Fatheru2019s Approval and Early Rebellion

Then you turn your back on that life, and you go to get your dad's approval. How much do you think that has stunted your growth in your 40s, in your 30s and 50s, or 30s and 40s, I should say?

Yeah. How much has that stunted your growth? A lot, because I was so focused on follow these steps, right? Here's the system. If you stay in the lane, right?

This is the lane, right? It'll get you where you're supposed to go. You won't be unbelievably wealthy, but you'll have a pretty comfortable life. You'll have a good enough life.

Exactly. Do you want a good enough life? No, I want a great life. You didn't build your clinic to feel like an employee in your own business. I'm Matthew Kalogli, and on Out of the System, hosted by Doctor Talks, we challenge the broken rules holding healthcare entrepreneurs back.

Hear from clinic owners, rebels, and builders who are creating bold, profitable patient center practices and doing it their way. You know, it's interesting that we're talking about, while we're off camera, we're talking about your dad, right?

And I'm here with Colin Rignewitz, AMSKU, which we'll talk about in just a little bit. But I want to talk about this. because I think it's really, really important.

Your dad never talked about his past. I mean, only stuff he wanted me to know on what wanted me and my brother to know about like his school or, you know, good memories.

Yeah. But he was adopted, right? No, he's born out of an affair. Oh, he's born out of an affair. So did he ever talk about his dad? Did he ever know his birth dad rarely rarely talked about him.

I think I met, I met his birth dad twice in my life. Once that I remember. Really? Never, we never talked about his dad. Did your mom talk about it at all?

My mother? Yeah. Yeah. Mainly just the regret of my dad not knowing or the regret and the, you know, just the empathy of him not knowing his dad.

Growing Up Around Medicine

Yeah. You know, and part of that was, you know, it was a, they were born out of affair. Both my grandmother was a World War II flight nurse and he was a B-17 pilot.

Oh yeah, there we go. Based in Europe? No, the Pacific. And so they met in Hawaii and that's where my dad was conceived. And I don't know the story. So my grandmother, you know, had a really, um, kind of a manhating streak to her.

And I don't think she intended it to be that way, but. whatever, we'll never get the whole story. We'll, our family will never know the story. Same thing.

Yeah. Right. So this is all pieces and I don't, and I can't read between any more lines than I've already tried to, but yeah. And so he was raised by a single mother who was a nurse and pretty much tiger moms, you know, him into being a doctor or a lawyer and.

He had a traumatic accident where he was run over by a car when he was like five or six years old. He was in a

body cast for a month and the projection was he wasn't going to walk again.

And that to him steered him towards the field of medicine. And he was a family doc, right? He was a family practitioner. Back in the day when a family doc was actually like…

Leather bag. Yeah. Home visits. He would travel the miles to see his patients. Moonlight Graham from Field of Dreams. You ever watch Field of Dreams? Yeah.

Yeah. Yeah. Moonlight Graham. Yeah. Very, very similar to that. That's like Tom Navitty. Tom Navitty comes from three generations. Dr. Navitty. If you're listening, Tom.

From Nebraska. I'm like, so your grandfather's Moonlight Graham? He's like, yeah, exactly. Anyway, go ahead. Very similar, very similar. So yeah, we grew up in a, after my first decade was, he was in the army.

So we moved around a lot, you know, base to base to base to base. And then he got out, partnered in a practice in Northern California in a small town called Scotia, which is a company owned lumber town.

So in Humboldt County, California, where there's three major industries, fishing, logging, and weed. The last of which is the most profitable. The last of which is the most profitable.

And so we ended up in this town that was total throwback. You know, the average, the average person at the mill would make, you know, close to six figures on a high school education.

And it was kind of like this vestige, like it was a total throwback town. Company owned town? Pharmacy. Yeah. Company owned town. The rent was like 400 bucks a month.

It was, I mean, just- Was it idyllic? Did you enjoy it? Yeah, I did. Yeah, it was. Yeah. We had a gym, its own basketball league, baseball. I mean, everything was right there within walking distance.

Everything you wanted was in walking distance. The town of about a thousand people. And so I grew up, my dad was a town doc. And everybody knew you. Everybody knew me.

I was Doc's kid, right? And so you go to the grocery store, the pharmacy, you know, it was, there was no, you know, being unseen, right? If you got in trouble at school, you know, your parents knew about it before you got home type of thing.

Why Ultrasound Matters in Cash-Based Care

Yeah. Sounds like life in the Catholic church growing up. So how did your dad being in medicine, did that really kind of Is that something that you always wanted to do was to be in medicine?

You know, I didn't know. He involved me. Would you let go? Would you hang out with him? Oh, totally. Yeah. Your own former rotations? Yeah. I really enjoyed, I really enjoyed going to, because his office was across the street.

From the house? You can see his, you can see him working in his office on the second floor from my bedroom. That's kind of cool. It was pretty cool, you know, and, and being, he was a bit more than a just family doc.

So he did minor surgeries. He actually started off in ortho and then pivoted to family after a couple of years. So he would do a lot of like higher level procedures, fracture management and that sort of thing that, that was really valuable for that, for the town.

So I would go in my first exposure to imaging because he took his own x-rays. Back in the day when it was just films, you set the patient up. take the film, develop the films, all that stuff.

Sure, that wasn't toxic, developing a film. No, no, not at all. Not at all, no. Clean room, no problem. Sure, there's

plenty of ventilation. Exactly. But he was my first instructor.

Yeah. Yeah. And so we would, anytime one of my friends would break their arm, whatever, he'd manage it. He was kind of a, he was a It was a pillar of the town for sure.

Yeah. Yeah. And I really did enjoy it at a young age. And then you start to grow up and get your own identity, strive for your own identity. And that's where the friction kind of started to happen right around probably freshman, sophomore year in high school.

You mean like where it happens with most fathers and sons? Yeah. When we think that we know more than our dads. So you had a different, I didn't have a dad at that stage.

I just had my mom and she was gone. Right. So I didn't really have that friction. I just, I didn't have anybody to rebel against. So I just played a lot of golf.

But yeah, interesting. And you wound up in PT. So tell everybody what you do. Like, so I think that's important. Like, you know, for people like, and we'll talk about that, but tell everybody what you do.

Yeah. Yeah. Yeah. So as, as Pascal comes in and makes the adjustments, the world's stealthiest. Yeah. So by, by trade, I'm a physical therapist. Doctor of PT, right?

Doctor of physical therapy. So I have to call you doctor, right? No, you don't have to call me that. I don't call any of my clients doctor. Yeah, I know.

Yeah. Doctor of physical therapy by background. And I'm, I'm a, I'm the owner of Advanced Musculoskeletal Ultrasound Center where we help transform physicians skillsets and mindsets by using ultrasound diagnostics at the point of care and helping them be better injectors and, and be better for the community and have better outcomes.

Why, why is that important? Why do they have to have that skill? The doctors, like, especially if they're, and you're, you know, these are people that are doing orthobiologics region, depending on which class camp or classification you want to be in.

Really? I mean, Matt, really it's the gateway to, it's the gateway to that specialty. Ultrasound is the gateway to all of that. Yeah, it is. Why? Two things.

Number one, these are, these are cast services and typically if you're going to position yourself there. You need to be able to set the, set the tone on that first visit with the patient.

Right. And so somebody comes in with a rotator cuff problem and you have the ability to diagnose it in the span of 10 minutes and give the educational breakdown as far as what's going on.

Here's, here's some, here's the options. Here's what I recommend. And we can even do it today if you want. Right. Versus having to rely on the PRP or the BMAC or whatever.

Right. Whatever the intervention is. Right. Right. Based on what I'm finding here, I want to get an MRI because this, this, and this. Okay. They're going to be more compliant with your recommendations because you've already established the tone.

Ultrasound is a trust accelerator. If you can leverage this in your office at the point of care, especially on the first visit with the patient, it's very interactive because it's a screen that They're wondering what's going on.

Hey, I don't know. I glad I know what you're looking at. Cause I don't. Right. And then, and then that starts a conversation. Right. So you, then you start talking about their anatomy.

Here's this, this, and this, you have some irregular findings here, but this is kind of normal for the stage of, for the, for the stage of life that you're in or your activity level or your history or that sort of thing.

Right. And then you get to say, okay, but here's where we get to the problem area. Right. And so you're able to say, here's this. And you have the ability to look at their other side quickly.

If you want to show a comparison, here's what's your, so here's, here's what the bad knee looks like. Here's what the good knee looks like. What's your experience when doctors like, well, okay.

