Opening and Podcast Introduction

follow people every couple months. And after a couple or three years doing it at doses that are at least reasonable and starting with the need, because that's the most common thing that we do, patients started saying, this is great.

This is the first time I've really noticed a difference long term. And so you follow that away and you keep doing it. And then you look up and you're like, it seems like 80%, 90% of the people are doing great for at least a year.

And then papers start coming out with about the same results. And like most things in medicine, if we can get the same results in different clinics and offices around the country and world, it starts to probably be real.

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 health care entrepreneurs back.

Hear from clinic owners, rebels, and builders who are creating bold, profitable patient center practices and doing it their way. If I were to classify, if somebody were to say, how would you explain Dr.

Don Buford? I would call you the Superman of orthobiologics education because you're like a truth justice in the American way. I see where you're going.

I appreciate it. Well, I mean, like you're everybody out there, you're like the guy that Driven by the truth true, right? Yeah, like is that the thing that just?

Drives you every single day is finding what's right and what's true? Yeah, and just and always. Yeah, always trying to be a little bit better. Yeah, you know always trying to be a little better and that that that that bled over from From sports, honestly.

Yeah, I was gonna ask you like how much of that came from yeah growing up in What is still a very famous baseball family?

Family Background and Early Drive

I mean, yeah, I mean it honestly even started even before that I mean the the real origin story if you want to call it Yeah, you know, my mother was a schoolteacher.

Mm-hmm And I'm the oldest of three boys. We're all within four years. So you're a poor mom. I know. Back to back to back. Your dad's gone on the road playing baseball.

Your mom's raising three boys born within four years. I mean, luckily, she had, you know… Y'all have like summer birthdays or something like that? Y'all born and born in like August and September?

No, it's like April, June and August, yeah. But each one of us was born in one of the cities where dad played. Oh, wow, okay. So you've got Chicago is Darryl and Baltimore is Damon and I was born in LA.

But mom was a teacher, and one of my favorite pictures, which I'll have to share it with you because you would be a kick out of it. Dad's playing at the old Memorial Stadium in Baltimore.

And one of their photographers took a picture of mom sitting like, you know, where the wives sit pretty close, like six rows back, whatever. No one's looking at the game.

Game's going on. And she's got a Mother Goose book open. And I think Damon was even born. It was just Darryl

and I on each hip. And she's reading to us at the stadium during the game.

And that was her approach. She was all about engagement and teaching. And at home, that became no one ever tells you no. And you never stop trying if you want to do something.

yeah you know and so that that led into well i want to play sports i don't know if i'm good enough i'm going to keep trying until someone actually kicks me out which led to me getting as far as i could right and into pro sports which i don't think anybody would have predicted that coming out of a little high school i mean how much so for those that don't know your dad is is Don Buford, senior.

And he played baseball and football at USC. Correct, yeah. And this was in the 50s, right? Yeah, late 50s. And even on that note, it's not just all mom, dad.

I mean, there hadn't been very many African-Americans. He was the first black on the baseball team for Ry Dato. Really? Yeah, he was the first back then.

And he went to Dato and said, hey, I want to be on the team. And they had no more scholarships. And so Deito said, well, I don't have any scholarships.

Dad couldn't afford it. And he said, well, football has scholarships. And so he went to the football coach and said, I want to walk on. And ultimately became starting tailback at USC.

Which has a long history. I mean, long history. Some guy by the name of OJ Simpson. Yeah. He got Mike White. Yeah. So they all knew each other. And so dad is old school that way.

But the same thing, you can't tell him no. If you put a roadblock up, he's just going to figure out a way Well, yeah, and he's still alive and kicking, right?

He just turned 88. Jesus. Just turned 88, yeah. Yeah, like, I think about that, you know, I think a lot about people's lives, right? Like, I think about, I'm fascinated how people become the person that they are.

Yeah. And I'm fascinated by learning about their circumstances. And I think about your dad, because I'm not as big a baseball fan as I used to be. But obviously, I mean, I was born in 1967. Your dad played until 70. 72 here.

76 in Japan, yeah. Yeah, 76 in Japan, but knew the name, right? My dad was a big baseball player and he played for the White Sox, and I'm still a White Sox fan.

Unfortunately, still a White Sox fan. Not easy. No, it has not been easy since 2005. But we won one, so that's good enough. I think a lot about being black in professional sports, in collegiate sports.

in the 40s, the 50s, the 60s, through the 70s. Like, how, you ever, like, you and your dad ever talk about that? Like, or was it just something that he dealt with?

No, we do. Dad is quiet, and he's a quiet source of strength. And he grew up, and he's this only child from a single mom in LA. And and when he got into minor league ball, you know, this is now early 60s segregation was still going I was gonna say he was still sleeping at a separate hotel in the city and Frank Robinson a summer store segregation still going on They would go to play in a city where they had to stay in a separate place and had to eat in a separate place Right or had to eat in the kitchen while the team was eating in the restaurant.

It just blows my mind Yeah, and so so, you know they they had You know, they, in dad's words, quickly learned who their friends were because in some places, like on some teams, a manager wouldn't go anyplace if the whole team couldn't be together.

And so he had support that way. But that's something Damon famously said when he was being interviewed was, you know, my dad's hard days are when he had to figure out where to sleep that night.

You know, my hard day, two strikeouts and a ground ball is not a hard day for me. Well, in Baltimore, especially in the sixties and seventies, it was not exactly a very open, racially town.

No, I mean, and that's just part of our country's history and of that sports history, too, which mirrored the country. But how do you think that shaped you?

Not just as a not just as a ballplayer. Yeah. But then obviously as a. top-line orthopedic surgeon after all these years here I am what 59 now I've never heard my dad say you shouldn't do that or you can't do that really never heard him say that really never said son don't make a spectacle keep your mouth shut never never said maybe you should try something else he anything I wanted to do he was has always been biggest fan where do you where did I come from for him I mean cuz your dad was born in nineteen what, 30? 30-something, yeah.

Okay, and LA wasn't exactly, LA, you know, LA was as bad as any other place. Yeah, and he was born here in… The LA Police Department was not exactly…

I mean, he was born, I'll tell you, man, he was born in a small town in Texas, town called Linden, Texas. And so he actually was born in a state where, you know, Juneteenth, they didn't even let anyone know for for three years.

And so so he and his mom made it to L. A. But it's but, you know, only, you know, that's that's the history. It's real, no matter how they try and. right over it and so that whole side of my family and mom's the same way but but that whole side of the family um which is a very extended family dad was an only child but he was my grandmother on that side was the oldest of like 18 kids like literally so so you talk about cousins and uncles and second cousins everyone was just uncle and You know and and so so dad had a lot of people around him the way I see it his refuge of sports He was something he was good at something.

Yeah, it was a even though baseball is a team sport It was something he could practice on his own. He could yeah do different things and and I loved it I couldn't play football by myself, but I am I could pitch nine games.

Yeah, I could pitch nine innings Yeah, and back then he could throw against the wall. Yeah, that's what I run. He was on the track team in high school, you know, so so he just You know, that's just the way he's built.

You know, he had this inner strength or I don't know I honestly wish I knew. I wish I was that strong. You know, I've gotten where I've gotten. But give you another good example.

I wasn't getting a chance to play in college. This is when I was at Stanford. And I went to dad first and said, hey, I want to play. Do you really think I have a chance to play beyond college?

Because if I don't, then there's no point in leaving Stanford. Right. If I do have a chance, I want to play two years in college or at least one good year to get drafted or get a chance to play as a free agent.

And he said, yeah, he said, I think you really do have the skills. If you work like you work, nobody outworks you. I think you have a chance. You have to weigh that against your father telling you that, but he had never led me wrong before.

So I transferred. And so then we went to mom and said, Hey, Don, he's going to transfer. Where'd you transfer? USC. So you could crack the last roster at USC but not crack the roster at Stanford.

I was playing behind a second baser named Pete Stanisak who was an All-American, like legit one of the best in the country and subsequently actually played for the Orioles in the Orioles organization.

I was a year behind him. So there was really no way And this is there was yeah, there was in the infield. I'm the guy named john verducci was playing short I mean there was just yeah, this is way before the transfer for so I wasn't gonna break in I mean they had a really really good team.

In fact the year after I left I think I won the national championship and then the year after I left SC They won so it's

kind of like so basically wherever you so that's good.

That's good enough But I got it, but I had a chance to play it was interesting. So I played I was the last team that played under Rod Dato So dad had been the first.

And Rod won like eight? Oh, more than that. Ten or something like that. Yeah, I mean like John Wooden numbers. Yeah, a lot. That was back when they had fewer schools.

All the good players were funneled into a few schools. So yes, I transferred.

Baseball Career and Medical School Juggling

I had a chance to start on that team and played a couple years and then had a chance, you know, for four years, three and a half, four years in the Orioles organization.

Now prior to that, did you, when did you know you We're fascinated by the human body and medicine. Oh, I remember you telling me one time like you got this encyclopedia and you thought it was like the coolest thing in the world.

Yeah. Yeah. No, I encyclopedia the anatomy or something like that. Yeah, it started. I mean, I was interested. Probably the first real exposure was when I cut my knee open.

Now I had to be like middle school age. And in the ER, they had to put some stitches in my knee. And they kept trying to lay me down. And my mom tells a story where I wouldn't.

I was like, I need to watch this. I want to watch. And so they were like, who is this kid watching? Because that's not, having been in the ER now myself, it's not normal to have, you know, usually it was crying and yelling and screaming.

It's like, I was very calm, maybe a little bit of lidocaine and just watching them sew it up, you know, which probably led to me doing my own Achilles with PRP all these years later.

Yeah, we'll get to that. That's on the list, by the way. But that's where it started, you know, 13, 14 years old. And then in high school, I had a chance to kind of shadow a sports medicine guy.

And that really cemented my decision at that point. So was the plan that you were going to go, in your mind, were you thinking, I'm going to go play professional baseball, and then whatever, make it to the bigs, or whatever, right?

I mean, I'm sure you were playing professional baseball to get to double A. No, I wanted to get, no, I wanted the whole thing. And then you were gonna, you know, play whatever many years and then go to be an orthopedic surgeon?

Well, if I had played, I don't know. It would have depended on the career. You know, if I had made it and played as long as Damon or my father did. Damon played eight and dad played ultimately 14. I probably would have been hard to go back.

Yeah. You know, because my other major was economics. So I was interested in a lot of other business and, you know, ventures, real estate, things like that.

