# A Simple Change: How Adding Easy-to-Implement Functional Labs Will Help You Grow A Thriving Practice in Uncertain Times Transcript

(Transcripts are generated by AI and may contain errors)

## Introduction to the Practice Upgrade Summit

Hello, everybody. This is doctor Bob Hoffman from the Master Circle Global, and I want to welcome you to the Practice Upgrade Summit. You are in for a joy ride.

In the next few minutes, we're going to be interviewing the master, the master of functional work, lab work, interpretation and nutrition healing, a dimension that I am urging you to consider adding to your practice and making your ability to get more people well, quicker, better, and longer an essential component.

Our guest today is Doctor Julie McLaughlin, and she's going to be talking about how adding a simple system of functional lab work to your practice, how it's going to give you functional freedom in your business, unusual world that we're currently living in.

God knows, Covid has turned things upside down. It's changed the perspective. It's never going back to what was once normal. There will be a new normal that we're still evolving and uncovering.

And doctor McLaughlin is absolutely going to help you with that. So please stay focused, take some notes and engage. You're going to get so much out of this.

Doctor Julie has helped tens of thousands of people improve their health and improve their lives through her clinic, her e-books, her teaching, her public speaking.

Over the last 32 years, she still actively seeing patients and teaching chiropractors on a regular basis. Doctor McLaughlin is one, one of the most sought after wellness doctors in the world.

She is well known for treating celebrities, elite athletes, local entrepreneurs, businesspeople, students and families that help them live a pain free, healthy life.

She is a chiropractor and an acupuncturist, and a functional medicine practitioner and an educator, speaker, and author. Doctor Julie has a passion for teaching chiropractors and other wellness professionals functional wellness and lab work.

Doctor McLaughlin created Vital Health Protocols, an online functional lab, the Functional Medicine Programs. I have gone through, a half hour or 40 minutes of Doctor Julie months ago to learn about this.

I've got to tell you, it blew me away. She is so organized, so efficient, and made this so simple. She has over 700 different programs on her website.

It's off the charts. It's the best thing I've ever seen on this platform. She teaches a simple do level approach that allows complex information to be transformed quickly and delivered easily in a turnkey system of functional wellness that can be implemented into any style of practice as a speaker for various labs.

She focuses on the interpretation of advanced lab markers with protocols in functional wellness to predict, prevent, and personalize treatment plans for patients.

She is a superstar, and you are going to come to that same conclusion in the next few minutes. So welcome on to today's call, Doctor Julie. We really love having you be part of this this summit.

## Why Functional Lab Work Matters in Chiropractic

Thank you so much. Talked about I am so excited to be here. And, it is my pleasure to join you. And I love this practice upgrade summit. I love that name because it really says what your mission is to help everybody.

So thank you. Thank you, I appreciate it. So I love the fact that you created what you call vital health protocols. Let's start there. Could you share with the people watching and listening to this?

What are vital health protocols and why are they so important? I mean, so, you know, you think as a chiropractor, what the heck, why are you doing lab work all these years?

And, you know, the truth is, I went to school quite a while ago, but we we don't always want to admit how long ago it was, but it was before the internet and.

And all of these things in the school that I happened to go to. Part of our schooling was we had to draw blood on every patient. And, when I came out as an associate, I worked with the doctor who is a chiropractor, but also a nurse practitioner.

So every patient that we saw, we drew blood on. I just no one ever told me I never got the memo that I just don't do that. I just thought everybody did that because, you know, back then we practiced on our own little island.

Not like today, where, like with the internet, we can share so much information. And so over the years, I have developed protocols that have been vital in my practice in helping my patients along with chiropractic.

It was an added service that I thought it was way before functional medicine, functional wellness, any of those words ever existed. It was treating the cause of the problem.

And to me, if somebody says you're doing something that's treating the cause, not the symptom, in my mind I'm like, oh, that's chiropractic, right? Because so I always thought doing labs was just part of chiropractic because I didn't get the memo.

