10X Your Practice: The Power of MD Referral to Build Authority, Credibility, and Reach Transcript

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Introduction and Nicole Lindseyu2019s Background

Welcome to the Practice Upgrade Summit. Our next guest is a passionate chiropractor on a mission to bridge the gap between chiropractic in the medical profession to improve health care and help chiropractors build successful practices.

She graduated from Life University in 2001 and has been in private practice in Asheville, North Carolina since then. She book $1 million Practice by establishing MD relationships and creating a steady stream of MD referrals.

She also founded Dominique Cairo Marketing, where she teaches chiropractic how to build and maintain profitable and relationships without selling out.

She coaches clients in 32 states and three countries and lectures internationally on ND marketing. On being debt free at 40. On hiring and training associates.

On establishing multiple streams of passive revenue and your practice on best standard and practices on women built million dollar practice and on running your practice like a boss.

She's a monthly host on Kairos Secure, a Facebook Live show empowering women in chiropractic. She's a mentor on Women's Voices Matter and a coach for the League of Chiropractic Women webinar series.

Her latest project is hosting Women Empowerment Retreats, and she's the co-founder of Innately Inspire. When she's not spreading the love and message of our profession, she's spending time with her husband, daughter and her two dogs.

She enjoys the outdoors, mountain biking, paddleboarding at her lake house and creating adventurous travel excursions with her girlfriends. She's ready to show us how to build authority.

Build credibility. Build your practice with and referrals. Please help me. Welcome to the Practice Upgrade Summit. Doctor. Nicole Lindsey. Doctor. Nicole. Welcome aboard.

Thank you so much for having me. So tell me, why is building relationships with MDS more important now than ever? Well, as we know, we're in we're in trying times, difficult times for everybody.

But for health care providers as well. And, we know that they are looking for solutions for their patients. They want to keep them healthy, keep them out of bars, and keep them from unnecessary procedures that may put them at risk, for catching Covid or, you know, just keeping them away from from that system.

And that's a reason. Secondly, the marketing that we have available to us is limited. We we can't go out and do some of the things that we are accustomed to doing to growing our practice.

So now is is a really great time to establish these relationships if you haven't before. Fantastic. So you made reference in your bio to, not needing to sell your chiropractic solo to build relationships with MDS.

What on earth did you mean by that? I'm a life grad, as I said, 2001 and, you know, I saw I watched Sid Williams drop the keys from the stage and, although we thought it was crazy at the time.

I'm I'm so grateful for that experience. And I love my chiropractic roots. They ground me. They are who I am. I'm a chiropractor first and foremost. And I have a big wellness, base to my practice, and I'm not going to let that go.

Why MD Relationships Matter Now

So I know a lot of chiropractors are afraid to branch out into this marketing stream because they're afraid they're going to have to give that up, that MDS will not accept that they won't like that, and therefore they don't do it.

And I'm here to tell you that you can, because I'm doing it. Well, that's very reassuring, doctor Nicole. Tell me. I this is novel from the point of view from some chiropractors.

How did you decide to engage the medical profession? And what made you think it was a good source of referrals for you? It was really out of desperation, to be honest with you.

It was, 2008 when, I was I was practicing solo and, you know, had a huge practice. And as you know, the.com bubble hit and everything just kind of deflated, you know, the, the amount of, businesses that were conducting health fairs, I was just getting no, no slammed in my, you know, the door slammed in my face constantly as far as setting up marketing events.

And I was watching people drop out of care, you know, refunding pre pays and, and, losing staff. My husband took a pay cut on his job and, you know, really had to figure this out, you know, what was I going to do?

And, you know, I don't accept I don't even like to say the, the f word, failure. I don't I don't even like to say that. It's it's not it's uncomfortable for me to say it.

It's not an option in my book. And, when I was faced with these times, I had to dig deep and figure out, okay, what brings a patient to us? And I just really started hammering myself with these questions, these type of things.

And what it came down to was, you know, initially pain, that's what brings a patient in most of the time. And of course, sometimes you get that, that patient that will come in and say, I want my life verified.

And that did actually happen to me at like university. But I think it only happens in Georgia. You know? But for the most part, they come in because of, a musculoskeletal reason or pain.

And then it's our job as the chiropractor to educate this patient and take them along so that they get the big idea and they they understand wellness and what chiropractic really is.

So out of desperation, I realized, well, where are these? Where are these patients going? They're going to their medical doctor first, the majority of them, because they just don't know about us.

