Podcast intro and guest introduction

You know, to be honest, the second reason that I was doing all this research is that, you know I, was trying to find the most cost effective thing for the patient.

But on the other end, it's like, do you want to spend this amount and it fails? Or do want spend a little bit more and we have a higher, and any time I You know, I'm presenting Regen.

I always give them the sort of like gold, silver, platinum sort options where I am like, listen, this is what I think is going to set us up for the most likely success.

Now, if we do less, is it not going work? I think it's still going to work, but I just want to make sure you have the options. In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and we how can make it better together. Welcome to the podcast. Hey guys, welcome back to the My MD Unscripted podcast.

I'm the host, Dr. Clint Carter. And today I am joined all the way from Philadelphia, Pennsylvania. We are blessed to have Dr Steven Mata here. He is family medicine, sports medicine.

and he decided after a while that he wanted to start his own thing. You know that I can appreciate that. And so he is the founder of Meeting Point Health, performance driven practice, specializing in regenerative medicine, specifically orthopedics and longevity medicine.

He's got a very practical framework I think we'll get into that's, you know, assess, inject, and correct, which ultimately you got to diagnose the right thing, come up with the regenerate therapy and then get the movement which corrects the pain and restores function and performance.

So I cannot wait to get into it more, but first I'll start with kind of a question and I let you introduce yourself better, Steve. So why do so many patients go from doctor to doctor, injection to injection and still never actually get better?

I think we'll get all over that piece, But thanks for being on the show, man. Yeah, thanks. Thanks for having me. I appreciate it. Yeah. And thanks for that intro.

It's great to be here. Love what I do. Definitely want to tackle that question though. You know, having been through the sort of conventional orthopedic framework, I kind of understand why it is the way it Man, I feel like it goes into the sort of deeper thing of like, why is all conventional medicine kind of dictated this way?

Why patients keep bouncing between treatments

But I think we both know like when we were, you know, was going through training and then, when I was working in the, not what I'm doing now, it's a combination of things.

I passed that on to us, kind of told like, this is how you're supposed to do things. This is the toolkit that you have, you know, these are, the tools that.

Can use, and this, is what you are allowed to use to get people better. And that was super frustrating for me, but you, know when I, when, I was in that world, especially as an orthopedist and primary care, man, was so excited to be there too, by the way, I finished DO school, went through family medicine residency.

It was great. You know, I was so excited to do sports medicine and get to fellowship. And it's just like a ton of fun covering athletes, covering sports teams.

But then like, you know you got to start treating people and they're like here's what you get. you can prescribe PT, You can prescribed NSAIDs or you could give a cortisone injection.

At the time I like hey this sounds pretty cool. Especially the cortisone. You'd probably assume that also fixes people. Like, oh, and then it'll be better forever.

That's exactly right. It's inflamed, so you've got to put cortizone in it. And in the beginning, just learning to do the injections, doing it well, which I feel like I picked up very quickly, it was just fun.

Let's inject a carpal tunnel. This is so cool. Lemme do a subacromial injection. And then you kind of get out and you're on your own and then they come back in three months and they're like, wait, I guess I don't know what to tell you.

I already fixed you, you must be incorrect. What's wrong with you? Why are you not better? Like the quarter's not supposed to make you better. Yeah. Exactly, exactly.

So it was super frustrating for me though. And it's also from the assessment side, you know, I would say, when I was in med school, and I'm a DO, so I thought, well, once I get to residency, then I understand why people have back pain.

And then I get to fellowship and I'm like, okay, maybe in fellowship I am going to understand why people have back pain. And I finished fellowship, I still don't know why anyone has backpain, but I had done some PT.

I actually rotated with some physical therapy groups into fellowship. How come they know what's going on? But I don' t. Im the sports med doc, Im supposed to be the end all.

So I think that curiosity is definitely… I was always the why kid growing up. And so I was always like, well, why, you know, and I'd ask my, my instructors like why did they have back pain?

I don't know strain, let's do an MRI. Maybe that'll tell us. And it never gave us enough information. So that's what we're left with. I think that that the other side of this is that if If there's not enough curiosity, if there is not investigation, even just today, we were talking earlier, I was in this patient I just finished with before we started.