So that's kind of how I came up with this. Beautiful. Just just sharing some history. Like you, Doctor Julie, I have been blessed with some amazing mentors.

To a large extent, I am who I am because of the mentors who shoulders I stand on, and one of my most significant mentors was Doctor Fred Barge and Doctor Doctor Barge was a huge a huge influence in my life.

I miss him so much. And, Doctor Fred was, I believe, the eighth president of the International Chiropractic Association. I was the 12th president of the ICA.

And, I learned so much about professionalism and dignity and pride in being a chiropractor from him adjusting skills. The only argument I ever had in my early years in chiropractic with Doctor Barge was blood work.

He actually had a lab in his office, and he did blood work on almost 100% of his patients. And for me, that was unheard of. I couldn't understand it when I was a young kid.

Why would we be puncturing people's skin? Why do we need blood work? What is it about a blood analysis that's going to tell me where to adjust them? But I have to admit that it was my being naive, inexperienced, not polished or mature that made me argue with Doctor Barge.

And why would I have argued with a mentor who 99% of everything he said I just did because he was spot on and that was the one thing I argued. But I have learned over the years that he was spot on.

And, you know, I'd love you to talk about this in a moment, but blood work is the language of health care, regardless of what we think. It is the language of health care.

It shows us what's going on. It's a part of the body's innate expression to tell us what's going on on the inside that we can't see, hear, taste, touch or smell on the outside.

It gives us an ability to document in a clinical way that we could share with all professionals that the body is healing because of our intervention, that quite frankly, we can't.

You see, I've always had a problem, Julie, with chiropractors talking out of both sides of their mouth. We don't deal with symptoms. Symptoms are important, but as soon as their symptoms go away, another chiropractic miracle.

Know we've got to improve function. And how are we even measuring function? One way is bloodwork. Could you could you address that a little bit further?

Yeah, absolutely. So I always say physiology doesn't lie right. And so you know starting practicing in the 80s people would come in and I hate to even say this, but they got better so much faster.

We didn't have all the GMOs in all of the chemicals in our foods that we have now. We did not have the same type of environment. We didn't have the amount of stress that people have now.

And those patients got better, much faster. So when you look at the physiology, I always say we're looking at the person from the inside. And as chiropractors, we feel with our hands what's going on on the inside.

We feel their spine. We can feel their muscles. We we do that work with our hands, but we can't feel their blood. We can't see that physiology. So I always say, one of the things when I explain to chiropractors and when I explain to anybody that says, why would a chiropractor do blood, right?

I think it's kind of because we look at x rays, right? Not on every patient, but we look on x ray x rays. And what are we looking at? We're looking at bones that are really the hardest substance in our body.

And we look for, you know, alignment. We look for degeneration. We look for posture, we look for all of these things. We see inflammation and we see a lot of arthritis.

And then we know that person has inflammation. So isn't it possible that if I can see on the hardest structure in someone's body, inflammation and degeneration and subluxation and all of these things that maybe just possibly in the soft tissue, in the the organs, in the blood vessel, they might have inflammation, oxidative glycation going on as well.

And if I only look at that spinal portion and I don't consider, hey, me B they got something else going on.

## Defining Functional Freedom in Practice

This got all this inflammation. Maybe it's in their blood vessels that that's why they're not getting better as quickly as we had hoped or getting the results that we hoped.

So when I look at a person, I look at them as a whole person and I want to know. And the other thing I want to know is I want to know what their risks are before they ever get a problem.

Right? Because prevention is huge for us. That's where our wheelhouse is. Yes, it's part of our history. It's part of our philosophy. You know, this all gets down to a very important concept in chiropractic that I believe we've been somewhat misled or have bought into a bit of a myth.

And that is, is subluxation the cause or the effect? And the truth is, it's both. But most chiropractors think it's just the cause. And more often than not, it's an effect.