And if I could educate the medical doctor, if I could get face to face with him or her, tell him what I do, how I could help him or her with those patients, then perhaps they would send those patients to me.

And that's what I did. And it worked. Fabulous, fabulous.

From Desperation to Medical Referrals

So it sounds to me like part of not selling your soul is what you refer to as vital mystic marketing. What is vital mystic marketing and why is in the marketing.

The longer? Well, most chiropractors. I think what we strive for is that that big fish, you know, that that one big marketing gig that will land us 50 new patients and we are golden, right?

That's that's what we all want. At least we think we want. And we're golden for about 30 days until we process those new patients. And then they all drop out because we our systems aren't good in our office and we can't handle that.

And then we have to land the next big fish. And we have this, this type of thing going on in our practice, which is a

lot like treating symptoms. You know, it's it's not holistic, it's not ongoing.

It's not treating the true problem, which is building strong relationships in your community, helping your, your business, your practice to evolve into a business that has referrals coming in ongoing so that you don't have to spend all your precious time and energy away from your family marketing and you know, outside of what you love to do.

So vital mystic marketing is exactly that. It is establishing streams of marketing and marketing, being one that will feed your practice with good, healthy, solid referrals ongoing that cost you very little money and very little time and builds your credibility to be tremendous.

So, when you say that and marketing is the long game, are you talking about the individual relationships with the MDS, or are you talking about the whole concept of end marketing?

Yeah, that's a that's a great question. It can go many ways. It's both actually, I feel that as a profession that we can really take it farther if we accept, what they offer, what they do, and how we can collaborate and work together.

They're not going anywhere. You know, I, I hate to break everybody's, you know, burst our bubbles, but you're not. And and that's okay. There's a time and place, and, you don't have to do it, you know, you don't have to bring your family there.

But it is what it is, and they're going to be there. So we have to learn as a profession how to work with them. And again, it doesn't mean, giving, giving away, giving up what you believe in.

It means respecting what they do, finding how we can work with them and communicate with them. Most importantly, and I feel that if we do that, if chiropractors did that in their communities right now, they took the strategies that I teach and they all put them into their practices.

I feel that it would take our profession up a few notches on the credibility ladder. We would then have waiting list practices like the medical profession.

We wouldn't have starving chiropractors. Well, that's a glorious vision, Doctor Nicole. I certainly would subscribe to that as well. So, this seems like it's a relationship game.

What's the best way for our viewers to establish relationships with the ends in their community? Well, I teach several strategies and, the, the best strategy by far is getting face to face with them.

And I know this is a little challenging right now, but it's still can be done. You can still take measures and learn how to do this, and in some cases, get face to face with them because they're still practicing just like you and I.

Vitalistic Marketing and the Long Game

So, having a lunch and learn with them going into their, their businesses, setting that up just like the pharmaceutical companies did and do, and sitting down with the doctor and his or her staff and educating them on a topic on a symptom based topic.

It's not something that you want to go in and talk about, in intelligence and getting your life with a side, you want to stick with what they know and speaking their language.

So bringing them lunch, sitting down face to face, need a knee rolling up your sleeves and showing them that you're the expert in that particular topic and breaking it down to them, showing them peer reviewed literature in their journals, not chiropractic journals.

I mean, you can throw a few in there, but stick try and have the majority of them medical journal articles, which there's a ton out there. There's so much literature to back what we do in their journals.

Use it and educate them and show them how we can collaborate and work together. That's by far the strongest strategy. So I want to dig deeper into the structure of that doctor.

The call. Describe the kind of conversation you have when you're setting up the initial visit with an MD. What the first encounter is like, trace the structure of this so that we can we can learn.

So you're going to call or your staff call. And of course, I in my, program, I train thoroughly on this process and make sure that every DC goes through this before they pass it off to a CA, because you only have so many health care providers in your community, and you really don't want to to botch, you know, any one particular group.

So, knowing all the objections that come up is really important. And there are many. And because I've been doing this for so many years, I've seen every single one.

So calling the office, getting through the gatekeeper, and speaking to the person that handles setting up lunch and learns or in services. And there is a specific person designated for this in their office, and it's important that you get that person on the phone and then simply asking them, I'd like to, come in and or my doctor, if you're calling, would like to come in and talk about the effective whatever the topic is, the effectiveness of chiropractic in the treatment of low back pain or headaches or whatever your, your particular topic is, and set it up.

