Introduction and Brad Clokeyu2019s Background

Welcome to the practice upgrade summit. I'm Doctor Dennis, permanent. We have a special treat. Our next guest speaker needs absolutely no introduction because he's claimed the space in the chiropractic marketplace as the new patient maven.

What? This guy has forgotten about getting new patients? Most of our chiropractors will never know. He is a pro, a visionary leader, and an incredible human being.

Doctor Brad Clokey. Welcome to the Practice Upgrade Summit. Thanks for having me, buddy. I appreciate being here. Great to have you. Now, you, graduated from Lac in 1998, which means that you've been a chiropractor now for 22 years.

That's right on. In 2005, you realized that there was a pressing need in the in the, in the profession, that doctors were not bringing as many new patients in as we needed in order to turn this world into a more chiropractic oriented world.

So how did you get started becoming a new patient expert? It's funny. It's one of those things. You know, just kind of listening to chiropractors and being at seminars, and we used to do, like, pizza and beer nights in my office and just share ideas and, you know, local docs would come in and, it was funny because we had some, you know, real local docs, like just down the street and you'd say things like, I can't believe how cool you are.

And I thought we were a competition. It's like, you know, we're not scratching the surface as far as the population. We we should be serving. 90% of people don't have appointments on Monday.

So that's a shift that with ourselves and that we can shift that conversation. The community and, you know, to be honest, you know, kind of pizza and beer, real casual nights turned into, some opportunities to speak.

And I'll be really honest, one of the first big stages I got to Grace was yours. And I will never forget those people that, took good care of me early on.

And you guys really took a gamble on me. You and Bob and, I got to speak to a large crowd and share my message. And it's been one of those things ever since then.

I've always been really grateful for what you've done for me, but also what you continue to do for the profession and just kind of following in the steps that you guys laid, which is, hey, let's do it with class from Stewart with dignity, and let's do it in a professional way that really elevates the image of the profession so that as we go out and we market, it's not like scorched earth, you know?

So if we go and deliver a message and people say, no, that's okay. You know, it's it's not the right time. And on a long enough time, I do believe they'll be in our office and we can really help people out.

So this idea of new patients, I think for a lot of chiropractors could be true that they do need more new patients. But I also thought back in 2005 that it might be a good way to get in front of docs who thought they needed new patients, but really, we had to work on some of the things, you know, and, and start with the foundation of their philosophy and start with some of the other things that they could be doing in their office, maybe at a higher level.

And then the new patient problem wouldn't be so pressing. But ironically, it's actually easier to get new patients when when those areas of your office are cleaned up. Right?

Like when you're congruent with your philosophy and your procedures, it actually gets easier to get new patients.

So it was a really fun space to start in because everybody, you know, you talk to any chiropractor, what do you need?

New patients, you know. And so everybody was leaning into the conversation and I kind of took a bunch of different ways, that I felt wherever I was kind of speaking in the world, I would match it to what I thought that they needed.

Well, that's one of the reasons why your skills have manifested as the marvelous reputation that you have now, I you mentioned congruency with with philosophy, and I think this is a gaping hole for many doctors.

They feel strongly about chiropractic philosophy, but their level of expression outside of their own self is somewhat limited. You do with doctors in order to help them to express that congruent philosophy.

You know, it's one of those things. Your philosophy, is it's a belief system, you know, and whatever you believe really should be matched up with your action steps and to know somebody's intentions.

I always say you should look at their actions. You know, you can tell me what you meant, but I'm just going to watch what you do. And that would give me a better read on what's happening.

And for me, a lot of times, the, you know, philosophy of going out and helping people kind of starts with the premise that someone's praying to find me.

And what I mean is people are, hopeless or losing hope or in despair or, you know, you can look at things like the opioid epidemic just in the last few years, and at the time of this filming today, I think there was an $8 billion fine levied today, this morning, for the Sackler family and Purdue Pharma.

If you look at some of those statistics, last year, in 2019, we had over 150 Americans die per day from oxy and opioid overdoses.

Building a New Patient Philosophy

We had some crazy number, like 80% of heroin users got started with the prescription from the medical doctor. According to Harvard University, 80% of opioid users got started on a pain medication.

59% of the people that were prescribed opioids were for neck and back pain. So call it what it is and it's basic form. Chiropractors can really help a lot of people, even if it's just in that pain model.

So it's a real basic model of chiropractic. But I think if you address pain and what people have coming in with, then oftentimes you don't need to talk about it.

And it's a big misconception. If you address their needs, then a lot of times we can move them into that vital istic role. And I think chiropractors kind of going back to your question of struggle with philosophy, because they want to be vital lipstick, they don't want to talk symptoms.

So if it's done poorly, they can look arrogant. You know, a new patient comes in and says, hey, I have neck pain. I have back pain. It's like, Holy smokes, you don't have to look any further than something like the Adam study, which says, you know, on a 2 to 1 ratio, people come in with low back pain, more so than neck pain, but that constitutes almost 90% of the reasons people see a chiropractor.

Now it's cause there's another 10% that are outside of that, but 90% of new patients in general. It's in a pain based model. I believe if you address it and you handle that communication wise appropriately, then we can get into the vital list of conversation.

