Suits & Scrubs: The Surgeon Sessions Podcast Episode #0021 Cody Lane, DO Transcript

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Introductions and Early Background

Thanks for coming down, man. You made a Thanks for coming down, man. You made a little road trip down to Cynthiana. You little road trip down to Cynthiana. You said it's the first time you've been in said it's the first time you've been in Cynthiana.

Cynthiana. Cynthiana. >> Yeah, I've never >> Yeah, I've never >> Welcome. Welcome to Cynthiana. >> Welcome. Welcome to Cynthiana. >> We got Cody Lane. I'm old enough to >> We got Cody Lane. I'm old enough to probably have taught you in class probably have taught you in class >> in Pikeville.

>> in Pikeville. >> You did. You did. You did all of our >> You did. You did. You did all of our ortho lectures. ortho lectures. >> Did all the ortho lecture. I'm still >> Did all the ortho lecture. I'm still doing that. Uh but now I'm looking back doing that. Uh but now I'm looking back at all the people who are matching in at all the people who are matching in the years. I'm like, "Holy cow, I'm the years. I'm like, "Holy cow, I'm getting kind of old." So, let's let's go getting kind of old." So, let's let's go backwards a little bit. Tell me where backwards a little bit. Tell me where you grew up and and did your training, you grew up and and did your training, all that stuff so everybody's listening all that stuff so everybody's listening knows.

knows. knows. >> Yeah, I grew up in a small small town. >> Yeah, I grew up in a small small town. Make Cynthiana look like a metropolis, Make Cynthiana look like a metropolis, Bonnieville, Kentucky.

Bonnieville, Kentucky. >> Population. >> Population. >> Population.

Education and Medical Training Journey

>> Yeah, I did a we had to do a a little >> Yeah, I did a we had to do a a little PowerPoint when we started residency and PowerPoint when we started residency and I went back and looked at the census for I went back and looked at the census for this would have been like 200 this would have been like 200 >> 14 16 whatever it was and uh it was uh >> 14 16 whatever it was and uh it was uh population was 200.

population was 200. >> Nice. >> Nice. >> Nice. >> Yeah. >> Yeah. >> Yeah. >> Is still population 200. Your family >> Is still population 200. Your family still live there? Uh, my dad still lives still live there? Uh, my dad still lives there. My mom moved to Elizabeth Town, there. My mom moved to Elizabeth Town, which is which is >> Okay.

>> Okay. >> Okay. >> New York City. >> New York City. >> Metropolis. >> Metropolis. >> Metropolis. >> In New York City compared to Bonnyville. >> In New York City compared to Bonnyville.

>> How far is Elizabeth Town from >> How far is Elizabeth Town from Bonavville? Like 10 minutes, 15? Bonavville? Like 10 minutes, 15? >> It's probably about 15. I actually ended >> It's probably about 15. I actually ended up going to high school at Elizabeth up going to high school at Elizabeth Town High School. So, it was 15-minute Town High School. So, it was 15-minute drive every day. It wasn't bad at all.

drive every day. It wasn't bad at all. >> So, high school, Elizabeth Town, where'd >> So, high school, Elizabeth Town, where'd you go to college? Undergrad.

you go to college? Undergrad. >> Morehead State. >> Morehead State. >> Morehead State Eagles. >> Morehead State Eagles. >> Go Eagles. >> Go Eagles. >> That's right. Uh, >> That's right. Uh, >> did you go to Morehead?

>> did you go to Morehead? >> No, I went to Pikeville undergrad. Yeah. >> No, I went to Pikeville undergrad.

Yeah. So, um, Morehead and then we know you So, um, Morehead and then we know you end up at, uh, what I don't know if it end up at, uh, what I don't know if it was KCOM then or if it's PCSOM, but was KCOM then or if it's PCSOM, but KYCOM, which is now.

KYCOM, which is now. >> It was, it was KICOM then. That was in >> It was, it was KICOM then. That was in 14. 14. 14. >> 2014 you started. So, you finished 18 >> 2014 you started. So, you finished 18 and then went to residency in Dayton, and then went to residency in Dayton, Ohio at Grand View.

Ohio at Grand View. >> Yes, sir. >> Yes, sir. >> With our good friend Dr. Bamberger. >> With our good friend Dr. Bamberger. >> Dr. Brent Bamberger. >> Dr. Brent Bamberger.

>> Yeah. So, we were just talking about >> Yeah. So, we were just talking about him, how big and tall he is and him, how big and tall he is and intimidating he is, but um he was intimidating he is, but um he was friends with my program director, Paul friends with my program director, Paul Matino, so we kind of knew each other um Matino, so we kind of knew each other um in passing and I rotated there for two in passing and I rotated there for two weeks, I think. Um my path to ortho was weeks, I think. Um my path to ortho was crazy. I told you guys the story uh when crazy. I told you guys the story uh when I don't know if you remember, but the I don't know if you remember, but the last hour for lecture, I would just turn last hour for lecture, I would just turn off all the cameras and say, "Okay, I'm off all the cameras and say, "Okay, I'm gonna talk to you about real world gonna talk to you about real world stuff." stuff." stuff." >> Yeah, >> Yeah, >> Yeah, >> let's forget the ortho stuff. You guys >> let's forget the ortho stuff. You guys can learn that later if you're can learn that later if you're interested. Uh, my track to orthopedics interested. Uh, my track to orthopedics was crazy because I didn't know I wanted was crazy because I didn't know I wanted to do it and I thought I knew I wanted to do it and I thought I knew I wanted to do something in surgery because the to do something in surgery because the days went by fast when I was doing days went by fast when I was doing surgery. But then I met the CEO of surgery. But then I met the CEO of Orlando Regional at a golf tournament.

Orlando Regional at a golf tournament. >> Oh, nice. >> Oh, nice. >> And in Winchester at the memorial and uh >> And in Winchester at the memorial and uh I was playing against him. I beat his I was playing against him. I beat his tail and uh he was like, "Well, you tail and uh he was like, "Well, you know, I'm the CEO." His brother lived in know, I'm the CEO." His brother lived in Winchester or something like that. I'm Winchester or something like that. I'm the CEO of the hospital, so you should the CEO of the hospital, so you should come down there and rotate." And I was come down there and rotate." And I was like, "Okay." And at the time, and I like, "Okay." And at the time, and I don't know how it was when you went don't know how it was when you went through, we just didn't have many through, we just didn't have many electives. Like, you had kind of two electives. Like, you had kind of two internal medicine electives and two internal medicine electives and two surgery electives, and that was it.

surgery electives, and that was it. >> I think it got a little bit better in >> I think it got a little bit better in medical school. medical school. >> Yeah. Medical school.

>> Yeah. Medical school. >> When I went, it was like we're training >> When I went, it was like we're training primary care doctors in the mountains. primary care doctors in the mountains.

That's just what we do. That's just what we do. >> Yeah. >> Yeah. >> Yeah. >> So, if you want to do orthopedics, good >> So, if you want to do orthopedics, good luck. Uh, and I didn't have any help. I luck. Uh, and I didn't have any help. I didn't have any guidance on how to go didn't have any guidance on how to go through. So, I kind of committed to like through. So, I kind of committed to like when I get out and come back, I'm gonna when I get out and come back, I'm gonna try to help everybody. Yeah. Uh try to try to help everybody. Yeah. Uh try to that wants to do orthopedics.

that wants to do orthopedics. >> Um so, I was really late to the game. I >> Um so, I was really late to the game. I rotated in June of rotated in June of my fourth year as a starting and hadn't my fourth year as a starting and hadn't even done an orthopedic rotation yet.

even done an orthopedic rotation yet. >> Oh, wow. >> Oh, wow. >> Didn't even know I wanted to do >> Didn't even know I wanted to do orthopedics yet. So, I did Orlando orthopedics yet. So, I did Orlando trauma surgery and it was

awful. Hated trauma surgery and it was awful. Hated it. Hated everything about it. I hated it. Hated everything about it. I hated the trauma bay. I hated the babysitting the trauma bay. I hated the babysitting people in ICU forever with wounds on people in ICU forever with wounds on their belly. So everything about it I their belly. So everything about it I hated. And I knew for sure I didn't want hated. And I knew for sure I didn't want to do trauma surgery at that point. But to do trauma surgery at that point.

Residency Experiences and Path to Orthopedics

But then every time we'd have a big trauma, then every time we'd have a big trauma, there's these dudes coming in in there's these dudes coming in in backpacks and like freaking power tools backpacks and like freaking power tools like zipping people's legs and putting like zipping people's legs and putting Xfixes on. And I was like, who are those Xfixes on. And I was like, who are those guys? Like that sounds like the pit crew guys? Like that sounds like the pit crew that I want to join. So I end up talking that I want to join. So I end up talking to them and um to them and um you know that that's how I got you know that that's how I got introduced to orthopedics is like in the introduced to orthopedics is like in the trauma bay of Orlando regional and then trauma bay of Orlando regional and then started paying attention to what they started paying attention to what they were doing. But one of the residents were doing. But one of the residents there told me hey there's a guy in Largo there told me hey there's a guy in Largo that if you want to do orthopedics you that if you want to do orthopedics you should rotate with him because he's kind should rotate with him because he's kind of crazy and he lets medical students of crazy and he lets medical students operate.

operate. operate. >> And I was like I'm in. And the guy's >> And I was like I'm in. And the guy's name is John Harker. Yep. name is John Harker. Yep. >> He's an absolute beast. And uh so I >> He's an absolute beast. And uh so I called I'm in June in Orlando. I want to called I'm in June in Orlando. I want to rotate in July in Largo. And he was rotate in July in Largo. And he was like, "That's not how it works. Like like, "That's not how it works. Like we're in Largo, Florida.

we're in Largo, Florida. >> There's tons of body wants to rotate >> There's tons of body wants to rotate here. So if you come, it's too late." here. So if you come, it's too late." >> I was like, "I don't think you >> I was like, "I don't think you understand. I don't have any time.

understand. I don't have any time. Please, if I show up, can I rotate Please, if I show up, can I rotate here?" And he's like, "I don't know, here?" And he's like, "I don't know, man. You can try to do whatever you man. You can try to do whatever you want." So I somehow snaggled my way into want." So I somehow snaggled my way into Largo and at that point there was no Largo and at that point there was no residency program there.

residency program there. >> Oh really? >> Oh really? >> It was just Harker by himself. >> It was just Harker by himself. >> So I had started the residency program >> So I had started the residency program yet but there was hints that he was yet but there was hints that he was going to start a residency program.

going to start a residency program. >> So I was like it's a good place to >> So I was like it's a good place to rotate because I can be one of the first rotate because I can be one of the first residents with Harker. And I love the residents with Harker. And I love the rotation. That guy was an absolute rotation. That guy was an absolute beast. Like we would be from St. Pete to beast. Like we would be from St. Pete to Largo to Palm Harbor to like all up the Largo to Palm Harbor to like all up the coast operating on the same day and all coast operating on the same day and all these different facilities and I was these different facilities and I was like this is awesome. So I really fell like this is awesome. So I really fell in love with it when I was rotating with in love with it when I was rotating with him and his PA left for a week. So I got him and his PA left for a week. So I got to kind of be the first assist and uh to kind of be the first assist and uh you know and total hips and total knees you know and total hips and total knees and all this stuff. So I drank the and all this stuff. So I drank the Kool-Aid at that point. But then I had a Kool-Aid at that point. But then I had a problem which is like I want to do problem which is like I want to do orthopedics and I'm out of time. There's orthopedics and I'm out of time. There's no audition rotations. Those things have no audition rotations. Those things have already flown. Like everybody who's gone already flown. Like everybody who's gone in to do orthopedics has already done in to do orthopedics has already done their stuff.

their stuff. >> Yeah. >> Yeah. >> Yeah. >> And now we're going into August of my >> And now we're going into August of my last year and I got a rotation in last year and I got a rotation in Pikeville or something in August. I Pikeville or something in August. I don't know where I'm in Hazard in don't know where I'm in Hazard in August. So now I'm September before I August. So now I'm September before I can even go anywhere to a program and can even go anywhere to a program and then I end up then I end up >> matches in when November.

>> matches in when November. >> Yeah, exactly. So September and the >> Yeah, exactly. So September and the match is going to like start or go down match is going to like start or go down in November whenever it is and then the in November whenever it is and then the results will come out in February. I results will come out in February. I don't remember exactly what the timeline don't remember exactly what the timeline was. So, I was really behind the was. So, I was really behind the timeline and I had started going crazy timeline and I had started going crazy like I need to rotate here, I need to like I need to rotate here, I need to rotate there and our school really rotate there and our school really didn't set it up so you could do it that didn't set it up so you could do it that way. Um, so I started like blitzing. I way. Um, so I started like blitzing. I went to went to uh Dearbornne.

uh Dearbornne. Uh, Uh, Uh, I spent two weeks in Dayton. I was just I spent two weeks in Dayton. I was just going anywhere I could go to try to going anywhere I could go to try to figure out and get some facetime and figure out and get some facetime and ended up um interviewing in New Jersey ended up um interviewing in New Jersey at Dayton.

at Dayton. doctors in Columbus, doctors in Columbus, uh, Riverside, California. uh, Riverside, California. What the heck? Um, you take anything you What the heck? Um, you take anything you want at this point, like wherever you're want at this point, like wherever you're going to interview.

going to interview. >> And so, I don't know who those people >> And so, I don't know who those people are. They may still be around, but I'll are. They may still be around, but I'll just say it like Riverside just say it like Riverside said they were going to match me first said they were going to match me first and I was kind of dumb and naive, like and I was kind of dumb and naive, like no one. So, I was like, "Okay, we're no one. So, I was like, "Okay, we're set." Like, that's what we do. I didn't set." Like, that's what we do. I didn't know all the program directors told know all the program directors told everybody that.

everybody that. >> Yeah. >> Yeah. >> Yeah. >> It's like no one gave me that hint. >> It's like no one gave me that hint. >> It's a trap. >> It's a trap.

>> It's not even a trap. It's just like, >> It's not even a trap. It's just like, "Okay, we're gonna rank you high. We're "Okay, we're gonna rank you high. We're you're our person." And I just believed you're our person." And I just believed him. So that's the only person I ranked.

him. So that's the only person I ranked. So I learned that really early on like So I learned that really early on like tell everybody rank all your programs.

tell everybody rank all your programs. >> Yeah. >> Yeah. >> Yeah. >> Because I didn't match. Like the match >> Because I didn't match. Like the match rolls through and I put Riverside rolls through and I put Riverside because they told me that they wanted me because they told me that they wanted me as a resident and it didn't match. And as a resident and it didn't match. And so I was like there must be some so I was like there must be some mistake. like you told me that mistake. like you told me that >> I got boozled.