You know, we some look, I say sometimes because of physical reasons, sometimes chemical reasons, sometimes emotional reasons. Palmer's three teas. Thoughts, toxins and traumas.

But it's chemical and emotional causes an aberration in the body that shifts the vertebra out of alignment like a circuit breaker to keep us whole. Temporarily.

And if we don't know that, you could have just the same vertebra on the same page in two or 3 or 5 times or ten times a week for the rest of your life, and they're always subluxation again.

And that's not our end goal. Our end goal is optimal health through optimal neurological expression. And I agree with you. I think physiology doesn't lie.

And we need to have enough confidence, faith and belief in who we are and what we do and how effective what we do is that we be willing to look at blood work before and after we'd be willing to look at X-ray or MRI before or after, or heart rate variability before and after.

And they're more I'm just using those as examples because they document how amazing what our work is. So I love what you're saying about this and I think it's spot on.

I hope the people watching this will open up their heart and be adaptive and flexible in their understanding and not hard core and digging in. You know, you can't teach an old dog new tricks, so we have to get rid of some of those old dogmas to be open to the possibility.

And the last thing I want to comment on before I get to my next question is I agree with you. You know, I've been a chiropractor for 42 years. You're a kid.

And the fact is, people are far sicker today than ever before. There's so much more physical, chemical, emotional, and electromagnetic stress than ever before.

The level of illness today is so compounded it's crazy. And even though chiropractic adjustments will always be the foundation of my care, there are some people.

We hit a glass ceiling, there's some symptomatic improvement, but there isn't very much functional improvement. And they don't get passed a certain level because we haven't tried to deal with them on multiple levels.

From a natural wellness, vital mystic perspective. So I know you agree with that. I absolutely agree with it 100%, 100%. How do you define functional freedom in practice?

So functional freedom is when I think about, you know, I got shut down during Covid, I'm in Illinois by Chicago and and we we were we're pretty hardcore shut down here for two and a half months.

And in 33 years I have never closed my office more than two weeks. And that was when I had my baby. Right? Never. And so to me, that felt like it took my freedom away to practice, to put my hands on people.

But because I had this, this other side of my practice, this functional wellness, the labs, all of that part, I was able to still do telehealth with the patients, and I was able to talk to them about their labs and about their exercises and about their fears about Covid.

So part of that functional freedom is freedom from the brick and mortar. And let's face it, the overheads can be high. I know a lot of the mobile millennials, they don't want to be tied down with the brick and mortar.

So part of this work allows you to move around. Or let's say you have a spouse who gets this fantastic job and you have to move to Toledo or somewhere else.

You're able to still take part of your practice and go with you or God forbid, knock on wood. No one ever gets injured in this profession, but we know it's a physical profession.

I know when I went to get my years ago, my my disability insurance, they rated me the same as a construction

worker. I was like, oh, wait a minute, I know I'm not a construction worker, but they said, well, you have a very physical job, so we're going to give you the same rating.

But, you know, if you got injured and you know, you got a chronic illness that you couldn't adjust people anymore, it gives you the freedom to have another revenue stream and to continue to help people.

That's when our hearts embark. But, you know, it gives you freedom from insurance. You it's a cash base. You don't have to play those games. It gives you freedom from boredom.

I mean, I don't know about you, but I always like when new things because I don't want to get bored in practice. Another thing is, is you're attracting a whole different group of people.

So you get away from that new patient trap, you get freedom of getting a lot more new patients. And guess what? They may come in to you because they want to lower their cholesterol or lose weight or help control their diabetes.

But guess what they're getting adjusted to, right? So just because they may come in initially from a talk or something that they see that we do for high blood pressure, whatever it is, you better believe I'm examining their spine and they're getting adjusted.

People who never would have come in and said, I really don't have any back pain or musculoskeletal complaints, but I always tell them, we look at you as a whole person, so you're going to have the freedom to take care of everybody.