But what I think is really important philosophically for chiropractors to understand is you have to earn that right to impress your beliefs on someone else.

You know. Yeah. And where it starts, really, I think with the marketing in particular new patients is my operational premise is someone is praying to find me.

You know, last night they were desperate. They're looking for better solutions. If I don't do a great job and deliver the message, and other chiropractors don't do a great job.

And this opioid oxy epidemic is out there just to swallow them up and kind of keep it in line with all those crazy statistics. You know, 59% of people that were written a prescription were for neck or back pain.

And sadly, 1 in 3 children in the US that are in orphanages are there because their parents are either in a drug treatment program or have overdosed and died.

So 1 in 1 in three kids now without a parent has to do the pain med. To me, that's a big calling for chiropractors to really step into that and fill that role.

Well, no doubt about that. And, you've made a wonderful case. Now. Now let's talk about the mechanics of how you recommend that the field chiropractor engages this problem.

Can't just wait for people who are opioid addicts to come in, even though there's no shortage of them. Do you do it through engaging other professionals, through organizations, through meetings? How would you do that?

Yeah, I mean, there's a the game is changed, right. And I applaud you guys for stepping up and doing this. And and look, anytime I see you or Bob at a seminar, it's always big hugs and high fives.

And what's really cause we're old friends were good friends and, I think we've seen the game change a few different times, you know, 911 changed the game a little bit.

We had the Great Recession in 2008 that changed the game. But what's different about this is it's not as though the event is over, right? I mean, at least in the time of this filming, it's still very present.

And whatever happens after and they say, okay, we're good. I have a strong feeling it isn't over there either. Right? Like, people are really kind of indoctrinated in this all of a sudden where I think people are going to you have to wrestle them at some point in the future to take the mask away.

You know, like they almost enjoy that comfort level. So this, again, is another tweak in the process. It's another change in the game. And chiropractors, we talk to our patients about adaptability, but this is our opportunity to adapt as well.

And great practices are made in tough times. You know it really is I think in tough economies, problems are revealed. And I think a lot of chiropractors are finding that to be true.

In robust economies. You kind of hide your mistakes so you can kind of, you know, get away with some things. But right now and going forwards, I think chiropractors really need to tighten the belt.

So again, I applaud you for doing this, but also start looking at things differently. You know, look at how you market and and let's just call it what it is.

Spinal screenings could be dead for a while. Putting your hands on a stranger, getting close to people within six feet. And as much as I disagree with all of that, it's more important what the patient thinks and what I think. Indeed.

So this brings up a key concept in your teaching that you refer to as resilience. Why don't you speak a little bit on how doctors can be resilient enough not only to weather the current issues?

So going forward. Yeah. So one of the things I think is, you know, how people say no is becoming increasingly important. So this might sound counterintuitive, but I think it needs to be addressed properly. And this will really

help your listeners.

So, if you're taking some notes, definitely lean into this, because if somebody says no to your recommendation, somebody says no at a marketing event or whatever it is, I feel it's really important in today's economy that they leave with their dignity.

Right. And that's a good general rule for your case and your team, as well as if they leave your team, they leave it there. They don't feel bad about the scenario.

But most importantly for new patients now and people with care plans and and procedures are doing in your office, if they don't get to leave with their dignity.

In other words, you can make them feel good through the process or whatever the outcome is. It's okay. They'll take it to social media, they'll leave you negative reviews, and that's become an increasingly important is that people will check and recheck what social media says about your reputation.

They'll check and recheck what it is that the community is saying about it. Now, what do you say about yourself but what other people are saying? So I guess step number one, and it's a bit counterintuitive, is let's eliminate the downside, you know, and if you can do this, politely and professionally, people can have a good experience and still say no.

And that's cool. No worries. Just come back when you're ready. And, and I think being a principle chiropractor, then comes down to knowing what you do, what you provide and not coming off that.

Congruency, Pain Care, and Chiropractic Philosophy

And right now this is what we need is principle chiropractors. You know, B. J. said, who can anchor to an unanchored mind. And BJ Palmer was right. We need to be anchored right now instead of chasing people for what we think they want us to be.

Be who you see yourself are as a strength in the community and stick to it, and then let people come on to that. And if they say no to your recommendation or no at an event, it's okay.

Just let us know when you're ready and this is what we can do. And then going forwards, really, I think messaging kind of on that same tone with social media, putting out testimonials, putting out great results, capturing not just written, but video testimonials are really important.

And I'll give Doc's, you know, some permission here. If you're doing this stuff in your office, it's okay to do two takes with your patients. And that's really what it is.

It's like, you know, because as soon as you put a camera on somebody, they become like a robot. They're like, I am great. And this was terrific. And it's like, just what just happened to Dennis over there?

Like ready to go, you know? So, what we do is we do a first take with our testimonials, and then we just tell them two things short and spicy, say the same thing.

Just do it short and spicy. Let's do another take. And then they kind of warmed up on the first one. We get the second one. But I think that becomes important to just reassuring people if they come in, it's a good experience and that other people have had results, that social proof is what that's called.