But that was the plan was to do both as long as I possibly could. Yeah. And then what made you decide when you got to double A? Well, I finally I finally then what 2526. Yeah.

And I knocked out about a year and a half of medical school in the minors. But I finally got to a point. Wait a minute. Wait a minute. You're in the minors and you're knocking out medical school.

Yeah, yeah, so that was in… During the off season? Yeah, 87, 88. I've been lucky. I've had a lot of people support me with some crazy ideas. Yeah, and I never knew that about you.

I've known you for like four years. Yeah, no, there was a… The Dean of Student Affairs at UCLA Medical School was a guy named Dr. Pops, Martin Pops, Marty Pops, memory serves.

And I got accepted to UCLA Med, and that was kind of… We lived not too far from there, so it was perfect. But then I went to him one day and said, hey, look, I got a chance to play professional baseball.

I want to go to medical school also. Is there any way to make that happen? And he said, sure. Well, because UCLA is in the quarter system. Yeah, but right.

That's correct. And he knew the family. He knew me from high school and from sports in the neighborhood. So he knew that I was a good kid and had a good track record of kind of showing up and being where I was supposed to be.

But I said, but here's the thing, you know, spring training, spring training starts in March and the season doesn't end until September. And so is it possible that I could show up after the season ends, which should basically be the end of September.

School starts in August. While and leave in March or school doesn't end till end of May. So I'm talking about showing up You know three weeks late and leaving eight weeks early.

And so he said he kind of did this He went well, let's go talk to the faculty in the different departments. And so this is way pre-internet, right? This is yeah, so there's nothing it's it's it's atlases and books and and We went to all the faculty and and they were all minus a couple curious and just kind of interested to do the experiment and see what would happen.

You know, in the first and second years, there's a lot of classes where you actually have cadaver labs and anatomy and things like that. And especially pre-internet, there's no way to do that without being there.

And so those courses and those faculty required me to come back. to take exams. And to be clear, you're playing for the Baltimore Orioles organization and their double A is what?

Virginia? That's in Maryland back then. Higgerstown. So the way we did it, the first summer after graduating college I played and didn't go back into UCLA Med for the whole, almost like a year and a half almost.

And had a chance to go with a special arrangement with UCLA. Their one main requirement, especially the classes with cadaver labs, is you had to I had to come back and take the course, take the test with the class.

So I was on the bus studying for practical exams. I would, I would take time off, fly back home, take the test, fly back that night, catch up with the team or ever.

The other coaches were fine with this, the organization. Yeah, they understood. Yeah, they understood. I mean, it makes sense. I mean, what's the percentage of guys?

Yeah. I mean, you're in AA, single A and double A. Yeah, yeah, exactly. And so, so, you know, made it work for a year and a half. And then I took another I was still rising up.

And so took another year off. And, you know, the way medical school works, when you get in the upper years and later years of medical school, basically, there is no break.

It's year round. You're doing different rotations. And and so that's when the decision time really, really hit was it a hard decision to give up that dream?

The dream that not really is not really because I loved it. I had a chance to do a lot of great things. I had a chance to go to the Soviet Union back when it still was the Soviet Union.

Really? They took a bunch of they took a bunch of minor league players, all stars over there to help them with their Olympic team because baseball was in the Olympics back then.

And it was just getting started and they didn't have well, they only had like two baseball fields in the whole country back then. and they didn't have any little leagues you know we have baseball here it's just everywhere they had no select teams no little leagues no nothing and so their approach which was wildly successful because it's the same thing they did with hockey was okay we have no support structure let's just go to the best hockey playing country in the world and get them to help us so they went to canada canada told them these these are what our best hockey players look like this is their height and build and their skill set and you know they had they had the Olympics in Russia and Soviet Union but they didn't have any position players and so they took the javelin throwers and kind of made them pitchers and tried to correlate other track and field sports with other position you know soccer players became infielders and we spent three weeks over there and I'll never that was just a fantastic one of the things that baseball allowed me to do that I would have never had a chance to do so yeah.

That must have been really fascinating because that would have been so you're a couple years older than I am so that would have been like. The late 80s no that was like 91 and the thing about that OK the thing about that was you know we had a KGB escort because we were basically US.

envoy, you know, we were representing the United States, and so they had a lot of security around us. Did you hotfoot the KGB guy? Did you like, you know, play pranks on him?

No, but so this is, it was still the Soviet Union, right? And so we went to three places. We went to Kiev, which is now in the news, and we went to Moscow, and we went to Tallinn in Estonia.

And this was about six months before the Soviet Union fell apart. And if you think back, the Baltic states were the ones that declared independence first.

Wow, that's right. So it was very when we were playing there for seven or eight days, the ballplayers wouldn't talk to us if the agents were around. Because there was they were really scared.

They were gonna be on a watch list or Wow, you know get disappeared or whatever So it was a really interesting time historically to be there also and it was also after Chernobyl So we went to Kiev which was only about 60 kilometers from Chernobyl And we got stories about the real scoop about how bad that really was.

Did you watch Chernobyl it was on HBO? That is a great fascinating absolutely fascinating Terrifying and fascinating the same exactly. Yes. I mean just total and complete negligence and confidence incompetence Well the unbelievable level the story the Western world got was just a fraction From what we heard and saw I mean you could see like there's like livestock like we're on antler We're just coming back from this like they didn't have Wow, you know in the instance of cancer I think still they still don't really Report how bad it really?

Oh, it's got to be horrible. Yeah, I Yeah, yeah, I mean you like see the pictures of Chernobyl and it like looks great. Yes every can't spend more than like 20 minutes That's right, right?

Yes. Yes, you'll get your radiation poisoning. I'll be through the roof Yeah, so the discipline that you created mm-hmm to be because to look you joke you joke about you only get as high as double a mm-hmm And you have trouble with the curve.

Mm-hmm. You got to double a mm-hmm. I mean, that's pretty damn good. Mm-hmm How much of that, is that where really your discipline and that finding the correct way to do something, you feel like it was built during that time?

I think a lot of it was because, again, during that whole period, I was managing two big jobs. Yeah, I mean, each

one of themselves is daunting unto themselves.

Yeah, and having to give each one 110% when I was focused on that, You know, my goal with some great coaches and managers and just great people that helped me in baseball was just to get a little bit better every day.

And I had some skills that were couldn't teach and can't teach speed. I always had that. You know, my story was if I got on base, there was a good chance I was going to score.

I just had to get on base somehow, whether it was a hit or a walk or hit by pitch. It's pre-moneyball days. You were like the pre-moneyball guy. Yeah, it's like if I got on base, my percentage of coming around and scoring was really high.

I mean, that's the only way to hit like 230 and score 120 runs and, you know, steal 77 bases. Yeah, but what was your on-base percentage? That's what I found out.

Yeah, well, not much higher than 230, probably. but that one year, but also at the time had the record for stealing 77 out of 84 bases. Really? That's when they still put a premium on base stealing.

That was the Tim Rock Raines era. Yeah, and a lot of those were stealing third, so now you're in scoring. There's just a lot of background behind it. That's what I did.

I feel I maxed out how high I could get with what I had. And I think anybody that didn't work as hard as I had would have maxed out at community college.

Yeah, I mean, obviously, I never got I mean, I never played any tour events or tried to play any tour events up for me golf that that was never it for me for golf golf for me was always about the passion of the business and the game and all of that.

And I think I knew I'm even though I was like, whatever. one or two on my high school team, which is nothing, right? Even though we were a top 20 high school team in the state.

I just never, I knew I just, I would see my friends who could play and I'd be like, yeah, I don't have that. Was there a point when you got to the, when you're getting up to AA and people were coming through and you're like, wow, that you could see that something different in them, that they had that it factor?

I mean, honestly, no. Really? Even to this day, I still felt like if I had just had that option, I would have given it more. Do you think if you didn't try to do medical school at the same time, you could have?

I had a chance. Yeah, you had a chance. Isn't that all you want? You got to get some breaks along the way. But I had a chance. And I had some things that would have held up all the way through big leagues, you know, being able to steal bases and being able to field and do things that would have held up all the way through.

It just came down to to offense and a little more disciplined problem. And there was a Ripken in front of you, too, right? There were two of them. There was Cal on one side.

Three of them, if you count the dad. Yeah. The dad was the manager. That's why I said that. The dad was the manager. It was a Billy Ripken. Billy Ripken.

Some guy named Cal Ripken. Yeah, yeah, yeah. So that is why I played one season in left field. the minors. That's a smart move. Just to see but you know in baseball the way that business works they own you for six years and so I played four to get traded or to get picked up by another team if they weren't going to trade someone you got to stay six and so that that's really where where it didn't it didn't work with school at that point because they weren't going to give me so they actually would have at UCLA but I would have had to start over.

Oh, yeah, I don't want to do that. Yeah. Well, then you've got the answer to all the tests. You can just, like, reset it.

Well, the problem is that the test changes.

Yeah, I know. I'm just kidding. I'm just kidding with you. So let's go to the world of orthopedics and biologics. You know, I always joke you're one of the OGs, the original gangsters of orthobiologics.

No offense to, like, the defeat, Jerry Malengo, who's passed away, and some of the others. What drew you to the world? Because you had a successful careers in orthopedic surgery.

What was the impetus for you to start looking at PRP and BMAC and adipose and all of the fun stuff? That's a good question. You know, I was nine years into practice at that point and was already kind of established as a teacher because even from the first year in practice, coming out of fellowship, I was helping in cadaver labs of courses that are national orthopedic surgery courses.

When you're the guy on the baseball team that would help people that they were having a hard time fielding, were you automatically always a teacher? Yeah, pretty much.

On most teams, I was on. Yeah, I was the same way. I was always the guy who was like, hey, try it like this. Yeah, people, they'd come ask you. Yeah, yeah, yeah, me too.

What do you see? What can I do? And so I'm nine years into practice and I had a course in Europe, in England, and two things happened at that course, both tied together in hindsight, it was perfect.

One was I was doing live surgery and the only imaging they had was ultrasound. And I had zero experience with ultrasound. Wow. And so that was my first exposure to ultrasound that when I came back, I had to check this out because it looks so cool, but I don't know if it's if it's legit or not, you know.

But if half the world is using it, there's got to be something to it. And then the other was that was the first time I heard about PRP. And so I came back from that meeting, those two things that obviously are ultimately intertwined now, just really curious about that.