This is what I see, but both in her situation and especially somebody I saw yesterday, they're seeing very high level Well, what would be considered in this area, very high level experts in orthopedics, you know, this super specialist at the University of Pennsylvania, which is obviously a prestigious health care institution out here.

And, that doc is just putting cortisone wherever like, Herds here put the cortisone and the patient said nothing got better and a patient I saw yesterday saw some, I won't name them, but some very well-respected names in our area and same thing and even one did.

like me, hydro dissection, but didn't know where to put the medicine. So it just led to frustration. I'll say it all the time, it's the typical matrix situation.

Unless you take the red pill and dive all in, you're not going to do it. But I love that you have this sort of business aspect to this podcast as well, because I don't think you can do this kind of medicine unless you dive all in, both from the business side and from.

Insurance doesn't pay for any of that. You'd be working for free. The patients that come to you will be expecting their insurance to cover it. You won't get paid for all that extra time you spent diagnosing it and working and like you said earlier, kind of doing a Sherlock Holmes approach to this thing and just following the clues where they take you and certainly not going to pay for most of this regenerative stuff.

No. It's not that insurance hates people getting well, it's just that if they can say no to something, they're going to say, no, to, something and it hasn't been accepted as mainstream and they don't have to do it.

They're not going do. And so if the insurance isn't going pay for it, then they'll not gonna then docs can't do, and if docs, can do that, not to train other docs to it and so it just, like you said, curiosity and, you know, demanding results for your patients.

had gum it, you just can't, if you're in the system, your stuff, to some extent. Yeah. And it's also kind of what's passed on to the community as well, right?

It's, we've trained or Conventional Medicine has sort of trained the Community to think this is… Oh yeah. This is how medicine works, not just from, these are my options, like pharmaceuticals, injections, you know, a steroid injection surgery, but also from an investment standpoint, it's like to use an example, lawyers, there's no, nobody's, You always have to pay a lawyer out of your pocket.

Building a regenerative medicine practice

So you just kind of understand, that consultation fee is that consultations fee, right? It's not like, Oh, well, I'm going to pay, you know, some like lawyer insurance idea that will pay the lawyer.

Well, if I have to use lawyer, this is what their consultation fee is. I can't just not pay it. Like, This is how much it costs. But when it comes to medicine, people are like, The cost of medicine out of my pocket is my insurance premium and my copay or whatever it is.

And so they can't wrap their mind around the investment in their health for a peptide or for regent injection or a compounded med. It's just like, no, I'm not supposed to pay that.

Insurance is supposed pay. So we've trained them. We've train them to, to think like that. Yeah. And if I can get someone to get outside that box enough to go, but for a membership, it's not covered by my insurance.

I have all of your time in these long visits and we can go deep and get out of the box. Even if get people into that, It's frustrating how often they turn 65 and say, well, I've got Medicare now, so I guess I can't use you anymore.

How is that any different than what we've been doing? That's when they need you more. Yeah, this is perfect. You absolutely need me. And we have those, you know, some of them, Some folks get it.

Some people. Need to get out into this. Some of them are just spoiled because they've been with me long enough that they need to back out and get wet and come back and be like, I'm sorry.

I apologize. Can I come home please? Okay. So let's talk more about what you do, man. Tell us, tell us a little bit about your clinic and a bit kind of your strategy.

Uh, that's going to be fun. Yeah, so our clinic has sort of a few branches. So once again, myself, yeah, as you mentioned before, you know, I did my family medicine residency, did a sports medicine fellowship, extra certifications in proliferative therapy and regenerative stem cell therapy, peptide certification, medical acupuncture, actually neuro-functional acupuncture.

My wife is an acu-puncturist. She works. Awesome. On the other side of the, but she does mostly functional medicine and we see those patients together.

Awesome So, so my side is, you know, I do regenerative orthopedics, longevity medicine, and also some degree of functional Madison with my wife and then my life does primarily functional and, And then we have our IV infusion suite.

And so, that that's very high level, it's not just a typical drip or we do Right. Ozone, so major auto-hemotherapy. We

do EBOO, we do IV peptides, IV polyphenols like resveratrol and EGCG and IV curculin and.

IV CBD, We can talk about that sometime, but that's pretty sweet. Man, that sweet menu. You've got my menu B. That's a nice menu right there. Good. Well, we'll have to catch you up.