>> I got boozled. >> Well, it wasn't I mean retrospectively >> Well, it wasn't I mean retrospectively looking back, they just want to get looking back, they just want to get everybody interested in their program everybody interested in their program who can match them and I just didn't who can match them and I just didn't understand that they may tell you that understand that they may tell you that they're going to rank you when they they're going to rank you when they don't.

don't. don't. >> Yeah. >> Yeah. >> Yeah. >> Or maybe they did rank me like 20th or >> Or maybe they did rank me like 20th or whatever it was whatever it was >> or what they probably have three or four >> or what they probably

have three or four >> whoever >> whoever >> whoever >> you got matched fifth, you know.

>> you got matched fifth, you know. >> So, you know, I'm expecting when match >> So, you know, I'm expecting when match day comes out like we're good. like or day comes out like we're good. like or going to residency in California, which going to residency in California, which thank god that didn't happen to be thank god that didn't happen to be honest. Um, but I would have went for honest. Um, but I would have went for sure that late in the game and then sure that late in the game and then ended up there's some places still I'm ended up there's some places still I'm old enough that they only took interns old enough that they only took interns as residency and Oklahoma City was one as residency and Oklahoma City was one of them.

of them. >> Yeah. >> Yeah. >> Yeah. >> And uh that was wild. Like I show up and >> And uh that was wild. Like I show up and uh there was another place in like St.

uh there was another place in like St. Augustine and then maybe something in Augustine and then maybe something in like further south in Florida. They were like further south in Florida. They were all getting ready to start programs and all getting ready to start programs and u they were only going to take interns u they were only going to take interns so they can bring the intern class in.

so they can bring the intern class in. So I was set to go to Florida and So I was set to go to Florida and not that the voice of God told me not that the voice of God told me something different but I just kind of something different but I just kind of knew knew knew like I just had this thing that I needed like I just had this thing that I needed to go to Oklahoma City.

to go to Oklahoma City. >> Yeah. >> Yeah. >> Yeah. >> I didn't understand what it was and >> I didn't understand what it was and didn't question it. So, I just scrambled didn't question it. So, I just scrambled Oklahoma City the same day as the match Oklahoma City the same day as the match the next day. We didn't know anything the next day. We didn't know anything about it. I barely knew where Oklahoma about it. I barely knew where Oklahoma was on a map. And uh so that's the story was on a map. And uh so that's the story I tell every single medical student I tell every single medical student because you hear lots of stuff in your because you hear lots of stuff in your ear. You got to have this board score.

ear. You got to have this board score. You got to be this class rank. You got You got to be this class rank. You got to do this and you got to do that. The to do this and you got to do that. The truth is is like you got to be in tune truth is is like you got to be in tune with whatever God's doing in your life.

with whatever God's doing in your life. >> That's right. >> That's right. >> And if you do that, you're probably >> And if you do that, you're probably going to end up where you're supposed to going to end up where you're supposed to be. So Oklahoma City was the the biggest be. So Oklahoma City was the the biggest blessing ever in the history because we blessing ever in the history because we had like 30 attendings for 10 residents.

had like 30 attendings for 10 residents. >> That's perfect. >> That's perfect. >> So all day every day. >> So all day every day. >> Yeah. >> Yeah. >> Yeah.

>> I went to not to uh incriminate myself. >> I went to not to uh incriminate myself. I think that it's past that time. I went I think that it's past that time. I went to clinic like five times in five years.

to clinic like five times in five years. >> Because we operated all day every day. >> Because we operated all day every day. >> I think it was kind of similar. I >> I think it was kind of similar. I rotated in Oklahoma City and it was kind rotated in Oklahoma City and it was kind of of of >> Yeah. We didn't go to clinic >> Yeah. We didn't go to clinic >> similar.

>> similar. >> similar. And uh our program director at that time And uh our program director at that time said, "You can learn how to do clinic, said, "You can learn how to do clinic, but there's only a fiveyear period where but there's only a fiveyear period where you're going to learn how to operate." you're going to learn how to operate." >> Yeah.

>> Yeah. >> Yeah. >> And so that's what we did. We went after >> And so that's what we did. We went after it. And it was wild. But the reason I'm it. And it was wild. But the reason I'm telling you this whole big long story telling you this whole big long story was everybody's path is different on how was everybody's path is different on how you know whatever God has in mind. I you know whatever God has in mind. I don't know how it was when you started don't know how it was when you started went to Etown and Morehead and came to went to Etown and Morehead and came to Pikeville and one decided to do Pikeville and one decided to do orthopedics, but there's a lot of talk.

orthopedics, but there's a lot of talk. There's a lot of banter about uh this is There's a lot of banter about uh this is what you have to do. This is what you what you have to do. This is what you and and then now that the ACGME and the and and then now that the ACGME and the DO stuff have merged, DO stuff have merged, >> all the rules are broken now. Yeah.

>> all the rules are broken now. Yeah. >> Because used to it was >> Because used to it was >> find your classmate who's been into a >> find your classmate who's been into a program somewhere before, rotate there, program somewhere before, rotate there, kill it, and you'll get an interview.

kill it, and you'll get an interview. >> And now it's like good luck. >> And now it's like good luck. >> Yeah. >> Yeah. >> Yeah. >> Like I'm not I don't know what to tell >> Like I'm not I don't know what to tell medical students now except medical students now except step one is pass fail.

step one is pass fail. >> Yep. So used to it could be like kill >> Yep. So used to it could be like kill the boards and you're going to get an the boards and you're going to get an interview. The guy who rotated interview. The guy who rotated as a rotating intern who got the other as a rotating intern who got the other spot for me had like a 797 on his boards spot for me had like a 797 on his boards which is like you miss one question.

which is like you miss one question. >> Yeah, it's crushing it. >> Yeah, it's crushing it. >> It's 800's a perfect score at that time. >> It's 800's a perfect score at that time.

I don't know what they were now, but at I don't know what they were now, but at that time 800 was perfect. So he missed that time 800 was perfect. So he missed like a question. and um like a question. and um was from Texas and wanted to go to an MD was from Texas and wanted to go to an MD program in Texas and they wouldn't even program in Texas and they wouldn't even interview him.

interview him. >> Yeah. >> Yeah. >> Yeah. >> Like number one board taker in the >> Like number one board taker in the country on USMLE and Complex and they country on USMLE and Complex and they didn't interview him because he was a didn't interview him because he was a DO.

DO. DO. >> And uh that's that's the good thing. >> And uh that's that's the good thing. That part's gone away. But the mesh That part's gone away. But the mesh that's happened has created competition.

that's happened has created competition. That's insane. That's insane. >> Yeah, it's almost harder now. I mean >> Yeah, it's almost harder now. I mean >> Yeah, I think it is harder. I think I >> Yeah, I think it is harder. I think I was one of the kind of in the last class was one of the kind of in the last class or two in the kind of the old-fashioned.

or two in the kind of the old-fashioned. It was It was >> the ACME and the DOS had kind of mesh, >> the ACME and the DOS had kind of mesh, but it was still kind of there's DO but it was still kind of there's DO programs and there's MD programs. So, it programs and there's MD programs. So, it was was was >> like you said, it was like you need to >> like you said, it was like you need to you need to have some good decent scores you need to have some good decent scores and and and >> yeah, >> yeah, >> yeah, >> but that audition rotation was >> but that audition rotation was >> that's make or break key when you show >> that's make or break key when you show up. And you're right, you go meet with up. And you're right, you go meet with some people that some people that >> had matched ortho and at Pikeville >> had matched ortho and at Pikeville >> there was just a few of us.

>> there was just a few of us. >> There was not very many. >> There was not very many. >> So it was kind of tough >> So it was kind of tough >> for sure.

>> for sure. >> But yeah, during our interview process >> But yeah, during our interview process towards the end of my residency, it was towards the end of my residency, it was getting very, you know, challenging to getting very, you know, challenging to pick from these people because board pick from these people because board scores can't even you either passed or scores can't even you either passed or you didn't. And you didn't. And >> that was the most fun actually that I >> that was the most fun actually that I had in residency was the interview week had in residency was the interview week because we were bad. We were bad bad to because we were bad. We were bad bad to people. We we put them in uh we'd had uh people. We we put them in uh we'd had uh simulated shoulder scope labs come in, simulated shoulder scope labs come in, >> but we'd also have all the attendings >> but we'd also have all the attendings show up and put them up into fracture show up and put them up into fracture conference like X-rays in real time conference like X-rays in real time during the interview during the interview >> and to I mean we were bad bad to them.

>> and to I mean we were bad bad to them. And then we put a wobbly chair on their And then we put a wobbly chair on their chair so it would wobble and make noise chair so it would wobble and make noise while they're sitting there just to while they're sitting there just to irritate them.

irritate them. >> Um >> Um >> Um >> the guys telling me about Matino would >> the guys telling me about Matino would always yell at him. He because they always yell at him. He because they would always want to touch the the would always want to touch the the X-rays. Yeah.

X-rays. Yeah. >> And he was like, "Can you feel that >> And he was like, "Can you feel that fracture?" And they were like, "No." fracture?" And they were like, "No." He's like, "Please quit touching the He's like, "Please quit touching the X-ray." X-ray." X-ray." >> Like, "You got to tell us what you're >> Like, "You got to tell us what you're doing." So, we were so bad to residents doing." So, we were so bad to residents during that interview. But it was fun.

during that interview. But it was fun. >> Uh when I wasn't the one doing it. Oh, >> Uh when I wasn't the one doing it. Oh, yeah. yeah. yeah. >> When I was creating the paint, it was >> When I was creating the paint, it was fun.

fun. fun. >> So, you finished uh residency at Grand >> So, you finished uh residency at Grand View and ended up in Mazeville. Yes, View and ended up in Mazeville. Yes, sir.

sir. sir. >> Kentucky now. So, you're at uh it's >> Kentucky now. So, you're at uh it's called Meet View Hospital in Mazeville. called Meet View Hospital in Mazeville.

And uh I don't know the the first time And uh I don't know the the first time we connected, but I think it was like we connected, but I think it was like I'm coming to town like send me some I'm coming to town like send me some joints. Is that how we uh reconnected?

joints. Is that how we uh reconnected? >> I don't remember honestly. I I feel like >> I don't remember honestly. I I feel like you I don't know. Maybe you saw it on you I don't know. Maybe you saw it on Facebook or something and you might.

Facebook or something and you might. >> Yeah. >> Yeah. >> Yeah. >> And you I think you asked me if I did >> And you I think you asked me if I did anterior hips or something because anterior hips or something because >> Yeah. Yeah.

>> Yeah. Yeah. >> I was like, "Yeah, I sent them all my >> I was like, "Yeah, I sent them all my way." way." way." >> Yeah. So, um I was in Tampa uh and then >> Yeah. So, um I was in Tampa uh and then basically had morphed my practice into a basically had morphed my practice into a sports medicine practice. And so when sports medicine practice. And so when COVID hit, I was in private practice by COVID hit, I was in private practice by myself. There's another guy who's a myself. There's another guy who's a joints guy in private practice by joints guy in private practice by himself. So we had this like unofficial himself. So we had this like unofficial contract to try to help each other contract to try to help each other survive. Yeah. So I quit doing hips and survive. Yeah. So I quit doing hips and knees and he quit doing shoulder scopes knees and he quit doing shoulder scopes and knee scopes.

and knee scopes. >> Yeah. There's so >> Yeah. There's so Yeah. Well, yeah. So he sent me the Yeah. Well, yeah. So he sent me the shoulder scopes and the knee scopes and shoulder scopes and the knee scopes and I sent him the hips and knees and we I sent him the hips and knees and we were like, we're going to try to stay were like, we're going to try to stay afloat and keep this thing alive. And uh afloat and keep this thing alive. And uh so I quit doing hips in 2020.

so I quit doing hips in 2020.

Matching, Residency Challenges, and Lessons Learned

Um Um Um and then when I came back to Kentucky, and then when I came back to Kentucky, which is in 22, which is in 22, um um um I didn't have the help that I needed I didn't have the help that I needed because I had to do an old school because I had to do an old school modified Harding anter lateral approach modified Harding anter lateral approach and it's 100% depend on who's running and it's 100% depend on who's running the leg.

the leg. >> Oh yeah. >> Oh yeah. >> And I didn't have that person here. >> And I didn't have that person here. >> Yeah. And I was like, I just can't like >> Yeah. And I was like, I just can't like I can't safely do your hip. At the same I can't safely do your hip. At the same rate, the anterior hip went away from me rate, the anterior hip went away from me after residency because we didn't have a after residency because we didn't have a table. So when I came back, there wasn't table. So when I came back, there wasn't really many people doing like flat really many people doing like flat table, no table, anterior hips. So I table, no table, anterior hips. So I didn't have anything that now is a didn't have anything that now is a thing. People do it without tables. But thing. People do it without tables. But I didn't have a table. So I didn't do I didn't have a table. So I didn't do anterior hips. So I'm still doing old anterior hips. So I'm still doing old school anterior lateral modified harding school anterior lateral modified harding approach that which is inferior in the approach that which is inferior in the initial posttop phase. Longterm it's the initial posttop phase. Longterm it's the same. Yeah.

same. Yeah. >> Inferior to an anterior hip. And if >> Inferior to an anterior hip. And if you're marketing yourself, everyone you're marketing yourself, everyone who's doing anterior hips kind of grab who's doing anterior hips kind of grab that business. Yeah. Um, and so I that business. Yeah. Um, and so I decided like I'm not doing hips because decided like I'm not doing hips because I don't have the personnel to run the I don't have the personnel to run the leg that I want and I need to train leg that I want and I need to train somebody. So I end up hiring a PA and somebody. So I end up hiring a PA and she's fine at it. Now we do that's how I she's fine at it. Now we do that's how I do hemis.

do hemis. >> Yeah. >> Yeah. >> Yeah. >> U but as far as total hips go, we >> U but as far as total hips go, we decided not to. Uh because my product decided not to. Uh because my product compared to your product is fairly compared to your product is fairly inferior for the acute posttop phase.

inferior for the acute posttop phase. >> Yeah. Um, and I think long term it's >> Yeah. Um, and I think long term it's probably the same. probably the same.