Go down and listen. I don't want anybody to get the wrong impression here. You're a master at this, but you're a world class chiropractor. You are a chiropractor in the heart and soul.

I know if we cut you open, you bleed chiropractic. Yeah. And and going back to these virtual visits and having functional freedom.

## Common Patient Needs and Whole-Person Care

I love that term is, you know, Julie, we've been trained that how we help people is when they're lying on our table and we adjust them. And of course that is 100% true.

But there's so much we have to offer patients that we could deliver that doesn't require a table or your hands, you know, teaching them a wellness lifestyle, teaching them to manage their stress, teaching them to eat clean and healthy, or what supplements to take or what's restorative sleep and why is it so important then, how to get more of it?

Or how to how to maintain brain function and brain health? I mean, the list is endless. A posture, of course. So I think this is critical. And and another big benefit of the functional freedom is you could be attracting and serving patients that are in another town, another state, another country, because they can get on to a phone call or on zoom with you or some other platform like zoom and be able to assess them, put them through certain tests, do blood work and show them their analysis, make recommendations.

It opens up the vista, the possibility of people you can attract as new patients from literally around the world. Most doctors refer to these patients as destination patients.

Yeah, I love that, I love that, absolutely. And those patients, I say we can do your lab work. I had a girl this week that I spoke to. She was in Ohio, and I said, we're going to do your lab, but I'm going to get you a referral to a chiropractor.

There because you need to get adjusted to I might not be able to put my hands on you. I see patients four days a week in my office where I'm adjusting them, but I need you to get adjusted in addition to doing these lifestyle changes.

And you know, we have all of these groups. So awesome. Now we can message anybody in this town in Ohio. And I'm like, oh, this is who you're going to see.

And I need you to get adjusted as well because you need to treat the whole person. And that really solidifies what our message is, because it really is about treating that person as a person and the cause and in making them better.

And then in the long term, we all want prevention. I think if anybody ever told me, well, you can never get adjusted ever again in your life, I would die, right?

I mean, that's not that's not even something that would be possible. Right? So why wouldn't I want that for my patients? And it's the same thing for my patients.

They get adjusted. I have a huge maintenance practice, but they also come in once a year, once they're on maintenance and get their labs done. I did a couple this morning.

They were in this week and got adjusted, but I did a telehealth because we're doing the social distancing thing. And they've been doing their labs with me for 15 years.

And I told them today, you're 15 years older chronologically than you were when you started with me, but you're light years younger as far as the fountain of youth, if you will.

I mean, the man's triglycerides over the years had dropped over 400 points. Wow. His cholesterol dropped 70 points. And it's maintained all this time.

So they learn the benefits of taking care of themselves, but also what gets measured, gets managed. And that's how they know you better. I am so happy to hear you say that.

That everyone, no matter who you manage, needs chiropractic care. Again, it is. It is the proverbial backbone of who we are and what we do. But it doesn't have to be the only thing that we do.

So. So before Julie, we talked about the fact that lots of patients, because they're sicker today than ever before, need more than just getting adjusted.

So I'm curious, what are some of the most common things patients need more help with in your practice? So some of the things that they come in with, they could come in with back pain, with ridicule, apathy down their leg, right.

So we always go to sciatica. But one of the questions as I'm doing their exam, of course, we always do, you know, orthopedic tests and or logic, whatever your your exam is, we do that.

But I ask them, when's the last time you had labs done? So anybody in your family diabetic? Because what if I'm missing that portion? What if they have diabetic neuropathy, right.

I could adjust them all day long. And I can't get rid of diabetic neuropathy if I don't tell them, like, hey, you got to stop drinking that case of soda every weekend and, you know, eating all the pop tarts.

So things like that, it meshes it together and it keeps them engaged with you. Because the last thing I ever want is from someone to leave my office and say that chiropractic didn't work.

So I will only take cases that I can handle. And if I don't know what's causing it, I I'll say I'm sorry, but I'm not the person for you because I can't fix you.