Keep pumping out social proof. Fantastic. Now what do you do with these reviews? Once you collect? You know, I think it's like a time to release, honestly, we have, like, a library.

We have a bank of, and we just release one a week. You can do it by symptoms. You can do it by gender. You can do it, the calendar for what's going on.

But it's just a good way to really kind of build that social influence. You know, there is this conversation going on in communities right now about health care.

Granted, you and I would say it's maybe not the correct conversation. But when they talk about people being immunocompromised, they're talking about the immune system, they're talking about the power that made the body heals the body and that somebody who's immunocompromised, that power has been diminished.

Now, what we do as chiropractors is we maximize potential. So it becomes one of those conversations. Look, the conversation is health. If we are cultural authorities, then we have an input and how we message that.

And it's really a cool time to be a chiropractor if you shift your focus. And to me, I think these are things that can kind of soften the soil. And then if you do your marketing events, you do your outreach.

It actually gets easier because you've got that, you know, once a week you've got a testimonial being released in your practice about things that people maybe didn't realize if it comes from the patient.

For most chiropractors, especially in the USA, the testimonials actually do a lot of the talking for you. I know in places like Australia you have to be really careful.

Testimonials aren't allowed. So again, tread lightly, check with your boards on that stuff. But for the most part of the patients say that it also gives you some leverage and that they can say some pretty cool stuff about your practice and it's on them.

And it really makes it easy for the docs. Fantastic. So where do you release them once a week, a website, Facebook. Yeah. I mean, it's one of those things, you know, Instagram, Facebook, offices need to have these things, not just a personal account.

You need to have an office account. You need to get engagement. We do contests on there. We're doing a pumpkin coloring contest right now in our office.

So again, you know, for listeners, take it round with it. You have my blessing. But we used to do pumpkin carving, and that's a funny story for another time.

No more carving, just coloring. You know, it's one of those. And you can imagine, like, yeah, I'm proud of you. So no more sharp objects in our office, but the cool thing is, you know, we we post them on, you know, social media, and people comment, and then they'll post, you know, their kids and costumes and, you know, those kinds of things.

Because it's October. It just go with it and just have it fun and engaging at camp, I guess is the key with this step is it cannot always be a, marketing.

It can always be a promotion, you know, so don't abuse your social media. And then when the time is right, you can put those things out there. Fantastic.

What is a cultural conversation? Yeah, a cultural conversation is what people are discussing in your community. And it can be on a number of different topics.

You can choose to participate or not. Good example 4 or 5 years ago, the movie concussion came up. So in all of sports that became athletic or a sports conversation concussion, we saw the rules.

And so soccer changed. No more head balls for kids 12 years and younger. We saw Major League Baseball changed the rules for collisions at home plate with catchers.

Too many concussions, hockey with fighting. The NFL changed the rules for the kick off for people coming down and, you know, running full speed into each other for all of these concussions.

So that became a cultural conversation. We did something. We've been doing it. It's an annual event. Once a year, we went, I went out the rose Bowl. So actually the stadium and we do a concussion roulette seminar, kind of like a symposium.

And we just teach topics about brain health. Spinal cord, C1, C2, C3 that's still brain stem. So it's very much a chiropractic conversation. And to be honest, I got some pushback from people in the medical community.

What does a chiropractor have to do with the nervous system? I said, hello, let me take you to lunch. You know, I was just like everything. So in some of those conversations didn't go well, you know, and Yellen had two words for me and it wasn't good luck.

So but then some of the but some of the other conversations, they did go well, you know, and people and so I have a local medical doctor that we work together with patients who work for me, patients I kind of let into, car accidents and motor vehicle accidents.

And he said, hey, they have concussions and that means they're next affected. Could we send them to you? And this is a sound bite your users can use to I love stuff you can do at the table.

So this is good table talk. I use it in my practice. I deal with my patients a car we call a car crash because it's never an accident, right? Someone's always at fault.

So a car crash would happen anywhere from 4 to 10 G's of force. Typically all concussions happen it over 90 G's of force. So it's devastating as a car crash can be to someone's spine.

A concussion is far worse. So I'm going to say if they're concussed, they're absolutely subluxation, which is a real short kind of little bridge that actually got through with the local medical actually goes, wow, I never looked at it that way, you know. Is that is that true?

Is that the physics? I said, absolutely, you know, over 90 G's of force. So that's an example of a cultural conversation. If I were to give a lot of credit to where I think that came from, it was the movie concussion.

You know, Will, Smith was the star of the movie.

Resilience, Social Proof, and Testimonials

I got to meet Bennet Omalu and teach with him at one point. Really cool stuff. So that changed sports games. That's a cultural conversation. And then what I did is I made it a chiropractic conversation and kind of what we did for marketing with that.

And this is something your listeners can do too, is we did preseason wellness checks on people. So we said, listen, they don't know enough about the brain to look at an image and say it's moderate to severe.

It's mild protocol like return the play. You should be nine days. You should be 15 days. We don't have that body of evidence. And so admittedly from the medical literature, I went through it, I read it, I met with people and they said, we just don't know.