>> I think so. >> I think so. >> Uh, but short term there's no question >> Uh, but short term there's no question that there's a difference. that there's a difference.

>> Yeah, I like the the anterior approach. >> Yeah, I like the the anterior approach. At least in my I I agree. I mean, I At least in my I I agree. I mean, I think most the literature says that, you think most the literature says that, you know, one to two years they do pretty know, one to two years they do pretty much equivalent, but much equivalent, but I'd say the majority of people are I'd say the majority of people are either probably doing anterior or either probably doing anterior or posterior. I think the anterior lateral posterior. I think the anterior lateral is probably a little less is probably a little less >> get dying. I mean, it's more stable than >> get dying. I mean, it's more stable than a posterior, especially uh acutely, but a posterior, especially uh acutely, but I tell my patients, you know, outside of I tell my patients, you know, outside of a major complication, you can do a major complication, you can do whatever you want. And whatever you want. And >> for sure. Yeah. Know, for sure. But >> for sure. Yeah. Know, for sure. But there is I mean, and you can tell me there is I mean, and you can tell me this, like, do you do most of your hips

this, like, do you do most of your hips anterior or you doing anterior or you doing >> all >> all >> all >> all of them all?

>> all of them all? >> Yeah. >> Yeah. >> Yeah. >> So, early on in your training in >> So, early on in your training in residency, I'm guessing that's where you residency, I'm guessing that's where you learn to cable femurss through an learn to cable femurss through an anterior approach. And like how how did anterior approach. And like how how did you get the like the 90% that are great, you get the like the 90% that are great, how did you deal with the 10% that turn how did you deal with the 10% that turn to crap? Uh it's a pain in the butt. I I to crap? Uh it's a pain in the butt. I I think one of the biggest thing at least think one of the biggest thing at least in in in residency and residency and um in my practice I think the biggest um in my practice I think the biggest complication that we routinely saw with complication that we routinely saw with the anterior approach was that you know the anterior approach was that you know that proximal incision especially if you that proximal incision especially if you had a little bit of a pain as had a little bit of a pain as >> it gets a little bit >> it gets a little bit >> soupy >> soupy >> soupy >> soupy and and it's mostly where we're >> soupy and and it's mostly where we're just putting that retractor just on a just putting that retractor just on a very narrow bridge. I actually moved to very narrow bridge. I actually moved to a bikini style and see a bikini style and see >> and you're putting that pressure >> and you're putting that pressure >> change most of it.

>> change most of it. >> Have had zero wound complications since >> Have had zero wound complications since we since I switched to that. we since I switched to that.

>> Now the fractures can be uh they can be >> Now the fractures can be uh they can be challenging. I think most of the time if challenging. I think most of the time if you you you >> depending on the fracture obviously but >> depending on the fracture obviously but usually the especially with the bikini usually the especially with the bikini now now now >> you're not going to be able to fix that >> you're not going to be able to fix that through the bikini. You're you're just through the bikini. You're you're just going to make a lateral incision.

going to make a lateral incision. >> Yeah. Yeah. >> Yeah. Yeah. >> Like if you crack a cow car you're >> Like if you crack a cow car you're saying? saying?

saying? >> Yeah. >> Yeah. >> Yeah. >> Yeah. If it's if it's right off the >> Yeah. If it's if it's right off the lesser, you're probably okay. You can lesser, you're probably okay. You can you can get it with a cable. It's you can get it with a cable. It's challenging for sure. But if it goes challenging for sure. But if it goes very distal, you're you're just going to very distal, you're you're just going to have to make a window and fix it. But have to make a window and fix it. But the good thing is you're still not the good thing is you're still not violating that posterior capsule and violating that posterior capsule and maintaining some stability.

maintaining some stability. >> Yeah. Yeah. Sure. Um >> Yeah. Yeah. Sure. Um >> no one that's not sexy to talk about, >> no one that's not sexy to talk about, but it's real. Like if you've done but it's real. Like if you've done enough if you've not cracked any cow enough if you've not cracked any cow cars, you haven't done enough hips. So cars, you haven't done enough hips. So >> that's what I want to Dr. Dr. John up in >> that's what I want to Dr. Dr. John up in Date and he said cracked. Speaking of Date and he said cracked. Speaking of John, like you had to know everything John, like you had to know everything that goes with everything and nothing to that goes with everything and nothing to do with orthopedics. He would want to do with orthopedics. He would want to know who the who won the triathlon know who the who won the triathlon >> in the 1980 Olympics in Los Angeles.

>> in the 1980 Olympics in Los Angeles. >> And if you didn't know, he had a >> And if you didn't know, he had a PowerPoint to to show you. Yeah, PowerPoint to to show you. Yeah, >> exactly. Yeah, I remember him in my two >> exactly. Yeah, I remember him in my two weeks there. And he was he was a weeks there. And he was he was a character for sure.

character for sure. >> Yeah. >> Yeah. >> Yeah. >> So started in Mazeville. Um did you do a >> So started in Mazeville. Um did you do a fellowship in joints?

fellowship in joints? >> Nope. So you just kind of had a like a >> Nope. So you just kind of had a like a >> you

wanted to uh fill a need or fill a >> you wanted to uh fill a need or fill a void and is that how the your uh void and is that how the your uh >> your >> your >> your well your affinity for doing the joints well your affinity for doing the joints or is it like yeah I just want to do or is it like yeah I just want to do general orthopedics?

general orthopedics? >> Well yeah going in when I was in I think >> Well yeah going in when I was in I think my third year of residency I knew I my third year of residency I knew I wanted to kind of do a little bit of wanted to kind of do a little bit of everything and I didn't want to live in everything and I didn't want to live in a big city.

a big city. >> Yeah. >> Yeah. >> Yeah. >> I wanted to live in a small town. >> I wanted to live in a small town. >> Why not man? You're from a town of 200.

>> Why not man? You're from a town of 200. >> Yeah. Exactly. >> Yeah. Exactly. Lexington's way too busy. Lexington's way too busy. >> Oh, yeah. That's nerve-wracking, man.

>> Oh, yeah. That's nerve-wracking, man. >> Yeah. But, uh, so I wanted to I just >> Yeah. But, uh, so I wanted to I just wanted to do general orthopedics and I wanted to do general orthopedics and I felt that my residency training was good felt that my residency training was good enough or it wasn't good enough. It was enough or it wasn't good enough. It was great that I didn't need um a fellowship great that I didn't need um a fellowship to do what I was going to do.

to do what I was going to do. >> Yeah. Yeah. For sure. Same. Like we >> Yeah. Yeah. For sure. Same. Like we we're blessed. We're both blessed. And we're blessed. We're both blessed. And and I'll just go back and I don't care and I'll just go back and I don't care who's listening. We'll just tell them who's listening. We'll just tell them like the old school DO programs you just like the old school DO programs you just operated a lot.

operated a lot. >> Oh yeah. So your your competency had >> Oh yeah. So your your competency had nothing to do with your ability to nothing to do with your ability to operate. You didn't have to go do a operate. You didn't have to go do a fellowship because you hadn't seen that fellowship because you hadn't seen that amount of volume of hips or because you amount of volume of hips or because you hadn't done that many distal radiuses or hadn't done that many distal radiuses or you hadn't done ACL's or whatever it is.

you hadn't done ACL's or whatever it is. You had enough exposure to do it. So You had enough exposure to do it. So that's same for me when I came out. I that's same for me when I came out. I was like, I'm going to be a bluecollar was like, I'm going to be a bluecollar orthopedist. I'm going to make my living orthopedist. I'm going to make my living by operating on people. And I did that by operating on people. And I did that 5,000 times in residency.

5,000 times in residency. >> Yep. >> Yep. >> Yep. >> Probably don't need to do a fellowship. >> Probably don't need to do a fellowship. Now, the reason to do a fellowship, Now, the reason to do a fellowship, there's multiple reasons. One is if there's multiple reasons. One is if you're not competent enough at what you you're not competent enough at what you want to do and you need more exposure to want to do and you need more exposure to it.

it. it. >> Some people, you know, you roll the >> Some people, you know, you roll the dice. You may go train at a university dice. You may go train at a university that's high on trauma.

that's high on trauma. >> You may never have to do a trauma >> You may never have to do a trauma fellowship to see everything under the fellowship to see everything under the moon, but you may have done four or five moon, but you may have done four or five ACLs.

ACLs. ACLs. >> Can't can't scope a knee. >> Can't can't scope a knee. >> If you can't scope a knee, you need to >> If you can't scope a knee, you need to go figure out how to scope a knee. Yeah.

go figure out how to scope a knee. Yeah. >> If you want to do sports medicine, >> If you want to do sports medicine, probably have to do a fellowship. Um, probably have to do a fellowship. Um, and so for our we're well-rounded enough and so for our we're well-rounded enough during the residency that I didn't feel during the

residency that I didn't feel like I needed to do that and I didn't like I needed to do that and I didn't care about the fellowship component to care about the fellowship component to market myself.

market myself. >> Yeah. >> Yeah. >> Yeah. >> If I wanted to say I was a hand surgeon, >> If I wanted to say I was a hand surgeon, >> I'd have to do a hand fellowship. Yeah.

>> I'd have to do a hand fellowship. Yeah. >> If I want to say I was a joint surgeon, >> If I want to say I was a joint surgeon, >> had to do a joint fellowship. I ended up >> had to do a joint fellowship. I ended up in Mount Sterling Gducky. Like I didn't in Mount Sterling Gducky. Like I didn't have to say anything. Y have to say anything. Y >> surgeon.

>> surgeon. >> surgeon. >> Yeah. I just had to work. And uh I had a >> Yeah. I just had to work. And uh I had a little bit of u a little bit of some of little bit of u a little bit of some of our trainers in us initially which is our trainers in us initially which is like I just said yes to everything. Uh, like I just said yes to everything. Uh, I look back at some X-rays and I'm like, I look back at some X-rays and I'm like, we did that in Mount Sterling. You can we did that in Mount Sterling. You can do you can build a program anywhere.

do you can build a program anywhere. >> Yeah. >> Yeah. >> Yeah. >> At any park. And so, um, with the right >> At any park. And so, um, with the right help and the right surgeon and the right help and the right surgeon and the right staff, then you you can be successful no staff, then you you can be successful no matter what. Um, and so end up in matter what. Um, and so end up in Mazeville and how long you've been out Mazeville and how long you've been out there now?

there now? >> Two years and >> Two years and >> two years. >> two years. >> 10 days. >> 10 days. >> Who's counting? Two years and 10 days. >> Who's counting? Two years and 10 days.

And uh we were just talking off camera And uh we were just talking off camera where you started like it was a great where you started like it was a great match for you. It was a good place to match for you. It was a good place to land and land and >> um you end up taking some call there and >> um you end up taking some call there and doing some general orthopedics and uh doing some general orthopedics and uh what's your practice like like daytoday?

what's your practice like like daytoday? What percentage you think is joints and What percentage you think is joints and what percentage is general sports? What what percentage is general sports? What do you how's the breakdown, do you how's the breakdown, >> man? Um >> man? Um actually because I was just filling up actually because I was just filling up like I don't know like a six eight like I don't know like a six eight months ago I was doing like the board.

months ago I was doing like the board. >> Yeah. Yeah. The second part of your >> Yeah. Yeah. The second part of your boards out the list. boards out the list.

>> So I think honestly I think 30% of my >> So I think honestly I think 30% of my practice is hand. practice is hand. >> Yeah. >> Yeah. >> Yeah. >> Probably 30%'s probably joints between >> Probably 30%'s probably joints between knees. Mostly knees and hips and then knees. Mostly knees and hips and then some shoulders.

some shoulders. >> Okay. >> Okay. >> Okay. >> Um and then >> Um and then >> true sports it's relatively low. Yeah. >> true sports it's relatively low. Yeah.

>> But lots of scopes on shoulders and >> But lots of scopes on shoulders and knees for more degenerative stuff. knees for more degenerative stuff. >> Gotcha. What about um what do you want >> Gotcha. What about um what do you want it to be? Do you love that mix or do you it to be? Do you love that mix or do you want it to shift towards more towards want it to shift towards more towards joints or do you want it to shift more joints or do you want it to shift more towards hand? Like what what do you towards hand? Like what what do you think?

think? think? >> I love doing hips and knees. If I could >> I love doing hips and knees. If I could do hip and knee

replacement do hip and knee replacement 75% of the time probably pretty happy.

75% of the time probably pretty happy. >> I got you mix in. >> I got you mix in. >> And then your draw area, where do where >> And then your draw area, where do where do people come from? Do they come across do people come from? Do they come across Ohio River?

Ohio River? >> Oh yeah, probably I don't know the >> Oh yeah, probably I don't know the numbers, but probably at least 30 40% of numbers, but probably at least 30 40% of our practice is from Ohio just because I our practice is from Ohio just because I mean we're a border.

mean we're a border. >> The geography. Yeah. Yeah. I mean, I got >> The geography. Yeah. Yeah. I mean, I got patients from Columbus, Ohio. I got patients from Columbus, Ohio. I got patients from Mount Orb.

patients from Mount Orb. >> Yeah. >> Yeah. >> Yeah. >> Few from here that you've sent. >> Few from here that you've sent. >> Well, they had to uh they had to pass >> Well, they had to uh they had to pass Dayton from Columbus. So, you just wave Dayton from Columbus. So, you just wave wave at Grand View on the way by and wave at Grand View on the way by and say, "Sorry, they're too busy there." say, "Sorry, they're too busy there." >> Yeah. I don't I don't know how that >> Yeah. I don't I don't know how that works, but they they they find their way works, but they they they find their way in.

in. in. >> Sure. Yeah. Well, one of the things is >> Sure. Yeah. Well, one of the things is um and and I think this is true for you. um and and I think this is true for you.

One of the things that's important is One of the things that's important is just how you treat people. Like if just how you treat people. Like if you're trying to build a practice and you're trying to build a practice and you're trying to trying to go from you're trying to trying to go from start, I I did it a little bit earlier start, I I did it a little bit earlier than you have a go. But a lot of it than you have a go. But a lot of it comes down to just how you treat people.

comes down to just how you treat people. And it doesn't matter what small town And it doesn't matter what small town you're in. If you're in Mazeville, you're in. If you're in Mazeville, you're in Cynthiana, you're in Mount you're in Cynthiana, you're in Mount Sterling, Kentucky. Like what what Sterling, Kentucky. Like what what people want most is competency people want most is competency check. You should do that. You should be check. You should do that. You should be good at what you're doing. But what they good at what you're doing. But what they also desire is like somebody that they also desire is like somebody that they think's on their team or they trust. And think's on their team or they trust.