Because I never want anybody to leave and say that chiropractic didn't work. So I want to make sure, and no one's ever going to come in and say, you know, my liver hurts today.

## Making Functional Lab Work Simple and Turnkey

I can't do that. Right? Right. And if you do a detox on them, how are you going to know? Oh, my liver is much better. Now. You look at their physiology and you manage it, but you teach them as well and then they're going to get better as a whole person.

Beautiful. So let's get into some of the the logistics here, because I'm sure there are lots and lots of people watching and listening to this who get it, who agree with you who were sold on the concept, but they're kind of freaked out about like, where do I begin?

Do I draw the blood? Do I send them out? I don't really know exactly how to interpret it, you know, how do you interpret functional blood work different than just blood work?

So you had said earlier that adding functional lab work to your practice is simple. How do you make it simple for the people watching this? What I did is because I'm a full time chiropractor, I had to make it super simple.

And I've been solo all these years, so I cannot have a big, complicated deal. So I took what I have used in my practice, and I've taken it into a really turnkey process to teach other docs.

If you're looking for a chemistry course or you're looking for a year long, in-depth, every little, you know, chemical equation, this is not the deal.

This is for clinical, practical docs who are practicing every state in the country. Chiropractors can order labs. You do not have to draw labs in your office unless your state allows it and you want to.

Most docs write the order and we have labs that we use that are really, really, interested in having chiropractors work with them. And so we write in order.

The patient goes out to maybe quest or LabCorp, whatever is near you. They get the blood drawn there. You don't touch it, you don't do anything with it.

You get the results back. They send them back through their portal and you have those results. So that process is super easy. If you said, well, I want to have a phlebotomist come to my office, I have a process for that.

So whatever it is, because everybody's unique. I have done every different way you can ever imagine, and I teach it that way because I'm not going to change anybody's religion.

On how they practice. I want to meet them where they are and just show them what they could do. Then when the patient comes in and we go over the results, we give the patient copies of the blood and you think, well, I never went over results in my life.

I didn't learn this. I made it super easy, like a cookbook. If it's low, it means this. If it's high, it means this. If it's high, this is what you give.

These are the protocols. If it's low, this is what you do. When I wrote these protocols, I did it backward. I've been practicing all these years and they had these protocols.

And I know that they work because I would do a before blood, and then I would do an after blood and I would see that they got better. When I wrote the protocols, I thought, if I'm going to teach doctors how to do this, I have to have clinical studies to back up my protocols.

Right? Yes. So most people look at clinical studies and then they write the protocols, not me. I did the protocols. Then I found the studies. And I'm happy to tell you that I found 100% of all my protocols are backed by these clinical studies.

But you don't have to read the studies. And we say, you know, you don't have to know everything. You just have to know the person that you're learning from, knows everything and is willing to give you the part that you can clinically implement easily.

Beautiful. And that's what I did. It made it super, super simple. So they could basically counter pose the patient's blood on your services and see what's high or not or low or what combination from a functional perspective and based on if it's high or low, you already have the clinical protocols on how to resolve or normalize that. Yep.

Yeah. So it's it's a it's seriously a world class cookbook that you might not have ever looked at blood work in your whole life, but through your protocols, once they get blood work, they just compare it on your system, put the system in and it'll tell them exactly what to do.

Yeah, exactly. That is just awesome. And again, I just want to comment. I went through a demo with Doctor Julie and she showed this to me. And I am not an expert in analysis of blood work.

And I got to just tell you I was completely blown away. Not only do you tell them what nutritional product, you tell them, what company, what options, what choices and why.

You know if it's high, what they need to bring it back to homeostasis, if it's low, what they need to take instead from what companies, what options they get back, the homeostasis it it was all done for them.

They just have to have the system to put your information in. Correct? Correct. And I make it super easy because you don't you know, you think, oh, if I have all these tests I have to look at each one, I teach it, I put them in baskets and that's my own little term.