So it's kind of the same for everybody. I said, okay, so the next best thing would be to do a pre-season test, and then we would compare athletes to themselves if they have a concussion.

And so we created a protocol and a procedure, and we became a cultural authorities. So much so that I have MDS that will refer to us because honestly, what they'll do is they'll give them, you know, some kind of anti-inflammatory or pain meds.

But in their own literature it says don't give them those medications because it can actually promote brain bleeding. So I usually go with them and I just said, look, these are things we can do.

So kind of a longer story. But the idea is that's a cultural conversation. It was concussion. We position ourselves as the culture authority. And I think there's things like this now that docs can be doing fantastic, very generous and very rich conversation.

Okay, so then, first of all, I really appreciate your integrity and your purity of spirit. The the nature of your of your engagement to these people respects their right to disagree.

And this is a lost art in in marketing, in publicity. Understanding that not everybody is at a place where they can capitalize on what you have to offer.

No. Sometimes means not now or not yet. So I feel like this, this basic appreciation of human nature is shining through everything you're saying. It's very much appreciated.

Now, let's talk a little bit about, you are obviously well known for creating, corporate engagement, luncheon learns and doing, talks over different corporations.

But the landscape has changed a bit now. So. Yeah. So what I like you to do is just talk about the way that you would typically do it, and then talk about what has changed for the next several months.

If it turns out that there's, still a need to do that, which I suspect it will. Yeah. So, I mean, for years I've done corporate lectures, business lectures, for your listeners watching, you don't need to be in a big city to do a corporate lecture. It's almost a misnomer.

And to just be really clear, because I've made this mistake too many times to repeat it. Now, small audiences are awesome. I mean, the the intimacy of a small audience.

Give me ten, 12 people. I might come out with as many new patients, but it's there's something to that, you know? So I don't need a big podium for 200 people.

Forgive me for saying this, but it's almost like the bigger the crowd, sometimes the smaller the IQ. You know, it becomes impersonal, right? It's like.

And it's like 200 people and they're like, yeah, yeah, yeah, they're on the phone, they're chatting. But 12 people eyeballs are on me and the IQ and the intent is through the roof.

Does that make sense? Where it's one of those if it's a big you know, if it's a big lecture, then it's almost impersonal. They kind of fade into the darkness.

There's more people, the back of the room than the front of the room. And when I say the IQ goes down, it's just kind of like it's a speech. And I don't ever want to give a speech.

I want to I want to engage people. So, small audiences are good. And what it was prior to all of this was live in person. I like going to businesses, and this is kind of an economic thing is because I know they're employed.

Right. I've been through some. Yeah. I mean, it's like they have a job. So call me crazy, but I've done screenings at, you know, flea markets and a lot of people are bargain shopping because they don't have a paycheck.

And that really makes it difficult in practice to get them to say yes, unless I'm willing to run my business as a charity and I don't want to do that.

So to me, part of it is it's it's almost like a pre-qualification step. If I go to a business, hey, at the very least I have a job that's a good step one.

And then what I would do is deliver a message on a number of different topics, but always give them an action step. And maybe an action step for your listeners.

To not do is don't bring business cards, okay? We call business cards, procrastination cards. And because that's like, could, you know, take a card, you know, when you bring your bodies horrible and miserable and you've tried surgery and drugs and you've avoided your opioid epidemic, call me.

It's too late, you know, so I would just say always give an offer to come into the office. And that's how we would traditionally do it, you know, live prior to all this craziness that is just gold.

Because I know that most people regard the business card as the entry into someone's world. But you're saying it just delays the inevitable. And I just think that's a tremendous prospect.

Yeah, time kills all deals, you know, and you're giving them a procrastination to card. It's like essentially it's like you're stuck somewhere when you're bad.

My pain call me. You know, when your life is miserable and you're hating things. Yeah. It's like that's not a family based wellness practice. And that's how a lot of chiropractors would describe themselves.

It's incongruent. Right. So we go back to our philosophies and there's kind of three P's that need to line up. It's your philosophy. Line up with your procedures.

And when that's congruent you get the outcomes you want, which we would call profits. Right. So and profits could be time with your children, could be time with your family.

You know, my wife and I have four awesome kids and my biggest currency is time with them. So even though I'm in practice, we take eight weeks vacation.

That's the profitability for me. It's time, right? And it can be different for everybody. Look, if you're a new doc listening to this, you want to pay off your student loans.

It's okay to say your profits are money. I think that's okay. But to me, it's like, if you line up how you market, which is you want to get vinolift like people thinking forwards about their health and not just be in pain model.

You kind of have to speak to that and then and then just to answer the second half of your question, buddy, what we're currently doing now is we're doing a lot of virtual things.

And so there's a whole different set of mechanics. It's a much longer conversation. But the idea is if you can't go live, it doesn't mean I can't go, right.

So we've been doing virtual talks with and doing virtual engagements with the same place as, quite honestly, just circling back and repack doing it. And the action steps are different.

Cultural Conversations and Concussion Marketing

The the messaging is a little bit different, in the sense that you've got to deliver something that's a little tighter, I think in time, because if somebody is watching this through screen, if you're on like a zoom call or something, you know, you'll see people all of sudden their heads go down.