Transition to Practice and Early Career Decisions

And so that's been a it's been a big deal so that's been a it's been a big deal for um for um the the people that trained in our the the people that trained in our residency just had that beat in our residency just had that beat in our head.

head. head. >> Yeah. >> Yeah. >> Yeah. >> Because every all of our attendees are >> Because every all of our attendees are in private practice. And if you don't do in private practice. And if you don't do well, no one comes to you. You don't well, no one comes to you. You don't have a referral base. It's built in have a referral base. It's built in through these big multispety groups.

through these big multispety groups. >> You have to do well by people. >> You have to do well by people. >> And so most of us going out and it's the >> And so most of us going out and it's the same for the guys there at Grand View.

same for the guys there at Grand View. like you know you look through the whole like you know you look through the whole structure and um you get a high volume structure and um you get a high volume of stuff but really it comes down to how of stuff but really it comes down to how you treat people you treat people >> and if you do it well and you're very >> and if you do it well and you're very good at what you do then you become good at what

you do then you become successful pretty fast but what do you successful pretty fast but what do you think about um how busy your practice is think about um how busy your practice is compared to how busy you want it to be compared to how busy you want it to be volume-wise volume-wise volume-wise and I'll tell you why I'm asking here in and I'll tell you why I'm asking here in a minute a minute >> uh probably 85% where I want be probably 85% where I want be >> cuz it takes a while. Yeah. So, it's I >> cuz it takes a while. Yeah. So, it's I think the numbers are like three and a think the numbers are like three and a half years.

half years. >> Yeah. >> Yeah. >> Yeah. >> To kind of hit the the point where it's >> To kind of hit the the point where it's like, okay, this is steady and uh the es like, okay, this is steady and uh the es and flows aren't as bad.

and flows aren't as bad. >> Yeah. >> Yeah. >> Yeah. >> Because there'll be times where you're >> Because there'll be times where you're like, like, like, >> I don't have any surgeries this week.

>> I don't have any surgeries this week. And uh then there's times where you're And uh then there's times where you're like, I don't have time for the like, I don't have time for the surgeries this week.

surgeries this week. >> So, some of that fades fades out and >> So, some of that fades fades out and kind of goes I think it takes about kind of goes I think it takes about three years or so uh for that to happen.

three years or so uh for that to happen. So, you're still you're still pushing So, you're still you're still pushing towards that two years in towards that two years in >> uh and you'll still your best referring >> uh and you'll still your best referring patient is whatever the last one you patient is whatever the last one you just operated on. Like that's that's just operated on. Like that's that's your billboard. That's that's how people your billboard. That's that's how people are going to come and see you.

are going to come and see you. >> Um >> Um >> Um >> talk about um >> talk about um showing up in Mazeville. Uh you have a a showing up in Mazeville. Uh you have a a partner who's there in Mazeville, Dr.

partner who's there in Mazeville, Dr. Owens, right? And he'd been there for Owens, right? And he'd been there for about 600 years before you came. about 600 years before you came.

Everyone in Mazeville kind of knew he Everyone in Mazeville kind of knew he was there. Um, what's that transition was there. Um, what's that transition been like? Uh, kind of joining joining been like? Uh, kind of joining joining with him. It's been uh do you guys, hey, with him. It's been uh do you guys, hey, I really like this. I'll do this I really like this. I'll do this surgery. You really like this. Or you surgery. You really like this. Or you just kind of race together as fast as just kind of race together as fast as you can.

you can. >> Oh, it's been great. Dr. Owens is >> Oh, it's been great. Dr. Owens is awesome. He's actually the reason I went awesome. He's actually the reason I went to Mazeville going back, you know, how to Mazeville going back, you know, how everything kind of works out like it's everything kind of works out like it's supposed to. It's like I was kind of in supposed to. It's like I was kind of in your boat. I wanted to do surgery, but I your boat. I wanted to do surgery, but I definitely did not want to do orthopedic definitely did not want to do orthopedic surgery because it had this, you know, surgery because it had this, you know, stigma of it's it's not even medicine.

stigma of it's it's not even medicine. It's just bunch of jocks, right? It's just bunch of jocks, right? >> Is it? >> Is it? >> Yeah. >> Yeah. >> Yeah.

>> I didn't know. I haven't got the memo >> I didn't know. I haven't got the memo yet. But I mean, I guess it could be yet. But I mean, I guess it could be medicine, medicine, medicine, >> but I didn't want to do it and I wanted >> but I didn't want to do it and I wanted to do general surgery and I was doing to do general surgery and I was doing the rotation actually in Flemingsburg the rotation actually in Flemingsburg and and and >> Yeah.

>> Yeah. >> Yeah. >> I just didn't like it. Yeah. >> I just didn't like it. Yeah. >> And Dr. Kumler, who was there at the >> And Dr. Kumler, who was there at the time, time, time, >> he would add it on a tibial nail.

>> he would add it on a tibial nail. >> Oh, you saw that? >> Oh, you saw that? >> And I was like, "Hey, I'm going to can I >> And I was like, "Hey, I'm going to can I scrub with you and just check it out?" scrub with you and just check it out?" And I saw it. I'm like, "That's I'm in.

And I saw it. I'm like, "That's I'm in. >> That's what I want to do. >> That's what I want to do. >> You mean I got to take this hammer and >> You mean I got to take this hammer and beat this nail?" beat this nail?" >> Yeah, that's great. Um, so where did you >> Yeah, that's great. Um, so where did you do your rotations? Is it inflame? Where do your rotations? Is it inflame? Where was your hub spot for was your hub spot for >> uh Mount Sterling actually, but you know >> uh Mount Sterling actually, but you know I did rotations from Morehead, Sterling, I did rotations from Morehead, Sterling, Winchester, Lexington.

Winchester, Lexington. >> Gotcha. >> Gotcha. >> Gotcha. >> And then most of my stuff I did at with >> And then most of my stuff I did at with Ortho in medical school was actually at Ortho in medical school was actually at me with Dr. Kumler and Dr. Evans and Dr.

me with Dr. Kumler and Dr. Evans and Dr. Harris at the time. Harris at the time. >> I gota >> I gota >> so you know when I was looking for jobs >> so you know when I was looking for jobs that third year just to because that third year just to because >> kind of felt familiar. Yeah. Well, I was >> kind of felt familiar. Yeah. Well, I was looking, like I like you talked about, I looking, like I like you talked about, I wasn't looking to do a fellowship, but I wasn't looking to do a fellowship, but I wanted to make sure I had a job before I wanted to make sure I had a job before I made that decision and he was the only made that decision and he was the only one there and I called him up. I'm like, one there and I called him up. I'm like, "Hey, is this job really available?" "Hey, is this job really available?" >> Yeah.

>> Yeah. >> Yeah. >> He's like, "Yeah." I interviewed and it >> He's like, "Yeah." I interviewed and it worked out. worked out. >> Nice. >> Nice. >> Nice.

>> So, he was a big reason I went there cuz >> So, he was a big reason I went there cuz I knew the guy and he was awesome to I knew the guy and he was awesome to work with and work with and >> Yeah.

>> Yeah. >> Yeah. >> Yeah. We we mesh really well. >> Yeah. We we mesh really well. >> Not really. Are we like, "Hey, you do >> Not really. Are we like, "Hey, you do this, I'll do that." But there's some this, I'll do that." But there's some cases that, you know, I do that he cases that, you know, I do that he doesn't do. like some niche stuff and doesn't do. like some niche stuff and >> Well, it was crazy like it didn't it >> Well, it was crazy like it didn't it didn't turn out when you're a medical didn't turn out when you're a medical student and a resident, you don't have student and a resident, you don't have really a full idea of what it means when really a full idea of what it means when you come out.

you come out. >> No. >> No. >> No. >> Uh it's a it's not a rude awakening, but >> Uh it's a it's not a rude awakening, but it's awakening. Um one of the reasons I it's awakening. Um one of the reasons I went to Mount Sterling was is Jim went to Mount Sterling was is Jim Rollins and a new chat operated together Rollins and a new chat operated together on Total Joints.

on Total Joints. >> Oh, really? >> Oh, really? >> And it was a dance of beauty. And I >> And it was a dance of beauty. And I thought, well, no big deal. I'll come.

thought, well, no big deal. I'll come. We'll find my person and we'll go knock We'll find my person and we'll go knock these 10 joints out really fast. Because these 10 joints out really fast. Because they had developed over time a they had developed over time a relationship over 10 years. They didn't relationship over 10 years. They didn't have to talk. They didn't have to look.

have to talk. They didn't have to look. But it was it was literally this work of But it was it was literally this work of art in their joint where they one person art in their joint where they one person would be saw and one person cut. Next would be saw and one person cut. Next person saw, one person cut. And I'd person saw, one person cut. And I'd never seen anything like it. Like I was never seen anything like it. Like I was completely drawn to their practice completely drawn to their practice because of that and their rel they because of that and their rel they literally didn't

talk to each other literally didn't talk to each other during the case, during the case, >> but it was a it was a dance that they >> but it was a it was a dance that they knew very well.

knew very well. >> That's wild. >> That's wild. >> And uh I was like, I just want that. >> And uh I was like, I just want that. That'd be awesome. Yeah. So, I'll go That'd be awesome. Yeah. So, I'll go build a practice. We'll find my fourth build a practice. We'll find my fourth person and we'll just do that all day.

person and we'll just do that all day. It'll be awesome. It didn't turn out It'll be awesome. It didn't turn out that way, but um that's like they had that way, but um that's like they had two surgeons doing the K's and they did two surgeons doing the K's and they did a they did a full full load of each each a they did a full full load of each each day. Everybody had their own schedule, day. Everybody had their own schedule, but when the joint came in but when the joint came in together just boom boom boom and it was together just boom boom boom and it was this dance that you just it was awesome.

this dance that you just it was awesome. It's It's It's >> just art. >> just art. >> Yeah, it was art. It was it literally >> Yeah, it was art. It was it literally was and I I had some joint guys who were was and I I had some joint guys who were insanely fast and insanely efficient.

insanely fast and insanely efficient. They may have been faster than Jimma and They may have been faster than Jimma and Nuke, but there's nothing like that Nuke, but there's nothing like that dance that you saw. And for me, I was dance that you saw. And for me, I was like, it felt like operating with your like, it felt like operating with your buddy in residency.

buddy in residency. >> Just having fun. >> Just having fun. >> Just having fun. Yeah. And I was like, I >> Just having fun. Yeah. And I was like, I want to have fun. Like this is And so want to have fun. Like this is And so that's really one of the reasons I ended that's really one of the reasons I ended up in Mount Sterling was because of how up in Mount Sterling was because of how they work together. Now, it didn't work they work together. Now, it didn't work out. I didn't find a partner. We didn't out. I didn't find a partner. We didn't have that fourth person. I end up in have that fourth person. I end up in Tampa, Florida, whatever. Uh, but that Tampa, Florida, whatever. Uh, but that was one of the reasons I went was was one of the reasons I went was because they really kind of meshed because they really kind of meshed together so well that it was a dance.

together so well that it was a dance. They trained in the same residency spot. They trained in the same residency spot. Uh, I think a year or two apart. So, Uh, I think a year or two apart. So, same training and it was literally it same training and it was literally it was wild. And I don't know if they still was wild. And I don't know if they still do it. They may still do it.

do it. They may still do it. >> I I need to go watch that. >> I I need to go watch that. >> It It was a thing of beauty for sure. >> It It was a thing of beauty for sure.

And they were do they were navigating And they were do they were navigating these early on. Uh, they used Striker these early on. Uh, they used Striker for navigation. It was kind of It was for navigation. It was kind of It was pre-Mako before Striker was involved pre-Mako before Striker was involved with Mako. And it was a I hated it.

with Mako. And it was a I hated it. >> Is it that ortholine thing? >> Is it that ortholine thing? >> No, even before that. Like literally >> No, even before that. Like literally they were putting two pins uh two pins they were putting two pins uh two pins in the tibia in the tibia uh and putting trackers on uh and putting trackers on uh one tracker, two pins, and then they' uh one tracker, two pins, and then they' pin the femur. For me, I hated it. Like pin the femur. For me, I hated it. Like I trained in a time where I trained in a time where most of my attendings were like, "This most of my attendings were like, "This is crap." is crap." >> Yeah.

>> Yeah. >> Yeah. >> Like we're not using this robot crap. >> Like we're not using this robot crap. >> And so I just I didn't I wasn't there. I >> And so I just I didn't I wasn't there. I didn't do navigated stuff, but then I didn't do navigated stuff, but then I would watch them navigate and I was would watch them navigate and I was like, it's just going to slow you down.

like, it's just going to slow you down. >> It didn't for them. >> It didn't for them. >> They had it figured out. >> They had it figured out. >> Like they had it figured out and that >> Like they had it figured out and that was part of the dance. And I was like, was part of the dance. And I was like, and y'all pretty slick.

and y'all pretty slick. >> That's awesome. >> That's awesome. >> And uh that's literally how I ended up >> And uh that's literally how I ended up in Mount Sterling among other reasons.

in Mount Sterling among other reasons. But you know, God puts you where he But you know, God puts you where he wants you wants you >> when he wants you. For sure.

>> when he wants you. For sure. >> So um what about personal stuff? You >> So um what about personal stuff? You family? What's going on in in Mazeville family? What's going on in in Mazeville with with Cody? Yeah. I got a I got a with with Cody? Yeah. I got a I got a wife and three kids. Yeah.

wife and three kids. Yeah. >> 64 and >> 64 and 20 months. 20 months. >> 6'4 and 20 years old. No, 20 months. >> 6'4 and 20 years old. No, 20 months. >> 20 monthsish.

>> 20 monthsish. >> Yeah. So, boys, girls, what do you got? >> Yeah. So, boys, girls, what do you got? >> I got a boy and two girls. >> I got a boy and two girls. >> Okay.

>> Okay. >> Okay. >> So, at least you're not a specialist. >> So, at least you're not a specialist. You got one of each. You got one of each. >> Yep. >> Yep.