So let's, cause I want to dive into this. I think it's really important. Why what. So orthopedics, orthopedic doctors, they don't necessarily, this is not necessarily a skill that they have, right?

This is not something that they're trained on. No, not, not traditionally. No, not traditionally. I mean, during medical school residency, things like that.

Some fellowships, they'll get in some fellowships, but not, not really on a superficial level. Right. Yeah. But pain management, they have, they're pretty skilled with the ultrasound generally.

Generally, PM&R and pain management have more exposure to ultrasound than orthopedists. Right. Which makes a big difference when it comes to doing any type of diagnosis, right?

Yep. Okay. So I guess my question then is like, when people are going through this and they're learning about this skill set, and you said it's not something that is like, this is not about generating more insurance revenue.

You're saying that this is the gateway for them to be able to do cash based procedures. Right. Okay. So let's talk about that. Like, is this a skill that is difficult to learn?

Like, let's say I want to learn a knee. How long is that going to take me to learn how to really effectively image a knee using ultrasound and then do ultrasound guided injection.

How long is that going to teach, take me to learn? You know, I think with, I think as adults, we look at starting something new. We, the hardest part is making the decision to do it.

Right. And so you start to overthink how long it's going to take. And if you don't have a guide, right. It will take you a long time and it will be hard.

Okay. But to answer your question, we've developed a system where This is something you can learn over in a matter of weeks, 12 weeks. Now, by no means you'll be a Jedi at the end of that 12 weeks, however.

Well, there's a reason why you're called a Jedi. It takes a little while to learn how to be a Jedi. I mean, you got to levitate the spacecraft, you know, out of the swamp.

Yeah. But the foundation is there, right? So that's all, that's all you need. And that's all you need to have a skill is that you set the foundation. If you set the foundation, okay.

Then after that. The learning will continue to evolve at a rate that you want to learn at. But to do your top five to 10 injections, you have to be able to at least identify the anatomy under the ultrasound in order to really drive the needle to where it's supposed to go.

That sort of thing doesn't take any more than three months to learn it. Why do you think they don't train doctors on this kind of stuff? Why is it in med school and residency?

the fellowships, why is this not something that is taught? I mean, especially if you're dealing with joint pain. I mean, let's just, well, I mean, I'm not talking about.

I don't know. Well, I'm not going to pick a special because I'll screw it up. You know who I am. But why is it that like this is not something that is taught at a very high level and a depth?

Learning Ultrasound and Overcoming Fear

I think that. You know, again, I'm going to take the filter off. I think that med school is underwritten by same with PT school, same with OT school is underwritten by the insurance companies as indirectly.

Yeah. Right. And so you, you know this. Well, I mean, the podcast is out of the system, so we pretty much skewer those. Right. And so. That I think right there is, is one of them.

Okay. Why it is something that does take resource in skillset and time additionally to, to implement and put into the curriculum. But I think they look at the time element of it and they totally overestimate what it would actually take to, to throw that skill into the curriculum.

You think it's purposeful to not teach it because it's more of a, the way things are set up now, it's more of a cash based. I mean, what would be the- I wouldn't go that far.

I wouldn't go that far. Okay. So why wouldn't they want to teach it like, you know, like why do you think that is? I think it's the perceived amount of time and resources it would take to actually implement it.

Okay. Okay. And then they'll say, well, we have MRIs anyways, right? And we just teach people how to refer out for this. Are MRIs more profitable, do you think, for the industry?

Of course they are. It used to be. They're not, well, it's not profitable for the imaging. In the, in the, in the system model, absolutely it is. Yeah.

Yeah. Cause it's something, it's another channel that they can own. Right? Absolutely. And it delays payment. It takes, cause ultrasound I can do in the moment right then and there, and I can get a diagnosis.

MRI is something that I have to go I have to refer out MRIs can take depending on where you are I've heard people saying they can get like if we're here in Phoenix I can get MRI done especially in the summertime right probably this afternoon in January I probably have to wait two three months to get it done right but that slows the timeline it's slow rolls the process slow rolls it delays the Decision-making no displays it just it delays the disbursement of money and Oh.

Right? Yeah. Because the insurance company doesn't have to pay, right? Right. Right. Deny, delay, death. Depose. Was it? Depose, death. Yeah. Is that what it is?

Deny, delay, dispose, and depose, death. Yeah. Yeah. I find it fascinating. It's, you know, you and I, we spend quite a bit of time together now that I'm here.

Like, it's fascinating to me. I've never been much of a conspiracy theorist, right? Like, I believe we landed on the moon. And returned. But the more I dive into some of the medical stuff, I'm like, that's really fucked up.

Like, I really look at some stuff now and I'm like, that's really… What's the biggest thing for you there? Oh, I think COVID really took my eyes. Like I watched…

Me too. I watched doctors. I watched doctor friends of mine. who are brilliant anti-aging longevity doctors, people that have like pioneers in the industry, like Dr.

Mickey Barber, right? Been doing it 25 years. And I watched her YouTube channel get shut down. And when I got COVID and she prescribed ivermectin for me and she prescribed whatever the dose, whatever the protocol was that they were putting people on when they got it.

Let's say it was six days and it was whatever this dose was. And I went to the pharmacy and they gave me three days. First and foremost, they said no.

So then she called. Then I only got three days and half the dose. And she called me like five days later. She goes, how are you doing? I said, you're almost done with your ivermectin.

I said, no, I was done with it three, two days ago. She got furious and she called the pharmacy and chewed them out and they sent me the rest of my dose.

I got the rest of the dose. Put me back in the six days. I watched her. I watched her fight the system and I watched. people buy into six feet social distancing when I knew that it was bullshit.

Like I watched people wear masks when the dinner table fucking bullshit COVID stops when you eat. The most, here's the most, this is the most fascinating thing to me about, I was thinking about this this morning.

This is the most fascinating thing to me is, and I'm going to put people into conservative and liberal camps. Okay. The liberal camp, and I'm not going to use Democrat or Republican, because I have people that I know that are like, I'm just going to use these two classifications.

I watch people that are incredibly liberal that you would think like Woodstock generation fought the system, basically become shills for the man. And I watched my conservative friends become like the people that were Woodstock saying, let's burn the whole goddamn thing down.

That was the most fascinating thing in the world to me. To flip. Wasn't it? Like, it's amazing to me. Obviously, you know, Christine lives in California.

So I spent a lot of time in Southern California. I love Southern California. It's beautiful. Okay. I'm okay with the traffic. And the nice thing about Southern California is you can be whoever you want to be.

Unless you smoke a cigar. Really? So that here's the best you can in LA, you know, live your truth, live your truth, man. And I go, I remember asking her this question.

I said, so if I'm a pedophile, does that mean I can live my true? She goes, no, no, no. No, no, no, you can't do that. I said, but you say I can live my truth.

So my truth is that I'm a pedophile. No, no, no, no, no. There's like boundaries to like living your truth. Not that truth. You can't live that truth, right?

And like this industry that is all about like their art and don't stifle my art, they're like the biggest shills in the whole goddamn thing about COVID, right?

Like I can walk into a bar, I can chop a line of cocaine, snort it off the bar, pull out my heroin bag. take the spoon heat up the heroin tie off my arm inject heroin go outside and take a dump on the street walk back in everybody's like live your truth man if i pull out a cigar and i want to dry smoke it hey you can't do that in here you're gonna give us all cancer yeah i think it's the most fascinating thing isn't fascinating it's like yeah covid really took i was like Fuck this ain't right.

Like there's some shit going on here. What about you? Was there what you say for you COVID? Um, what like when did you really start to realize that like there's bigger forces at play?

The outdoor mask wearing my favorite next to the guy Three people in the car. They all got masks on or the death tracker. It was it probably a handful of things like this I forgot about the death track.

Well talk about what's a psychological I mean, it felt like a psychological operation, a mass one to me, honestly, you know, from the media perspective.

Oh, totally. Well, yeah. I mean, did you listen to Zuckerberg's interview on Rogan and where he talked about it with the Biden administration basically?

Because it was, right? Now we know what it was. Oh, we knew. And when we were going through it, I'm like, hold on. Like, hold on. I mean, you got the death tracker, you got like all these things, you're just bombarded with the same, like in this global.

How, how is it this coordinated? Like this, right? Again. conspiratorial tones aside, it was like, I just, internally, I felt that something was, something's missing to all of this.

Something is missing to all this and I don't trust it. It was just an instinct I had and I'm, I'm a pretty perceptive individual. And when you. start to walk around and you see, you know, people, you know, like, and used to trust a little bit all of a sudden, like wear their mask outdoors or like, Hey, the six feet thing, or like you're wearing your mask when you come here.