It's not because they're super engaged, it's because they're holding a device in their hands. Yeah. It's like the texting, you know, they're sending a message somewhere else.

So yeah, I think on the virtual set that we've been doing the virtual talks, it's gonna be a little tighter on the timeline. And there's some follow up mechanics that you just kind of have to warm it up with people.

You know, we talked about people leaving with their dignity. One of the big things that I've learned in the last few years, and certainly right now, that's huge, is we always tell people it's okay to say no, like it's obvious, right?

But just state it, because when you state, then it's okay to say no. Whether it's my care plans, here's my recommendations. You can say no or it's out of talk or lecture.

It's obvious you state it. It might even seem a bit redundant, but it alerts them that you're sensitive to the process. And then that way you never come across someone that's like pushing or grinding and say, chiropractors are good at that.

They come across as less than human sometimes, just because they almost just seem like they, they don't care or they're driven by something else. And I know most chiropractors are phenomenal people, and what they want to do is help people out.

So it's from a good place. But how it's packaged. So one of the best things I can give your audience is just whether you start a talk or you start your close at a virtual lecture or you go into your report of findings, I think one of the biggest things you can say is it's okay to say no to my recommendations. Let me show you what I got going on.

I'm going to give you an offer to come into. It's okay if you say no. This is virtual. It's okay if you don't just reframe it that way. And it just takes that that pressure off.

You know, it's just it's one of those things that just kind of decreases the pushback from people as they go. And quite honestly, it's going to reduce some of the negative things.

As far as social media goes. Well, that is very novel and coming from you, it has tremendous clout. So I can't wait to hear, I'm going to get a lot of feedback about this and have doctors try it out and tell me exactly what their experience was.

I dare say it's going to be a constructive one. Yeah, for sure. And look, the reason I'm dropping this as we do it, in my practice, is because of who you are and because of who Bob is and the decades you've served this profession the same way.

So, look, these are uncertain times, and this is crazy for a lot of chiropractors. I've got nothing to hold back. We need to help each other out. And I learned that from you guys.

So, as much as you may get positive feedback on that, it's for you. And the truth is, I respect what you guys do and continue to do. So, in the same spirit that you have led.

This is kind of how I want to do this interview. Just please say this before you start, you know, say this at the beginning. And just to be really clear where that comes from, it's a behavioral psychology and basic it's kind of a term of autonomy.

I'm saying, hey look you can say no. They could always say no, but I'm returning autonomy to them. I'm reminding them, you're in charge. I'm just here of service. I'm here to help.

And if I can do that, you will decrease the barriers that people put up. But quite honestly, that's what we wind up slamming into as a profession is the barriers that people put up.

So on a real subconscious level, it diffuses that. And if anybody doesn't know your background, you're a genius at this stuff, really of work in the inner game.

So it's cool that you just kind of pull out those exterior boundaries and then you can get on the inside and I'll suddenly soften up and go, hey, he's not like most doctors, you know, I can't stand going to doctors when I hear that. I know. Me neither.

I'm not. I'm a chiropractor, I don't you it's just I don't get hung up on the titles. I'm just here to help you and whatever. Whatever. Get some face down.

That's what I'm into. Let's just get them started, because, yeah, we deliver miracles. It's pretty cool stuff. Way cool. And thank you for your kind words.

I really appreciate that for sure. So let's dig into some of the actual exchanges that you have with patients, because I'd like to the big frame around everything you just said was preserving the patient's dignity.

And yet, if a four year old is headed out into traffic, you're not going to let him walk out, you know, in the traffic, just because you want to preserve their dignity, you got to grab them and make sure they don't walk into trouble.

So talk a little bit about the exchange. Is that the actual dialog that you have with patients when you're converting them, when you're closing them to be a new patient, and then when they come into your office, how you get them to convert to a program of care.

So I guess one of the big things to kind of start with is trust isn't standard anymore, right? I mean, it just isn't. You know what? Maybe work. 20 years ago, I've been in practice 22 years.

The ease in the flow of things, everything is subject to a skeptical consumer. Everything is subject to a social media review. So again, you know, there's these evolutions that are continuing.

But I think that's one of the big things I've realized is trust isn't standard. Having said that, trust is the currency of the future. Yes. So if you can build that into, everything that you do, it just really becomes essential.

You can't do without it. And if you try to, then that's when they call you a used car salesman, or you're pushing and grinding and like, I never I never felt good to me.

And if you can do it softly and you can do what we call create buyers, people like to buy stuff. Yeah, we've all purchased something that was probably a bit too expensive, but it felt good, you know, it felt good.

Felt good to overspend on that golf club, on that car, on that trip for your family. You know, it's like sometimes it feels good to do that. And I think we can create that within chiropractic.

So to kind of take that from, you know, a marketing perspective and you got to build trust through your messaging as you're pulling your patients, and then you've really got to establish yourself as an authority, whatever that is.

So only pick topics you're passionate about if you're going to do virtual talks and some of the things that we just mentioned, pick topics that you wouldn't even need to research because you're so into it.