>> Yep. >> Exactly. And then what do you guys do >> Exactly. And then what do you guys do for uh you know, you just said you took for uh you know, you just said you took a week off and you're paying for it now, a week off and you're paying for it now, but what do you guys like to do for fun?

but what do you guys like to do for fun? Oh, my son likes to do everything. Oh, my son likes to do everything. Baseball, basketball, golf, Baseball, basketball, golf, all the soccer.

all the soccer. >> The six-year-old. >> The six-year-old. >> Yeah. >> Yeah. >> Yeah. >> Yeah. >> Yeah. >> Yeah. >> My daughter's into dance and dolls and >> My daughter's into dance and dolls and >> whatever.

>> whatever. >> whatever. >> Now, how big is Mazeville as a town? >> Now, how big is Mazeville as a town? Like, is it small? Like, is it small?

Practice in Mazeville: Building a Career and Community

>> Uh, it's, you know, I don't know the >> Uh, it's, you know, I don't know the number actually. It's probably nine number actually. It's probably nine 10,000 people.

10,000 people. >> Okay. So, not insanely small. Uh you >> Okay. So, not insanely small. Uh you don't have you don't necessarily have to don't have you don't necessarily have to be like the be like the >> the head of the Christmas parade every >> the head of the Christmas parade every year, right? So, year, right? So, >> not necessarily, >> not necessarily, >> but you could be if you want to be.

>> but you could be if you want to be. >> Yeah. >> Yeah. >> Yeah. >> Yeah. And then um what about the the >> Yeah. And then um what about the the high school athletics there? Do you guys high school athletics there? Do you guys take care of them?

take care of them? >> We do. Yeah, we uh we cover, you know, >> We do. Yeah, we uh we cover, you know, me and or Dr. Owens andor we like go all me and or Dr. Owens andor we like go all the football games.

the football games. >> Yeah. >> Yeah. >> Yeah. >> Pretty much all the basketball games. >> Pretty much all the basketball games. You know, some of the smaller sports You know, some of the smaller sports >> at Mason

County High School.

>> at Mason County High School. >> Mason County. The Royals. >> Mason County. The Royals. >> The Royals. Yeah. We We try to cover >> The Royals. Yeah. We We try to cover like wrestling and track, but you know, like wrestling and track, but you know, we don't get to make all those.

we don't get to make all those. >> Yeah, for sure. You still have to work >> Yeah, for sure. You still have to work sometime. sometime. sometime. >> Yeah.

>> Yeah. >> Yeah. >> Yeah. We can't we can't all just get on >> Yeah. We can't we can't all just get on the bus and travel wrestling. the bus and travel wrestling.

>> Um and then how does the how does your >> Um and then how does the how does your practice work from the standpoint of um practice work from the standpoint of um clinic versus surgery? How much do you clinic versus surgery? How much do you >> Yeah. So, I'm in clinic Mondays, >> Yeah. So, I'm in clinic Mondays, Wednesdays, and half day Fridays. and Wednesdays, and half day Fridays. and then o th Tuesdays and Thursdays and then o th Tuesdays and Thursdays and then you know then you know >> me and Dr. Owens are pretty fortunate.

>> me and Dr. Owens are pretty fortunate. We can kind of sneak some stuff in if We can kind of sneak some stuff in if somebody's not operating, which he's somebody's not operating, which he's operating on Mondays and Fridays, so operating on Mondays and Fridays, so that leaves Wednesday available. If we that leaves Wednesday available. If we have any add-on stuff, you can usually have any add-on stuff, you can usually sneak a room in. And sneak a room in. And >> Sounds good. And then what about um the >> Sounds good. And then what about um the not just the clinic side and how you do not just the clinic side and how you do clinic and surgery, but what's the flow clinic and surgery, but what's the flow happen for you? Like the the es and happen for you? Like the the es and flows as far as call goes. It's not We flows as far as call goes. It's not We just talked about it off camera. It's just talked about it off camera. It's not like you're on call at a level one not like you're on call at a level one trauma center and you're operating every trauma center and you're operating every night. Yeah. No, no, it's it's you know night. Yeah. No, no, it's it's you know we get community trauma obviously hips we get community trauma obviously hips and wrists and ankles but you know we and wrists and ankles but you know we don't get that very acute stuff don't get that very acute stuff acetabone fractures and stuff like that.

acetabone fractures and stuff like that. >> Same. Yeah. So I'm in Cynthiana uh most >> Same. Yeah. So I'm in Cynthiana uh most of the time now and we call it gentleman of the time now and we call it gentleman orthopedics. Uh the stuff that uh you orthopedics. Uh the stuff that uh you have the resources you need if it's an have the resources you need if it's an isolated orthopedic injury we take care isolated orthopedic injury we take care of. Um when you start getting of. Um when you start getting distracting injuries and car wrecks and distracting injuries and car wrecks and all kinds of stuff that probably needs all kinds of stuff that probably needs to go down the road a little bit. Where to go down the road a little bit. Where does the trauma go from Mazeville? Does does the trauma go from Mazeville? Does it go east to like Huntington or does it it go east to like Huntington or does it go Where does it go?

go Where does it go? >> It's either Lexington or Cincinnati. >> It's either Lexington or Cincinnati. >> Gotcha. Lex or Cincinnati. Gotcha. >> Gotcha. Lex or Cincinnati. Gotcha.

>> Kind of just >> Kind of just >> um >> um >> um >> depends. >> depends. >> depends. >> Yeah. Who's not on divert? >> Yeah. Who's not on divert? >> Exactly.

>> Exactly. >> Exactly. >> Yeah, for sure. >> Yeah, for sure. >> Um and then what about the transition uh >> Um and then what about the transition uh of do you do any of your joints as an of do you do any of your joints as an outpatient? You let them go home?

outpatient? You let them go home? >> 80%. >> 80%. >> 80%. >> Yeah, probably. >> Yeah, probably. >> So, what is that transition? When did is >> So, what is that transition? When did is that the way you just did it from the that the way you just did it from the start or have you been slowly doing start or have you been slowly doing that? No,

that's pretty much how I that? No, that's pretty much how I started in residency. We were, you know, started in residency. We were, you know, mostly outpatient. Um, you know, mostly outpatient. Um, you know, obviously if you have someone that can't obviously if you have someone that can't go home safely or they don't have go home safely or they don't have anybody to go home with, they'll end up anybody to go home with, they'll end up going to a rehab facility. But, going to a rehab facility. But, >> you know, it's probably only about 20% >> you know, it's probably only about 20% of my patients. Most people are in and of my patients. Most people are in and out same day and out same day and >> gotcha.

>> gotcha. >> gotcha. >> Get back to life. >> Get back to life. >> We we know this internally, but uh maybe >> We we know this internally, but uh maybe everybody's listening doesn't know like everybody's listening doesn't know like what's the difference in a total hip and what's the difference in a total hip and a total knee as far as rehab goes. Oh, a total knee as far as rehab goes. Oh, >> if you were going to have one, which one >> if you were going to have one, which one would you rather have?

would you rather have? >> The hip. No questions. >> The hip. No questions. >> Yeah. Yeah. Because they literally It's >> Yeah. Yeah. Because they literally It's a life-changing surgery. Yes. Almost a life-changing surgery. Yes. Almost immediately, they wake up with the immediately, they wake up with the arthritis pain that they had. It's gone.

arthritis pain that they had. It's gone. >> Gone. >> Gone. >> Gone. >> And when you're doing the bikini >> And when you're doing the bikini approach and the anterior hip, and they approach and the anterior hip, and they have that the benefit of not cutting have that the benefit of not cutting muscles and and not doing that stuff, muscles and and not doing that stuff, they just feel really good really early.

they just feel really good really early. Oh, Oh, Oh, >> yeah. So, they ditch the walkers and the >> yeah. So, they ditch the walkers and the canes and all that stuff pretty fast.

canes and all that stuff pretty fast. Um, but that talk about the knees then, Um, but that talk about the knees then, which is the more difficult of the two which is the more difficult of the two rehabs. When you're doing those in rehabs. When you're doing those in outpatient, what's your opinion on what outpatient, what's your opinion on what resources they need to be aware of in resources they need to be aware of in order to have a good outcome and not get order to have a good outcome and not get stiff?

stiff? stiff? >> Man, I I think the I I do a makeo. I >> Man, I I think the I I do a makeo. I don't know if if you do that or not. Do don't know if if you do that or not. Do you do you just regular?

you do you just regular? >> I do. Yeah, I do knee replacements. I >> I do. Yeah, I do knee replacements. I use I use CT guided patient specific use I use CT guided patient specific cutting blocks in order to cutting blocks in order to >> do all my training all my planning up >> do all my training all my planning up front.

front. front. >> New conformis or >> New conformis or >> uh medacta. >> uh medacta. >> Madacta. Okay. >> Madacta. Okay. >> Yeah. So we start I try to do all the >> Yeah. So we start I try to do all the leg work leg work >> before the surgery happens.

>> before the surgery happens. >> Some of that has to do with like the >> Some of that has to do with like the staff and how much they're not used to staff and how much they're not used to joint volume and it helps me not have to joint volume and it helps me not have to navigate through the the navigation navigate through the the navigation portion of it.

portion of it. >> Yeah. We dabbled with like doing >> Yeah. We dabbled with like doing um augmented reality. They have there's um augmented reality. They have there's an augmented reality glasses with an augmented reality glasses with Medaca. Uh I put them on and I was like Medaca. Uh I put them on and I was like >> disoriented.

>> disoriented. >> disoriented. >> I'm not not disoriented. It's just a >> I'm not not disoriented. It's just a little small camera in the corner. They little small camera in the corner. They need some work. But I have the Apple need some work. But I have the Apple Vision Pros just for myself. M Vision Pros just for myself. M >> if they can

incorporate that where >> if they can incorporate that where you're in augmented reality, not virtual you're in augmented reality, not virtual reality, reality, reality, >> then I think that'll probably have some >> then I think that'll probably have some role in cutting, role in cutting, >> you know, whatever your preference is >> you know, whatever your preference is for like for me, I still do mechanical for like for me, I still do mechanical alignment. I didn't buy into the kin alignment. I didn't buy into the kin kinematic alignment with kinematic alignment with >> med.

>> med. >> med. >> You did. >> You did. >> I'm bought into the kinematics. >> I'm bought into the kinematics. >> Yeah. So, I don't want one patella >> Yeah. So, I don't want one patella tracking problem. Um I'll take zero. But tracking problem. Um I'll take zero. But I'm also old, I'm also old, >> so it's really hard to to teach a new >> so it's really hard to to teach a new dog uh old tricks and it's hard to teach dog uh old tricks and it's hard to teach an old dog new tricks an old dog new tricks >> for sure.

>> for sure. >> Um, so I never really I haven't made the >> Um, so I never really I haven't made the the conversion to KA, but um I do like the conversion to KA, but um I do like McGdactus fear and how stable it is.

McGdactus fear and how stable it is. >> Um, so I like it, but I put all of them >> Um, so I like it, but I put all of them in mechanical alignment. And by allowing in mechanical alignment. And by allowing me to do that with patient specific me to do that with patient specific guides, I don't have to worry about the guides, I don't have to worry about the 180 like 180 like >> I just know I have it dialed. I think >> I just know I have it dialed. I think but if if you're doing you know robot but if if you're doing you know robot robotics or custom cutting blocks I robotics or custom cutting blocks I think one of the better things about think one of the better things about those types or you know the way that you those types or you know the way that you do that knee is you know before if you do that knee is you know before if you were just doing mechanical alignment you were just doing mechanical alignment you know with standard jigs you're probably know with standard jigs you're probably doing you know some MCL peppering and doing you know some MCL peppering and you know releasing a lot of soft tissue you know releasing a lot of soft tissue structures quite often structures quite often >> with the at least with the makeo the way >> with the at least with the makeo the way I do it and I'm assuming the way that I do it and I'm assuming the way that your cutting blocks So you're not having your cutting blocks So you're not having to do as many soft tissue releases. And to do as many soft tissue releases. And >> the other thing it allows me to do is >> the other thing it allows me to do is just put the smallest poly in.

just put the smallest poly in. >> Yeah. >> Yeah. >> Yeah. >> Like I don't have to guess. >> Like I don't have to guess. >> Like we're putting a tin in >> Like we're putting a tin in >> every time.

>> every time. >> And uh basically every time >> And uh basically every time >> when but here here's the thing that was >> when but here here's the thing that was weird and I'll talk to you about it weird and I'll talk to you about it here. Um here. Um >> you know from the traditional way if >> you know from the traditional way if you're doing traditional instrumentation you're doing traditional instrumentation almost every total knee system will have almost every total knee system will have a a measuring device, a finger that you a a measuring device, a finger that you put on the tibia and decide how much put on the tibia and decide how much you're going to cut. And the only thing you're going to cut. And the only thing you have to do if you're going to make a you have to do if you're going to make a mechanical alignment is make a good cut.

mechanical alignment is make a good cut. Make a a flat cut and with the alignment Make a a flat cut and with the alignment that you measured. that you measured.

No one can answer this question for me. No one can answer this question for me. >> Our traditional fingers that we use for >> Our traditional fingers that we use for worn out medial knees for traditional worn out medial knees for traditional various knee may cut one or three off various knee may cut one or three off the most affected side and 10 off the the most affected side and 10 off the unaffected side. Yep.

unaffected side. Yep. >> It's kind of standard instrumentation. >> It's kind of standard instrumentation. I haven't had a single CT ever that's I haven't had a single CT ever that's cut three and 10.

cut three and 10. >> Never. >> Never. >> Never. >> Never >> Never >> Never in our whole mapping. And so it's

been in our whole mapping. And so it's been an eyeopening process to me to say one an eyeopening process to me to say one of those two things are wrong to put of those two things are wrong to put mechanical alignment in.

mechanical alignment in. >> Either the traditional instrumentation >> Either the traditional instrumentation saying I'm taking three or one off the saying I'm taking three or one off the most affected side or I'm taking 10 off most affected side or I'm taking 10 off the most the least affected side the most the least affected side doesn't add up if you look at what doesn't add up if you look at what happens on the CT scan. So my question happens on the CT scan. So my question is is which of those are wrong?

is is which of those are wrong? >> I think >> I think if you're doing a standard, we're if you're doing a standard, we're talking way too much chomp on this.

talking way too much chomp on this. >> Yeah, that's okay. We'll get to other >> Yeah, that's okay. We'll get to other places. places. places. >> If if you're using an extra guide, >> If if you're using an extra guide, you're cutting one or three whatever off you're cutting one or three whatever off the medial side on a various knee. Are the medial side on a various knee. Are you putting that in a little bit of a to you putting that in a little bit of a to take less than 10 off the take less than 10 off the >> lateral side?