And just the way I'm built, I was immediately put with a company at the time called SonoSight up in northwest part of the United States. And they introduced me to another young hotshot named Ben Dubois, who we started our course in 2008. And so about that time, I started doing clinical research, just again, that natural, curious nature.

I don't know if it works or not. I don't want to just read a paper and start doing it. So I started doing my own little research and telling people what I found along the way, you know.

So 2008. God, I'm trying to think what was that? There had to be almost nothing that existed with, it had to be like, cause I know when we started doing PRP in the ED clinic in 2015, I never heard a suck out.

Like we just, we pulled 60 CCs out. We got like whatever we got, like whatever six or whatever it was. And we're like, okay, it's great. Like we had no, we weren't, you know, I laugh now, right?

Like, so I can't imagine how primitive it was in 2008. Right. And the fact that, The fact that it worked at all or enough to notice that it was better was just fortunate.

Some really thoughtful early people were paying attention. Our course started with just shoulder because that's what Ben and I were really, that was our surgical practice.

And that was you. That's kind of your jam as an orthopedic surgeon is the shoulder. At that point it was about 80-90% shoulder, the rest knee, but Ben was like 100% shoulder.

Which again was fortunate because ultrasound ideally positioned as an imaging modality for shoulders, so it was perfect. Every patient we see, you can scan.

And so that's how we started. The PRP started with, you know, that first study was with a company called Harvest. It's still putting together good kits and providing good PRP options.

Do you ever hear, I interviewed Rowan Paul last week. Do you ever hear Rowan's story about how he got introduced to PRP? No, no. So Rowan was a swimmer at Brown.

Okay. Right? group in Canada swam competitively at Brown and he was having shoulder issues and you know PT wasn't working and so there was this Chinese doctor he went to go like he winds up seeing this Chinese doctor and the Chinese doctor goes oh yeah we're doing a whole blood they drew Yeah, yeah.

Yeah, it checked it into his shoulder. He goes no numbing nothing. Okay checked it in Yeah, he goes and it got better and he went there's something here, right?

Yeah Yeah, and you know, he didn't he wasn't officially pre-med in college. I forget what he studied Yeah, but you know, he had always kind of known he wanted to go into some form of medicine Yeah, but I find that story hilarious, right?

Like I mean however you get there, you know, I However, you get them. Yeah, that's the studies like then. What were the what was the data saying in 2008 about?

Oh, there wasn't much there. Was it all anecdotal? Yeah, a lot of it was anecdotal. The first study I did that I presented to a group of orthopedic surgeons was it actually didn't work.

The PRP that we did, I was adding it to surgery. And now we know if you get the dose right, it helps decrease retears in rotator cuff surgery. But back then, I was adding it to rotator cuff repairs.

Dose was probably too low. Wasn't using stem cell or bone marrow concentrate. It was PRP. And what we found was that the healing was the same. There was a trend towards the healing being about a week longer if you added TRP.

But again, our outlook was probably too short. Do you remember how many CCs you think you were pulling? I think we were. I mean, it was the harvest system.

So I think we were pulling six.

Discovering Orthobiologics and PRP

OK. But I mean, because their system, it's still on the market because it's a good system. I just think that the doses that I would use now for rotator cuff would be twice that.

Right. Yeah. Right. Yeah. Yeah. So would you guess how many billion cells do you think you were getting? If it didn't get any outcomes. Back then, with that system, I bet it was around five.

You think it was around five if we were if we were good because we were drawing 60. Yeah. Yeah, so if we draw 60 12 Yeah, it was it was about five five or four.

When did you have the moment that you were doing it and you went? Oh, oh Wait a second. Mm-hmm. I think I got something here Or what study what like where were you when you when the light bulb really when you went from curiosity one?

Yeah. Oh fuck this can work It was it was patient-driven It was patient-driven. And what I mean by that was I would follow people every couple months.

And after a couple or three years doing it, at doses that were at least reasonable and, you know, starting with the need because that's the most common thing that we do.

Patients started saying, this is great. This is the first time I've really noticed a difference long term. And so you file that away and you keep doing it.

And then you look up and you're like, you know, it seems like 80, 90 percent of the people are doing great for at least a year. And then papers start coming out with about the same results.

And like most things in medicine, if we can get the same results in different clinics and offices around the country and world, it starts to probably be real.

Do you remember what year that was? Oh, gosh. That had to be, I mean, honestly, maybe 10, 2011, 12, somewhere in there. Yeah. Somewhere in there. But then, you know, at that point, it's like, OK, this is great.

Now let's go up on the dose. And that was my idea. Not only my idea or not only. Yeah, I get it. I understand. But when you say, yeah, I understand. But yeah, I think we know the group.

Like I just imagine you were well, you know, Jerry Lang and a bunch of the others working through all of this. Yeah, because that was about the time, you know, Virginia started about 2015. IOF started at just about 10, 11 years ago.

So it was pre it was pre most of those organizations right on the same time. not the same, but for, you know, in the ED clinic. So we started doing PRP in 2015. This was when roles was doing the P shot and we actually marketed as you were going to get thicker, longer and thicker.

You know, we, we started testing it on doc, the clients tested on me, tested that like bunch of staff members. We're like, shit, 20% thicker, like holy cow.

Like, okay, this is interesting. Yeah. But then when the light bulb went off for me, here's what light bulb went off for me, and I knew nothing about Peyronie's.

So they call Peyronie's disease, which it's not a disease for those that don't know what it is, it's scar tissue in the corpus cavernosus, and it causes an unnatural bend to the penis.

It can bend left, right. You got the Bill Clinton, you got the George Bush. And we had a guy come in from Canada. And he had so much scar tissue, he went up almost at a 90 degree angle.

And we treated him for six, we treated him every six weeks. We did three rounds. We were using the Magellan, I think, the Magellan system. And we would inject him with Trimix and we would measure.

So we had a thing that whatever it is, it measures the bend, right? And we would inject him with Trimix. And then the next day we would do the PRP. Okay, yeah.

And he came back for his third visit and he was a 20% bend from like 87% and I went and your biggest fan at that I went. Oh shit. We ran a national campaign.

We hit people flying in from all over the country because it's something like 20 I forget the numbers. It's like 20 million men have more a bend of more than 20 degrees.

Yeah It's one of those hidden things right because no one talks about it, right? You have to yeah, and it just happens. The onset is like that You'll wake up in the middle of night.

You have to go to the bathroom middle of night Yeah, and you look down and the funny thing is is the number one search is why is my dick bent? Why is my bent?

Why do I have a bent penis? That was the number one search phrase on google. Yeah We actually had a bill. We had a site that says my bent penis.com And you ranked number one for it.

We ranked very quickly and then we got shut down. But like, so when I made the transition into the Regen world, primarily thanks to you and Dr. Petrapalli, like I knew instantaneously this stuff would work because I saw we were doing, we were doing 20 to 40 PRP injections per week across three clinics Peroni venous leakage and just general dysfunction.

Yeah, and we were getting unbelievable results We had no idea what we weren't doing cell counts. We just did hormone replacement therapy We got him a hormone replacement therapy.

We gave him every other day say Alice. He I was like five milligrams Yeah, and like guys are coming back in gold. It's like I'm 20 again. Yeah, and I'm so like When we first met, and I've been following you now for like a year, maybe longer, maybe 18 months, and like it just instantly clicked to me like, oh, we're at the beginning of something really big and really new.

Yeah, yeah, no doubt. But it sounds like it was that feedback that was the aha moment for you too. Yeah, there was no, we didn't have metrics, we didn't have, you know, We were not running our own placebo study.

We were just like, it was all anecdotal. We're like, okay, guys are coming in and they're coming back six weeks later and they're followed going, yeah, I can have sex without Cialis.

I'm like, you're 64, you're on diabetes and high blood pressure medication. How is that possible? Yeah, yeah. No, but that's the same thing whether it's that or you're talking about patients with knee arthritis or patients with shoulder pain.

You get enough of those stories within a short enough time that you start to think, yeah, this is something worth pursuing. And for those of you that don't follow Don on YouTube or LinkedIn, I mean, you have like 28,000 followers on LinkedIn.

On LinkedIn, yeah. I mean, you are posting something at least once a week. Oh, yeah. I thought you were going to say once a day. Well, I'm talking about debunking a shitty stud.

Yeah, okay, yeah. All right, so let's talk about the crappy studs. Fair enough, yeah. Because there are a lot, you know, I go to orthopedic surgeon events and we get a lot of them come by the booth and they go, yeah, this doesn't work.

And it's so much fun because I've trained my staff, like I have them watch your stuff. Yeah. And I have them train their staff, well, how many CC? How much are you drawing out?

Yeah. Oh, like eight? Oh, well, you're never gonna get the silk. And they're like, you know, Christine, like. Yeah, absolutely. Look at Christine. No, I bet they'll be like, who is this person?

Who the fuck is this? and she's right and she's right yeah right yeah so tell me what are some of the common mistakes like when people say to you that PRP doesn't work what are some other common misbeliefs well so i usually start with it depends on where it's coming from if i'm in a meeting that's a little bit more we can go into a little more depth yeah well let's talk let's talk in the industry let's talk to your peers yeah so so the number one thing the easiest thing now is just what christine does which is um tell me if they're talking about their own PRP then tell me what you're doing, you know, and tell me your protocol and how do you track your doses.

Most people that have that opinion just don't have the clinical experience. Right. And either treating patients like they've never even done it before, which is a little bit unfair of an opinion if you've never even done it, or if they are doing it, they're doing it in a way that is probably not best practices with what we know now.

Like injecting knee-ish as opposed to Yeah, exactly. And we continue to track dose as the most relevant metric right now until we have something better.

And as a clinician, the best way we can impact the dose is by how much blood we drop. And so you've heard me

say, you know, at this point, 60 cc's is kind of like, if you want to play poker at this table, you got to put in 60 cc's.

Right. Right. Even if you go to a smaller volume, at least the dose will be higher. And we don't really have any studies showing that clinically the dose can be too high.

We have a lot of studies showing the dose can be too low. So it doesn't matter if it's 5 billion, 8 billion, 10 billion cells. It depends. You can get by with lower doses, I think, for soft tissue indications, for a lot of soft tissue indications.

It's a great point because sometimes it's the total dose that we need to focus on. There's two competing, excellent knee papers. One is a single dose for knee arthritis of 10 billion, and the other is a three-injection protocol, but each injection is four.