And if you do pick a cultural conversation, research it so that you are an expert in with concussion. Honestly, where it kind of stemmed from, we had a patient that was a pro baseball player and had multiple concussions, and he was really stuck and really stumped, and he'd kind of been kicked out by the medical system.

And I just said, I have to be honest, I don't know all these answers. I need to be a better doctor, but I'll do that for you if you're be patient with me.

And it's a real good place of trust to start. So and in any of your messaging, I think that's huge. I think stress is always a big topic. So if people want to talk about stress and, and do virtual lectures on that, it's always going to be welcome.

Energy is defined as the ability to do work. So if you can bring energy to the workplace, they're willing to do that. And then if we fast forward into, you know, your day one procedures, I think just humble yourself.

I think the day one is all about, you know, your exam consults Harvard doc set it up. Let me see if I can help you. And I get it. Everybody with a spine should have a chiropractor, but they don't.

Corporate Talks and Virtual Engagements

So at the end of the conversation where they are. So it's a big if statement. Let me see if I can help you. Let me see if your story matches with what we do here.

And quite honestly, we sometimes have some really complicated new patients that come in and I'll refer them to another chiropractor. So someone that's got a specialty or certification that I don't actually have any problem with that.

And then all the way into, you know, things like your care plans, again, you can say no to my recommendations. Let me show you what we have. Is that cool? Great.

Come on over and we'll we'll go through these X-rays or these tests or whatever you did. But just kind of pre framing that software, you build trust, you show credibility, and then people really start to buy into what it is that you do and realize it's a value proposition.

You know, money never sold anything. The price of your care is not an objection. People think that it's really not. It's a complaint. It's not an objection.

And the more we get clarity around that, I think the better we're going to do as a profession. Fabulous. So then when people do push back, where is the line where you let them preserve their dignity and walk?

Or what do you do if you really believe that somebody wants to say yes, but you're not saying yes, so and again, just to answer this head on, all we do in my office.

So there's I'm not going to hide any of this. We just do care plans. I don't do pay as you go. They rarely pay. They always go. That's my opinion. It's just that's what it is.

I think docs that do pay as you go and I'm not judging it. I'm just saying it creates bottlenecks at the front office. And that usually becomes a limitation to your volume.

If I can put them on a care plan. The irony is I'll talk about finances one time and then I never talk about finances again. Unfortunately, the docs that hate sales and hate to talk about money tend to talk about it the most because they don't put them on a plan.

They sell it every visit or week by week. They're selling the next three visits or whatever the deal is. And so there's a there's a real irony there that like the people that hate sales sell the most and the ones that are comfortable with it, you only get to do it once and I say get to because it actually it's a sport.

And I think the metaphors in life are super important. I heard you talk about this ten years ago, right? Your metaphors are really important. And if it's a war and a battle, then every day in your office is a fight that sucks.

You know, if it's a sport and this is playtime and I go into my office to have fun, that's a cool metaphor for life, you know? So to me, you only get to sell at one time because most people will say yes, they'll get their miracles.

But if I know what I'm going to offer them and it is my best recommendation, then I don't come off it. And so if I make my recommendation, this is what you need and if not, and this might sound crazy, but what I'll actually do is if they say, no, I can't do that, or it's just not in the cards, or, you know, I want to use my insurance and I'm not in their network because I don't I don't play that game.

Then I just say, okay, well, look, there's a chiropractor down the street. It's called the joint. They do pay as you go. I've actually introduced myself multiple times.

He's a lovely guy. It's a different model. I have nothing bad to say about him. I send him new patients. So I just say if you want to go in there, get adjusted.

They'll do that. I'm confident. What you need is here. So if that isn't working on a long of time and this progresses,

come back and see me. But my recommendations are going to be this or my increase, my recommendations, but I'm not decreasing them.

And I think there's a lot of integrity there when you know what you're doing. And being a principled chiropractor means you stick to your recommendations and you don't come often, you don't chase them and say, look, I think you need 36 visits, okay, we'll try eight because, you know, this doesn't it's like, tell them what they need and then stick to it.

And so for me, what we do is we say, listen, we'll take you down to the joint, I'll make the appointment for you. And we really do this in the office.

I'll call them for you on your behalf. I want you to have a good experience as part of them leaving with their dignity. This is what you need. I'll be here. Come back if you want this.

But if not, I'll send you down the street. There's over 500 joints, around the country right now. And people get adjusted and they get chiropractic care on their terms.

I'm okay with that. Well, Brad, there's a there's a certain grace to the way that you handle this that I think is sadly lacking in most of our profession.

There's a zero sum, point of view for many chiropractors, like, there's only so many new patients. And if we get them, I don't get them. And if I get them, you don't get. It's not that way at all.

We can't possibly the size of our profession. We can't possibly take care of all the people in our country or in the world. So, being a dispatcher at times, which is, in essence, what you're saying, that you, somebody comes to you, not if you send them out and it's somebody it's a good benefit to me. You should send them to me.

Do I get to say, not that many people reciprocate with you. And that's that's certainly something that I expect to change, because as your message gets out, people are going to feel less threatened by the lack of new patients or the feeling that they have to hold new patients here.