And it's that simple. It's that simple. And then once you go in, of course, you're going to work out the lunch details, how many people, what they like, any preferences, dislikes and and make sure you ask those questions because, one time I didn't and I brought something in that the doctor did not like and that didn't go over well.

So, every little thing matters, right? So, go in and they will a lot time for the doctors to come in and sit down and talk to you. And it can be 20 minutes.

It can be 45 minutes in some cases. The first doctor, there were three doctors in the practice. They the first doctor they were doing rounds came in and I spent about 30 minutes with that doctor.

That doctor thoroughly enjoyed it, wanted the other two docs in the practice to see it, but they were on rounds and asked me if I could stay for the next hour to do the presentation two more times to each doctor.

So you have to be willing to roll with the punches too. And there's not a black and white to this type of marketing. Will you have some times where the MD, never makes it back to the room because they're stuck in a room with a patient?

Yeah, that's going to happen. Maybe they're going to slide in for ten minutes when you thought you were going to have an hour and you prepared this great presentation, and now you have ten minutes, what are you going to do?

You're going to roll with it. So there's a lot of different things that can come up and happen. And it's important to know how you handle that so that you can you can make it effective.

Great. Just great. So many towns, smaller towns may have only a few, MDS to engage, but many larger areas have a multitude of them. How do you narrow down which are the ideal MDS to approach?

How to Approach MDs and Set Up Lunch-and-Learns

You always want to start with the MDS that your patients are currently seeing. Because just like you said, this is a relationship, game and you already have a relationship with them.

You don't know it, but you do know nine times out of ten your patient has already said something to their physician about you. So they've heard your name a time or two.

So these are the docs that you want to start with. So I recommend, creating a spreadsheet and M. D. log and having your staff ask every single patient that comes in on your new patient paperwork, who is your medical

doctor?

Who is your internist? Who is your rheumatologist? Who is your ObGyn? Who is your acupuncturist? Because you can use these strategies not just on family physicians.

You can use them on all health care providers. Natural a Western med docs. So have the staff ask and if you do that alone, you're going to have 50, 60, upwards of 100 physicians in your area that you already have a foot in the door with.

I love the way you think really scalable. You know, you can develop a strategy and then you work it as many times as you can make it work. Excellent. Now, I'm assuming that dentists and podiatrists and midwives and dual is also go on that list.

Right? All of them right now OB GYNs are, really referring to me like crazy. I did a big marketing push with them, about two years ago and have several that are referring like crazy, fantastic, fantastic.

I'd like to dig in a little bit to some of the friction that can occur, some of the things that might go, go awry so that our doctors will be better prepared to handle whatever adversities arise.

What do you what is the MD's biggest issue with chiropractors in the first place? They have a few. And this is the beauty of getting behind closed doors with them.

They'll tell you they're going to be comfortable in their own space, and you will hear things like, you know, I referred to a chiropractor once, and that chiropractor told my patient to come off all of the medications that I prescribed because those drugs were killing that patient. Oh, you're going to hear things like that.

You're going to hear, you know, you know what I don't like about chiropractors? They think they can fix everything. Now, you and I both know we can. Just about, you know, but that's our little secret, right?

As chiropractors, that's our little secret. So that is is not something that, we want to, brag to the chiropractor, the medical doctor about on our first date.

Not even on our second date. Probably not our third date. It's going to take a while to get to that point. So, we have to tread lightly. And that's why I recommend coming in with one topic.

Stick with that topic on musculoskeletal headaches, back pain, shoulder one thing. Stick with that. And if they ask you, can you help with this as well?

Then they've opened that door go down with with him or her. But but yes, they do not like that. They do not like the fact that we claim we can fix everything.

So, that's a that's a tough question to handle with the medical doctor when, when they bring that up. Yes. Well, I can certainly see that, it would be completely inappropriate for a chiropractor to practice medicine and take patients off their medications.

I think that makes not only does it make no sense, but it's also patently illegal. So, of course, doctors should never do that. But this. But this other idea of, MDS perceiving that chiropractors think they can fix everything.

How would you recommend that if the doctor finds him or herself in the interview with the MD and the M. D. says, well, you know what? I know a problem I had with chiropractors is you folks think you can fix everything.

How would you reframe that? What would you come to the doctor? Well, first I want to back up a little bit, and I want to explain why this is something they don't like, okay.

Because this will help you understand more about that question. Or that objection. So listen, they're in a business

just like you and I. And the patient coming in with a health problem into their office.