So 12 billion total, 10 billion total. Essentially the same. Really? Essentially the same. In the paper as it's currently written up by Dr. Chu, in the 12 billion total dose, he followed people for five years.

That's where Mike's thing is, how long? Yeah, he followed people for five years. And he showed by MRI scan that five years later, they had lost less cartilage in the knee that was treated.

Dr. Bonsall's study, the 10 billion single injection paper, only followed people for a year. And so there might have been two at the odds, and I think it was just a year.

So people have actually lengthened the results of his paper by continuing to follow that group of people, which I've done the same thing. And so I think at doses of 10 billion or above, we're actually getting 18 months, 24 months routinely.

And when you ask people two years later, they're still better than they were before the injection. So ultimately it comes down to dose. So when I have a colleague that says it doesn't work or someone swings by a table like yours or anyone else's favorite, their favorite ones.

I mean, you start there because that's usually where that's usually all you have to do. It's usually just a dosing issue or you know, you're talking about the knee.

It's rarely an injection issue because most people, even if they aren't using ultrasound, which I think is preferred way to do it. They can, that isn't as big of an issue leading to failures as the dose.

I think the dose is by far the biggest single shortfall. It's fascinating to me because the cumulative effect of that, I mean, we, again, anecdotal, this is what we did in the ED clinic, is we started just doing one PRP for ED, and we noticed, eh, okay.

Then we got the wild hair idea of like, well, from a business standpoint, right? Well, shit, is there a doc? I walked into Hansen's office one day, Dr.

Hansen's office. Is there any downside if we give him two? And he's like, no. And I go, so why aren't we doing that? And he's like, I don't know. And then I go, what if we, how far would you like to spread it out?

And he like, I got to research it. And I was like, I think it'd be right if we did it every six weeks. I'm like, okay, so should we only be doing two injections?

And he's like, I guess like, you know, I guess he's very smart. No, but no, but there is, but there was no, there was no predicate. Yeah. But I wasn't thinking about it from a medical standpoint.

I was thinking about it from, yeah, I was thinking about it from a patient outcome because from, but it was all from a business standpoint. Sure. I get it.

How can I guarantee that I can get as good of a result as I possibly can to make the offer so compelling that they have no choice but to move forward.

That's how my brain was working. Right. That's how my brain always works. So I'm like, well, if there's no downside to doing two and then we're like, what's, is there a downside to do three?

And he's like, no, yeah and we started seeing unbelievable results yeah yeah and then we're like well what happens if we make sure that our hormone replacement therapy three months before they do it yeah and this was we were just doing pellets yeah right yeah we saw an amazing yeah which is where i came from in the biologic space of like why wouldn't you include?

We're not there yet. Not everybody. A lot are. But again, you always have to understand my viewpoint. It's mostly anecdotal. But the clinics that have incorporated that are getting amazing.

And if your end goal as a clinician is to impact people's lives and give them a better quality of life, why wouldn't you look at all those things that you could do?

Have you looked at those studies of including functional? Let's just call it functional. We'll include all that. There's not a lot that I've seen. Separately, I've seen a lot of studies.

Altogether, it can all… You've seen this gets this result, this gets that result. They're on at the same time, but it's not… Yeah, I can't see a downside, and we can throw nutrition into that.

How nutritionally… Nutritional status impacts outcomes. And a lot of that, again, being a surgeon, I've seen a lot of the literature and how much better people do around the time of like joint replacement.

if you spend a month or six weeks ahead of time getting the nutritionally optimized and maintain that through the post surgical period. And so my question was, of course, what about, why can't we do that with our patients that we're injecting just for knee arthritis?

I mean, they're essentially in a hyper they're in a hyper state, they're in pain, chronic pain, so they've got inflammation, their bodies are working pretty hard, they probably deserve the same look, maybe even the same treatment, and so those are things, there's a confluence there.

Who's the guy that you had, Dr. Jazz? Yeah, Reza. He's in Beverly Hills, right? Yeah, and he's an amazing, thoughtful clinical researcher and orthopedic surgeon, yeah.

And that's his argument as well. It's a pretty compelling argument. It is. The interesting thing, all of these modalities that are showing these results, the trend is towards earlier intervention and towards prevention.

You know, and that's the trend. It's not towards figuring out a better implant or a better surgical procedure anymore. Not nearly as much as it used to be.

And now it's about, how can we even prevent this from happening? You know, I don't want to see anybody with a grade three or grade four arthritic knee.

I want to intervene when they're grade two and freeze it in its tracks right there. You mean you want to actually be a healer? Yeah. Like the thing that you're called to be, don't you?

Yeah, yeah. And if you're going to heal, you got to intervene early. You got to make lifestyle changes and interventions when appropriate early. How big a factor is?

Food and and all of those things like what they're putting into their system and drinking sodas or not drinking soda I mean, it's big, you know I've seen some of those same documentaries about processed foods and things like that and And and the lens has changed over the years as we see some of these little shifts in diet and in nutrition now

we're down to talking about Peptides that are only certain amino acids long and what an impact those can have so So, you know, it's daunting because it turns out probably everything matters.

It's really fascinating to me. What's your feeling on what Kenobi's trying to do? I think it's unfortunate. I think… I think it would be possible to have a real unbiased look at all the subjects that they're looking at right now.

And I don't know that the look is unbiased right now. I think there is a predetermined bias. And I think it's like they're saying they're going to look at it.

They've got the conclusion. They've got the conclusion written for the paper. And now they're backtracking basically what the others were doing. Well remember, and remember the whole, and the proof of this is that report they produced that was chat GPT'd for a lot of it, and the references, a lot of them weren't even real.

And so you can't tell me that an actual clinician that cared went through that paper and peer-reviewed it or fact-checked it. There's just no way. It didn't happen.

I mean, our little itty-bitty journal, if you had sent that in, we'd check the references. And if it doesn't exist, that would be a huge red flag. But the worry about vaccines and autism, obviously lots of people have looked at that.

If we as a country want to take another look at it and pay some money for it, great, all for it, but not already having an outcome determined, not having it be politicized.

I think that's the unfortunate part. I think that's the unfortunate part about all of it, is it all gets politicized. That's the thing that pisses me off the most.

And I understand why. you know, money involved. Yeah, I mean, there's a lot of money involved. Yeah. And that's not the basis of always making the best decision in the world.

I think the thing that what I, what I get, what I get concerned of the most is I think the medical system unfortunately has been completely hijacked. You are not, it's very difficult for your, you are a healer because of the work you do.

It's very difficult for your peers to continue to be a healer. And they get, they're like, well, I only got 10 years left. I'll just suck it up. Right?

That's the thing that worries me most about our healthcare system. Yeah, not single-payer versus multi-payer. I mean, right The thing that worries me the most is we're not it's no it's no longer Honorable to be a doctor Yeah, there's something to that.

And there's a bunch of things that have led to that, I think. I think separating the way they've done insurance and the way they changed insurance back in the day, where the people that needed to get health care weren't the ones paying for it.

Because I think in just about any business as an econ major back in the day, if I tell you, you and I can go get burgers and they're free, we're going to get as many burgers as we want until we're stuffed.

Absolutely. And so if you say health care is free, or your employer is paying for it, and you pay a small percentage, it skews the need. And then ultimately, when you give these companies the ability to be nonprofits in name only, and you look at what happens to the bureaucracy when a company isn't, they get dinged if they have too big of a checking account.

So they spend the money on salaries and on growth and on mergers and acquisitions. And then they overpay. And then they overpay. And then they start buying up practices because they make 30% more to see the same patient that I get that I see.

So the general public doesn't really see how much that influences what happens in medicine now, I think, in this

country. Yeah. And just the fact that it can be done so much cheaper in other countries with the same outcomes is, I think, just empiric proof of that.

The thing that blows my mind is we spend two and a half times more than the next country on the list, and we have the 50th worst outcome.

Dose, Outcomes, and Clinical Evidence

So for me, it's like, well, then you should business buy. If I bought a company like that, that we were generating more revenue, then our closest competitor times 2.5. But our profit was 50th.

Boy, I'd be going in question and everything. If I bought that company, I'd be like, we're going to get rid of this, we're going to get rid of that. I would just start making arbitrary cuts.

Because that's what you do in business. You don't have time to sit there and overanalyze what really works. There's just going to be collateral damage.

I know that sounds really cold hearted, everybody, but that's how business works. But sometimes, that's what you have to do. And I think part of the reason for the success of of some of the other systems is that they're intervening earlier and they're treating people earlier.

Now, it's not all perfect. I spent some time in the NHS system. You know, Canada's just to the north. We know about some of the reports of lines and waits for service and waits for care.

A lot of them fly down here and pay cash. A lot of them do. So it's by no means perfect there either, but in general, they aren't getting that result because people just are sitting at home sick.

They actually have some lifestyle choices they're making that I think our population isn't. And it's interesting that the one thing about this administration, if anybody was gonna come in and just say, make a blanket rule and blow things up, it would seem this would be the administration to do it.

Yeah, if we're gonna question everything, then this is the administration to have. Yeah, this is the one to do it. Just say, I deem that you can't do this anymore, period.

Dare you to sue me. But I've always thought maybe a benevolent dictator was the best form of government, but that's not what we got. Most benevolent dictators wind up becoming megalomaniacs.

Fair enough. Fair enough. Here's the thing, and I ask this question to everybody that I always ask. How do you feel about what's going on in Washington?

How do you feel about Secretary Kennedy? How do you feel about all of this? The thing that scares, that I say though, is that I don't think we'll ever have as good of a time for us to make the inroads in our industry, biologics functional medicine, than we do now.

the way things go there's gonna be a pendulum swing and in three years can it'll be out and somebody else will come in on the other side and we're in a period in our history now of our country where all you have is dramatic swings you don't have common ground and you have massive swings left and right like I had a friend of mine who has since passed away he's a mentor of mine who Worked for the Obama administration as a coach coach all their top mm-hmm all the top people, right?

Yeah, like he his office was in the White House. Oh, yeah, and I said when Obama's term was done and Hillary lost Yeah, so yeah, so Trump was coming in right and I said so what's it like for you to know that all the hard work that you just put in the last three years is gonna be overturned on day one and he looked at me and he goes It feels fucking horrible.

And that's where we are in our country. Like there's just massive shifts. Yeah, I mean, don't get me started. I don't see if two terms is enough for the president.