>> lateral side? >> Thousand%. >> Thousand%. >> Thousand%. >> Yeah. But what happens is that doesn't >> Yeah. But what happens is that doesn't match to what you measure when you make match to what you measure when you make your measured cuts with the with the your measured cuts with the with the cutting blocks because you may take five cutting blocks because you may take five and seven. So that gap of seven and it and seven. So that gap of seven and it goes over and maybe you take less than goes over and maybe you take less than that like you said you put in a little that like you said you put in a little bit of errors.

bit of errors. >> Um those still don't match with >> Um those still don't match with >> Are you saying if you're measuring the >> Are you saying if you're measuring the block that you cut?

block that you cut? >> No, I'm saying the measurements that I >> No, I'm saying the measurements that I get pre-operatively now I go through all get pre-operatively now I go through all those and say if I was using traditional those and say if I was using traditional instrumentation this is what I would instrumentation this is what I would have done. Y have done. Y >> it doesn't match what I'm getting on the >> it doesn't match what I'm getting on the scans. And so one of them are right and scans. And so one of them are right and one of them is wrong. Neither of them one of them is wrong. Neither of them are bad. Yeah, are bad. Yeah, >> you can still get a highly functional >> you can still get a highly functional knee in a good position that's not going knee in a good position that's not going to wear out, to wear out, >> but they don't match. So my question is, >> but they don't match. So my question is, is the finger wrong?

is the finger wrong? >> Should we take three and and 10 or >> Should we take three and and 10 or should we take one and 10? Every should we take one and 10? Every company's different on that one. Or is company's different on that one. Or is it that those sometimes I've taken seven it that those sometimes I've taken seven and seven and I was like this is a vary and seven and I was like this is a vary knee.

knee. knee. >> Flat cut. >> Flat cut. >> That's a flat cut, but you don't you're >> That's a flat cut, but you don't you're not supposed to have a flat cut in a not supposed to have a flat cut in a various knee.

various knee. >> No. >> No. >> No. >> And so then I'm like, do you trust this? >> And so then I'm like, do you trust this? So I started making adjustments on So I started making adjustments on slope. I started making adjustments on slope.

Practice Structure, Volume, and Community Impact

I started making adjustments on the cuts. And what I found is that if the cuts. And what I found is that if you'll go through and use whatever you'll go through and use whatever mechanism they're using to do the cut, mechanism they're using to do the cut, you're better off. Um, you're better off. Um, >> makes sense.

>> makes sense. >> So, I I've recut >> So, I I've recut probably zero since I said, "Let's use probably zero since I said, "Let's use the formula." I recut a lot when I was the formula." I recut a lot when I was making my adjustments uh making my adjustments uh pre-operatively.

pre-operatively. pre-operatively. >> And I was like, I don't like it. I don't >> And I was like, I don't like it. I don't like it. Give me the, you know, the step like it. Give me the, you know, the step down cutting block because I I train in down cutting block because I I train in a time where like you would cut the a time where like you would cut the distal femur and say, does that look distal femur and say, does that look like a butterfly? Yeah, it looks pretty like a butterfly? Yeah, it looks pretty good.

good. good. >> Perfect. >> Perfect. >> Perfect. >> Perfect. Doesn't look like a butterfly. >> Perfect. Doesn't look like a butterfly. Is that is it too fat of a butterfly or Is that is it too fat of a butterfly or not fat enough? You want to cut more?

not fat enough? You want to cut more? Yeah. Off the distal femur. Yeah. Off the distal femur. >> I think there's still some things that >> I think there's still some things that we were like that too. You kind of we were like that too. You kind of wanted that distal femur to almost be wanted that distal femur to almost be two separate pieces when you cut it two separate pieces when you cut it unless they were super tight and unless they were super tight and >> you had a flexion contraction or >> you had a flexion contraction or whatever. But whatever. But >> and has changed a lot with the cutting >> and has changed a lot with the cutting blocks cuz I'm making these cuts and I'm blocks cuz I'm making these cuts and I'm like I wouldn't have done that.

like I wouldn't have done that. >> I know >> I know >> with traditional instrumentation. It's >> with traditional instrumentation. It's the same thing with the robot like you the same thing with the robot like you know know know the Mako you do that CT scan before and the Mako you do that CT scan before and you can really adjust your cuts and you you can really adjust your cuts and you know we talk about you definitely don't know we talk about you definitely don't want to internally rotate the the femur want to internally rotate the the femur or what have you when you're making or what have you when you're making those cuts and sometimes we do that on a those cuts and sometimes we do that on a robot and it looks absolutely perfect robot and it looks absolutely perfect and you're like there's no way in God's and you're like there's no way in God's green earth I would have done that. That green earth I would have done that. That was my experience with the Mako when it was my experience with the Mako when it first came out, but it wasn't I think it first came out, but it wasn't I think it was Mako. It used to be u was Mako. It used to be u owned by a different company.

owned by a different company. >> Yeah. >> Yeah. >> Yeah. >> Um >> Um >> Um and uh we had the unis that we were and uh we had the unis that we were doing and it's like I don't believe doing and it's like I don't believe this. Like there's no way that I can the this. Like there's no way that I can the guy that was my attending Tom be like guy that was my attending Tom be like get that stupid robot out of here.

get that stupid robot out of here. >> Like that that goes against everything I >> Like that that goes against everything I ever did before. And then now you start ever did before. And then now you start looking at it, you're like, well, I looking at it, you're like, well, I mean, if it's repeatable.

mean, if it's repeatable. >> Yep. And they do well. And I think the >> Yep. And they do well. And I think the literature supports that. literature supports that.

>> I think so, too. >> I think so, too. >> Robotics do better, a little a little >> Robotics do better, a little a little better, a little quicker. They all do better, a little quicker. They all do the same.

the same. >> I don't know if >> I don't know if we probably get in a little trouble we probably get in a little trouble saying what I think robotics are. I saying what I think robotics are. I think it's a great marketing tool.

think it's a great marketing tool. >> Yeah. >> Yeah. >> Yeah. >> Uh I do think it gives you repeatability >> Uh I do think it gives you repeatability >> and you can you can rest easy in that >> and you can you can rest easy in that you can do the same thing repetitively you can do the same thing repetitively over and over again. And there's

some over and over again. And there's some benefit in that. Um I think it was benefit in that. Um I think it was mainly used as a marketing tool uh early mainly used as a marketing tool uh early on. Probably not now like, oh, we have a on. Probably not now like, oh, we have a robot. We have a robot. We have a robot.

robot. We have a robot. We have a robot. Not all robots are made the same. Not all robots are made the same. >> No, they're not. >> No, they're not. >> Um I won't call any names, but they're >> Um I won't call any names, but they're not all the same.

not all the same. >> Um and a lot of it is just the equipment >> Um and a lot of it is just the equipment that you get. Like I can give you a that you get. Like I can give you a Makeo or I can give you a Rosa and Makeo or I can give you a Rosa and whatever you use best is what you should whatever you use best is what you should use.

use. use. >> Yeah. >> Yeah. >> Yeah. >> How it works. Whatever implant works for >> How it works. Whatever implant works for you. you. you. >> Yeah, for sure. And then I hate that >> Yeah, for sure. And then I hate that they're implant specific, but they're implant specific, but >> I said the same thing.

>> I said the same thing. >> We we'll go with that. >> We we'll go with that. >> Like give me a give me something that's >> Like give me a give me something that's not tied to the industry so I can decide not tied to the industry so I can decide what implants we use.

what implants we use. >> I agree. >> I agree. >> Um but I don't do uh I don't do reps >> Um but I don't do uh I don't do reps very well. Like they don't like me very very well. Like they don't like me very much.

much. much. >> Um and I don't know where it came from. >> Um and I don't know where it came from. I actually I do know exactly where it I actually I do know exactly where it came from, but it was it's an abnormal came from, but it was it's an abnormal obsession. So, there was an act come out obsession. So, there was an act come out called the Sunshine Act where all the called the Sunshine Act where all the reps had to put, you know, how much reps had to put, you know, how much money they spent on your practice for money they spent on your practice for food or if they took you to a training food or if they took you to a training and you were learning a new technology, and you were learning a new technology, like it all just came out and it's like it all just came out and it's posted for everyone to look at like posted for everyone to look at like what's our relationship to industry.

what's our relationship to industry. >> My the first two years they posted out >> My the first two years they posted out mine was zero. So, zero dollars and I mine was zero. So, zero dollars and I was like that's going to be it. we're was like that's going to be it. we're going zero for life going zero for life >> forever.

>> forever. >> forever. >> Then somebody brought in donuts and >> Then somebody brought in donuts and coffee and had $31 on it the next year coffee and had $31 on it the next year and I was like, "Okay, who let them in?" and I was like, "Okay, who let them in?" And so it became this weird obsession.

And so it became this weird obsession. But the other part was um But the other part was um you know, they're kind of they may you know, they're kind of they may listen to this and be mad, but they're listen to this and be mad, but they're trained to like befriend the surgeon.

trained to like befriend the surgeon. That's part of their training. And I That's part of their training. And I never really wanted the relationship to never really wanted the relationship to be tight enough that if I decided to use be tight enough that if I decided to use a different implant, I was hurting a different implant, I was hurting somebody that I knew. It's family. So I somebody that I knew. It's family. So I I really went away from the industry I really went away from the industry stuff. And then they're like, "Can we stuff. And then they're like, "Can we bring you lunch?" And I was like, "Nope.

bring you lunch?" And I was like, "Nope. Can we meet you in the clinic?" "Nope." Can we meet you in the clinic?" "Nope." "Well, what if you need I'll call you." "Well, what if you need I'll call you." And so I'm I'm hard on them. So it's And so I'm I'm hard on them. So it's they don't uh they don't love that. But they don't uh they don't love that. But I mean, occasionally if something comes I mean, occasionally if something comes out new, I'll call them. Yeah.

out new, I'll call them. Yeah. >> Hey, I need to see this. can you bring >> Hey, I need to see this. can you bring it over and let's take a look at it. Um, it over and let's take a look at it. Um, but it's they laugh at me in clinic but it's they laugh at me in clinic because like all the reps are calling because like all the reps are calling all the time. Can we bring lunch? Can we all the time. Can we bring lunch? Can we bring lunch? I was like, no, we're good.

bring lunch? I was like, no, we're good. >> They try fast. They try. They should. >> They try fast. They try. They should. It's it's Yeah. Every day. It's part of It's it's Yeah. Every day. It's part of their job. They should try. Um, and but their job. They should try. Um, and but it's a tough job. It's a tough gig.

it's a tough job. It's a tough gig. >> I wouldn't want it. Um, especially like >> I wouldn't want it. Um, especially like like I said, I don't have like personal like I said, I don't have like personal relationship, but I I'll do some trauma relationship, but I I'll do some trauma stuff and end up, you know, having a rep stuff and end up, you know, having a rep come out who lives in Lexington. They'll come out who lives in Lexington. They'll come to Cynthiana. I just put a Kwire come to Cynthiana. I just put a Kwire in.

in. in. >> I was like, >> I was like, >> "Sorry, man. >> "Sorry, man. >> Sorry, man. Like, we didn't need your >> Sorry, man. Like, we didn't need your stuff, but if we needed it, you know, we stuff, but if we needed it, you know, we needed we needed to have it here." So, needed we needed to have it here." So, it's part of their job.

it's part of their job. >> It's part of the Yeah, it's part of the >> It's part of the Yeah, it's part of the nature of their job. But, nature of their job. But, >> um, we I don't I'm kind of tough on >> um, we I don't I'm kind of tough on them. They don't they don't like me very them. They don't they don't like me very much. So, I'll just give him an arrow.

much. So, I'll just give him an arrow. Like, Cody's way nicer than me. He's Like, Cody's way nicer than me. He's young. He's nice. He'll listen to you.

young. He's nice. He'll listen to you. He's not as mean as I am. Um, He's not as mean as I am. Um, >> you'll still have the problem driving >> you'll still have the problem driving and and and >> not using any implants.

>> not using any implants. >> Yeah, exactly. Do Do you have like um >> Yeah, exactly. Do Do you have like um stuff that lives on your shelf like with stuff that lives on your shelf like with certain stuff so you don't have to call certain stuff so you don't have to call reps in? Do you have trouble getting reps in? Do you have trouble getting reps to Mazeville?

reps to Mazeville? >> Not really. No. Yeah, they'll come. >> Not really. No. Yeah, they'll come. >> We we we definitely have like the most >> We we we definitely have like the most common stuff we use for like trauma and common stuff we use for like trauma and such. Um, such. Um, can we pause this for a second?

can we pause this for a second? >> Oh, yeah, sure. >> Oh, yeah, sure. >> Yeah, we're talking about rep stuff and >> Yeah, we're talking about rep stuff and you being nicer than me because you're you being nicer than me because you're younger than me. So, um younger than me. So, um >> Oh, that's what we were talking about.

>> Oh, that's what we were talking about. Stuff we have on the shelf. Stuff we have on the shelf. >> Stuff on the shelf. Yeah. So, like we >> Stuff on the shelf. Yeah. So, like we had uh the previous people who were here had uh the previous people who were here like had certain things they liked and I like had certain things they liked and I didn't. So, I kind of was like the bad didn't. So, I kind of was like the bad guy when we started taking stuff off the guy when we started taking stuff off the shelf. But shelf. But >> um I'm I'm pretty old school. Like uh I >> um I'm I'm pretty old school. Like uh I I think of myself as a young adapter of I think of myself as a young adapter of technology, but then when I think about technology, but then when I think about it, I'm probably not probably a little it, I'm probably not probably a little old school when it comes to comes to old school when it comes to comes to implants and how like let's give it a implants and how like let's give it a run and see what happens and then I'll run and see what happens and then I'll tell you if I like it or not because it tell you if I like it or not because it took me forever, literally took me took me forever, literally took me forever to start putting headless screws forever to start putting headless screws in metacarpal fractures. I'm like I just in metacarpal fractures. I'm like I just was opposed to it. Like I'm plating was opposed to it. Like I'm plating these things and it's awful and the these things and it's awful

and the outcomes are awful. And then I started outcomes are awful. And then I started like putting compression screws in. I'm like putting compression screws in. I'm like I was so dumb.

like I was so dumb. >> Yeah. >> Yeah. >> Yeah. >> Like they can punch something the next >> Like they can punch something the next day if you put the compression screw in.

day if you put the compression screw in. >> Uh so yeah, I'm old school from that >> Uh so yeah, I'm old school from that standpoint. standpoint. standpoint.