Like it or not, first and foremost, they want to help that patient. But they also are generating revenue by helping them, by prescribing their medicate, by diagnosing and coming up with a plan of treatment, just like you and I.

So if you are communicating with a medical doctor and lecturing to them on headaches, and you get to the point of your presentation and you're showing them objectively what to look for, and you say, you know, this forward head posture is a really good indication that a patient, having headaches would be a good candidate for chiropractic referral.

It's important for you to then say, and if they're not responding to your protocol, your Botox injections, your medication and they're still suffering, then that would be a good candidate for chiropractic referral.

Now, why do I say that? I say that because it's a business. And if you are saying to the M. D.

Handling MD Objections and Building Trust

, look, every patient that comes in your office like this, how many patients are coming into the office like that? Every single one. So we're stepping on on his or her toes and here they go.

They think, oh, every patient needs chiropractic care. Now we know that they do. But you have to be careful because it is a business. And they fear that we just want to take their business away from them.

Okay. So this is where we don't want to we want to work together. There's more than enough. Patients need both. Okay. So, if I'm faced with that objection with a with a doctor, I'm going to let them know that, there are many things as chiropractors that we do treat.

And I'm with you. I'm here today talking to you about the effectiveness of chiropractic in the treatment of migraine headaches. However, we see patients that come in with lower back pain, and we get really great results with treating that as well.

So if you have a patient with lower back pain and they're not responding to what you're doing, please consider them for chiropractic referral. And better yet, if you want to know more about what we can do to help your patients with low back pain, I would love to come back and do a presentation for you on low back pain and the effectiveness of, spinal navigation and or chiropractic care, in the treatment of low back pain and parlay it, you know, so again, you're not going to jump into that and say, yeah, we treat irritable bowel and we fix colitis. And don't don't throw out a couple of musculoskeletal stick with that and ask to come back.

And I've actually done that on numerous occasions and set up another talk with the M. D. right then and there on my next topic. So I love the fact that you didn't throw chiropractors under the bus.

Who might be doing that, because it's really important for us not to be smart to our colleagues, even though sometimes they may be stepping outside the boundaries.

Your elegance and your class make it more reasonable for the doctor to accept what you have to say. So I think that's that's really superb. Now, let's dig into the situation that you mentioned, where the chiropractor sees that the patient is being medicated and questions whether that's really in the patient's best interest.

Now, the chiropractor can jump in like a hero and just, like, make medical recommendations. But how about the conversation when the MD patient comes to you, what kind of conversation do you have with the M. D.

about maybe altering their course of care in order to allow you to do what you do? Well, the very first thing that I would do with the patient is let them know that there are natural, remedies, solutions, if you will, that they can try, if they're interested in some additional help for the problems that they have.

And I'm not going to say anything about getting them off of medication at that point. Then if the patient does want to go down that road and we do do that, they may find that their symptoms are changing.

And at that point, when the patient brings that up to me and my blood pressure is getting really low now that I'm still taking this medication, then at that point, you can use this as a strategy to build relationships with MDS.

You can then say to the patient, you know, I would love to talk to your medical doctor about this because this is, this is great. And although I'm not able to take you off medication that you're on, I would like to explain to your medical doctor what we've been doing.

And see if there's a possibility that there could be a change in your course of treatment with that medical doctor, and the patient has never refused that.

And what you want to do is that day, call the medical doctor. And this is also a strategy that I teach. And you can get that medical doctor on the phone immediately.

They're accustomed to that, you know, medical doctors, health care providers, they talk to each other all the time. So they take your call, and, I show you how to do that very simple.

And you can have this conversation with the MD and let them know what you've been doing and what you're seeing. And what do they think. And it's amazing how this opens up a quick conversation with the MD and helps to build a relationship and your credibility.

Now, I can surely see that an MD who had referred a patient to you would be open to this kind of communication. What happens if the MD is resistant? In other words, I've certainly had and you no doubt have had as well, patients who say, oh, I don't want my I don't want my, medical doctor to know that I'm coming here.

He or she would be very upset with me. So what kind of strides do you take at opening? Because I found myself that those MDS turned out to be great sources of referral once I engage them properly, but I'd love to see your strategy for doing so.

Yeah, I never let that bother me any more. Times are, you know, you've been practicing for a while. You know, they're so different. When I first started practicing 20 years ago, yeah, it did scare me a lot more.

And I did get a lot of rejection. And I'll never forget one time I showed up at the MDS office. They knew I was coming for a lunch and learn. I brought food for 15 and the doctor never came in, never gave me the time of day.