Right. Okay. Or better yet, people asking you private medical information. Have you had your, have you had your shot? Right. How did you answer that? When people would ask you, I'm not going to ask you if you had the shot, but like, how did you answer that?

I was only asked it maybe a handful of times to be honest with you. I just, I'm not answering that question. My answer was I had COVID. Did you have your shot?

Yeah, I had COVID. What does that mean? I have the antibodies. Right. Yeah. Yeah, it was, it was, I would tell you that up until COVID, I was happily oblivious.

And I watched, I'm going to use, um, Michigan center for regenerative medicine, Dr. Tom Navady and Dr. John Santana. In this example, clients, former clients, and I saw John this weekend at Toby.

And I remember when the shutdowns happened in March, my phone, I had about 10 clients at the time and my phone lit up. Like, what are we going to do? Okay.

And what we did in Michigan, because Michigan had some pretty draconian laws, like they never knew if they were going to open. And so what we did was we pre-sold regen procedures and we had people put 50% down, which gave John and Tom enough cash to keep things going.

Because they were in the middle of construction, like, and they had this construction loan and they had all this stuff. And when they opened in mid May, I think they allowed them to start doing procedures again.

in like mid May through June, that six week period, they did more than they would have done for March, April, May, June, and through June. And we raised prices, which was like nuts at the time.

And we collected 50% upfront. And as soon as they said they could open, they were stacked doing procedures, right? And it completely changed their business.

And I sat there and I was watching this and I watched what was going on with Mickey, Dr. Barber. I watched what was going on with some other doctor friends of mine.

I was watching people get shut down. And I think, I don't think, I know it was at that moment that I was like, this system is fucked up. We got to burn it down.

Like I watched doctors, I watched healers unable to heal. And that really upset me. You know? And then I really started realizing like, and we don't, look, our doctors, you know, we do a lot of work in Regen functional.

COVID, Medical Control, and System Distrust

At that time it was mostly Regen. So the Regen doctors really didn't have an opinion about ivermectin or hydroxychloroquine or anything like that, or demosphere or the shot.

But like my doctors, which at that time was 20% of the functional medicine space, they had very definite opinions about it. And it was, it was really when I think I know it was then that I realized that the system is fucked up.

You know, when did you realize the system was really fucked up? That it wasn't working to the benefit. Like that you were just a cog in the machine and they were just using you up until they had somebody else to replace you.

Yeah. I mean, I kind of felt that way. I kind of felt that way. Leading like in the few years into before COVID. mainly in the physical therapy space.

So we would, you know, I'm an equity partner in a local company here where we have multiple locations that combine sports doctors and physical therapists.

All the PT is insurance based and the medical side is cash and in PT to get paid. It's you build time codes, right? And so it's literally, I mean, it's time for money, but, but, you know, the rules change a little bit every year and how you use like your assistance or your physical therapy, your PTAs or your texts, you know, there's all these rule changes and to keep up with it.

I'm like, this is garbage. I'm, I'm like so frustrated and done. I'm a glorified biller, you know, basically. Yeah. And I'm done with this and I didn't know what my window out of it.

I mean, I had an idea, like the training company was, AMSKU was still kind of in the planning stages at that point, but I started to look at what am I doing?

This is like, I'm not, I'm not really helping anybody here. And so you're not really able to do the PT that you want to really help somebody. Not even close.

No. How much, how much of that PT were you doing that you think was like, On a scale of one to 10, 10 was where they needed to be and like what the insurance companies were letting you do.

What was on a scale of one to 10? Probably a five or six. Wow, it's that high. I thought I would think it was be like a two or three. Yeah. I mean, I would say five or six, mainly because I really care.

And I did, I did the extra stuff that went uncoded. I'm not talking to you, but just kind of industry wise. Why? Probably three or three. Yeah. Yeah. Probably three.

What we were doing is wasn't even that bad compared to like the mill model. You know, you're seeing four patients an hour. Each patient in that hour might get 10 minutes with the actual therapist and We've known this for a while, but then, you know, insurance, it's just the reimbursements get cut every year.

So what are you required to do? Is it a time-based code? So you got to see more people per hour, right? Right. And there's a, there's a rate limiting, that's the rate limiting step.

And. And so like, you know, for me, it was the frustration, everything culminated with COVID. And so when things got shut, I mean, Arizona didn't shut down like a lot of the states did, but it was impacted for sure.

That really was the, the time when I saw like. As I was talking about before, the media operation, all of the messaging, what I was hearing from the experts, why are certain experts promoted while clearly somebody like Dr.

Malone who was You know, one of the, one of the inventors of the mRNA technology. I don't think he was the only one, but he was on a panel. You mean the guy that has, you mean the guy that has the patent on it?

Right. Yeah. Yeah. Right. And so why, why are we setting this guy down? Right. It seems like a pretty important

guy to listen to. You mean the guy that came out that I invite, I have the patent on the MRI technology and I would not use it for this.

And YouTube and Facebook took down his channels saying that it was false information and he sent them all his patents and all his certifications and they still refused him.

Right. They're like, you're, you're talking here. So he goes, I invented the goddamn thing. And that's my words, not his, right? Why is the other side anti this anti-fascist rhetoric so happy to shut down?

Talking free speech, free speech. Yeah. You know what I mean? Well, it happens in the industry all the time. That really made me mad. Honestly, it made me really mad and you know, what can I do about it?

I think I didn't, I'm still on the journey, but exiting kind of out of the system, exiting the system. I want to, I want to work with people who are aligned in the sense that in order to provide The best care possible for their patients, their communities, and their employees.

You have to go direct to the patient. You have to go direct to the consumer. Can you do that in PT? You can. Is there a model? Talk about it. There is.

Yeah, there is. What do you think the model is? What do you see the model as? Is it the same thing in medicine? Yeah, I think direct primary care is the same.

You have similar models, like a membership model versus the package model. There's a great one here in Scottsdale called the Doctors of Physical Therapy.

His name's Tom Padilla, phenomenal guy. They run an excellent organization and it's probably one of the first ones in the Valley to really get the legs.

Now there's a good handful of them in the Valley, in the Phoenix area here. It takes gumption. It takes an entrepreneurial spirit that, you know, is you got to have in you to make it work.

But people, I think it comes down to people want it. They just don't know. They don't know. They don't know about it because they don't know what's available to them.

Right. So if you make it available to them and, and you present it like, wow, this option is, I forget what the quote was. People don't know what they want it.

So they know what they can have. Yes. Who said that, but it's exactly the right line. Right. Yeah. It's exactly that. So once you actually, you know, yes, you're, you're, you're charging more per visit for the eval, all that stuff.

Okay. But. you're getting better in like five or six visits compared to like, you know, 12 to 15, you know? People don't, this is the biggest conversation.

So we were just at Toby this last, at the time of this recording, we were just at Toby. So by the time this comes out in a couple of months or something like that, this is the biggest question that we, this is the number one statement we always get.

My patients won't pay cash. Right. Which I know is a complete and utter lie. Yeah. Right. Because you've seen, you've seen the work we've done, right?

You're in the, you're in steel mill. You see it, like you see what doctors charge left and right. 10,000, 5,000, 18,000, 23,000, depending on a bunch of different things.

And we've seen success where some doctors have a PT center like Dr. P who's been on the podcast. There's a couple of other like chapters are doing some stuff.

They don't have the PT right there, but I think they have a partnership with somebody and they're just embedding the cost of the rehab and the patient is a lot happier.

And you're right. The patients don't know that they want this or that it's available to them. They haven't even been given the choice. They've been brainwashed.

They have been brainwashed. And there's a large percentage of the patient base, let's say 80%, that are completely brainwashed and like, well, if it's not covered by insurance, it can't be any good.

I'm sorry to make everybody stupid sound like they're from the South. So sorry, folks. That's not intended. I can do it as an Irish accent later because I'm Irish.

But the thing is that they want Most patients, most people want choice. They just don't realize they want it. Yeah. Right? Yeah. You ever go to a restaurant like, oh, I'm going to have steak and then there's something else on the menu like, oh, let me try the branzino.

Yeah. Fuck yeah. I want that. Right. That's exactly what we're talking about. Right? Exactly. Yeah. No, totally. Like what would be the difference? So what do you get paid?

What's an average case that gets paid per visit in PT? What's the average reimbursement these days? I know I'm going to probably make you break out in a cold sweat.

It's been a while. I haven't even, I haven't worked in therapy for a couple of years now. What do you think it is? Like 25 bucks? No, no, it's more than that.

47? It depends on how your contracts are set up. So if you're set up like as a PT taxonomy, Medicare will pay around, I want to say around a hundred bucks a visit.