Surgical Techniques and Approaches: Hips and Knees

>> Um >> Um >> Um so like you said, we talked too much so like you said, we talked too much about uh shop, but that's that's one of about uh shop, but that's that's one of the things like I want you to have you the things like I want you to have you down for a couple reasons. one is we down for a couple reasons. one is we have some of the the same people both have some of the the same people both sides for listening stuff and so when we sides for listening stuff and so when we started talking about doing total hips started talking about doing total hips like um however we found each other I like um however we found each other I was like hey if you like to do these was like hey if you like to do these hips we can try to get them up to you hips we can try to get them up to you and u that's uh that's kind of how you and u that's uh that's kind of how you know we give people options here if if know we give people options here if if you're going to have a hip done this is you're going to have a hip done this is where you can have it done and um we've where you can have it done and um we've had a few people who go up to Mazeville had a few people who go up to Mazeville I don't I don't know the psychology I don't I don't know the psychology behind it behind it >> big city >> big city >> well some of it is is like there's been >> well some of it is is like there's been a trend in Cynthiana for like people a trend in Cynthiana for like people just go to Lexington just go to Lexington >> and it was like that for a lot of years >> and it was like that for a lot of years and so sometimes they're just like just and so sometimes they're just like just going to go to Lexington. Um and so me going to go to Lexington. Um and so me personally I've I think the University personally I've I think the University of Kentucky is great. They have good of Kentucky is great. They have good surgeons. The process is a mess. It's surgeons. The process is a mess. It's really big.

really big. >> Yeah. >> Yeah. >> Yeah. >> It's intimidating sometimes to patients. >> It's intimidating sometimes to patients. And so sometimes it's better to go to a And so sometimes it's better to go to a place like Cynthiana at the Mazeville place like Cynthiana at the Mazeville because it is smaller. Uh it's not the because it is smaller. Uh it's not the same hoopla as being in the city at the same hoopla as being in the city at the university.

university. university. >> And I don't think people understand that >> And I don't think people understand that I don't know 90% of surgeries that need I don't know 90% of surgeries that need to be done from orthopedic standpoint to be done from orthopedic standpoint can be done by 90% of orthopedic can be done by 90% of orthopedic surgeons.

surgeons. surgeons. >> Yeah, I hope that's true. You got a >> Yeah, I hope that's true. You got a little more hope than I do. Uh but I I little more hope than I do. Uh but I I see what you're saying. like you start see what you're saying. like you start to look at um it's really we talked to look at um it's really we talked about this it's your last patient. Yeah.

about this it's your last patient. Yeah. >> And so if you do well by them then >> And so if you do well by them then >> for me when things started growing into >> for me when things started growing into sports medicine stuff when I was in sports medicine stuff when I was in Florida was if a parent will trust you Florida was if a parent will trust you to operate on their kid you can operate to operate on their kid you can operate on them their parents their cousins on them their parents their cousins because that's their biggest asset.

because that's their biggest asset. >> Yeah. >> Yeah. >> Yeah. >> Like if they give you the green light to >> Like if they give you the green light to operate on their kid you have that whole operate on their kid you have that whole family at that point.

family at that point. >> Yeah. That's that's how sports medicine >> Yeah. That's that's how sports medicine works. And they're picky as well, they works. And they're picky as well, they should be uh on who who does their should be uh on who who does their surgery. Um some of that trend became, surgery. Um some of that trend became, you know, probably the one of the you know, probably the one of the hardest working persons ever in our hardest working persons ever in our profession is J profession is James profession is J profession is James Andrews Andrews Andrews >> because he never said no.

>> because he never said no. >> He answered his phone all the time. He >> He answered his phone all the time. He worked to his last day of of working worked to his last day of of working like a beast all day, every day.

like a beast all day, every day. >> But he got his reputation by just saying >> But he got his reputation by just saying yes. And some of it was good timing. Uh yes. And some of it was good timing. Uh he operated on Drew Brees early on. He he operated on Drew Brees early on. He operated on Roger Clemens before Roger operated on Roger Clemens before Roger Clemens was Roger Clemens.

Clemens was Roger Clemens. >> Bo Jackson. >> Bo Jackson. >> The Bo Jackson. Yeah. The Bo Jackson >> The Bo Jackson. Yeah. The Bo Jackson thing you don't want to do. Uh you know thing you don't want to do. Uh you know somebody uh fractures or dislocates somebody uh fractures or dislocates their hip and it ends up becoming AVN.

their hip and it ends up becoming AVN. >> End up having to have a a total hip >> End up having to have a a total hip because but the way Bo Jackson was he because but the way Bo Jackson was he was rehabbing from the start. He thought was rehabbing from the start. He thought he's going to play the next week.

he's going to play the next week. >> He had a home run his first at bat. >> He had a home run his first at bat. >> Yeah. No. Well, I mean, after the hip >> Yeah. No. Well, I mean, after the hip dislocation, dislocation, dislocation, >> dislocated his hip. He thought it was a >> dislocated his hip. He thought it was a soft tissue injury, so he's busting it, soft tissue injury, so he's busting it, trying to get back. Turns out he had a trying to get back. Turns out he had a femoral neck fracture femoral neck fracture >> and he's just setting up AVN and >> and he's just setting up AVN and >> um, you know, ends up having to have a >> um, you know, ends up having to have a total hip, which ends his football total hip, which ends his football career.

career. career. >> But the reason we're saying Andrew stuff >> But the reason we're saying Andrew stuff is is he just worked like a maniac, but is is he just worked like a maniac, but he also knew that um he also knew that um that sports are important to people.

that sports are important to people. >> Yep. It's a It's kind of a crazy thing. >> Yep. It's a It's kind of a crazy thing. Like I'm a little weird about it, but on Like I'm a little weird about it, but on our walls here are our college athletes our walls here are our college athletes and professional athletes that we worked and professional athletes that we worked on through the years and on through the years and I'm a little uncomfortable with that I'm a little uncomfortable with that part of marketing of it.

part of marketing of it. >> But it does matter to people >> But it does matter to people >> for sure. >> for sure. >> And so it matters to parents, it matters >> And so it matters to parents, it matters to other athletes that I've literally to other athletes that I've literally was in the waiting room and they said, was in the waiting room and they said, "Oh, you worked on so- and so, so we're "Oh, you worked on so- and so, so we're good." good." good." >> Yeah.

>> Yeah. >> Yeah. >> And I'm like, "Well, that doesn't make >> And I'm like, "Well, that doesn't make sense. you know, their collar bones the sense. you know, their collar bones the same as yours.

same as yours. >> Yep. >> Yep. >> Yep. >> It's the same same situation. So, um, I >> It's the same same situation. So, um, I was really hesitant in that in that part was really hesitant in that in that part of marketing initially. And when I of marketing initially. And when I started, we built the the performance started, we built the the performance center around professional golfers. And center around professional golfers. And when I was starting to get some golfers when I was starting to get some golfers in, they were really turned off by in, they were really

turned off by people who do this stuff. Like, oh, people who do this stuff. Like, oh, they're hanging my picture and they're they're hanging my picture and they're doing this, they're taking selfies. And doing this, they're taking selfies. And but if you look at sports mass and but if you look at sports mass and practice, that's what you do. Like you practice, that's what you do. Like you just get the jerseys, hang the selfies.

just get the jerseys, hang the selfies. Yep. Yep. Yep. >> And it's really to to celebrate the >> And it's really to to celebrate the athletes who are committed enough.

athletes who are committed enough. That's what we do for the college That's what we do for the college athletes. Like it's hard to be a college athletes. Like it's hard to be a college athlete.

athlete. athlete. >> It's hard to be a successful high school >> It's hard to be a successful high school athlete. And so we want to celebrate it athlete. And so we want to celebrate it when people have an injury and they when people have an injury and they recover and they go on to play. Like for recover and they go on to play. Like for us that's a party. Like that's our us that's a party. Like that's our paycheck.

paycheck. paycheck. >> It's like the best part of your job. >> It's like the best part of your job. >> It is. So you get to come and some of it >> It is. So you get to come and some of it lucky enough we can turn the TV on in on lucky enough we can turn the TV on in on Saturdays and see people playing college Saturdays and see people playing college football across the country. That's a football across the country. That's a cool thing. Yeah. To to be there. And um cool thing. Yeah. To to be there. And um I my wife makes funny because I call I my wife makes funny because I call them my kids. Like she's like you got a them my kids. Like she's like you got a lot of kids.

lot of kids. >> I was like here's my kids like we just >> I was like here's my kids like we just had a kid. had a kid. had one of my kids had one of my kids >> fly from Iowa State um this weekend to >> fly from Iowa State um this weekend to get treatment and because he's rehabbing get treatment and because he's rehabbing from a surgery and uh for us that's from a surgery and uh for us that's that's just for me personally I feel that's just for me personally I feel proud about that because that means that proud about that because that means that someone's willing to fly from Iowa.

someone's willing to fly from Iowa. >> Yeah. Um, but also means that you can, >> Yeah. Um, but also means that you can, one of the things I was passionate one of the things I was passionate about, I'm sure you're the same, is to about, I'm sure you're the same, is to take what you would call city take what you would call city orthopedics from Dayton, Ohio or orthopedics from Dayton, Ohio or Oklahoma City to the country.

Oklahoma City to the country. >> And you're starting to say 90% 90%. We >> And you're starting to say 90% 90%. We really want to raise the bar in our town really want to raise the bar in our town to say you don't have to leave to say you don't have to leave >> to get good care >> to get good care >> and you don't have to leave Mazeville to >> and you don't have to leave Mazeville to get good care. You don't have to leave get good care. You don't have to leave Cynthiana to get good care. That helps Cynthiana to get good care. That helps everybody from that standpoint. Kind of everybody from that standpoint. Kind of raises the bar from it. So speak into raises the bar from it. So speak into that about Mazeville. Like what would that about Mazeville. Like what would you say to u what would your response be you say to u what would your response be to somebody who says to somebody who says how many of these have you done? So how many of these have you done? So early on in your career when you were early on in your career when you were sitting down two years ago and you're sitting down two years ago and you're just but you're a big boy now. You don't just but you're a big boy now. You don't have any backup.

have any backup. Talk talk to me what you were thinking Talk talk to me what you were thinking about when uh patients were like you're about when uh patients were like you're too young to be my surgeon or how many too young to be my surgeon or how many of these have you done? How'd you handle of these have you done? How'd you handle that?

that? that? >> Oh it was it was a little challenging >> Oh it was it was a little challenging honestly. It's cuz you went from honestly. It's cuz you went from operating all the time in residency and operating all the time in residency and you know you may have done 500 total you know you may have done 500 total knees but knees but >> your name

wasn't on the top of the chart >> your name wasn't on the top of the chart right so right so >> you know the first you know several >> you know the first you know several cases I mean I got that question often cases I mean I got that question often how many toes have you done how many toes have you done >> I don't know five 600 >> I don't know five 600 >> you mean in residency or like on >> you mean in residency or like on >> exactly it's like I've I've done a lot >> exactly it's like I've I've done a lot >> I got signed off to to do these and >> I got signed off to to do these and >> yeah yeah sure >> yeah yeah sure >> you know we did the extra training And I >> you know we did the extra training And I don't know. I think that's a struggle don't know. I think that's a struggle with any doctor though. I mean, with any doctor though. I mean, >> yeah.

>> yeah. >> yeah. >> And I don't I don't even know how to >> And I don't I don't even know how to think about it because in all reality, think about it because in all reality, yeah, you want the you want the most yeah, you want the you want the most experienced God to an extent, but I experienced God to an extent, but I think I think in orthop actually in think I think in orthop actually in medicine, you're going to I think it's medicine, you're going to I think it's like this. It's like no experience like this. It's like no experience >> but all the knowledge and yeah, training >> but all the knowledge and yeah, training in the world.

in the world. >> You get to the peak of your career where >> You get to the peak of your career where you're still in the know. We still in you're still in the know. We still in the newer stuff.

the newer stuff. >> How old is that? >> How old is that? >> I don't know. >> I don't know. >> I'm joking. Go ahead. I'm seeing how old >> I'm joking. Go ahead. I'm seeing how old I am.

I am. >> 40 45 probably. >> 40 45 probably. >> Oh crap. I passed. >> Oh crap. I passed. >> But then and that that peak is going to >> But then and that that peak is going to last for a long time. You probably got last for a long time. You probably got 10 years of, you know, you're at the 10 years of, you know, you're at the peak of your your volume.

peak of your your volume. >> Yeah. >> Yeah. >> Yeah. >> You're still wanting to be busy. >> You're still wanting to be busy. >> Yeah. >> Yeah. >> Yeah.

>> And then you probably get to a point >> And then you probably get to a point where you're like, I don't need to be where you're like, I don't need to be this busy. Family life starts happening.

this busy. Family life starts happening. You'll be around your family and, You'll be around your family and, >> you know, vacation more. >> you know, vacation more.

>> Sure. And then it probably slows down a >> Sure. And then it probably slows down a little bit. little bit. >> So you you did experience that though.

>> So you you did experience that though. Patients were like, Patients were like, >> "Oh, >> "Oh, >> "Oh, >> wait a second. You're a little baby. How >> wait a second. You're a little baby. How are you going to do my surgery?

are you going to do my surgery? >> You're not old enough to be a doctor." >> You're not old enough to be a doctor." >> Yeah. Yeah. The good news is that goes >> Yeah. Yeah. The good news is that goes away away away >> because no one's accused me anymore.