We'll catch up with you. Yeah. Come on. I'm working on TPE Plasma Foresis. So I've been working that as well, but it's a fun operation. And yeah, I mean, you know, We have four Rs for our values, Number one is reach, so we believe you can reach your created potential.

Number two is root cause, we don't believe in band-aid solutions. We believe and get into the root causes of both orthopedic and cellular dysfunction.

And then we belief in regenerative solutions, this is helping the body to repair itself. Then we belive in relationship because we believed that the relationship with the provider is as important as the treatment itself And a relationship also, we talk about this all the time on our team, is that it's also relationship with one another.

We do a lot of work before we bring somebody on to make sure that they're a good fit for the team so that everybody's happy here. You know, you always tell our teams, like, We want you to be happy coming to work when you come.

And they all say they are. So unless they lie to us, they'll all enjoy the job. But we have a, good operation here, I love that you went right into core values, talking about your operation.

That, that is so important to having, um, satisfying successful practice. It is. Our core value. And then one thing about core is one reason that your people enjoy coming there is because your core-values apply as much to your, to, your employees as they do your patients, right?

Like those relationships, getting to the root cause of why they're even in this, in, this field, uh, you know, just, healing, in one hands, that regenerative piece is like healing the damage that was done for the first however much of their career they spent getting drug around the system.

I mean, it's beautiful. Ours are, you know, different than yours and same idea. Like the level of patient care is, is through the roof. The level, uh, inter employee interaction and everything is to the root.

And the fact that we're all really only this practice only exists so that people can thrive, whether it's our patients or employees, man, let's go. I love, I loved that.

That's, that already tells me 90% of what I need to know about your, about, Yeah. Take care of humans. Um, and then the other 10%, I'd love to know your root cause regenerative approach to say the orthopedic side, the sports medicine side.

Yeah.

Assess, inject, and correct framework

We can dip into your expertise. You know, there was a teaser about assess, inject, incorrect. So take me down some of those. Yeah, so like I said, I was super frustrated, you know sort of growing up in sports medicine with whether or not You know, like how I knew what the diagnosis was.

I was so curious and I wanted to know why. And I'd gone through fellowship and you know I had actually seen these physical therapists like being able to assess, you just remember this one physical therapist like assessing back pain, assessing ankle pain.

How come I don't know this stuff? I've done all this training. I, I sort of jumped out of traditional orthopedics for a little bit and just spend time learning, learning like going to PT courses, like names that most doctors aren't familiar

with, but like functional movement courses.

So SFMA, Titleist Performance Institute, we'll talk about golf in a bit, it's a phenomenal, you know, if anybody's just like curious about knowledge and musculoskeletal, You don't even have to care about Title is performance Institute is just a phenomenal platform for education for musculoskeletal.

Phenomenal, yeah, absolutely. And then, and neuro connect therapy that it's kind of a neat, like a, neat way to, you know, test it from muscle groups and kind see relationship between muscles and fix that.

Um, And, then and then you medical acupuncture incidentally, my, My medical Acupuncturist trainer was very nervous system and sports medicine focuses, um, Dr.

Alejandro. He was, he is a sports medicine, renowned sports, medicine doc from Spain actually teaching at McMaster University in Canada where I did my training.

So there was a ton of assessment involved in that. Yeah, it was great. Kind of had this like neat mesh of, you know, osteopathic and then sports and, and just movement and muscle testing and.

you know, a neurofunctional acupuncture and, and then, after all that, oh, in an ultrasound, you now, I got trained in ultrasound. So the birth, that birth this, this assessment that I now perform on all my patients that really gives me an opportunity to see what's going on.

And, once again, You know I saw a few patients and a, few new ortho patients in the last couple of days that were just, The one yesterday is probably a perfect case in point, you know, he, spoiler alert, the diagnosis was thoracic outlet syndrome, but it's not like I came in on the, uh, yeah, no one complains on that page.

Yeah. He had seen, so he had just like numbness tingling in his hands, like bilaterally. Exactly. So it was bilaterally, a little bit worse on the left, but it definitely bilateral.