I don't see why we need senators and congressmen that can stay forever. That's a problem to me. But unless you have your entire stock portfolio tied to the Pelosi tracker, Which I pretty much do.

That's not a bad move. I'm making a killing. I bet you are. And you know, as a doctor, you tie it to UnitedHealthcare. Maybe not anymore. Yes, I know.

But up until recently, you tie it to United and Blue Prof. I mean, that's my… I rail against them in my book and I'm like, well, I might as well buy their stuff.

I mean, that's my hedge, right? They're going to kill my fee schedule because they're making money. I'm going to… I'm fine. I'll sign up with you. Yeah.

And I'll serious just know. But that's… Yeah, it's, it's, it's unfortunate. I don't know. It's hard to, it's hard to keep the ship in the same direction because these are no longer small course corrections.

No, they're not used to be. It used to be everyone ended up kind of middle. You say what you want during the campaign. Everyone kind of ends up governing together in the middle.

Now it's, it's just like, we're going north or south. It's not like we're going. Yeah, there's no, and it's, we're changing direction like that. Yeah.

And, and, and just, it's, it's disappointing to see. I think within, I mean, imagine how great the FDA would be if you had Roland Paul. You had yes, you want to see Samson Chris Santana.

I imagine if you're if you're if you're a panel I know Chris have you ever hear this I don't mean I don't think we would allow Chris in politics because he would piss everybody off Yes, he's such a he's such an iconic last laws deserved.

He has opinions that are well-earned and Every right to Sam and and he's he's not wrong. He's not and if it all ever no Yeah, no, but yeah, I could see which which job you want you want?

I don't know. I would just love to be a player on that team. You want to be HHS? Well, I would love to have the ability to have a product and have somebody present a product to a committee and say, hey, look, I've been tracking the outcome for this.

Here's 2,000 cases. Here's my complication rate. Here's the outcomes from the patient's reported outcomes. Can I have permission to study this further?

Or can I at least get this on the market so we can continue? That's what I thought the FDA meant when they said they're going to look at real world data.

But that hasn't really happened yet, because as soon as that happens, I mean, just PRP. Why can't we advertise PRP for nearthritis? I mean, we've got more evidence for that than just about any other drug.

Way more than we do for aspirin. Because it's going to cut the profits of the pharmaceutical companies. Oh, yeah. Right. That's why. Right. And so that, right.

So it becomes a chase your tail kind of argument. You know, you can't you can't win if you're not in that game. You know you you get a lot of flack because people are like Donnie's a naysayer he's a you can't do it this way you can't do it that way or you can't use the local or you can't write.

Where is that is that coming from you don't like those things or do you are you coming from this is what the government says we can and cannot do no I'm never.

I try and call it as I see it, because I don't want to have to go to bed and write down in my journal, OK, you said this today, remember that you said this, because this is shady.

So if there's a study anywhere on the planet that shows that Wharton's jelly is better than PRP for Neolay, A, I'm going to report on it. And if it's compelling, I'm still restricted, in my opinion, in this country from doing it.

But that would be a reason to study it here, to try and go and get approval for a study. But that doesn't exist yet. And so when I say something negative about Wharton's jelly, it's never about the product.

What I'm usually saying is we don't have the evidence for that. Yeah, it's not that it's inherently bad. No, right. No, it's yours. You're always start from a place of what is the evidence?

What is the unbiased evidence? Right. Because there'll be there's studies out there, but it's not unbiased. Right. And even, you know, the studies that are out there, you're right.

It has to start from a position of what is the best thing I can do for my patient. So it's not a position, that's the first question that you ask. It's not about whether or not it's legal or not.

What's the best thing I can do? What's the best thing I can do for my patient? Because then we can figure something out. Now if the best thing, and that's the issue, if the best thing I can do for my patient, like if it happens to be that I've seen a study that really changes my mind that the best thing I can do for a particular indication is a cultured stem cell procedure, And I have a lot of patients that would benefit.

I will go and set up a cultured stem cell clinic outside this country, because in this country, I still can't do that. And I have colleagues that have done that.

Nothing wrong with that. But you're not there. No, no. You're not there of saying cultured stem cell is the best way to go. Well, that's just a lifestyle choice.

I don't want to have to travel. And to manage that for me at this stage would be a bit much. OK. And so I deal with the patients for what I do still benefits them tremendously, but I don't have to worry about going, you know, traveling that much.

I spend most of my travel. I was going to say, what do you mean travel that much? Like you and I should play like a game at the end of the year. Yeah.

Who has more miles? Yeah. I bet you would win, but I'd be close. You would be close. You travel a lot. Yeah, I do. I do. I've been executive platinum for a long time.

Yeah, yeah. You over the million miles? Oh, I'm coming up on three. You're coming up on three? Yeah, see, you got me, Pete. Yeah, yeah, yeah. But that's since, you know, three since, let's say when I first got my American Advantage number, they confused me with my dad.

And so for the first couple years, I was him. And then they were so confused when I asked them to break it apart. As soon as I was traveling more than dad, I'm like, this isn't working for me anymore.

I got to keep my own. I want my own. Yeah, yeah. So your dad's over there going, hey, mom, let's go. Yeah, I went before he spends them. I want them back.

But what were we saying? Yeah, so I'm never speaking negatively about a product, unless it's harmful. I mean, I'll say I think something's dangerous. What's dangerous out there?

There aren't many products that are dangerous. It's in the application of them. You know, in this country, the place… Or the marketing of it. Or the marketing of it, yeah.

I think the marketing is the most dangerous thing. The marketing for multiple unproven and inherently dangerous applications, like putting something into someone's IV, hoping to treat something distal in their body, is, if there's proof for a particular indication, great, but if there's not, that's not a safe thing to do.

I think a lot of it's driven by it's a cash pay business. So it attracts people that are interested in that and the barrier to entry for this business to use economic talk is low.

Anybody that can inject. If you're drawing it out of a bottle, anybody that can inject can do it. So now you can have chiropractors hiring nurses, you can have PAs setting up their own clinics, you can have you know, doctors that trained in OB-GYN now taking care of hip pain, vice versa, you know, taking care of, you know, ED for an orthopedic surgeon.

Again, if you spend extra time to learn how to do something, no knock against that. But it seemed like overnight or in a relatively short time, the people that had stem cell or PRP on their, on their banner exploded.

Yes. Exploded just because with these products, because these products didn't require drawing blood. They didn't require getting bone marrow or even adipose.

Yeah, I mean, I remember when I had COVID and I had Delta because that's when Delta was out. I mean, I caught up for my friend who subsequently passed away.

We were playing golf and he couldn't finish the round. And like, you know, three days later, he's in the hospital on a hemisphere or as they called it run.

Death is near. You know, I'm like, oh, gosh. And I get I've never done it. I've never been so sick I'm upstairs in my king bed and my sheets head to toe are soaked.

I've never My blood ox got to like 92, which is not horrible horrible. No, but for a healthy athlete That's it was I was not in as good of shape as I am now I was probably about 25 percent body fat.

It's the only time in my life. I'm like Is this how it ends? Yeah. And working with the doctor then on my hormones and everything. And I called her like two days into it.

And she's like, why? She was pissed. She goes, why didn't you call me right away? Yeah. And she had me coming into exosomes via IV. I felt better in 12 hours.

And I came back, and I did it again. Now, you can, like, I mean. But that's how you start. That's how you start to determine. And what I say, like, I don't I'm with you.

I want to see the studies. To me, you start anecdotally. I have people in the industry that I know very closely that do IV exosomes for general health, not necessarily going to make your knee feel better, and they get amazing results.

Patients come back and say, holy cow, when can I do it again? But I'm with you. The thing that I get worried about is where's the line in that? Where's the line for you in that?

Well, and you wonder if there's a pathway there. The reason why the exosomes are helping is because they're getting optimized in a way that we would also optimize them if they had nutritional supplementation.

That's what I like. Yeah, because these people are also on peptides and they're on all these things. Yeah. And so it's hard to know what the real… I like ranking what's giving me the best bang for my buck.

Okay. What intervention is giving me the best result for the intervention. And it's hard, but people are doing a lot of different things. But I think exosomes, IV for general health is something that needs to be examined.

Because unlike the cells that we put in the IV that get stopped in the lungs, exosomes have the ability to travel and

be systemic. Nutrition along the same way, anyone, everyone can do that.

And then there's some testable things that you can track. The problem I have is just with the FDA. That's where your real issue is. Yeah, because developing the science is one thing, but once I think that something may be helpful, like with your anecdotal story, that's one of the products that the FDA has been really, really, really clear on.

I mean, as recently as last month. You know, it's like an every six week thing. Yeah, I mean platinum bio platinum biologics. Yep, and innate health care platinum biologics in Florida and innate health care and Scottsdale and Phoenix, Scottsdale both gallbladders and and both had exosome products and and you know the FDA is not just marketing agency they don't just tell you you can't market they actually are responsible for saying you can't use this in humans unless we approve it if we say it's a drug mm-hmm and so exosomes is just it's a great example of something that may be tremendously beneficial but somebody's got a quarterback that through the FDA The FDA has to change, which would be great, because with RFK and these others, maybe they'll just say, OK, we'll just track complications, but you guys can do it as long as you track.

That would be maybe a workable solution. And like we said, if any administration is going to do that, this would be the one, hopefully. I'm hopeful, because I think that they should open it up more.

I think we should be I think we should be a lot more open to saying, yeah, run the study. Let's go find the answer. It's almost like the answer right off the bat is no.

Yeah, that's the default. That stifles innovation. I mean, as a country that, for most of the 20th century, really led a lot of things in innovation, I don't feel like we do that now.

I don't feel like we're really innovating the way that we used to. I mean, there's off-the-steel stem cell drugs in other countries. And we don't have that.

We're not even close to that yet. We're getting closer. But so we definitely are lagging behind. There's no question we're lagging behind. You know, the people, the clinicians that are using some of these products that are deemed drugs by the FDA but not yet approved, I understand, because along with that, maybe this is fortunate, but along with that opinion, the FDA is not the FBI.

FDA, Regulation, and Medical Politics

And so, just like last month… Very carefully, we might get a knock on the door for that one. Well, I don't know. Yeah, here I am. Come get me. My name is Franklin.

Franklin Smith. Yeah, yeah, right. And so, like these two letters that just went out, it was just basically you have 15 days to respond, how you're going to become compliant.

A lot of companies get those letters and there's no way to become compliant. So they just stop some companies change the labels But but it's not tied to jail time Unless the justice department gets involved and there's some other issue, right?