It's been a long time since that's happened. So if I hear a patient say, my MD, I'm afraid, you know, or my MDS said negative things about chiropractic in the past, that just fuels my fear more.

I know that that is a medical doctor that I need to meet. And, I feel that way about patients as well when they come in and my staff give me the, you know, the sticky that says, you know, patient is angry, they don't like chiropractic.

Whatever. I know that that's I'm going to turn that around. You know, I make that my personal challenge and I do that with with the MDS. So I never let that stop me.

Great, great. Now, tell us a story about the most challenging MD referral scenario you ever had to deal with. I had a, lunch and learn with a medical doctor.

He was a headache specialist, and that's one of my niches in my practice is, working with patients with, servico genic headaches and fixing curves and forward head posture.

So I really love working with, with those types of patients. And I finally nailed, lunch and Learn with this headache specialist. And I went in and talk to the doctor and very welcoming, very warm.

Managing Patient Medication Conversations

And he was he was so down to earth and, he referred me a patient, shortly thereafter. And I had to treat this patient with everything I had. So, I made sure that every step of the way we were getting results so that we did everything right with this patient, and everything was going smoothly.

And about a month and a half into care. Her migraines had had the frequency, intensity. Everything about them had gone down drastically. And then all of a sudden, for whatever reason, these headaches came back and it took a turn for the worse again.

And she flipped out on me at one of her visits. And she told me, you know what? I know that this medical doctor referred me here, and I'm going to call him when I walk out of this office and let him know how horrible I'm feeling, and on and on and on about how she was going to let the MD know.

Like she almost thought it was the MDS fault that she was feeling so badly and she was going to let him know that it was a bad choice for her to come to my office.

So when she left, I knew, this is going to ruin that relationship. I had to do something. So I actually called the medical doctor right then and there, and got on the phone and told him the patient's history, where we got what had happened, and I told him exactly what she said, and that was I was the worst.

I was so scared to make that phone call. It was my worst experience. But what happened was turned out to be my best experience because that medical doctor said, oh, that patient.

Oh yeah, she's that's typical her. She flips on a dime. Don't worry about it. Just if you feel that what you're doing is helping her. And she was making progress. Keep trainer and I got a referral from that MD that very same day later that afternoon.

Love it. I said. Oh yeah. So, you know, turn the bad into good. And I and I, we call that align and redirect. So that's, that's, that's, that's beautifully skillful.

That's very, very elegant. Now let's go the other way. What's the richest and most fulfilling experience you've ever developed with any local MP? I have a family physician that I, he was probably my first, family physician that I made contact with.

And again, very welcoming, very warm. This was, we're going back 15 plus maybe 16 years ago now. And, had his whole staff there and listened to the whole presentation.

I think it was probably about 45 minutes. I did some orthopedic, neurological, testing review on some of my slides, and he stopped me in that section, and he had his nurse put two nurse practitioners in there with him, and he said, this is this is great continuing education, you know?

And he looked at them like, are you paying attention? So he, he really appreciated the education, the knowledge. He sent. I can't tell you how many referrals to me over the years still does.

I'm a patient there. My husband's a patient there. My daughter's a patient there. And, when I created my online M. D. marketing program, I went to him, and I sat down with him and kind of hashed out some of the things that he would like to know from chiropractors.

He shared with me. He came on my course. He helped role play with some of the students that were on my course. I have a wonderful relationship with this medical doctor, and he gets it, you know, he gets it.

Turning Difficult Cases into Strong MD Relationships

I think if he had it his way, he would have me practicing in his office. But, I told him you can for me. So, So. Yeah.

So, I'm very fortunate to have that relationship, and, and I appreciate it a lot.

Lovely story. So, do you make an effort to get the MDS in their families to become your patient as well? I don't, at the talk. I don't pitch that. You know, I it's more education.

And I really teach that in my course that this is all about giving. You got to give to get. And this isn't. Now, if, the staff make a comment about needing a chiropractor, then by all means, you know, set them up, set them up for an appointment, or if the doctor does when you're there, which has happened.

I've had several. And these that have come in as patients or their family members. But I'm not going there specifically with that intention. I'm going to just give knowledge, show them what I can do to work with them.

And I know that I will get back ten fold if I go with that in my heart, in my mind, it'll come back. Great. Great message, great message. Do you engage local DCS as well to to refer?

I just started marketing to local joints and that worked really well. So they're they're starting to refer to our office, specifically patients that have insurance.