But it's a very atypical distribution. It was kind of on tips of the fingers, this glove-like sensation. Which exactly, it should make you raise an eyebrow because it is confusing because I know you're thinking it as a radiculopathy, as an entrapment.

Where's that coming from? And it's not, once again, it not like they come in with, you know, a diagnosis plastered to their forehead. So, and he had seen some, I mean, he'd spent like, think a year, like going from high level doc to high-level doc.

Some names that are super well respected, even in, in the ultrasound and regenerative community. And, You know. One doc was close, seemed like he has the idea.

He went to the scalen. So just like cliff notes on thoracic outlet syndrome, it's essentially a brachial plexopathy. You know, you have entrapment of the brachioplexis either at the scalenes, supraclavicular area, usually about the subclavius or the costopectoral area or a combination of them.

Yours truly, I had a nasty case of it. Oh, no way. five and a half years ago and took me several months to get better but luckily I came through it. It sucked, it sucked.

That was some of the worst pain I've ever been through. And this guy was crazy. The things that make it mad, the things it frustrates a thoracic outlet patient are so frustrating because it's like activities of daily living.

Its not like you had to go do some extreme sport and so for the non medical folks out there, basically the nerves and arteries and things that have to get from inside your chest to down your arm and, and or up your neck.

They kind of have a relatively surprisingly small window to through, but it rarely causes trouble. But here, and it's almost always on one side because what are the odds that both sides are inflamed the same, but then again, it

does happen with some both-sides depending on how you're built or how stupid.

So keep going. You made a good point there and sometimes, so we talked about the sort of Sherlock Holmes thing. And sometimes it's just so important to just look at what's in front of you.

So, you know, he had his shirt off and one of the big things is this thing called pectus excavatum. That means that he has his chest cavity kind of dips back and that really affects the chest wall.

And so that definitely, raises a. an issue, um, and he had kind of, now, yeah, I agree bilateral is definitely unusual, but when you, when, you have the right setup for it, it's definitely possible.

Yeah, for sure. And that's the thing is that like, sometimes the clues now. You know, getting back to like you know frustrations, cause like one doc's like injecting his forearm.

Once again, not a. Not a bad idea. You know, his hand coming from forearm. Yeah, right. Elbows are coming, from peck is it coming? From neck? How do you know if you don't assess?

So, um, but unfortunately he had one doc that bilateral, put bilateral Botox into his anterior neck muscles, a hundred units each side. I'm like, Oh gosh.

It made it worse, But it made a worse. And I was like. Well, you just told me the answer. He told him it's coming. From here. He just had the wrong solution.

But the assessment is super important. And I go, for almost everybody, have them walk. I head to toe with this functional movement assessment. Get them on the table.

Muscle, I do just strength testing, range of motion, get them, you know, on their back and go a little bit deeper. You know tissue. With ultrasound, I'll combine palpation with ultrasound and kind of what I've found from other stuff.

And just kind working into like, if that's like okay, this is happening. So let me go down this route. Then by the end of it, you know, Like just, you know, so I put ultrasound on, on his brachial plexus and you can just see those, those nerves just like popping out and they're superficial.

And, one of the things we do, um, So acupuncture, it's not, Anyway, Gua Sha is from the sort of traditional Chinese medicine paradigm, but it's really just using, you can use a rock, that is a palm stone, not like a sharp rock.

But you could use like, a soft object, my wife in acupuncture school learned to use, like jar lid, I don't actually like that, But I have this little tool and I just kind of like you know, softly massaged in here and symptoms got a little bit better and so that gives me diagnostic clues.

Yeah. So once we have our answer, then what are we going to do about it? So, so once again, early in career, how do I know what's going on? And then, what am I going do?

About it. It's not enough for me to just have the answers. I have to have a solution too, right? Cause it's like, Hey, now it is helpful for people to at least have me answers, you know, I'll ask my patient like what is, What does success look like at the end of this?

Some people are like I just want to know. What's. Going on. Yeah, most people like. I can't do anymore. I cant golf. Can't run. Cant play racket sports.

So it was important for me to have the tools. Sort of simultaneously went from prolotherapy to PRP to stem cell therapy and got all the above and then peptide therapy as well.

as well as ultrasound diagnosis, but also in that time frame, you know, learn the medical acupuncture and that was another tool. But, that's where the inject comes in and inject, for me is and or acupunture needles with stem.