This is a profound point of view that's going to make a huge difference in the way our profession looks at our model. So I thank you. Yeah. And I think success is a funny word.

Right. It's how you want to define it. I'm not the highest volume chiropractor. I don't collect the most. You know, there's all these other categories, and I'm not number one in those.

But what's important to me is spending time with my children. We've got four awesome kids. My oldest just started college. That's a weird feeling. You know, because I was in college last week.

At least that's how I remember it, you know? But what's really cool, too, is I get to be involved in their sports and the activities they're into. And I get to coach.

I'm a varsity lacrosse coach for my son. I was an All-American lacrosse player. I got to play in college. My daughter got a scholarship to play in college.

She's, freshman on the East Coast, and my son plays in high school. And I get to go to 3:00 practices because of the model we've built in our office. And I would tell docs, when you're clear on what it is you want, you'll get it.

If you're unclear, then it just kind of happens. And so for me to kind of approach new patients this way and people and care plans, when I go into the office, it's my right kind of new patient.

And just to be clear on this, not everybody is like me. So my patients don't mean to like me, but they do need to respect me. And if they respect your authority, then it makes it really easy to go into the office.

So not everybody's like me, not everybody's my age. And that's really cool too. But it's my style of practice and it fits the lifestyle things that I want to do as well.

So while everybody's busy making a living, don't forget to make a life for yourself as well. Bravo, bravo.

Patient Dignity, Trust, and Care Plans

I didn't realize you were a lacrosse guy with the Hopkins, so I with them for a while. So you were there with one? Of course. But that's another story.

Yeah, but they won some national championships. Won a lot in the 70s. My my attack coach in college was a two time All-American at Hopkins. And, so great respect for the hop.

Absolutely. In the in the pro. That's cool. So, you know, there's a theme that's emerging of everything you're saying here. I treat people with respect, give them their dignity, allow them their choice, but still maintain your own centers.

What do you recommend to doctors who are having trouble finding their center, who aren't don't have that level of philosophical congruency? Because I know you realize that, not to invite the schools, but their job is to credential doctors to get out into the marketplace in practice.

And I think that philosophy has been de-emphasize in many of chiropractic students education. When that education is substandard or insufficient, what do you do in order to inspire doctors to get more, more engaged with your philosophy?

Yeah, I think rule number one, there is no perfect school. But I mean, can we agree with CCE and, recommendations, all that. Like there's no perfect school.

So let's just get that off the table. And that way, you know, I offend everybody in the process, but no, but it's just. Yeah, right. It's like it's there just isn't, you know, and there's some certainly do a much better job than others, in my opinion.

But inevitably, philosophy is an inner game. Right? And it's a it's a belief system. You have to believe it. I can't just say the bumper sticker, the power that made the body heals the body and it's all better.

I have to believe it, I have to, I have to be pulling for my patients to go face down so I can put them into a campaign. When they're face down, that's when I go to work.

I don't talk people back to health. I adjust them back to health, and so does everybody else. On this call, you can provide them with information, you can help them with ancillary things.

But the best and brightest tool we have is the adjustment itself. So your philosophy I always have said it's your responsibility so you can blame your school, but that doesn't benefit you at all.

Work on your inner game and I'll plug you guys on this specifically without apologizing, because this is where you and Bob have done a great job. Dennis is helping people with their inner game, helping them between the ears.

Get clear on what they want, get clear on where they get centered, and it could be different for everybody. But maybe that's why you've done this for decades is you can tailor make it to what their needs are.

So if anybody feels like that, I would say first people to consider is a mentor, right? If you're working on your philosophy, get a mentor. But that's what the master circle does.

And then there is work you got to do for yourself. I always tell docs work is required. Struggle is not. So get familiar with the 33 principles. Understand that the greatest thing that we do is help people with adaptability.

It's not that, you know, one cause, one cure, the one cause, the subluxation, the one cures the adjustment. That's when misconstrued over the years. That was Fred Barge.

You know, the idea is we have adaptability, and the body's ability to adapt is really the one cure. Now the adjustment helps out. You just does it. But that's not to say that the adjustment fixes everything.

Health still comes from the inside out. And you have to believe that. You know, you have to believe that it's an inner game. And if doc struggle with their philosophy, those are things you guys are great at, but they need to do it as a continuum.

22 years and it's still something I do. I still work on my inner game. I still work on my belief systems. I would have told you six months ago my practice was impervious to this change.

I would have told you we educate like crazy social media. We still do live classes. I still do a health class every two weeks. I've done that for 22 years without fail.

Table talk I'm big on re exams. For your listeners, please write this down. Re exams equal reasons. If you skip your Re exams and I know chiropractors do that you're not going to have wellness patients okay.

And so these are all education points. But when this happened our practice took a dip. How we came out of it is another story. But the idea is it took a dip and I was surprised at that.

But not John. You know John's a great guy. He gets the big idea and John comes in triple mass before, you know, is even mandated that people wear mask.

And it was just one of those things that was like, wow, what what an eye opener to reality. And the truth is, it's sent me on another journey inside to go.