So so I guess the point is the penalty for doing something that may not be FDA compliant is right now minimal Yeah, it's a it's a scary letter. It's a scary letter and you either at that point stop or at that point you change what you do, but But that's the issue, and so that's why I understand.

I just hope the people that are doing it are keeping good notes and saving their outcomes in a registry because if the FDA really does finally allow us to present real-world data, that'll be, we could hit the ground running if they say, okay, we're gonna consider exosomes in this committee meeting in two weeks.

If we had eight people that you and I know show up and say, here's my data, here's my last 2,000, and you end up with a total of 10,000 cases that no significant side effects and 70% response rate.

I'm just making stuff up 70% response rate and these are the indications. I mean, yeah, I mean, that's how we can push the ball forward a lot faster. Yeah, I mean, there's Again, talking with Rowan last week, because it's fresh in my head, that's why he's bringing his event to Japan.

He's like, Japan is way more open to doing a lot of the things that we can't even think about doing. And there's way more that's going on outside of our country than here.

And to me, it's almost like the patient is the furthest one down on the totem pole as to the consideration of whether or not we should do something. We're not thinking when we run these tests or like the FDA they're not it's almost like they're like well We don't want to think about what's really in the best interest of the patient this anecdotal information.

Mm-hmm, because what do they know? They're just you know, I Mean I know it's a broad statement. Well probably shouldn't say it out loud, but but you know, we have a pharmaceutical industry that is intimately entwined with the regulator and regulatory body.

They give them a percentage of the profits. If you had to look at what's different between our country and other countries, there's some quantitative and qualitative differences in how they're funded and how they're Why many of you listen to Brigham Bueller.

So Brigham Bueller is the guy that's taking on the pharmacy benefit managers. Okay. So he's been a Rogan four times. Yeah. Okay. He's got his own podcast.

He's a compounding pharmacy manager, owner in Austin, Texas. Yeah. Okay. Great. You should check him out. Like I will. Yeah. He is, he basically just exposes everything.

He's like, you know, he tried to own each other, right? United healthcare. Here's the 11 different businesses that they own. And he, they own every fucking distribution point.

Yeah. so there's no benefit like they're making money they make more money owning the pharmacy benefit manager than they do in their insurance health insurance company because there's so many profits they just got sued for like i don't know some insane amount of money by the justice department because but even that amount was a drop in the bucket for them Yeah, I mean, I mean, it was all surrounding here.

Yeah, it was 25 million dollar fine is nothing. Yeah, right, right. And almost like almost encourages them to continue the bad behavior in my opinion.

It finds that low. It's like, oh gosh, you can really step it up. Yeah, it's only 25. What's it take to get a 50 million dollar fine? Let's push the envelope.

Yeah, that's why. That's what business people like. We don't get fined that much. Yeah. Okay. Let's get pretty good ROI. We're getting pretty close. Let's push it again.

Let's just take a percentage of every sale. That's like me going from 650 to 675 to $700 for my PRP. It's like you keep creeping up. Yeah. Do you think there, what do you say to somebody in the medical field, the providers that say we've got to get PRP covered by the health insurance company?

Oh gosh, I just posted about this like two days ago. Well, you know, that's why I'm asking. Yeah. Oh, okay. Good. Yes. This is what we call a softball in the industry.

Okay, good. Yeah. So I actually, but even before that post, that was one of the lecture topics I had at the orthopedic summit that just happened in Vegas three or four weeks ago.

And the conclusion of that talk was, if they were to cover it and provide the payment that represented the value and the expertise and the training and knowledge of all, none of us would have a problem with that.

The question is, what is that number? And my answer to that is, well, when Tricare covered PRP for five years, the average payment was about $2,000 for one location PRP injection.

And that's pretty fair. I think most clinicians do it pretty fair. You have to buy the kit. You have to figure out all your costs and everything. And that's a pretty fair number.

Fast forward two weeks, and a buddy of mine in town, Dennis Minotti, sends me, first he asked me a question like, have you heard that Blue Cross is covering PRP?

And I'm like, no, I haven't heard that. And I pulled up their physician statement. It still says online in their own literature that they don't. But then he sent me a copy of, you can put in like codes, CPT codes, and they'll spit back what they'll pay.

So he sent me a copy of that where he and his staff had done it and a patient had sent them something. And it's a tracking code, which by definition is supposed to mean there's no money because it's a tracking code.

And it's been in existence 15 years for PRP. And it includes… I remember that code because we put it on our super bill for our patients. We've been talking about it for 15 years.

And it includes ultrasound. So we're like, this is the beginning of the end because they've already bundled two services that allows them to decrease reimbursement.

Anyway, long story short, The dollar amount that they paid, Blue Cross paid for 0232T, which is the tracking code for PRP, was $32 and change. Or it's $32 or $37. Did you see my post?

Did you see my comment? My comment was, oh, you almost pay for everything to make your own kit. You almost cover the cost of creating your own kit. Almost.

Almost. Almost. Yeah. I mean, you're doing it for free, but almost. And so that's obviously a non-starter. Right. And I still can't see how that's a mistake, because that payment is even lower.

Like, if I just do ultrasound and send it to Blue Cross, it's like $100, $110, something like that. So I can't see how they can add a bunch of services together and then pay less than any single service.

That just makes no sense to me. But maybe not. Maybe they did it on purpose. I don't know. Doctors will come to me and go, how are we going to get insurance companies to cover this?

Why would you want them to? Well, you know, we can serve more patients. I said, why don't you just charge more, take a percentage off the top, create your own foundation and treat people that can't afford it in your own hometown?

100%. 100%. Because when was the last time that health insurance ever increased a reimbursement? I mean, they may eke out a percent or two, but the overall trend, at least in my specialty, is down.

It goes down every year. Like, way down. Yeah. Yeah. If you look over a five- or ten-year time frame, it'll make you cry. It's a horrible business. It's awful.

Okay, so this was a year ago. Remember, we're in San Francisco, a big orthopedic event. Somebody came out with an article that they basically figured out.

I forget the timeline within 10 years An orthopedic surgeon will be getting paid $28 an hour, which given the rise of fast food workers Talk a person of Taco Bell's gonna be making more than an orthopedic surgeon.

Yeah, I remember the article I don't remember the exact number, but I don't remember the use at that either. How do you is that you think that's close?

Yeah Well, look, you know a total joint surgeon Even if we, let's not even talk about the training to get there, but a total joint… Yeah, let's eliminate the 12 years.

Yeah, pretend he just walks out of high school. Right. A total joint surgeon gets $1,200 to $1,300 for a joint replacement. Okay. Okay. They have to cover, they have to see that.

That includes three months of seeing the patient after. Okay. How many visits is that? Three figure three. Yeah, and so 30 and usually after three months you may go to annual there unless there's a problem There's not really a reason to keep seeing them.

So essentially that that toll for $1300 is it that's what you get. Boom. Okay Somebody super fast say it takes them an hour. Okay to do so it sounds like I'm not sure I want my total joint, but then talk to using the phrase.

I'm super fast Well, you know The incentive is not to get slow. I know, but as the patient, I'm not looking for Speedy Gonzales to be my total choice.

No, you don't want that on your card. But that's it. That's all they get. And there's no allowance for, the biggest thing for me, there's no allowance for outcomes.

So if you and I are both joint surgeons and you get way better results than me, like your people, your joint replacements last 18 years and we have data that mine lasts four with infections and stuff, we get the same $1,200. What pisses me off the most is…

someone coming fresh out of same fellowship gets paid the same as somebody who's been doing 35 years, 35 years, whatever it is, yeah, whatever it is. Imagine that as a lawyer.

That would never happen in a million years. Never happen. And so, and that's part of the problem with the way the system's constructed. And, and, but that number, that $1,300 number used to be, you know, $2,200, you know, 10 years ago.

So rotator cuff is a very, most everything is a very similar story. If you look over a 10 year timeframe, reimbursements are down 30 to 50%. on a real number.

And costs are up sixty-seven percent. At least. At least. It is not a hundred. Yeah, just the health insurance costs. Right, yeah. For lower coverage.

We're funding UnitedHealthcare's acquisitions free. How worried are you about medicine? How worried are you about your fellow doctors? Oh gosh, I think it's unsustainable.

I think it's unsustainable. One of two things will happen. Either the whole system will have to shift in another direction and give some autonomy and authority, frankly, back to the person providing the care, making the actual decisions that really most impact what we can do.

Because right now, they've even taken that decision-making opportunity away from us. Like the surgery I did before I came here, I had to speak to another orthopedic surgeon to make sure that my plan was okay.

and I don't know how you do that as a surgeon if you've never seen the patient never done an exam you have a printout of an MRI scan but printouts are wrong sometimes you know and and so I don't know how somebody can kind of monday morning quarterback somebody who's in the room with a patient but but what's the skill set in the background of that orthopedic surgeon that you're conferring with yeah even if he's a surgeon it's a really good point because The rule is it has to be someone in your specialty, but the specialty is defined as orthopedic surgery.

If I'm a shoulder specialist, I may have a very nuanced and different approach and no different things than somebody who is a trauma surgeon. So yeah, the way they define it is still broad to my liking.

So loss of autonomy. You think that's the biggest issue facing them? No, no. So they're turning it into just shift work. Yeah, in my opinion, yeah, back to the fast food example in comparison, because, because they are snapping up practices at an alarming rate.

Three, I think, I think the number is three out of four people coming out of fellowship are going into salary positions. So the entrepreneurial aspect of it.

And the independence of it is essentially evaporating. Which I think that entrepreneurial background of a doctor is critical for discovering new ways to heal.

100%. Right? That whole thought process of being intuitive and inventive and… Or noticing a trend versus just processing. Right. Because there's no incentive to track your outcomes if you're going to get the same paycheck every two weeks.

Right. I mean, it takes a really special person, and there are some, but it takes a really special person to still care. And usually the people that I know that are that person, even though they're salaried or employed, they've been around, they're my age, they're not just coming out of fellowship.

They've been around and they've published and they know that they're making an impact if they look at something beyond just their eight to five schedule.

So in 2011 or 12, I can't remember exactly, let's just call 2011, 25% of doctors worked for hospitals slash big groups and today it's over 75%. Yeah, and that's the issue.

And I get it if you're coming out, I guess I really don't get it because I was never built that way. I understand why it's happening, but I don't get why people are putting up with it.