That's huge. But it's often usually a combination of like, well, we'll have joint or tendon injection with regenerative medicine. Yeah. And, or like nerve treatment.

So that's, often this nerve hydride dissection, which, I'd love to chat about. Uh, and that can kind of open up these nerve entrapments or sometimes I do these, it is called perineural nerve injection.

Um, um, that is just kind dealing with the superficial nerves. Yeah. And then the third part of that is correct. So, you know, we found the issue on the assessment.

We did the injection, so actually like this last patient that, I did all this assessment, actually did like a sort of a diagnostic therapeutic injection and she got better.

Her pain was better, her movement was Now we have to do that with with Regen.

Using AI to test regenerative protocols

And then we to get back and say, all right, well, how did you end up with this movement dysfunction? And what can we do to correct it so it doesn't come back?

and then right back where we started, because if I didn't deal with the root cause, why isn't it going to come Back anyway? So that's the correct and so, yes, in a in proper rehab type of institution.

If the physical therapist or strength and conditioning coach really knows what they're doing, that's great. A lot of the correction that we do here, I use a combination of my manual therapy skills and my acupuncture with STEM to kind of get muscle groups to start firing.

And then they can go back and do what do. So that my assess, inject, correct sort of paradigm. Yeah, it's very effective and I'd love to tell you a little bit about my geeking out with AI over spring break and how that correlates with all this, but we can do that another time.

I mean, if you say so, AI is pretty, pretty fun. I, you know, it has become a frequent part of me taking care of my patients and it's really less about, me getting extremely focused and deep.

It's more like there's just the width of what is the knowledge base that's out there that I just can't be a master of. that I can use AI to bring that back in and then in a short amount of time become a semi-expert and assuming I'm barking up the right tree and that i've got some idea that asked the questions and we're kind of going down the Yeah.

The world, I mean, they, think they say that every, well, this is before AI, so who knows now, but, you know, every five years, the amount of information that, in the medical field doubles.

So like, as soon as I heard that I quit trying almost. It was like I can't, Matt. I know. What a chant. Wait, so let's just focus on how can I, I need to know how to get the information when I needed it.

I needs to be as good a clinician as possible so that I can ask the right questions and get their right diagnoses and the, right, you know, start barking up the tree and then go.

So what I mean, as fun as any, what were you and AI working on over spring break? Since you gave me the green light. Yeah, man. So, yeah, I'm mentioning my curiosity and I really want to make sure that, two things, how do I set my patients up for the best outcomes?

I absolutely despise not getting someone better. I mean, it kills me. It keeps me up at night. Now I understand that it's not all on me and all this stuff.

You know, I'm supposed to remind myself that there's only so much the doc can do. Right. To make sure that they

do their part of the plan too. But in so as much as I can control, what can I do that is the best for my patient?

And so Let me give a couple side notes. You know, the regenerative sort of toolkit that I use, I used a ton of PRP, and I can explain that a little bit, but you know platelet-rich plasma, we really tried to focus on like a high concentration, you now, 7X, 10X sort-of platelets- rich plasma concentration because that's ideal.

And then from the stem cell wheelhouse, I do use allogenic products. We work only with FDA approved labs. Everybody should know that the products, an allogeneic product means it's from donated birth tissue and the labs themselves only work with patients that have been screened and these are birth-tissue products from C-sections.

where they've donated usually it's the placenta with the umbilical cord and so we will only work with labs that are FDA approved following the human connective tissue, sorry, anyway, all the guidelines.

There's a legal mumbo jumbo that goes in to make exactly, you know, abuse people. And a little bit of that Wharton's jelly and a bit that umbilical cord and whatnot goes a really long ways.

100%. Because of the stem cell. That's exactly right. So with regards to these birth tissue products, even under that, there's sort of three main, well, actually technically four, because that's important with this, but you kind of have your Wharton's jelly that nearly unfiltered.

It's been cleaned and screened, but it's mostly unfiltred. And so this is the Wharton's jelly with the hyaluronic acid and the connective tissue. So we'll just call it the unfilltered Wharten's Jelly.

Then you have the filtered, which is mostly just the mesenchymal stem cells. They kind of like take it through the filtration process and they get rid of the connected tissue and hyluronic acid.