And, we, we offer some services as well. But, but I could explore that more, and I should, thank you for giving me one more thing to do on my plate. Oh, well, I'm so sorry.

I know you've been lounging around hoping that I would suggest something. Yeah. No, it's just that when I was in practice, I had a particular style of practice.

And there were times when I engaged the, the services of other local chiropractors. And they also sent patients to me. And, we're talking about engaging the medical profession, which, of course, is a it's a brilliant idea.

And the way you've laid it out is so masterful. Just there's also an opportunity to be able to engage local disease as well. Especially there's so much specialization these days. Yes.

That, chiropractor who specializes in sports might not be up to date on nutrition or one who specializes in personal injury, not might not be up to date in pediatrics.

So it just creates another, another, stream of, of new people. There's no reason not to include that as well. So you may have brushed up against this, but what's the one thing that MDS want to know from us?

They want to know what we do. They do not understand what we do. And that's another thing they're going to tell you, when you're with them face to face, in their space, they want to know what exactly we do.

And I know that's that's a hard question for chiropractors, right? Yes. It really is. But I challenge you before you embark on this, that you work on, that you figure that out, and you come up with your, elevator speech on that, so that you can answer that question.

And what I always find myself doing when I'm with the medical doctor. And this this comes up, is I stick with, you know, there's there's lots of explanations on what we do and what we do as chiropractors and what we do to treat the pain. And.

Well, you know what I mean? There's there's just so many levels to it. What they want to know specifically is if they refer a patient to you with a problem, how are we going to help them help that patient?

Because they don't get this in medical school. They have no clue. And they're not going to spend their time researching on, you know, googling chiropractic.

And what are they going to find if they do that? Right. It's going to be terrible. So make sure if you're there speaking about headaches that you let the you let that medical doctor know, you break it down to them.

What MDs Want to Know About Chiropractic

You communicate and tell them that what I do is I examine the patient for signs that they could benefit from the chiropractic adjustment. Specifically, what I'm looking for is and name some objective findings.

You know, I'm looking for forward head posture. I'm looking for trigger points in the sub occipital muscles, the scalings, the the synapse. Because what can happen is the cervical spine can go forward and come out of alignment from a lot of forward head posture devices reading, car accidents, the muscles will develop trigger points.

This can become chronic. This can clamp down on some of these sub occipital nerves. Press on the nerves that, run across the the the head and cause headaches.

So what I'm going to do is release the tension in those trigger points to get more movement, and then going to deliver a chiropractic adjustment, which will then put the spine in alignment to get the pressure off the nervous system to alleviate those headaches, to allow the body to function better, and simply explaining that.

And that's just, you know, a tiny bit, they're going to get it. They've never heard that before. They've never heard that before. And that's the key simply.

And that's what they want to know. Wonderful wonderful. Doctor Nicole, you've been so incredibly generous. I know this is your, this is your area of expertise.

And thank you so much for, the abundance and, edifying display. This is something so practical, our doctors can start to use it immediately. Tell me, what do you think the future holds for chiropractors?

Where do you think the profession is headed? And what can we do to prepare for.

The Future of Chiropractic and Closing Remarks

I think one positive thing about where we are right now, in the middle of a pandemic is people are figuring out that they need to take care of themselves, even though we can't talk about it on the internet.

We can't talk about it, you know, on social media. They're getting it. They are. Because I don't know about you, but I my office is slammed right now, busier than ever.

And this is happening a lot all over. You know, I've spoken to colleagues all over. And why? Because people are realizing that they have to take care of themselves, and they want to know how to do it.

So I think that the future of chiropractors, you know, the future of our profession is so bright. I know that if we continue to communicate with medical doctors, if we let them know our part in this process, if we continue to educate the community, your members that are looking for other ways to get healthy because they don't want to wait for a vaccine, they don't want to just wear a mask and hide in their house.

They want to strengthen their immune system. That is up to you. That is up to you as a chiropractor to find ways to get that information out. And if you do, your office is going to be flooded with patients and abundant practice, and you're going to be helping a whole lot of people.

So I feel that this is this is we always say that we hear it, that there's no better time to be a chiropractor. But I feel that it is. It is a super bright future for for any new budding chiropractor at any chiropractor that's in practice.

Right now. Fantastic, fantastic. A rising star in chiropractic and authority in an area that we as chiropractors need to learn. And master Doctor Nicole Lindsay, thank you so much for being on the Practice Upgrade Summit.

Thank you so much for having me.