They'll pay a PTA like 80 bucks a visit, which is not bad. It used to be, you know, it used to be 25% more than that. Not too long ago. Most commercial plans are- Living proof that the reimbursement rates never go up.

Cigna is the notoriously the worst Blue Cross Blue Shield United are all. You know, I would say somewhere between 60 and 75 bucks. Yeah. What do you get?

What do you get if you're going direct to consumer? What do you think? What are they charging the directly to the consumer? Yeah. What's that feel? The range is between 150 to $250. And the patients are like, yeah, let me have it.

Yeah. Oh yeah. Yeah. Yeah. Yeah. For sure. Yeah. Because you're getting, you're getting the, you're getting the one-on-one, you're getting the, you're getting to the root of the issue and you've taken the right as the therapies who works in the system, right?

You're not just seeing the patient, right? You got a room full of other people and you know, you got three or four more people waiting to see you because four of them came in that hour and you're not really present with the person you're supposed to be with at that time.

and you transition to this setting, and the patients know that too, right? Well, if you're seeing four patients in an hour, you're not really pushing them, are you?

Which is what physical therapy is all about, is pushing them, right? Like if we are a professional athlete, you can't dig. Yeah, you can't dig into their problem.

They're not going to, they don't respond to the coaching the same way. They're not accepting the coach in the same way because it's like, you know, going to a McDonald's and expecting a five star experience.

Right. It's just not something you do. Right. You go to a mill, kind of a mill model. Well, you can't push somebody unless you have a relationship with them.

Right. That's a good point. That's the key. I mean, and you can't establish a relationship with somebody unless you actually have some time to talk with them.

Right. Right. All things, all transformations happen because of no like and trust. Yeah. All transformations, unless you have no like and trust, you cannot build a transformation.

And I've coached people for since 2004. Well, prior to that, when I was in the golf business, giving golf lessons, which I started giving golf lessons in 1990, 91, 92. It's people think it's about technical knowledge.

It's all about know, like, and trust. Because if you have, if you have a relationship with somebody, it's easier to get them to buy in to what you're doing than it is to just tell them the tactic of what to do.

Thoughts on that? Yeah. It's all about, so I've done a lot of coaching too. I used to coach basketball and I was a basketball player. I coached a lot of basketball summers and all that stuff.

And when you, you have to, you have to, you have to make the relationship first to get into the psychology and everybody responds to some different cues.

So you can say the same thing to one person, to the next person, they're not going to respond to it. Give me an example. Okay. I'm going to go, I'm going to change it from basketball to Olympic weightlifting because that's my more recent coaching experience.

So. So one of the, one of the main, so if you ever watched an Olympic lift, a snatch is the one where they lift it. There's two lifts in the, in the, in the Olympics, the snatch and the clean and jerk.

And so the snatch is one movement with a wide grip over your head like this. And the clean and jerk is here and then here. The snatch is the most technically difficult lifts that there is more difficult than any power lifting movement.

Any single lifting movement you can think of is the most difficult one in the world. And the most common, the most common error people have is. leaving their feet too soon to jump with the weight.

And so some people respond to stay back on your heels, right? Because if you stay back on your heels long enough and you wait for that bar to hit your hips, the right movement, you're actually not lifting the weight.

The movement you're generating off the floor is catapulting the weight seamlessly right up your body, right overhead. And it should feel like an effortless thing.

Okay. Okay. Provided, you know, all their, their strength stock is there and all this, right. They're doing the appropriate weight for what they're capable of.

And. So if I were to give that, like some, if I stay on my heels, okay. If I told, so one person who gets it. Right. And then I would say to the next person, stay on your heels or stay back on the heels.

Right. Put your weight through the heels and try jumping. Just try standing in one place and jumping with. your way through the heels. You can't really do it.

Direct-to-Consumer PT and Patient Choice

Right. No, you have to, at some point you have to get up on the toes. Right. Okay. But if I haven't, if I haven't provided the context for them, as far as, if I haven't coached them as to the why behind that, you know, then, then it's going to be foul not found when I give that cue.

Right. Yeah. So, so it, you just made, now you just coach yourself out of two things you have to like unwind. Right. So. I mean, there's systems to it all, right?

In the perfect model, like you have a system to how you coach, right? And you should, right? As a foundation, but then there's plays that are meant to be broken in coaching, right?

So just because you have this system doesn't mean you gotta fit this round pig into a square hole. And so the queuing matters. And so like when we're coaching ultrasound, it's, you know, some people respond to, okay, clockwise, counterclockwise, because it makes sense with the transducer, okay?

Some people totally don't get that. They don't think like that. Yeah. I don't think I understood clockwise, counter-clockwise till I was like 25. Right.

No, I'm kidding. 22 maybe. Right. Yeah. And, and, but, but it's a motor skill and they're, they're looking at a screen. It's like playing a video game and, and you're asking me to move this thing.

Right. You know. You, you have to, you have to, if you haven't prefaced that, that cue with, if you haven't prefaced that cue with them with some context, like as far as here's what I may ask when you get to this point.

Okay. The Glenna Humor joint is a big one because people always fall off at a particular angle and say, Hey, turn a little bit clockwise. You're going to get the right view.

Okay. And so I, I prefaced the shoulder training with that. And so when you hear me say that, here's what I mean. Boom. Okay. And so when we get to that point predictably, okay, they fell off.

It's just the way kind of. I thought maybe would happen. And so I'm going to give you the cue now. Okay. I want you to turn it clockwise. She is to hair.

Okay. So the glenote comes in and you see the humerus and the joint and the labral triangle coming in at this angle right here. Okay. Oh yeah, that makes sense is aha moment.

Okay. So. Coaching is an art and you know this coaching is an art. You have to, you have to know the person. And so generally like, generally my style is, you know, my style is like, I, I love, I, I'm a high, I'm a high communicator.

I like to communicate what I like to set expectations. Number one and communicate here's what to expect during this session. Here's some of my common cues.

And when we get to this point, if these cues aren't making sense, you need to let me know. So we can work to find an alternative. Okay. Right. Okay. So that's a big thing.

Right. And so if they're not, if they're not adapting to the queuing, okay, I need to go into plan B and C with, with the, with the alternates. Right.

Do you go in with a plan B and C already set in your head? Usually. Yeah. Really? I mean, it's so pre-programmed at this point. Yeah. I don't know if I do.

Go ahead, keep going. Yeah, I'm talking about coaching people. This is a very technical skill. Anatomy never changes, right? So once you get to a point in anatomy, I never cease to stay very humble.

I really love to learn from as many people as I can. You have to if you're coaching people. You have to, but once you have, once you have a certain foundation in anatomy, like it never changes.

The, the propositions for, for the most common things that people need to know to use ultrasound in the office and maybe teach somebody else down the road never changes.

Right. And so how we get to that point, there's, there's four or five different ways to get them to that point. Right. Um, just because the first way doesn't work doesn't mean there's not an alternative, but, but in this, in this particular instance, that because it's such a technical skill and it's, and it's anatomy based, which never changes.

Like I said, it's very, it's very easy to like, okay, plan B and C, right. But maybe some psychology, you know, of, of the person coming in. Do you deal with, when you're, when you're working with a doc, I know you're going to do training with doctors offices.

So you're just up in Vegas working with Dr. Mickey and his team. Do you, when you're doing that, are you thinking, okay, so anatomy never changes, right?

It's a very technical thing. What you do is a very technical thing. How much does the mental side block them from getting it? And if so, how do you handle that?

Do you even think about it? No. Okay. I mean, that's a fair answer. Cause it's so technical. Yeah. There's, it's so technical that there's, I mean, they're willing to just like, doctors are really good at following steps.

So if step one doesn't work, here's step two. They all work. Let's just find the one that works for you. You know what I mean? Yeah. Oh yeah. The big thing with docs and what we do is, especially because we're getting them more early on for the most part, is actually the easiest part, Matt, about training physicians with ultrasound is the actual technical skill side.

It's very simple. Because they know the anatomy, they've got, what about like their PAs or MAs if they're using it? Like do they, do you have more trouble there?

Yeah, generally their anatomy base isn't as high. Yeah. They've got very cursory overview of the anatomy. So basically, I'm helpless then. Since I don't know shit about the anatomy.

You know, I could teach you how to do it. I think the deltoids up here, right? It's up there somewhere? Yes, it's up in that. It's up in that general shoulder region?

Yeah. Okay, cool. All right. We can get you there. What about the Fetzer valve? Where's the Fetzer valve on the human body? That's nevermind. It's a Fletch joke.