So we have the cholesterol basket. We have the blood sugar basket with the electrolyte basket. So when you look at it you said well this person's good everywhere because of their problem in the blood sugar basket.

Because the only thing you have to look at and you can say, like, look at Mrs. Smith, you're doing awesome. And all of these things, we have this one part and you just concentrate on that basket.

Right. And so it's not difficult. And then when you see the before and afters, you're like, yes, I got this. I can't believe the difference. And the patient is so compliant and the patient is.

So I'm on board with it because they'll say to me, no one's ever explained this like you, because I explain it very basic stories in very basic terms, and I do it that way.

When I explain it to the doctors who are learning it, and I teach them to teach their patients that way. Beautiful. So the docs that are watching this right now, doctor McLaughlin, if they have no experience in labs or blood work or sublime mentation or nutrition, doesn't really matter if they happen to have experience in any or all of those, it just makes it faster, easier for them to learn or to utilize.

But it really doesn't matter. Your system crosses all boundaries because anyone could be doing this, doing this extraordinarily well, doing best in class standards, having research to validate and back it up, know exactly what nutrition, what companies have those nutritional products that you've tested that you know for sure works.

And there's a variety of options. You have it all set up. It's literally click here, click here. Here's your answer. Take this will retest in X number of weeks.

Yeah yeah it is very very simple. When I wrote this I had one of my friends who's a chiropractor in mind and never ordered blood, never looked at blood, never did anything.

And he said, I don't even know the name of a blood test. So as I wrote it, I said, I have to make this so consumable quickly. Consumable, so he could understand it and put it into his practice very quickly.

So my goal when I was doing my live events, now we do events online, but when we did the live event was after that weekend. The docs could go back to their office on Monday morning, order labs, read them and know exactly what to do.

Is not some big long drawn out thing. It's super easy is you see, I'm a minimalist at heart. I like to do as little as I can to create as much good as I can.

Not because I'm lazy. Anyone who knows me knows that's the last thing you would term me as is lazy. But because less is more simple is always better. You know?

Simplicity has its own elegance and you've made this so simple.

## Training, Support, and Clinical Implementation

It's just crazy that any chiropractor, any naturopath, medical doctor, any healer could be participating in. Now, part of the secret of this, and you just touched on it, I'd like you to elaborate, is it's not just a website that they go on and they punch in the numbers and it tells them what to do, but you actually do online training for them.

You have questions and answers to to respond. You help them with case management if they need that, you can help them determine even what blood tests to be ordering.

You show them how to use the system. You even connect them to the right labs or the right nutritional companies. You're there to literally hold their hand and guide them every step of the way.

If they so need it. And yet probably 90% don't need it because you made it so simple. It's just follow the prompt. Just follow the prompt. So could you talk about how your system works.

Right. So we have an online course and I've done thousands of videos downloads PowerPoints and I made the videos short. So they're consumable because I know like maybe I have like a little ten minute break in between patients and I watch something for ten minutes and I get it right, I can download it, I can take notes, but I walk through what the tests mean, why you would order it, what it means at the time and what it means if it's low, and what are the clinical implications and the protocols.

You get that basic knowledge? No chemistry, no giant chains of things that you've seen in functional medicine before. It's just like I got a lot of patients waiting for me.

Let's do this right then I talk you through. I have a lab representative who is is a personalized service just for docs. And my group sets up all the labs, sets up the draw stations because I've docs all over the country that do this.

So it's very personalized. So if they have any questions, we have one go to person that really can help us. We go through the the easy questions you can ask on your day one.

Like I said, I don't change anybody's religion and whatever they do on day one or day two, that's totally up to you. Your your philosophy, your education, whatever it is, your training, your coaching that you've had.

But I would say ask the question, when's the last time you had labs done? And ago I had them last week. Great. Give me a copy. I haven't had them in a year.

We got to look at that time for new. It's simple. Yeah, we'll get new ones. And the thing is, no one ever says no ever. I've never had a patient say no.