Yeah, yeah. You get a postcard in the mail that says $650,000 annual salary, two weeks vacation. It just becomes a W-2 job. And so some people now are going to medical school just knowing that they'll be comfortable, knowing that they won't have any autonomy.

Yeah, but that cycles on innovation. 100%. I couldn't agree more. The people that are in practice like me that then sell their practice The I would love to see the number but after two years like after the initial contract is up The people that go back and get out of that situation is really high at least just anecdotally from friends I know in this town.

Yeah, nobody likes it. No, nobody likes it Nobody because you're in a situation now where you have to see someone every 10 minutes, you know, and you have to you get 40 minutes for lunch or 45 minutes and you get your two weeks and you may get two meetings a year to go to and You get your RVUs, you can take that 650 and move it if you work really hard, maybe to 850 or a million.

Well, and that's why Biologic struggles in that environment, because the RVUs that some of my colleagues get at some of those institutions are the same as a steroid shot.

They just get RVUs for the injection. How do they get away with doing RVUs? Because that's feast-fitting. I mean, if I had a practice, and I advertised I was going to give you a commission, It wouldn't take long for me to get a letter.

Yeah, right. Correct. Are he used just commissions? I think so. I'm sure there's a there's a reason how they get around it. But I mean, I'm just but that but that but that whole corporate practice of medicine doesn't exist anymore.

Nobody gets nobody gets I love the fact that they're nonprofits. That's the one because when we were look, this is so again, yeah, everything's a business problem to me, right?

Like, it's Harvard I mean, this is what we studied in college. And so I remember sitting at lunch with my friend Byron, who owns 25 practices at a time.

We would meet for lunch. We'd get sushi every six weeks. And he was mentoring me about growing the practices. And I got into three. And I'm like, OK. And he's like, so what's the biggest challenge you're facing?

He said, this fucking corporate practice of medicine bullshit. I've got to rely on the doctor owning the damn place, right? And I don't want one doctor to own all my clinics in North and South Carolina.

What happens if they have a heart attacker? get a cocaine addiction or whatever, right? Or decide that they're the real power, right? And my investment is gone, right?

It could be gone. And he goes, so what do you think the answer is? Because he dealt with it. And I go, do you realize that there's a gap in the corporate practice of medicine?

Because I studied all 50 states. And he goes, what's the gap? I said, set it up as a nonprofit. And he looked at me. He's a really smart business guy.

He looked at me and he goes, I never thought of it because that's brilliant. You need to explore that. He goes, and I started exploring it. And I'm like, Think I can do it mine and they do it in hospitals.

Yeah, if we set it up as a nonprofit I don't need the doctor to own it. No and lo and behold, what are the venture capitalist group? They're setting up as a nonprofit.

Yeah, and that's and that's you know, the Apparently you can have like nine or ten billion dollars before it becomes a problem Yeah, you can have as much money as you want to pay completely.

It's like an Indian casino. You pay a lot low tax rate. Yeah. And then you're on the side. And so then you're on the side of the people that have the power because those are the lobbyists and those are the You know, because I own a piece of it, you know.

Yeah. What's the fix? What do you think? What are some of the fixes you would put short, medium, long term in to return medicine back to its healer roots?

It's hard. I think long term, you've got to return insurance to what it was meant to be. Insurance is meant to be for catastrophic things. Yeah. And and I think we have to go back now.

A lot of things. The problem is a lot of things have to happen at once. for it to work because you can't just change the cost of one thing and now say, okay, now you pay for your normal medical stuff, people wouldn't be able to afford it because they've been relying on this model for a long time.

But I think you have to turn insurance back into, you buy a catastrophic or basically a hospital policy or if you have to be hospitalized or have to have major surgery, you're covered.

That's basically what I carry. Right, but your day-to-day stuff, your average expenses, Now become you cover and that and that's where our government can have a role if somebody is below whatever income level that the deem appropriate they get help I was a fan of the idea of vouchers for something like that Yeah, I think that's the way to give people the ability to have choice the more we can have choice and and and competition I think the better I think in this city right now.

We've got three major Just three major choices for hospitals, you know, what was it 10 years ago? Well, I mean, it's a sore spot because we had 100% position on hospital 10 years ago and we were not nonprofit.

We were blatantly for profit, but we paid taxes. We employed 250 people. We had better reviews than any other for-profit nonprofit hospital. And because the incentives were lined up.

We weren't going to do well unless we took really good care of people. And the doctors weren't going to come to the hospital to operate unless we had a really good hospital and got great results and fast turnover.

And all the metrics were so much better. And they shut us down. They shut us down. But it's a great question. I think you have to find a way to inject choice, meaning getting rid of these lists of HMO doctors that you can go see.

Right now, it's funny, what's changed over the years in terms of how people find me when I ask them that question, it used to be referrals and word of mouth and friend of a friend.

It's slowly changed over the years. My practice has changed a little bit too, but even with a mostly cash paid practice right now, The number one thing people will say is, well, I went to my insurance company's website, and I got the 10 orthopedic surgeons near me, and then I looked at those 10 on the internet.

And your reviews were great, so I came to see you. You still do surgery. I do. I still do surgery, and I still take- The least profitable thing you do.

By far. Yeah. By far. The highest risk. By far. The least profitable thing you do. Yeah. I get little returns from that. Why do you still do it? Because I love it.

Yeah, so it becomes just a lifestyle thing. You still love surgery. Yeah, I love to do it. I mean, I can't imagine how cool it's got to be. Well, I love being able to help someone.

I mean, that's the orthopedic side of why I went into orthopedics. I love having a defined issue that I can help with. And then six months later, they don't need me anymore.

I never went into internal medicine. It would be great if kids could be like that. They always seem to just stick around, don't they? They do. Yeah, guilty as charged, by the way.

I'm still sticking around home. You're still sticking around. I'm still. Yeah. Yeah. Yeah. But you're really lucky, by the way, that both your parents are still alive.

Yeah, I am. You're a very, you're a very lucky man. I am. And I'm grateful for it every day. They just had their 64th wedding anniversary. Jesus. Yeah.

I don't think you and I combined in our marriages have been with 64 years. No, I would. If I got married today. I've got 27 total, so. Yeah, no, I'd have to find someone today and be 123. So they married 64 years.

So I need biologics and a big, I need your ex's home. I need whatever. I can hook you up, Donnie. I need it all. But your question is a great one, and it needs a lot of smart people thinking about it, because there's got to be a way to return choice to people, to return insurance.

to what it was originally designed for but but think of all the lobbies and think of all the industries you're talking about oh my god happen you know it's like it's like it's like it's like making it so that politicians can't serve term limits but of course it's never going to go through they own them the lobbyists own them they're not going to they're going to fight that tooth and nail you'd almost have to start that way right because who's going to want to go into politics to make that change If they're expecting to have a career in politics, well, yeah, it's a majorly clear if someone knows they're only gonna be there four years then yeah, I can I can do what I think is really right for People and for the country because I'm gone in four years.

It wasn't that the appeal with Trump this last time around. Oh, yeah, right I mean, it's a nice pitch initially. Yeah. Yeah, and this is great. It turns out turns out that it may not be true But it's a great test.

It is a great pitch.

Insurance, Reimbursement, and Practice Economics

Yeah, I I would love the fact that they're now mandating that you have nutrition courses. Yeah, I think it's kind of throwing like a deck chair off the Queen Mary I also think that they should get business classes hundred percent.

I mean if they had a whole yeah, not just Here's not a balance your checkbook. Yeah, but like that's actually one of my goals Mm-hmm is to get find one medical school that I can go in and teach a semester of business that is I want to start doing one and then I want to do two semesters.

I want to be able to teach two years of business and I got enough network people that I can put in there and do it in Texas so I can go man. I would go to that class in a minute.

That's actually a dream of mine that it's there. I really haven't done much with it. You know, I got the new book coming out, which I think is going to kind of with this podcast.

I think it's going to kind of drive some things. But yeah, I want to start. I just need one. Is that something you think you could set up as a virtual system?

Yes, absolutely. Yeah. Totally just have a package because that that's what happens now in a lot of even at the residency fellowship level and down into medical school is is funding for them and time finding time.

I can think of several things off the top of my head that could easily should be replaced by business classes. that you know you're not going to use unless you're going into that particular narrow niche specialty.

Everyone needs business. Everyone needs that. Well, that's when I, you know, a year ago, in January, I decided not to live in Charlotte anymore. I moved out west and Phoenix and probably going to wind up, I spent a lot of time in California, but I'm not going to move there because the taxes are insane.

But, you know, I was working with Dr. Wil Haas. We were going to create the North of Biologics Clinic and we would have fellowships where they could come in and be 18 months and they learned biologics and then they have another one because he's a functional doc and they would learn functional so they could do another 18 months but within that 18 months they would learn business.

That's the other thing I want to do is I want to create a fellowship that's about business. That's important. We need to talk about Iowa. having a curriculum item like that, because we're really good at teaching orthobiologic technique and best practices and evidence-based protocols and all the things.

But it's not doing everyone the best service that we could, as IOF is Interventional Orthobiologics Foundation. Great, by the way, if you're looking for one of the best places to get training, IOF is it.

But we're training all these people so they're better than when they came to the course. But I would almost guarantee you that if we had a business offering, maybe we'll talk about it for IOF, Max, and June.

If we had a business offering specific for that, geared towards orthobiologics or geared towards medicine in general, including functional and everything else, Yeah, it's a gap all the way through my whole practice life.

It's been a gap. If I hadn't sought it out and sought you out, I would just be looking at YouTube videos, hoping for the best. In the book, and I finished the main script about three weeks ago, so it's off to the publisher.

So in chapter three, I start every chapter with a story. And the title of chapter three is The Modern Medical Plantation. And I start with the story of Ned Scott, who's an actual sharecropper.

And so it was 1904, and he's sitting down, and it's the end of the year. And the landowner says, well, Ned, looks like you didn't have a good year again.

You owe me $42. And Ned Scott goes, you're wrong. And he pulls out a letter. And he kept his own letter of everything that he bought at the company store.

Because you pay two to three acts at the company store for the seed and the shovels and the clothes and all of that. And he showed the owner, the landowner, that his numbers were wrong, that he actually was owed money.