Nevermind. Go watch the movie. Okay. So the, the technical side is one of the easier things to teach people, even for PAs or mid-levels, even physical therapists are pretty good at it too, athletic trainers.

The, how to assess what I'm seeing and how do I make a decision with it? That's the, that's the hard part. Yeah. Okay. Talk to me about that. Because some of them are really, they're so used to looking at MRIs and outsourcing the read to help make their decision.

Now they're the ones having to do the assessment and make the decision. So is that a mental block or a technical block or is it both? It's both. Okay.

So let's talk about the mental block on that. The mental block is they're concerned about liability and they're so deathly afraid of making a mistake.

How much does that drive their doctor's decision-making? I think a lot. It's very fear-based. How counterproductive is that, do you think? It's very, I mean, it's very counterproductive, right?

I think it's the biggest challenge facing the industry. I think so too. Is the fear. Right. Because fear of change, fear of failure, fear of litigation, fear of like…

It's the fear of litigation. It's the fear of getting in trouble. Right. Yeah. Yeah. And, and can you blame them for some of that? No, I can't blame them because of that.

Let's think about what has happened to them. They, doctors used to be the ones to be like, I don't know. Let's try it. Right. Yeah. I mean, let's cut the body off.

That was my dad. Right. Yeah. Fuck. I don't know if this is going to work. Let's give it a shot. Yeah. Right. Yeah. And there was no repercussions. Like to me, if you look at what medicine, medicine is science, right?

Yeah. What is science? Science is constantly questioning. Science is not this absolute thing. It is an ever evolving because if, if we never questioned, we'd still be using leeches.

Right. Right. Yeah. Okay. Yeah. And it's a constant questioning of the norm. Yeah. So here's the norm of what life is, what the industry says. Science and medicine is about, well, that doesn't make a whole lot of sense.

What happens if we did this and what happens if we did this and what happens if we did this and let's run this trial and oh, we get this over here and this is what the result is.

This is a better result than what this. So medicine to me is a constant evolution and questioning what is the status quo. And that's been eliminated in the industry.

It's been completely eliminated because if you question the status quo, if you go outside of the box and you try something and it doesn't work, you can get sued and lose your license and your malpractice goes up.

Yep. It's a real fear. It's a total fear-based thing. And what I see that that does to our clients is I would say that I have a simple question I ask everybody now and I go, When you fell in love with your partner or whatever, where'd you feel it?

So when you fell in love with Jess, where did you feel it? It was in my gut. It was in your gut? Yeah. Okay. When I asked doctors that, guess where they tell me?

Guess where 80% of them tell me? Their head? No, their heart. Okay. So you didn't feel it in your head. You didn't have a checklist. Well, some did, by the way, after they felt it in their heart.

They kind of were like, you know, Ben Stiller's character in Along Came Polly. So, but they, and this is really important, but medical school cuts their heart off from their head.

Yeah. Because the entire industry, if I'm a healer, I believe that most of the people that are healers are heart centered. True. Okay. Now, Roddy McGee, Dr.

McGee is more gut. Like, he knows in an instant what to do. Like, he's that guy that, like, he would make a great trauma surgeon because he would just be like, no, this is what we're going to do.

And he's very calm, right? And he's very matter of fact, right? Don Buford's the same way, right? Donny's the same way. No, this is what we're going to do.

Okay. But most of them, when I asked them the question, how did you know, when did you feel it? I felt it in my heart. Okay. Where do you practice medicine?

I practice in my head. And if you think about it, the industry has completely cut the highway from their heart to their head. Because heart, think about love.

Does love make any sense to you? Like it's a total emotion, right? Like when you met Jess, we were like, wow. Dessa's his wife, by the way. Were you like, God damn it, I didn't want to meet her now.

I pretty much knew. I was dating two other girls at the time and I had to, I called them like literally the next week. And you didn't even have a commitment from her.

You're just like, no, I'm going to pursue this. Right. Yeah. Isn't it nuts? It was to secure a first date. Yeah. Yeah. Isn't it nuts? One day I'll go to my story a little bit more.

I'm not ready yet, but yeah, same thing for me. When I, when our eyes met, we're like, shit. And not like, no matter how hard we tried, it was like, can't stop it.

Yeah. Yeah. So, you know, it's to go back to this. I think, I think the fear is like the biggest hurdle we have. How fearful are they of making a bad decision using ultrasound?

Or do you get them passed out pretty quickly? Well, 80 to 90% we get past that point. Okay. For sure. Okay. With, with, so it's not just the hands-on training, but there's gotta be, our platform has, has a bunch of bridge points in between that, that help validate, you know, validate their learning process and where they're at.

Yeah. Right. And so. getting them more and more comfortable. Okay. This, this type of finding you're seeing on the ultrasound, this is really analogous to, you know, when you read those MRI reports and it says this, this, and this, right.

Okay. You're you, you know what I'm saying, right? Oh yeah. This is what it looks like on ultrasound. Oh, okay. Got it. Okay. So you can connect the dot pretty quickly.

Connect the dot really quick. Okay. And. You can only do that by getting to know them and spending a good amount of time with the ultrasound with them, but also them, they have to be an active learner in the process.

They have to be an active participant in their own recovery, you know, or in their own growth. And so the ones, most of them are pretty invested in what they do with us.

The best ones are always sending me updates, pictures with questions. Hey, what does this look like to you? I was thinking this, you're spot on, or have you considered this, this and this potentially, right?

You get over that and that probably takes, that probably takes about, I mean, everybody's a little bit different. I would say in about six to eight months.

Almost a total transformation, you know. Okay. So what's the financial impact of somebody's business by learning this? Like, do they charge? Let's start at the beginning.

Is this something that your clients are running the diagnostic through the insurance protocol or are they just bypassing it and they're charging for it?

Like, how does that all work? Most of our clients, they're in a cash-based system. Or they're transitioning to a cash-based system or are they fully in?

Most start charging cash for it and they're in a cash based system. Probably 20% are in the insurance model and they're, and they're billing insurance for it, but their PRP and stuff is cash, right?

So what are they charging on an office visit if they're doing ultrasound diagnostic? Do you have, do you know, do you have a range? I don't even know.

Yeah. No. We, I mean, I would tell them Dr. Meyer charges $500 for his office visit and you pay it upfront. You don't pay when you walk in to secure your spot because one, they send you out for imaging.

Two, they do ultrasound in the office. They do both. Yeah. I tell them, I tell them whatever you're doing, add at least 250 for the ultrasound. The patients have any resistance to it?

No. Yeah. No. It's a value add and you cost more than 250 to get an MRI somewhere, right? If you're paying cash. What would you say to somebody who's doing Regen, Orthobiologics, injecting PRP without doing ultrasound

guided?

Coaching, Communication, and Technical Skill

That they know, I know the knee. You ever hear this? Don't you love this phrase? I know the knee. I hear it less and less now. Maybe it's because of the industry's changing and I think maybe the circle's getting narrower, but I do think word is getting around.

I haven't heard it in a while, to be honest. I don't know the last time I heard that. Most of the people who I encounter know that something guided is better than blind.

Could you imagine just being Uh, yeah, I'm going to, yeah. Can you imagine a heart surgeon? Yeah, heartish. The ones, honestly, I did talk to somebody recently who is in the system, has no plans on leaving the system and they were acquiring about training and we had the discussion.

You know, they're probably somebody who's in that system, who's just reliant on, who's going to be reliant on the third party for, you know, for. reimbursement and that sort of thing.

They're, they're going to be less open to wanting to change the skills. And so like, well, I can just do that blind. Right. I guess you can, but have you considered maybe it's not always getting to the right place, you know, when you sleep better, knowing that it got there, you know, that sort of thing, but that does, that's a, that's become more of a rare conversation now.

I liken it to, you know, we don't have basements here in Scottsdale. I grew up in Chicago where we have basements and basement leaks was a big issue. Right?

Sure. And this wasn't when I was growing up, but it's happening now. And I remember a friend of mine was having a major basement leak and he had to get like, he had to get the basement sealed from the outside because there were cracks and.

And they used imaging to get exactly into the crack and into the area and then around the area to create the barrier. And it made me think of, imagine trying to fix the foundation without using any imaging.

Like I'm just going to spray this all over the baseline and it's going to be all the, the outside of the basement is going to be fine. It would never work.

Yeah, no, no. And then the, the functional means of treating these things with orthobiologic now, so take a shoulder, you know, that has a partial thickness rotator cuff tear, but they also have a, maybe a mild glenohumeral arthritis and some acromioclavicular joint arthritis.