I really don't think I'll have any blood work done. You know, that's so foreign because in in the public's mind, not in our mind, not in the mind of chiropractors, but in the minds of the public.

They go to the doctor, doctors do blood work. They don't see it as a separation. So no one ever says, no, I'm not

going to do that. And they may have had it done great.

So we teach you on your day one what little minimalistic things you could put in to get the patient to know that they're going to get their labs done on their day two, we make it part of their care plan.

We're going to do this, this, this. Okay. Here's your requisition. Good to go. But I teach you every little step when you go over the labs. I have a scripting to make it super easy.

You can use it in your own words. I make examples like when we talk about nutrition, I tell them, think of all the animals in the world. Think of tigers.

Who do tigers eat? They'll be like meat, right? Carnivores would do. Bears eat all the berries, but they eat meat, right? They're omnivores. What about deer?

Herbivores. What if you gave a deer a bunch of steak? Really? Oh, you. We get sick. What if you gave a tiger a bunch of grass? Oh, he'd be really mad at you, right?

So I'm like people in same ways. So your blood work says you're a carnivore and you have these tendencies. And I'll say, so you're a tiger. The people who believe in, they're like, I'm a tiger.

They teach the doctors that. So then the patient knows, like when you go home and you eat, don't eat like a deer, you like a tiger. And just little stories to make it stick, to make it fast, to make it consumable without getting into a bogey and all of that stuff.

Beautiful. So this seems almost too good to be true, but I happen to know it is true. And of course, not every patient needs bloodwork or nutrition, but a lot do.

And the docs that work with you, Doctor Julie, some of them use this all the time. Some of the of them use this most of the time. Some of them use this occasionally.

But wouldn't it be great to have more predictable clinical outcomes, and to have more certainty and more confidence in what your recommendations are, knowing that they've been time tested, that they're going to work, that they're backed by research and things like that.

And it also helps us with keeping the patient engaged and committed. You know, one of the biggest problems in health care for all professionals is compliance.

And it's certainly a huge problem in chiropractic for not everyone, but for the majority, this improves compliance. It improves referral because when people get well, they want their family to get well.

They want their friends to get well. So this actually helps a doctor grow his or her practice in every way possible and, and select the kinds of patients that they want and the kinds of patients that they feel most comfortable with, that they get the most fulfillment from.

But I'd like you to just spend 2 or 3 minutes on another part of this. Obviously, the number one reason why you want to do this is to help more people express more of their health, to keep people healthy, to prevent them from getting sick.

Of course, this is a service. This is the art of doctoring. But could you just spend two minutes talking about the financial implications of this? Does it help doctors?

Is this a insurance or cash based system? Is there a lot of resistance and pushback to reaching into their pocket to pay for these things? Could you address that just a little bit.

Yeah, absolutely. So we do it as a cash base. And that's the way I teach it. The labs can be billed to the insurance

if you choose. And I give Doc's options.

So that decreases the out of pocket towards the patient. Right. But the profitability for each patient that goes through my lab work where they get their initial lab and let's say I retest them in three months.

The profitability is between 1000 and $1200 per patient, and you're spending maybe 20 minutes initially and 20 minutes on that follow up.

## Financial Benefits and Practice Growth

So in 40 minutes, the profitability over that three month period is between 1000 and $1200 cash per patient. And that comes from your services. That's not up charging labs.

If you do that with some state you're allowed to, you can even make more profitability. The patients always do reoccurring orders on their supplementation, which you get a piece of.

You also get your visits in between when you're doing your review of labs and it's covered. We also have a patient portal that the patients can go through, and you have the option of charging the patient for that.

You have the option to having staff members walk the patient through where you can actually charge for those visits, and then those you can have your profitability go up towards $2,000, but the basic is between 1000 $1,200 per patient and no one box because they're paying you their initial fee to go over it.

They're paying it in three months. And when they buy their supplements and they're buying them through your portal. Right. I carry no inventory in my office.