And he said the only, when they interviewed, it's an actual person, when they interviewed him, what thirty forty years later and he said yeah i taught myself how to read and write and i taught myself math because i knew the only way that i could get out of being a sharecropper and how on my own land was through education and the point of that story is that i think is what if we can educate the doctors about business they'll realize how bad they're getting fucked and they're getting fucked and they'll be like wait a second because you know the only thing that happened in the civil war in the south what happened was They stayed on the plantation.

They became sharecroppers. It was another form of slavery. And it went all the way up until the 1950s. And it's one thing to have an emancipation proclamation.

It's another thing to win the war. It's another thing to completely change your mind and your belief system about what you can possibly do. And to think if I can do anything in the rest of my life, it would be to change that.

If I can change that, Donnie, my life would be pretty well lived. Well, that's powerful. And you think about And I've had this conversation with a couple people you think about if they're offering a brand new orthopedic surgeon coming out of fellowship a half million dollar salary is because they're making three to four million dollars at least off of that person's they're making eight.

Yeah and so yeah great you have a nice W-2. You still need education on what to do with that if that's your end goal was just to have that but step back and look at the bigger picture and especially with you know the orthobiologics and then the promise of a concierge type cash pay business the opportunity exceeds that.

You can help way more people if you don't have restraints on in terms of how you should practice. Well, hopefully this is the time. I mean, the education you do.

Tell everybody about what you do with Orthosono. You've been doing it a long time. Yeah, we have. So Orthosono started off as a MSK musculoskeletal ultrasound training course.

And back then, in 2008, all we knew was shoulder ultrasound. So our first, I mean, did four courses a year. I'm sorry, but I can only imagine how bad the machines were in 2008. They weren't awesome.

They were good enough to have a course, but they weren't, I mean, compared to now, you'd be like, oh, well. I can actually understand what I'm looking at.

Yeah. Now they're like, they're like portable MRI machines. Yeah. It's amazing, isn't it? But the course grew because the need was there. We were right about the interest level that would develop.

And so the course grew. We added foot and ankle. We just added all the different areas within orthopedics that make sense. And now we do it twice a year.

We've been doing it twice a year for a really long time. Here we are 2025. So we're 16, 17 years later. And we've had probably 38 or 39 courses because the first couple of years we did it four times a year.

And we still, we keep it small because it's a training course. It's a great course. But the small is 70 is our average attendance. But those 70 people, again, they're better Monday than they were Wednesday night when they came to the course.

When we have a new staff member come on, I always send them to that one and or IOF, but I always send them to yours because there's more of it. Yeah, yeah.

And I make them stay there and watch the training. Yeah. And they come out because I hire people that predominantly are not in the medical field. Right.

And they come out and they go, I had no idea. Yeah, it's great. I just I think it's pretty cool. Yeah, that's why I keep doing. I just think it's cool.

Even if I had nothing to do with, you know, teaching, it's just cool. But we, you know, we've expanded and this is new. We've now gone to a full day on the Thursday of the course, which is the first day.

That whole day now will be regenerative medicine because the topics we need to cover are just so much broader than they used to be. So we've gone to a full day.

We do live demos and then you do like a live B Mac, right? Well, yeah and going to a full day on Thursday will give us all afternoon. So we're now instead of two, we're going to have like six live demos.

So I brought my sons one year Colin and Jack and I'm like you have to stay. You got to watch and they were trans fix. Yeah, I see. At first, they were standing in the back and like, get your ass up here, come on.

Nobody's got to care. Same price. They're going to think they're in medical school. Just go right ahead. And they were like, Dad, that was amazing. I'm like, yeah.

They're like, this is what you do. I'm like, no, I don't do things. These are my people. Right? Well, and the amazing part is you get the report back from the patient.

You know what I mean? That what I did for 20 minutes, that person had been struggling for four years, five years, And four years later, what I did for 20 minutes is still impacting their life in a positive way.

That's the promise of what we do. And trying to lengthen those numbers. Make it last longer and make it easier to do. So if somebody wants to find out about that, that site is it orthosono.com?

Correct. www.orthosono.com. And it's all the training that you need. And I will tell you folks, like I've been, I don't know how many years I've been going, three years or whatever.

Yeah, at least. At least. Probably four years now. You walk out on Monday and you can do it. You walk out of there, you can do it. You can do all the basic things.

And that's really, our course is positioned as beginner-intermediate. We have a fair number of people that are already pretty skilled, and they get a chance to fine-tune whatever they want to fine-tune.

But we have now partnered with Interventional Orthobiologics Foundation to be their introductory level course. And so if somebody is worried that they've never done it before, that's not required at all.

If somebody is worried about their specialty, we take, in this course, we take doctors, we take PAs, we take physical therapists. Oh, yeah. Any musculoskeletal specialty that's interested in ultrasound, we just want to get them some good info.

Because it has to be done correctly. And that leads to the conversation of, You have to do ultrasound guidance and the injection. Yeah, I mean, there's basically every study that's come out has shown that we're better if we use guidance than if we don't.

Nobody drives blindfolded, folded, nobody, you know. I'm sure there's some guy that's figured it out. Yeah, I'm sure it's a parlor trick. Yeah, I mean, it's a visual, it's a visual imaging modality.

So if you can see exactly where the needle is, it's kind of like why wouldn't you? I was showing Nastascha, she was at, not at North Asona, but we were at another event, maybe it was, I can't remember.

I think it was AAOM, because we were in Vancouver. And two boots down, Amy Trong is getting her back done. And I grab Nastascha by hand, I go, come here.

And I go, watch this. and I grabbed one of my doctor friends, maybe Farrell was there or somebody else, or anyway, or maybe, you know, I can't remember, and I'm like, would you please explain what's going on?

And he's like, okay, so you see it, you see that's the gap right there, and I'll watch them fill it in. And he's like, she's like, what? And I go, that's what we teach them.

We teach them how to make money with that. That's why we do what we do, because they may be able to do that great, but if they don't know how to run a business, no one will ever find out about it.

It doesn't matter, yeah. It doesn't matter. Yeah, that's exactly right.

Teaching, Orthosono, and Closing Reflections

know your audience you have to know your patients you have to price you have to know your value you know yeah yeah yeah all things you've helped me with thanks man yeah yeah you know you changed you changed my business dramatically really i've never told this story i was thinking about on the way over here so I had only clinics.

I sold them. I got divorced. And I had started an agency at first. And I had a week where I lost six clients in a week. The business basically disappeared.

And so I wound up doing some coaching, right? Because I had a long background of doing coaching and consulting from my Get Rich in Real Estate days. And I'm doing this.

And I'm having the damnedest time getting any traction. I'm trying everything. I'm running. Facebook ads, LinkedIn ads, LinkedIn messaging, cold email campaigns.

Because I didn't have the money to go to an event. It was just me. I'm like, well, I can't stand in a booth. And I looked at the money I'd do in a booth.

And you go through a divorce. It costs a lot of money. And then you wind up with, and I had my son at TCU. I think my daughter was finishing in Furman.

I'm like, there wasn't a whole lot of extra capital sitting there. And I literally remember this, that week, I'm literally I'm asking God literally and I go God I know I can my skill sets really good and I can go into another market and make a lot more money if you really want me to stay working with these doctors and I didn't understand at that time so this was was this pandemic pre-pandemic might have been oh it was right after pandemic not oh five two uh 2020 it was 2020 yeah this thing was like 21 and i said you gotta give me a sign at least through one of those prayers like give me a sign god yeah right yeah yeah you literally messaged me the next day is that right yep and you hired me that same call three weeks later ariana joined then josh shacter like it completely changed the trajectory like i'm literally like i brought a tribe man dude you brought more than a tribe and then invited me to speak to the event yeah and i think i want to put like 80 of your instructors have been clients yeah something like that yeah i've been surprised i mean yeah you you like you literally I'm not kidding.

You were answered prayers like God. I really like working with these doctors. I know they need my help, but they're fucking God. They're stubborn as hell.

Yeah. Yeah, I need like I need a angel invite you and visiting me. Give me like a marketing plan. I need something. Yeah, literally message me the next day.

I'm like, that's cool. This is a joke because I had I had sent you some messages on LinkedIn and yeah, and I and I've been tracking and and and just got to a point where I'm like, you know everything he says it I understand it it resonates with me and It's like, I know I need help, and I've never been afraid to have a coach.

Obviously, obviously, especially if they're if they're making me better, you know, and it just, I, you know, first answered, it was just time. Yeah. Yeah, it's really cool.

And I, you have given me such an appreciation. It has been fun to watch you and get to know you and really just the passion that you have for your for your fellow doctors.

Thank you. Not just the orthopedic surgeons and not just the ones in Regen. Like you can just tell you have a heart for the truth. Yeah. That's why I called you, you know, Regen Superman.

Yeah, yeah. I appreciate it. Justice in the Don Buford's American way. Yeah. But yeah, Donnie, thank you for taking the time. I know it's been a busy week for you and moving into a new office.

Yeah. So we finally after all these years, I had a little satellite office for about six months, but it wasn't I wasn't there. Yeah. And so after all these years, I finally have a clinic that's designed for regenerative medicine with big rooms.

Wait a minute. No more eight by eight rooms. No, like the most profitable medical practice known to me. So my numbers are going to go down in terms of per square foot because we have a little more.

Folks, if you would have seen Donzo plays, it was four offices in a hallway, part of this big orthopedic practice that he was in, and the rooms were, what, eight by eight?

Like, remember, I'm in the room with you, me, Christine, and a patient. And the ultrasound machine, and that was it. And the ultrasound machine, and like, there was no other room.

No, it was affecting my health because I was only getting about 40 steps a day. Going around my clinic. I was surprised you got 40. Yeah. So now it's going to be up, but it's right size.

It's about 2,000 square feet, four rooms, separate biology lab and right down the street from here. And it's just me. So I had a chance to make sure that it meets all the criteria to have a really good, you know, it's all about the experience also.

I care about that too. And I want people to come in and know that we care about their day, you know. And if they're going to spend a couple hours with us, I want it to be two good hours where they can tell their friends, yeah, it's a great clinic.

I don't want them saying, he's a great doctor, but God, his office is just nasty. Yeah. Yeah. It doesn't make sense to me. It doesn't make sense. Yeah.

Yeah. Well, look, man, the work you do for the industry is, I mean, obviously everybody knows it, but the passion that you have for the passion, the truth of what is real.

And it has, I think it's done as much to help the industry grow as anything else. I appreciate it. So thanks for taking the time. I appreciate it. Appreciate your friendship.

If this episode got you thinking differently, hit follow and share it with someone stuck in the system.