And, you know, you're not just going to treat one thing now, you're going to treat them all. The AC joint has like a 40% success rate blind. You know, it's just right there, right?

You think that it's a home run, but no, it, once you, once you present some of this and there's multiple studies and they vary a little bit in terms of, you know, blind versus, versus guided, but for the most part, there's not a single study that has come out ever that this, this says you're any less accurate with, with ultrasound or image guided than, than you are blind.

When we go to these events and I have, you know, I will pick sometimes new staff members. I'm like, come on, come to an event. Cause the events is, you know, that's where we acquire our customers.

It's where we connect with the industry. And really, you really get the understanding of the doctors, right? And when I'm obviously everybody listens to this doctor's providers like PAs, NP's, all of that.

And I love when we take them to a Regen event and they're doing, like I can't remember what event, I think it was

AOM, and they were doing injections in the booth next to us.

Guys from Fort Lauderdale, I can't remember his name, I can't think of their company name, but they were doing injections right there and Annie Truong was having her back injected.

You know Annie, right? Who doesn't know Annie? I was, I'm like, come here. And, you know, there's like 40 doctors around, right? They're all watching.

And I said, guys, mind if I let, you know, Nastasya and she's like, what are they doing? I'll go, that's the needle. You see it going in there. And then one of the doctors are like, let me explain.

And he's like explaining this and you see where they're injecting her back. And she's like, are you kidding me? Like it was fascinating for her to see.

Cause that's when you really understand like a lay person I'm like, now, Nastasya, do you understand now why we teach and tell our doctors in the Regen space that you must do ultrasound guided?

Imagine just trying to blindly do that into somebody's back. She's like, oh, that would never work. Now you understand. And you want to position yourself with premium pricing.

You have to also position yourself as the authority and the expert as to why the justification for that price. Right. And you do that through commanding, commanding the skill of being able to diagnose at point of care.

You know, I mean, there's, it's so, it's so satisfying to watch, watch our physicians go from month zero to month three, to being able to diagnose a rotator cuff tear and start, start making money while they're with us and be a part of that growth pathway.

You know, while, while, while they're still learning, right. You're equipping them with the tools as they go, but also teaching them that look, man, you do this the right way.

I mean, your program, you'll pay for your program with us in two months, you know? And it takes a lot of, you know, it takes a few things, but really what it takes a lot of is they have to be willing to do the work and they have to be able to trust you.

And you do that through creating a good relationship. What's been your, what's been your biggest transformation as a person in your entrepreneur journey?

So you like, when did you start AMSKU and really kind of focus in on it? And we started that in 2019. Okay. But like, when has it become like a major focus?

Oh, and I met you. Yeah. Well, thank you. But yeah, so like two years ago? Yeah, it's about two and a half years, two years. Yeah, two and a half years now.

All right. But had you gone through like, cause I know you're an equity partner in this other group, but were you really involved in like the day-to-day entrepreneur decisions?

No. Okay. Not the major things. Things like clinic flow, training, how we hired, who to hire, what, you know, what program pathway, like those are the things that, that Ryan and I would, would- And Ryan's your partner.

Ryan, yeah, Ryan Martin. That him and I would lead and make sure that that was done the right way. But as far as like big business decisions, no. Let's talk about your entrepreneurship journey.

Yeah. Cause it's not just one thing. What's that been like for you personally? It's exposed a lot of places where I've been blocked for a long time and I didn't even know it.

Like, I mean, that's a really broad question. It's purposely a broad question. It's exposed a lot of blockages that I've been carrying around for a long, long time.

Did you knew they existed prior? I didn't know they existed. Okay. And I know some of them we can talk about on air, right? So I know we were having a great conversation.

We're having a really deep conversation. So I'll let you kind of create the- I'm comfortable sharing. Okay. So let's talk about like, what are some of the big blockages that you've uncovered that you never knew existed.

Well, I'll start with, I'll start with the easiest one was I have been making decisions almost my whole adult life for my dad's approval with the exception of marrying my wife.

He didn't want me to marry her. Really? Really? Does Jess know that? Yeah. Okay. Yeah. So talk about that. Why were you trying to make your dad happy with and get his approval?

Well, was he, was your dad a loving dad? Did he kiss you or hug you or tell you that he loved you or he was proud of you? Was he a very stern man? Tell me, what was your father's name?

Buzz Charles, Charles is his name, but buzz. Perfect. Okay. Let's talk about buzz buzz. And for those of you listening, we're not being any disrespect to buzz, right?

Like this is just, you know, no, my dad, he's a very special man and I've come to understand. So the way I made decisions was to get his approval for.

Pretty much until he was diagnosed with a terminal disease. It was only then did I get to know him as an adult. And what changed with that? Oh my gosh.

The guard was down. His guard was down. He told me he loved me. How did that feel? Oh my gosh, dude. It was, I mean, I can't put it into words. Yeah. How old were you?

32, 33. And then how long ago, how long did he live after that? He lived about a year and a half with a diagnosis. Was it a good year and a half for you too?

It was hard to watch, but I think it was God's way of. It was God's way of letting me know, letting him just giving us the chance to do it under the circumstance.

You know, I had to get past that, but what I was able to get out of it, I think, you know, that's, that's the memory I'm going to choose to, to go with.

Okay. So you were 32. How old are you now? I'm 44. But you were still making decisions from 32 to 44 to please him? Yeah. Talk about that. Yeah. What does that look like?

I just think how once you're programmed, you're programmed, you know, and substance abuse was a big part of my life for a long time. Like not just smoking weed, but like real sub, real abuse.

Really hardcore abuse. Yeah. I, I had smoked pot and I didn't even know what I was doing. I didn't even know how to get high. And so pot didn't really do anything to me like freshmen, sophomore year.

And so my summer between my sophomore and junior year, I was introduced to methamphetamine. And it's a nice progression. Natural progression, right? Natural progression.

Very quick. Yeah. And I, you know, a series of decisions. I was in the early stage of rebellion against my parents and, you know, hanging out with the wrong people.

And I went to this guy's house who had a rock the size of a tennis ball on the table, just right in front of us. I had no

reference point, but now I know that that was like a very massive thing.

How did it get there? Yeah. And so, you know, like anything, the first one's free, right? So when I did that- Best business model in the world, first hits free.

Yep. When I did that, it was, I mean, at the time I'd never experienced anything so good in my life. Yeah. Like you know how some people can try cocaine or try heroin and they just they can never do it again because it's such a bad feeling or an opioid.

I did cocaine twice and I said I can't ever do that again because I will go down the rabbit hole. I was lucky. I don't have that. My brothers are addicts.

My brother Dan is definitely an addict. But I and I never tried heroin because I knew. I think I knew that if I tried heroin I'd be done. Right. Yeah.

It's whatever my pharmacokinetics internally are, it's just a sponge for that stuff. And, you know, it went down the road of, okay, you want more. Well, hey, you know.

You have access to people at high school, you know, why don't you sell a little bit on the side and make a few bucks to take your girlfriend out on the weekends type of thing.

And that's how, that's how they think started. And so you go fast forward, you know, I'm still making bad decisions, bad decisions get worse. And the gravity of each bad decision is compounded in a negative way.

And I'm not going to go into all the details, but I got caught up in a legal issue and I was given a choice to either. pay the consequence with, with jail, possibly prison, or work with law enforcement.

So that was something that, you know, in order to preserve, in order to preserve my, you know, what I do, freedom, you know, I chose to work with law enforcement and.

Fear, Liability, and the Heart-Head Divide

That had to be a really easy, hard decision. Do you know what I mean by that? Like on the surface, it's, well, it's an easy decision, but it had to be really hard.

Extremely hard. Yeah. Extremely hard. It's difficult to even talk about it still, you know, but. Okay. So what happened? How did that shape your then desire to please your dad?

So I went back, the rubber band took me back. So man, this is really bad. Once I get, once I, once I get out of this, once I get out of this, you know, I'm going to do what my dad said and get right on stuff.

And so that, I had an aptitude for athletics and working out. And at that point I'd, I'd had a knee surgery. I played basketball in college. And I'd been to rehab and physical therapy and I thought it was pretty cool how, you know, they got to help people.

Basically they, in a gym teaching you how to use your body to get better. And I thought that was really cool. I love being in the gym. It's like one of my favorite places.

And so I was very attracted to that and I didn't know. where it was going to take me. And so I followed the path. I got my grades good enough to get out of undergrad to apply for PT schools and started the journey of, you know, I am going to get really good at this.

I didn't know how it was going to happen. I didn't know what I was going to be doing, but I just knew I was going to be good at it. And my dad was a great mentor.