This is all from the umbilical cord. Right? Yeah. It's all from the umbilical cord. For those that thought we just switched to a cooking show, talking about jelly, we're talking the kind of the gooey good stuff in the middle of umbalical cords.

And then you can take the stem cells out of goo and still get the high quality stem cell. So there's the second one. And the second one is in the filtered stem cells is more of a pure stem cell product.

And then third one, is these things called exosomes. So exosems are like these packets of growth factors and regenerative information that actually get released from the stem.

Yes. and do a lot of the regenerative work. So even when you put stem cell in an area, and this is stem cells from our bone marrow, from out adipose, that is fat tissue.

The stem so goes to the area but the exosome that really does a lotta the work, but you can actually filter more from the stem-cell and just isolate the Exosomes and those are super powerful as well.

So anyway, I'm like, which combination? Yeah. How do you know what to use when and how? And listen, and I've been doing this for years. I kind of had a formula and listen it's like when I inject, it injects this and then that and that.

So that's the combination. So, so yeah, like what combination of PRP plus stem cells and this and that. So this is fun. I like, listen, when I'm on the beach and it's a spring break, my brain just goes, So I asked Claude, you know, to help me with this project, but I was like.

You know, I saw, you know Jensen Hong from Nvidia. He mentioned this thing called, they have this think called the Omniverse where they, have these robots that are create this.

So like in a manufacturing plant, there are these robot that create like this 3D like map, this real like, like virtual world that the robots, that is based on the manufacturing plants that they navigate in real life.

Yeah, so this is the same omniverse. It's constantly scanning, but it's like a simulation to go through so they can make sure that the robots are safe with the workers.

So I'm like, create for me my own simulated world where I can have a patient that I can do an injection on and do a biopsy. And Claude's like, guess what?

This simulation software already exists. No way. It's used in academic institutions. it's open source. So anybody knows open sources means free and accessible to anybody.

Yeah. And guess what? Claude is like, I can install the software on my own servers and run these simulations for you and do biopsies at two and four and eight weeks and three months and six months out and give you biopsy results based on the data from the different types of injection protocols.

like nuts, right? Like what in the world? This is crazy. So this close to them just taking over the word and being not needing humans at all, but it's close.

It's great. That's nuts. And so that's what I did. You know, I'm just like putting them like, all right, let's do this, this this and this. He puts it in.

You know, I learned the best combination of, you know like PRP and stem cells and these, this week apart. But actually the reason I was getting into all that was that it wasn't just the products that I put in, but you, know the stuff that do.

So I use shockwave therapy. I mentioned the neuro-functional acupuncture and then the peptides that, that use as well. And, you know, it, so it ran the experiments, ran, the tissue experiments and gave pain scores.

Somehow I was able to get pain score. And every single experiment, The data showed that number one, this sort of like how many stem cells and how may different products was less important than me combining the Regen injections with my shockwave, my peptides and my acupuncture.

Every single time.

Cost, shared decision-making, and treatment options

So that was really cool and that's, that, was affirming to the kind of stuff that I did hear that it's like, oh wow, you know, like I'm doing good work.

And you, I didn't, know that that wasn't going to be the result, but every single time and it is like just, what's important here is that they make sure that you get your neurofunctional acupuncture, the shockwave and the peptides.

I was like this is cool. Yeah. It's all, You can get more of one thing. Or you can get enough of these, there's good English words for all of this that aren't coming to mind, but you get all these things that work together.

Symbiotic sort of like. Yeah, right. Exactly. Elaborative. A little bit of four different things, that amplify each other is better than a whole bunch of one thing that does, you know, it's staying great, I mean, It's not outside of the common sense realm, Also, I suspect that stem cells have a fee, PRP has a, you know, all four things have their own fees, but at the same time you're like, hey, patient in front of me with limited amount of money and a whole lot of faith in you.

This is what I would, in a good, better, best scenario, I'd love for you to get all four of these things and put them all together. That would be your best outcome.

But also I know there's some limitations. Then you've got to share decision making, but you also live in an environment where you have time to educate your patient to the point that they can help make that call.

It makes your clinic special in and of itself. On top of the fact that your combination of experience in these outside the box ways to assess and treat and correct.

