changes to get a habit of change started and maintained, then sustained with ongoing nutritional counseling meetings (which can be done on-line or by phone) or concurrent with physical treatment visits, as often the patients are coming to me for a complaint first, but weight loss is always a part of the long-term pain-relief treatment when overweight is present.

**Donato:** Do you offer something that is not usually found at other chiropractic facilities, and if so, please tell us what it is and why you choose to offer it at your center...

**Hyland Robertson:** I would like to say that we are relatively unique in that I do offer guidance for better health using the nutri-biopsychosocial-spiritual model of care. Yoga therapy has been using the biopsychosocial-spiritual model of care for decades, recognizing that each of the body (bio-), mind (psycho-), social (interaction with others), and spiritual (belief systems) components can and will interact with each other and because of this, each are important to address. This healthcare model treats patients as a whole *being* that is suffering, and attempts to guide each patient on their own unique path to their idea of optimal health. I found that adding research-driven nutrition to this model (nutri-) speeds up the process since so many folks are eating poorly and good nutrition can go a long way to reducing pain and inflammation, since most illness is now well known to be caused by underlying inflammation.

Our office is not a crack factory, but sometimes that type of simplistic treatment (adjustments) is all a patient is ready for mentally. Sometimes they are willing to do home exercises; sometimes ready for

meditation or nutritional changes. If the physician is not willing to meet the patient where they are, and the physician has limited her-/him-self in the number of tools offered or they are limited in the philosophy in which they use those tools, then as the statement goes: "If your only tool is a hammer, then every problem looks like a nail."