You know, during the time I was in PT school and getting out, pursued residency and then specialty and I, Throughout this process, my interview to, actually my interview to PT school was with a guy named Wayne Smith, who he was one of the pioneers in ultrasound.

He was, he's a physical therapist, athletic trainer who's, you know, been around a long time. I think he's about 80 years old now. He, he'd worked at the Andrews Institute down in Pensacola with their fellows and their non-op sports programs.

And I saw his career path and I thought, man, that's pretty cool. You're, he's in the clinic, out of clinic, but he has his, his, he was just multi-dimensional.

And I never saw myself doing one thing. Like I, I still don't see myself ever doing one thing. I'm very like, I want to, there's a yearning for just growth, right?

And so where I was at, at that point in time, I'm like, that is pretty cool. Show me what to do so I can do that. And that started my path. And so I was introduced to ultrasound in 2009 more formally and got access to equipment and I started learning how to train.

It was very, very patchwork at the time, just with books. some CDs, you know, Wayne would drop in and give me correspondence letters when he was in town and he would, when he was in town, we would do hands-on training.

Yep. He'd go back to Florida. We, we'd talk and like break down cases and that sort of thing. And so that's, that, that, that was the start of the ultrasound journey for me.

With your dad's approval. And then, so you lived this life that was pretty wide open. Then you turn your back on that life and you go to get your dad's approval.

How much do you think that has stunted your growth in your 30s and 40s? How much has that stunted your growth? Thanks for putting me back on track a lot because I was so focused on follow these steps.

Here's the system. If you stay in the lane, this is the lane, it'll get you where you're supposed to go. You won't be unbelievably wealthy, but you'll have a pretty comfortable life.

You'll have a good enough life. Exactly. Do you want a good enough life? No, I want a great life. Yeah. Big life. Yeah. Right. Yeah. And, and internally, I think that a lot of the things that, a lot of things that make me rebellious, I think part of my attraction to like your personality is, and why we get along so much is I think the same, the same like root.

Yeah. Root ambition, right? Well, it's, and it's this rebellion. And I've been stifling that for so long. It's been 20, 20, over 20 years and it, you can't just recover it well you bury it so let's think about this like what you were doing and what you were doing in your teens in your 20s was very rebellious so then you get presented with this thing of prisoner work yes so now what that does is that shuts you off and what it does is it narrows the boundaries and like The entrepreneurial world is let's open the boundaries, right?

Let's see how far we can push the boundaries. There's a great book. My daughter gave it to me at Christmas and she doesn't realize how much this has changed my life.

Like it completely, she has no idea that giving me that book completely changed the trajectory of my life over 14 days. When I went, oh fuck, I can't keep doing this other thing.

I gotta go do this thing, right? And she gave me this book called Comfort Crisis. Maybe she gave it to me around Thanksgiving. Anyway, I think she gave it to me around Thanksgiving.

And I read it throughout the month of December. And I went, I could be really comfortable on this path, but I'm not wired for, I don't want to say I'm not wired for comfort because I like, look, I like having money in the bank knowing

the mortgage is going to be paid.

Like I like all of those things. But comfort from a standpoint of, I look, I'm 57 years old. I look at my college friends and I'm still in touch with them.

Most of them are overweight, getting new hips. They're all talking about how many more years they can work before they retire. And I look at them and I'm like, fuck, I'm just getting started.

Yeah. Right? Yeah. Like I, cause I grew up in a very, you know, my story of my household, right? Very dysregulated. Everything was like, don't fuck up.

Right? God damn it, Matthew. Sit down. Shut up. Don't make a spectacle. But like, we think that comfort in society is actually a badge of honor. Where we're actually, for people like you and I, that's not how we're wired to be.

We're wired to be like, well, let's open up the boundaries. Let's push the envelope. Let's see what this is like. Does that make sense? It does. Do you feel like you were stifling that in you?

Totally stifling it. Yeah. The one thing it did teach me, I have an insane work ethic. Yeah, you do. I have an insane work ethic. More, I have more capacity than most people.

Absolutely. Yeah, totally. So that's, that's something I'm glad I, I'm glad I went through to get. Yes. It can't be at the expense of my own growth. And I think that I've negotiated myself out of that for way too long.

Well, what happens if you take that work ethic and apply it to your growth? No shit. Right. Right? Yeah. Exactly. That's a writer downer, folks. This is why I love working with doctors.

If I can get an orthopedic surgeon or a pain management doc, which to me are like they're in a special class by themselves, if I can get them to take that same drive that they took to become an orthopedic surgeon.

I'll use that as an example, because they make it off Survivor Island. If I can get them to apply the same thing to building a cash practice, it's over in 12 months.

They're out in 12 months, it's done. Same thing with my PMNRs, okay? The ER docs are a little bit different. Urologists are kind of the same like, you know the functional medicine space.

It's a different group of people generally that wind up in that space But like in the regen space, that's a highly technical skill like precision. Oh, yeah, it's if I can get them to apply that same drive not drive that same Without working 120 hours a week, but that same focus and dedication to mastering a craft It's over.

Yeah, like and I can see when the lights when the switch goes like when the switch one shactor or McGee or oh, yeah, like I remember when the flip remember when this switch flipped on us.

Yeah, it was like And it was it 12 months. He was out insane. He's like got it. I see it. Yeah. Yeah, there's such I mean Most all Most physicians I've had the privilege to work with, they're some of those brilliant people I've ever met in my life.

Aren't they unbelievable? They're really amazing humans. They sell themselves short in so many other phases of their life. Like in what way? Well, put it this way, I don't know.

And, and maybe my own, like just my own exposure, but I don't know a lot of physicians who have great family lives, you know, but, but I guess staying there, multiple marriages, you know, where does that come from?

I know my dad, my dad, my mom were, were exceptions, but it wasn't because I, it's just cause my mom, I think had an insane like tolerance to kind of letting my dad's marriage to medicine be his first wife.

You know what I mean? Oh yeah. That was his first marriage for sure. Like medicine. And I think that's, I think that's where I think honestly that's. This is how I see it.

Maybe some doctors would agree, but when they got into medicine for their heart, right, they married it. Absolutely. Well, I think that happens to a lot of entrepreneurs, right?

Yeah, right. I know we forget how to forget or we had the blinders on or for whatever reason, like overlook applying it to other places in our life. Cause it's freaking hard work, you know, and factor in that all of the, all of the stuff that the physician has to go through to get through the day who's working in the system, right?

The codes, the. I got a whatever, like this FMLA paperwork and the pre-auth. Oh, I got a peer to peer, like all the stuff, you know, staff issues, like you name it, go down the list.

Entrepreneurship, Addiction, and Breaking Approval Patterns

Right. What's the last thing they have time for, right? It's to actually work on themselves. I'm always impressed by the ones that get married and have kids in residency.

Amazing. Right. I mean, that's like the shacters. I know. Yeah. I had a, it was a story from, it was, I think it was, I think Roddy actually told me this was he was telling a story about a friend in residency who.

you know, had like two or three kids at the time. And, and he's like, dude, how do you do it? He's like, well, and then the answer was like super depressing.

Like some days I'm a shitty dad and some days I'm a shitty resident. You know, so it was like a choice. You know, what do I want to be? Exactly. Right.

Well, cause the system tells them that they have to put everything else aside. I know. Like it's such an abusive system. Yeah. Right. Yeah. It's the system is designed.

It's like, it's like the mafia. You know, if you ever watched Michael Francis, we talked about this. So he's a mafia guy, right, who's now talked about the mafia.

And when he became a soldier, he goes to see the boss and the boss says, from now on, we're number one. If you're at your mother's bedside and she's dying and we call and you have to do something for us, you leave your mother's bedside.

From now on, we are number one in your life. It's kind of like what med school is about. It's kind of like what they teach them as a doctor is the medicine becomes, the patient becomes the number one thing.

Yeah, you said it very nicely. They cut the connection between the heart and the head, you know, and it's a desensitization process to the thing they used to care most about.

And what most people don't realize, not even doctors, what most people don't realize is that gets carried down like two to three generations, right? That gets encoded in your daughter's eggs DNA three generations down.

I mean, you can, the science is really clear on it, right? Like this gets like from a, if you read the book, it's not, it didn't start with you. Like that carries itself down.

And so you got to make a decision as to whether or not you want to be the one that changes that. Yeah. Yeah. You know? Yeah. Yeah. Absolutely. And it's been awesome these past couple of years, meeting so many physicians.

You've seen it. I've seen it. So many physicians who have made the change in their life. They've done, it takes the hard work, but they've made the change and the work's going to continue because there's, there's levels to it.