It makes you a fairly unique egg, man. I think it's a pretty special thing that you got going on over there. Yeah, I appreciate that. And to your point, for me, and I think for both of us, to be honest, the second reason that I was doing all this research is that, you know, that was trying to find the most cost-effective thing for the patient.

But on the other end, it's like, You know, do you want to spend this amount and it fails, or do want spend a little bit more and we have a higher, like, and anytime I, you know I'm presenting Regen, I always give them the sort of like gold, silver, platinum sort options where I am like listen, this is what I think is going to set us up for the most likely success.

Now, if we do less, is it not going work? I think it's still going to work, but I just want to make sure you have the options and you're welcome to choose.

And so some people are like, you know, cause sometimes I won't, they'll choose like okay, well, maybe we don't do any stem cells. We try to just do PRP and peptides.

I said, all right, that's an option, for patient A. But patient B, I'll say we can try that. To be honest, two things. Number one, You have a lot of degeneration.

Yes. So you're probably going to need this again in a little bit. And number two, you know, stem cells just work better. So, and work, just, work longer.

It's up to you. We can do that now and just do it again and a bit, but we'll see. Some decide to do this and some decided to that and it's perfectly up.

There's different levels of regeneration too. I mean, if you just 100%. To me, thinking the word regeneration, I just picture something growing back. You know, you chop down the tree and it grows back, but you know are you going to grow back a few leaves or you're going grow a bunch of branches?

There is just, PRP is great, it can only take you so far. If you get into stem cells and exosomes, that's a whole nother level up. Peptides are really more.

Just empowering your body to fix itself, but to some point, what are you going to do when there's no cartilage left on that bone? And, you know, there was just, your options are, so putting that, putting all of that in front of a patient who's investing in their own health for reasons of.

Function and, and pain and you know, gosh, if you've got bilateral thoracic outlet syndrome, you can't even clean your house. Well, right. Like you're sure.

That's right, breaking down. Let's just go. So, um, yeah. And by the time they've gotten to you. They're pretty much ready to fix it. Everyone else has already kind of let them down.

They spent some quality time and some money not fixing it at that point. That's right. And that's the thing. Or a lot of them, you know, like that gentleman I saw yesterday.

I won't run him out, but he works with his hands all the time, particularly like, you know, fine touch. So he needs to feel and he's starting to have difficulty feeling with its fingers.

And it's like okay, I think that's important for what you do. It can be career and then yeah, just life. He's got kids and it makes it worse. Let's get you better.

My wife and I, we had this roof thing and every time it rained, the roof is leaking in the bathroom. And then I finally fixed it, paid these guys that come out and fix the roof and were like, why did we wait so long?

I mean, that's every single time. Now you're only going to say that if it works, by the way, but at the end of it if you feel better from your investment here, are you going look back and be like you know what, I really wish I had that money back.

No, you are going be, thank God I can play, this is your life. Do you want to go around being in pain and not being able to do what you wanna do? Or do you just wanna like, you know what, maybe I'll put those funds towards that and be able enjoy my life.

That's really big for me. Pain, I would say pain is priority, but function is right next to that. You don't wanna go life through pain, because on the one hand I know a lot of people are like you what I can't.

You know, as long as I don't and fill in the blank, then I won't have pain. It's like, is that what you want? That's fine. But for me, that's not what I want.

I wanna be able to, to golf and, and play racquet sports and lift and hang out with my kids and not feel like I can't do any of that because I have pains.

And chances are that list of things that you can do is just gonna grow and grow. 100%. That is exactly right. Breaking slowly. You know, in my office, we've got some electromagnetic technologies.

We've Got InSculpt, which originally started for making people's abs pretty. And now you can put that on joints and tendonopathy and back pain. There's just so many functional things.

Adding the outside energy is kind of like what you're doing with, um, with that. Yeah. Right. So, it's, It's fun to be able to just add things, but you like, Hey, this device costs, you know, a couple thousand dollars for a treatment series.

I need to pretty sure you are going to get a benefit from it before I, otherwise it is going look like I'm just trying to make money off of you. And I'm not trying to do that.

For sure, that's a great tool. Yeah, so just having these different options, just becoming an expert at what's going to work for them, I think is a beautiful thing, man.