I'm a solo doc. I don't have time to be fooling with that stuff. It's all online. It's all virtual. It ships right to them. And then I get a check, right?

And I have patients who have reoccurring supplement orders for decades with me. Decades. That's beautiful. Hey, listen, me personally, I, I spend somewhere between 200 and $250 a month on supplements for myself, so I can see how potentially lucrative this really is.

And I know you're giving us real numbers, not inflated chiropractic, exaggerated numbers, because you get lots of new patients and, you know, because you're so analytical and you review all these details, you know, for a fact where your profit margin is with a patient who goes through this compared to just a traditional chiropractic patient, that all you're doing is adjusting.

Again, I don't mean to denigrate that. I have great, great respect for that, but I'm just comparing the to a chiropractic traditional patient or functional patient.

And we want both. Yes, you want both. Julie, for the people watching this, if they want to connect with you and get a demo or be on one of your webinars or to sign up for your service, what would be their next step?

So we absolutely will have webinars available so we can go through things and give you more in-depth and kind of show you some of the the processes, because sometimes you can hear about it and be, oh, that's a great idea.

But once you see it and you see how easy it is, that would be the way to do it. So that would be my best thing is to offer you a webinar. We also have our online portal that's on online vp.com.

And also we have a download that I'm offering with you guys with your Practice Upgrade Summit. And it just gives you an example of if this is the blood test, if it's cholesterol, what's the clinical in the range.

What's the optimal range. And if it's high it means this. And if it's low it means this. You even offer on your program because you showed it to me. You even have PowerPoints on all kinds of conditions, marketing materials that

you've used that have worked amazingly well, social media posts that drive patients into your clinic.

You again, there were, I believe, over 700 different things you can open up or download in your system. You literally left no, no stone unturned. Again, I just think this is amazing and awesome and long overdue and something that not every doctor of chiropractic, not every naturopath or MD is going to be interested in, but a lot will be so I'd love them to reach out to you once again.

Just what was the website again? It's online vpp.com and VH p stands for Vital Health Protocol sales.com. Just check it out. Reach out to Doctor Julie if this interest you.

I hope it does because it certainly interests me.

## Getting Started and Final Takeaways

Many of you don't know this about me, but, 18 years ago, I had colorectal cancer, and, I'm health far healthier today than I've ever been. And I get my blood done twice a year.

Twice a year. I review my blood, and I have experts like Doctor Julie who review my blood. And the reason I take so much nutrition and get adjusted every week and go for massage and meditate and use my brain tap and get restorative sleep, and wear a Garmin watch that measures my my deep delta sleep time and my rapid eye movement time.

My restorative sleep is because I am committed to doing as much as I can to be as healthy as I possibly can be, to stay as youthful and healthy and maintain my brain health.

And I recommend the same for all of you who are watching this. So one of the ways to get there is you should get your blood done and you should have it analyzed through Doctor Julie's system and learn what you could do for yourself.

That to me is a is a must. But the second step is you're going to see how simple and effective and accurate that is, that you're going to want to add this to your practice.

Doctor Julie, any closing comments on your part? Thank you. So much has been so wonderful. And most of the docs, they all want to know what their labs are.

So that's absolutely right. They want to know this and I you know, I don't really go to the doctor and I want to know what my blood looks like. I want to know what my family's blood looks like.

So I always say you are the patient. A project selfie project from the inside. Take care of yourself first. Right. Put that oxygen mask on first and then help others to find out what's going on with you.

Find out how it works with you then. Then spread the love. Beautiful doctor Julie McLaughlin. You are a rock star, a superstar, a dear friend. You've mastered this.

You've made it so simple. You are helping so many of our colleagues do better work getting better clinical results. I am so grateful for you and so proud of you.

Thank you so much for contributing to this practice upgrade summit. Clearly, what we've discussed today will upgrade a practice significantly. Doctor Julie McLaughlin, thank you so much.

Thank you.