Right. But that's where I want to be. That's who I want to live with. That's who I want to work with. That's where, that's where. That's where the, that's where the it's fun.

Right. Especially when the, the, the alignment in the community, like it was support is there for it all, you know. But it's yeah, it, the current state of the system and it didn't start with COVID, but it sure accelerated it, right.

Of the third party model of managing this nation's healthcare, like has major, major issues. People are now more aware of it than ever. And I think that's been also a good thing to come out is, is people are more conscious of their health.

You can call it the RFK effects. I'll definitely call it the RFK. Yeah. Look, I think I heard it, I think I heard it from you, but, but I see it right.

And, and. That's what we want. You want people to be aware. You want people to now, well, what is best for me? And be open to hearing, not quack stuff, right?

We're talking like people who are available to them. The industry has to go back to its roots of questioning. The industry has to go back. Exactly. The thing that I really appreciate about RFK is that this is a man that watched his uncle and his father get murdered.

Right. Okay. I mean, just go read, just go read the fact that his father was shot in the back five times and Saran Saran was in the front. Like just go there.

Like that, let's not even go with the grassy knoll. Like it's even more clear that they took out his dad. Okay. Now imagine what that would do to you at that age.

Imagine watching your uncle and your father in the span of five, six years get taken out. Okay. And then people want to give him shit about doing heroin and all the things that he did.

I'm like, what would you fucking done? But what came out of that is I think the, I know the roots of our country are questioning the status quo. It's what our founding fathers did is they questioned the status quo.

They're like, this whole taxation without representation thing, there's gotta be a better way. Right? Yep. And to me, you know, people are like, I got a problem with his stance on vaccines or the fact that he took a dead bear and left it in Central Park.

I'm like, okay, so let's just take a look at your life as some really stupid shit that you've done, right? And let's just, okay, let's start there. But here's the thing that I really think is important and why I think this is such a critical time.

is we know the window is gonna be really, really short because what's gonna happen in four years or five years? Somebody else is gonna come through and they're gonna swing back through.

And it all depends on how far we can get from the freedom standpoint of the doctors. Not vaccines are bad or anything like that. Not that conversation.

That's not the battle I'm fighting. Make the restrictions off the way they practice. Thank you. Exactly. Give doctors the freedom again to be healers.

What would that look like for our country? What if we created an environment where doctors were like, let me question this and see if there's a better way.

Exactly. I mean, I think that would do a lot. So what do you see for the industry over the next couple of years? What do you think is going to, what do you see?

Man, it's such a fun time to be in the industry, MSK medicine and orthobiologics. It's some great stuff, isn't it? I

mean, my back, my elbow. It's just unbelievable.

Absolutely. I mean, I've, you know, I had a plantar fascia tear a couple of months ago. I got a PRP. I'm almost a hundred percent again. It's amazing.

You know, but, but the way they're actually, you know, in Following the leaders here. Now we're, they're dosing, we're figuring out, oh, here's how you dose it.

Like medicine for this condition, right? Data biologics, all these things coming out, laser shockwave, they all work in synergy. This combination of orthobiologics and energy medicine.

We're just scratching the surface and just getting started with it in my opinion. Now. I think things are going to continue on the trajectory it's on.

It's probably going to accelerate in the next two to five years. It's going to accelerate, not probably. Can we save the industry? Do you think we can save healthcare in America?

Man, I think, well, so think of it this way. What does it take to, what does it take to, I read something the other day. It was about like starting a revolution only takes like 3% or 4%. Yeah, that's it.

Right. So we're past that number, I think. Yeah. So I think that, I think that enough, it's up to the people, honestly. I think that the answer is yes, but it's up to the people.

Is it the patient or the doctors? both. The doctors have to lead the way. The right doctors have to lead the way. I think the patients want it, they don't know that they want it.

Patients want it, but they want to be led to, right? And so I think that if you have the right physician messages, the right people leading it, people will follow.

They need to understand that, just like with a lot of things in this country, how We've been pacified over the years into like, this is the way it is, right.

As a population and all these things, you know, with media drugs that keep you kind of like at a, at a place, right. Where you just kind of follow and it only takes a small percentage of people to.

Wait, hold on here. I mean, we can do this? Yeah. You know? So, I mean, the answer is yes. And I think that if we can just contribute to, if everybody just contributes to one, two, three degrees of separation of people we know, profound things can happen, you know?

And I think that that's how I choose to look at it. And so, I mean, you know, knowing you, working with you, being on this podcast and, you know, in other, through other means too, but being able to deliver a message in a way that people hear and resonate with, this is how you're going to impact a hundred thousand doctors, right?

Yeah. So, you know, what do you think? I, well, I'm always a, the glass is always half full and the sky's always blue kind of guy. I'm also a real pragmatist, like of really understanding like the work involved.

Yeah. My biggest concern, I think we're in a season with Trump in office, whether you agree with his policies or not, that's not the conversation. So please don't shut me off.

But there is a period in our country right now. where we have to make a lot of advancements in a very, very short amount of time. Because if the pendulum swings in the other direction, and let's say, and I'm gonna say Republicans and Democrats, let's say Democrats come back in and they put somebody in place in charge of health and human services, which is a shill of the insurance companies and pharmaceutical companies, they're gonna unravel everything that's happened.

Freedom, Healthcare Reform, and the Future of Regenerative Medicine

So my thing is that we have to push so hard, so fast to get so far out there, Not out there from the craziness, but out there that the consumers are going to be like, don't take that away from me.

Kind of like the way people are about guns. Do you know what I mean? And that's a bad analogy, but you get the point. that we've got to push this thing really hard, really, really fast.

Yeah, I think you're right. Because if I've learned anything in my 57 years is the swings in the pendulum are much more severe and they're much more dramatic in shorter timeframes.

I mean, my God, Mark Zuckerberg went from being a shill to the Biden administration to putting Dana White, who's the head of UFC on his board. You know, that he went from one political extreme to the other really quickly to save his ass and his company's ass, okay?

I'm not condemning the man for, like, that's not, but all you've got to do is look at the severity of how much things are swinging back and forth in our country.

There is no moderate ground left anymore. It's very true, huh? It's one side or the other. There is no middle ground anymore. Yeah. Which is sad because that's, I'm a, I'm a centrist.

Like I'm a total independent centrist. I would prefer to be there too. You know, it's hard though. It's really hard because I think that you saw what COVID was and then all you got, you already kind of already got a window.

You got a window and what the other side was, was wanting to do vaccine passports, like very kind of draconian things. Right. Remember all that. You know, we're for personal freedom, but you got to have this card.

Right. You know, so. And you do have this window right now that the opportunity is there. I just, I just want, I want freedom. Like I like freedom. I love freedom.

I know this is good for people. You know, we're talking about orthobiology. It's great for people. It's great for people. I've said this, I've said this multiple times.

There's such a huge gap in the space, like surgery, physical therapy, right? Pills. Pills, like steroid injection, bracing, right? Boy, that lawsuit, that class action lawsuit on corticosteroids is going to be massive.

But anyway, now that we know how bad they were. Right. Yeah. Well, totally. Um, and then gosh, and everything in between what we're figuring out. Like, Oh, you mean.

Micronized fat stem cells, like. do this to tendons to make them heal. Yeah. Like, like, how about that instead of, instead of getting surgery, you know, if, if that's appropriate for you, you know, um, stuff like that, like five, six years ago, wasn't a thing, right?

Wasn't even part of the conversation two and a half years ago. Right. You ever realize how fast this has changed in the last two and a half years? Remember when we met like probably three years ago at Arthrosono?

Right? In Vegas, when we were back at Planet Hollywood. I always like to mark time by when we did the event at Planet Hollywood. But do you remember, like, think about how far we have come.

Yeah. I mean, IOF used to have 250 people, next year they'll have 750 people at IOF. I mean, it's, it's amazing. So we got to run. I know you probably have other things to do.

How do they get in touch with you if they want to find out and become a fucking ninja? So you can go to our website at amsku.com. I'm also active on LinkedIn.

You can follow Colin Redding myself or Ryan Martin on LinkedIn. You know, send us, send us a direct message or, or, or get through our website to reach out to us.

And that's amsku.com. Okay, great. By far the best training in the industry. You think so? I know so, because I see our clients do it. So Colin, thanks for taking the time.

I enjoyed it. And when you get done with some other stuff, we'll have you back on and we'll dive even deeper, like in six months on the entrepreneur conversation.

Okay. Thank you. Thanks for having me, buddy. If this episode got you thinking differently, hit follow and share it with someone stuck in the system. Please leave a review, it helps us grow.

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