Thank you for, gosh man, thanks for coming on and sharing. Thanks for the level of, I think number one, you're a much more detail oriented human than I am.

And I love you, for that. I appreciate you going ahead and then just taking care of people that way. If I were to get out of here with something else for listeners, well I've got you.

What's one thing. That when I go out and play golf or God forbid, I'm still doing a little indoor soccer, just waiting for the next thing to go. I tore an Achilles 10 years ago doing it and I retired and they pulled me back in.

Uh, but you know, tennis, little tennis little golf, a little soccer, whatever. When I, when I hurt myself next, what's the thing that we all do that, we ought not do?

Like how can I short of getting on a plane and flying to Philly? What, should I do and, or maybe what should, I not, do when, have some random, you, know we'll assume none.

Preventing injuries with movement and strength

You know let's assume I still have all of my major ligaments and tendons intact, that I'm hurting somewhere. Yeah. Man, that's a great question. You know, I'm trying to think on a way that will work for a vast majority.

Yeah, here's what I'll say. Do not do. All right. I would say a couple things. Number one. I like preventative stuff and so right now what I'm working on is, I always say pain is weakness and strength is healing.

Proper movement and proper strength, it just takes care of a myriad of things. If you can get in the hands, I was just talking with the patient earlier, getting in hands of a good strength and conditioning coach who understands core, who understand proper movement is super, super important.

And so that's going to just, for you to keep playing indoor soccer, keep golfing without pain or without not being able to do it in a while. I think proper movement and proper strength are super key.

If you do run into pain, or dysfunction, obviously don't overdo it and that kind of stuff, but getting in the hands of somebody that can do a proper assessment is super important.

But I that's probably one of the biggest things people should focus on is like, you know, a lot of people, one of my biggest frustrations is someone that like they want to exercise and they just kind of go out there and start running.

And I see people all around, it's a very active area here where I live in Philadelphia, Manioc. I just see People running and I can tell them like your form sucks, man.

and people think you don't have to know how to have proper form to go for a jog, but you're just putting too much strain on your So that's one of the biggest things for me is just like proper movement, proper strength.

I think that's great. I thinking, you know, maybe the take home there is, hey, don't get hurt in the first place by, taking the proper preventative effort at having a little form, warming up a bit.

Maybe stretch out some of those old ligaments and joints and things, which I just, at the indoor center you get like two minutes before the next game starts.

I'm like pushing 50 years old, bro. I need to like warm up. That's huge. Actually, I am glad you mentioned that. And that's something I've been focused on myself at 46 now.

You know, like I won't even do a workout anymore unless I have at least 12 minutes of like, warm-up and just mobility work. But that is super important.

I won't hit balls unless I've warmed up first. Cause I know what it'll do to my body and it's just not worth it. So that's super important. Yeah. Well, man, Steve, thanks so much, dude.

Oh, my pleasure. Let's do this again, this was fun. We've got a lot of stuff we could cover. That's for sure. Absolutely. I want to hear all about your IV program.

If people hear this and they're like, dude, I need that guy, none of the smart people in my life have been able to help me so far. How can they follow you, reach out to you?

Get a hold of you. Yeah, so the clinic is Meeting Point Health here in Philadelphia. So honestly, if you make your way to our website, there's a ton of information, not just for signing up as a new patient.

How to reach Meeting Point Health

We'd love to see you, but even for your own personal understanding and knowledge base. I think on Instagram, we're at MeetingPoint Philly. Probably the easiest way, to remember me is my last name is Mata.

Even though I teased about this as kid. You know, just remember what's the matter. And, and you can remember Steve Mata. So look up Steve Matta. I'm pretty sure you'll, I mean, one of the first ones that comes up of this Steve Mattas out there, but yeah, so meeting point health and thanks for, thanks.

Yeah. Thanks for coming on that. This has been, it's been awesome. The listeners got a lot out of it and just when they thought they were getting lost, we pulled them right back in.

Good. We weren't expecting to go down the AI pathway. That was awesome. Thanks so much. This was great. Have a great day. Appreciate it. If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare.

Real change starts with real conversation, so let's keep on going. Until next time, stay well, Stay curious, And never stop pushing for better.