I got to get better. We need to improve this. And so it's okay if docs are stuck. It's the inner game that will be played forever in this profession. But again, that metaphor is it the sport? It's a game.

You need to approach it that way. Beautiful. Beautiful beautiful beautiful. I'm Brad, we're coming to the end of our time together. And I still have one really important, really important topic I want to bring up with you.

And that's the future of our profession. You know, I'm, I'm an older guy. I'm 43, is a chiropractor. A third of the history of the profession, if you want to call it that.

So I have some perspective on this, but it's really up to the young leaders like you who are going to usher chiropractic into their into the next phase, we believe is in store for chiropractic in the next five, ten, 15, 20, 25 to 1. That's a big one.

And I appreciate the the honor of passing the torch. I would say, look, I think it's going to be really big as driving value, in everything that we do, I think insurance for chiropractic coverage and, and benefits is going to go away if it hasn't already.

I practice in Southern California. It kind of ended 12 years ago here, unless you're willing to play A and ACL. And I'm just not I think going forwards it's really important to understand some of the concepts we just discussed.

Honestly, those are pivotal is letting people leave with their dignity. Not everybody's going to say, yes, I live in the same town that I practice and try learn these things early on.

The accountability. I don't want to be walking down the street holding my daughter's hand and have to duck somebody. I don't like that, you know? So be honorable, be respectable and understand.

If you're a principal chiropractor, people will come on to your concepts. And if you're always chasing them, it leads

to burnout. I mean, it really becomes one of those things where, you're going to be given a lot of energy to the wrong focus.

So get clear on what you want. Get clear on what your practice stands for. And I think for the next, you know, 20, 30, 50 years going out there. An important statistic we all need to keep is how many patients or cars do we inspire to become chiropractors?

Because to me, that's that's the litmus test. If you're inspiring somebody every year, you're doing it right. And if you're not, then what does that external image that's being projected?

Future of Chiropractic and Protecting the Profession

Where is it that maybe you're in congruence? We all have our incongruence. It's nobody's perfect. So it's just one of those things where I think that becomes a good litmus test, where, we with this and understanding that chiropractic, you know, Deedee had it right 100 years ago.

And, you know, BJ was the promoter of chiropractic, but understanding that our principles and what it is that we do and really what make us different, and I would speak really strongly out against any kind of integration, because then we lose the principles in attendance that make us unique.

You know, different is marketable, and we don't need more people blending into a medical model that obviously is failing in certain areas. And things like the opioids, there needs to be something different ancillary you could call an alternative.

I don't get hung up on those titles. You just need to be a specialist. And I'm a specialist of the nervous system. You live your life through the nervous system.

What I detect and correct are subluxation, and the fact that we have a vocabulary and a vernacular that's different. We need to protect it. And any talk otherwise is a slippery slope when we start to lose it.

So to me, it's really holding true to those tenets. And if people want to do other things, then there's other professions for that. Go be a physical therapist.

You can be a doctor of osteopathy if you want to mix medicine and, you know, quote unquote manipulation. But what we do scientifically specific chiropractic, and I would encourage everybody, whether you're into science or not, to support some of the scientific groups because literature and scientific articles is really the currency of lawmakers and state boards and some of the claims that we can and cannot make.

And what really upset me during this time is the number of my friends who have been turned into their state boards for saying, don't worry about Covid, don't wear the mask, don't even consider the vaccine.

Come get it. Just because I boost your immune system, you don't need to worry about those things. And they put it in writing. They put it in the emails.

Now on the table and in practice. I see that week to week. I believe that chiropractic has a connection to the immune system unequivocally. However, without a big body of evidence that wouldn't be supported by state boards, we found out real quickly we can't be making those public claims.

So I think that's part of the game that we've got to shore up in our profession is science and research, which I don't. I've never done one. I've never journaled an article, but it doesn't mean I can't contribute.

And as we as a profession, if we can contribute to those places, then we can keep talking about the fatalistic message because we have the research to support it.

So again, I believe it. But to keep docs out of hot water, those are some some pretty big things I know, I know,

rambled for 4 or 5 minutes, but there's there's still some pretty big projects within the profession that we've got to be doing, to really move it forward in a positive way.

Well, that wasn't rambling. That was, brilliant exposé on what chiropractors need to do right now to come out of the Covid era intact without having them, find, the issue exploding in their faces.

We need to lift up another day in order to be able to make sure that the chiropractic message persists. It's got to be regular, wacky. There's a reason why, you're perceived as such a, a valuable thought.

We don't know if profession, you've encapsulated some of the more challenging concepts in doctors minds, in very simple language, very practical, very easy to apply.

Trust is indeed the currency of the future. And, on behalf of the Practice Upgrade Summit, I want to thank you very much for participating. Thank you. Bye.

It's always a pleasure working with you. And if there's ever anything I can do, you know, the is. Yes. You guys are quality human beings, awesome professionals.

You've led the way for so many years. So, for you and Bob Hoffman, I just want to say thank you for all that you guys have personified. You don't talk about it.

You do it. It's. It's been super awesome to be around you and in your energy. So. Thank you. You're very kind. Doctor Brad, this is Doctor Dennis Palmer signing off with the practice upgrade some.