>> because no one's accused me anymore. Yeah. But I always had that in the back Yeah. But I always had that in the back of my head. Like not trying to make fun of my head. Like not trying to make fun of it, but like a lot of doctors have of it, but like a lot of doctors have died in private jets. Oh yeah. and small died in private jets. Oh yeah. and small planes and I'll just hedge my bets on uh planes and I'll just hedge my bets on uh not doing that.

not doing that. >> I'm not trying to die. >> I'm not trying to die. >> My son is uh >> My son is uh >> How old's your son? >> How old's your son? >> My son's seven and uh he's he's afraid >> My son's seven and uh he's he's afraid of airplanes.

of airplanes. >> Oh, really? >> Oh, really? >> Mainly because of this just like recent >> Mainly because of this just like recent like Boeing's falling apart.

like Boeing's falling apart. >> Yeah. >> Yeah. >> Yeah. >> Cuz he's he's watching it. He's like I'm >> Cuz he's he's watching it. He's like I'm good. Like I'm not flying. And so now good. Like I'm not flying. And so now we're like really uh you know shackled we're like really uh you know shackled in how far we can travel if you're not in how far we can travel if you're not going to get on an airplane. And he's going to get on an airplane. And he's convinced that you can go to vacation convinced that you can go to vacation without me if you want, but I ain't without me if you want, but I ain't flying.

flying. flying. >> No, he's he's >> No, he's he's >> he's dead on it. He is dead on it. We >> he's dead on it. He is dead on it. We had him on the podcast once. He is a had him on the podcast once. He is a he's a little encyclopedia for baseball he's a little encyclopedia for baseball and I take care of a lot of the LCA and I take care of a lot of the LCA football players in Lexington. He loves football players in Lexington. He loves that team, man. He's the their previous that team, man. He's the their previous coach, Doug Charles, who's now their coach, Doug Charles, who's now their like general manager, and they have a like general manager, and they have a new coach this year, Oakley Watkins, new coach this year, Oakley Watkins, who's been there for 12 years. Uh we who's been there for 12 years. Uh we just did a podcast with him last week.

just did a podcast with him last week. Um Um Um we ended up uh when I first started the we ended up uh when I first started the performance center in Tampa, performance center in Tampa, when I came back home, when we came when I came back home, when we came moved to Lexington, I had no intentions moved to Lexington, I had no intentions of opening it again. So, I was going to of opening it again. So, I was going to let it die. And that's let it die. And that's I don't know why uh but I was just like I don't know why uh but I was just like okay I need to build something okay I need to build something sustainable. So our thought was to bring sustainable. So our thought was to bring ortholinks to Kentucky ortholinks to Kentucky and bring city level orthopedics to and bring city level orthopedics to rural parts of the country. So I grew up rural parts of the country. So I grew up in Pikeville.

in Pikeville. >> Um and in Pikeville and Preesburg and >> Um and in Pikeville and Preesburg and Hazard Harland Jackson name it name the Hazard Harland Jackson name it name the town. You kind of get what you get. And town. You kind of get what you get. And not many people move there.

not many people move there. >> Yeah. And so what we wanted to do was >> Yeah.

Residency Training, Competency, and Fellowship Decisions

And so what we wanted to do was kind of raise the bar of the at least kind of raise the bar of the at least the anticipated level of care in those the anticipated level of care in those small towns. So I was like, I don't have small towns. So I was like, I don't have time to do the performance center stuff time to do the performance center stuff because we're going to try to try to because we're going to try to try to build this footprint. And then our first build this footprint. And then our first experiment to bring in city orthopedics experiment to bring in city orthopedics to the country is Cynthiana to the country is Cynthiana and and and we had a lot of learning to do. Okay.

we had a lot of learning to do. Okay. >> We first start like the transition from >> We first start like the transition from Tampa to Cynthiana was was crazy. when I Tampa to Cynthiana was was crazy. when I first started.

first started. >> Very similar size towns, right? >> Very similar size towns, right? >> Yeah, exactly. I was here one week and >> Yeah, exactly. I was here one week and in Florida one week. So, back and forth in Florida one week. So, back and forth because I had a private practice. I because I had a private practice. I couldn't just close the doors and leave.

couldn't just close the doors and leave. Uh we had to kind of land that plane Uh we had to kind of land that plane >> in some way. So, I was back and forth >> in some way. So, I was back and forth and Cynthiana was the really the first and Cynthiana was the really the first place who would even um consider that as place who would even um consider that as a setup. I was like, I can't come a setup. I was like, I can't come full-time. I'm here every other

week. If full-time. I'm here every other week. If we can work with it, we can work with we can work with it, we can work with it. If we're not, no iss okay answer.

it. If we're not, no iss okay answer. And so, Dr. Dr. Toadvine who was the CEO And so, Dr. Dr. Toadvine who was the CEO at that time uh said yeah at first said at that time uh said yeah at first said no no no >> of course >> of course >> and but then you know couple weeks later >> and but then you know couple weeks later he gets a call and he's like ah you know he gets a call and he's like ah you know let's reconsider let's look at it.

let's reconsider let's look at it. >> Was there any orthopedic surgeon here at >> Was there any orthopedic surgeon here at the time? the time? >> There was an orthopedic surgeon here who >> There was an orthopedic surgeon here who was on his way out and that was the was on his way out and that was the reconsider part.

reconsider part. >> Yeah. >> Yeah. >> Yeah. >> And so once he was on his way out and >> And so once he was on his way out and they were going to be without uh they they were going to be without uh they they had you know like maybe we need to they had you know like maybe we need to look at it as an option. It wasn't ideal look at it as an option. It wasn't ideal and it wasn't going to be long term. I and it wasn't going to be long term. I just needed a little bit of time. Yeah.

just needed a little bit of time. Yeah. >> To shut down the Florida thing and land >> To shut down the Florida thing and land it properly and so they fortunately uh it properly and so they fortunately uh you know we landed here and they they you know we landed here and they they were working with that. So I was here were working with that. So I was here every other week uh for a little bit and every other week uh for a little bit and that was a nightmare.

that was a nightmare. >> That'd be challenging >> That'd be challenging >> like going back and forth staying here. >> like going back and forth staying here.

>> Family staying here. You know we moved >> Family staying here. You know we moved here and then I was like having to go here and then I was like having to go back and like load stuff and do this and back and like load stuff and do this and that. But when we started performance that. But when we started performance center in Tampa it was all around center in Tampa it was all around professional golfers and their thoracic professional golfers and their thoracic rotation. Mhm.

rotation. Mhm. >> So going back to your old school DO >> So going back to your old school DO roots and and talking about spinal roots and and talking about spinal mechanics and how it rotates. I I had a mechanics and how it rotates. I I had a Ed Styles was my guy when I was in PAL.

Ed Styles was my guy when I was in PAL. So I learned a whole lot about the So I learned a whole lot about the biomechanics of the spine and was really biomechanics of the spine and was really obsessed on how you make sports obsessed on how you make sports performance hacked that way. So there's performance hacked that way. So there's I got this 3D motion capture machine I got this 3D motion capture machine called Dari called Dari >> when I was in Florida. Had Dr. Styles >> when I was in Florida. Had Dr. Styles come down and test his hands versus Dari come down and test his hands versus Dari basically. So his diagnosis in hands and basically. So his diagnosis in hands and then being blinded and then measuring then being blinded and then measuring what differences he made in rotation on what differences he made in rotation on the DAR scan.

the DAR scan. >> I think I remember him talking about >> I think I remember him talking about that insane when I was in medical that insane when I was in medical school.

school. school. >> What he did and and I did him an >> What he did and and I did him an injustice by not like having something injustice by not like having something publishable.

publishable. publishable. >> Yeah. >> Yeah. >> Yeah. >> But what he did that week was insane. >> But what he did that week was insane. Like everything that he told us was Like everything that he told us was measured on like he can feel where the measured on like he can feel where the problem is and fix it and he did and we problem is and fix it and he did and we have proof of it. It's crazy. So, I got have proof of it. It's crazy. So, I got really obsessed

into thoracic rotation really obsessed into thoracic rotation in golfers to increase their club head in golfers to increase their club head speed, what's called Xactor, Xactor speed, what's called Xactor, Xactor stretch. And once we started getting in stretch. And once we started getting in that flow, it really quickly turned into that flow, it really quickly turned into other athletes with the electricity. We other athletes with the electricity. We were using this direct current were using this direct current electrical stimulation that we built electrical stimulation that we built these protocols around and it turned these protocols around and it turned into other athletes. So, when I came to into other athletes. So, when I came to Lexington, I was like, I don't know if I Lexington, I was like, I don't know if I have time for that. So, we were at a LCA have time for that. So, we were at a LCA game. It's where my daughter started game. It's where my daughter started going to high school and she's a going to high school and she's a freshman. So, she's a freshman in high freshman. So, she's a freshman in high school and school and some guy that I'd heard of because he some guy that I'd heard of because he made his name on the the camp scene is made his name on the the camp scene is cutter bully is as a junior a cutter bully is as a junior a quarterback at LCA and he gets hurt in quarterback at LCA and he gets hurt in the third week of the season with the the third week of the season with the cow game and the prognosis that he got cow game and the prognosis that he got was like you're going to be out a while was like you're going to be out a while and I had done it now since 2017. The and I had done it now since 2017. The way we made our reputation in Tampa was way we made our reputation in Tampa was is when you get a bad diagnosis or is when you get a bad diagnosis or prognosis, come and see us. We'll get prognosis, come and see us. We'll get you back faster. And that's how we built you back faster. And that's how we built our reputation there. And so the same I our reputation there. And so the same I come to Lex. I was like, I just need to come to Lex. I was like, I just need to be quiet. It's not my deal. Not going to be quiet. It's not my deal. Not going to do anything. But I couldn't do it. So I do anything. But I couldn't do it. So I called the the head coach and I was called the the head coach and I was like, have Cutter's dad call me. I can like, have Cutter's dad call me. I can help.

help. help. And like after that text because I got And like after that text because I got I'd actually been at at Pikeville I'd actually been at at Pikeville College at the time the same time that College at the time the same time that his son Doug Charles son was there his son Doug Charles son was there Jordan.

Jordan. Jordan. >> Yeah. >> Yeah. >> Yeah. >> So I kind of knew of him. He's like a >> So I kind of knew of him. He's like a youth coaching legend in Pikeville and youth coaching legend in Pikeville and in Lexington. So for years and years and in Lexington. So for years and years and he became the head coach at LCA. And so he became the head coach at LCA. And so I sent him that text and he was like who I sent him that text and he was like who is this? Like what's because he's a star is this? Like what's because he's a star quarterback.

quarterback. quarterback. >> Yeah. >> Yeah. >> Yeah. >> And it's a big deal. >> And it's a big deal. >> And so and like >> And so and like >> had he already signed a UK at the time?

>> had he already signed a UK at the time? >> Not yet. So he and so the panic buttons >> Not yet. So he and so the panic buttons on because he made his name in this on because he made his name in this season. Now we're only three games into season. Now we're only three games into that season. He's got all these offers that season. He's got all these offers uh but he's not committed yet. And so uh but he's not committed yet. And so they were they were really afraid that this was going to really afraid that this was going to cost him some offers. And so I said have cost him some offers. And so I said have his dad call me. I kind of explained to his dad call me. I kind of explained to his dad what I did in Tampa and well to his dad what I did in Tampa and well to speak who we've worked on. Yeah.

speak who we've worked on. Yeah. >> And and how it been successful. And at >> And and how it been successful. And at that point, he's like, "I'll try that point, he's like, "I'll try anything. Like, we got to get Cutter to anything. Like, we got to get Cutter to play." And I've said this story many, play." And I've said this story many, many times and and several times on the many times and and several times on the podcast, but I walked into the cafeteria podcast, but I walked into the cafeteria at LCA. Cutter walks in with a walker at LCA. Cutter walks in with a walker boot and crutches and about 20 minutes, boot and crutches and about 20 minutes, I'm running with no walker boot, no I'm running with no walker boot, no crutches in the cafeteria while the moms crutches in the cafeteria while the moms are baking brownies.

are baking brownies. >> That's wild. >> That's wild. >> All the parents see it. and he goes out, >> All the parents see it. and he goes out, tells Doug like, "I don't know what just tells Doug like, "I don't know what just happened, but watch this. I can run." So happened, but watch this. I can run." So he sprints on the field, and then after he sprints on the field, and then after that, since that day, I get phone calls that, since that day, I get phone calls every day. I want the cutter treatment.

every day. I want the cutter treatment. >> I'm sure. >> I'm sure. >> I want the cutter treatment. I want the >> I want the cutter treatment. I want the cutter treatment. Because all the cutter treatment. Because all the parents saw it.

parents saw it. >> So I had no intentions of even building >> So I had no intentions of even building a performance center a performance center >> and didn't have a space for it. Like I'm >> and didn't have a space for it. Like I'm living in Lexington. And then it blew living in Lexington. And then it blew up. It went crazy. So after Cutter had up. It went crazy.

Practice Mix, Community, and Personal Life

So after Cutter had that treatment, I end up treating almost that treatment, I end up treating almost every football player on LCA that year every football player on LCA that year >> and I was doing it in my basement at my >> and I was doing it in my basement at my house house house >> because I didn't have an office at that >> because I didn't have an office at that point. And uh so we're in the basement point. And uh so we're in the basement of the house and eventually my wife's of the house and eventually my wife's like, like, like, >> "Okay, you know, well, they keep coming >> "Okay, you know, well, they keep coming every night like there's a player every night like there's a player there." But what it did was my son got there." But what it did was my son got to meet all of them and these are like to meet all of them and these are like his heroes. These are seniors in high his heroes. These are seniors in high school and he's he's four and a half school and he's he's four and a half years old and he's looking up to years old and he's looking up to Exactly. They become his heroes. And so Exactly. They become his heroes. And so cut he knows Cutterboly, he knows Brady cut he knows Cutterboly, he knows Brady Hensley, he knows Kenyatta Harge, like Hensley, he knows Kenyatta Harge, like all these people and they all interacted all these people and they all interacted with him in such a positive way that he with him in such a positive way that he became obsessed with LCA football and became obsessed with LCA football and these were his heroes. He's looking up these were his heroes. He's looking up to him. So his after his kindergarten to him. So his after his kindergarten graduation, they made a video for graduation, they made a video for graduation. You hold up a sign of what graduation. You hold up a sign of what you want to be when you grow up. So you you want to be when you grow up. So you got firefighter, police officer, got firefighter, police officer, everything kids say. He put football everything kids say. He put football coach.

coach. coach. >> Oh, that's different. >> Oh, that's different. >> That's different. So the coach Doug sees >> That's different. So the coach Doug sees it and calls me. He's like, "Hey man, it and calls me. He's like, "Hey man, we're just gonna make Jax's dreams come we're just gonna make Jax's dreams come true. We're gonna make him the youngest true. We're gonna make him the youngest coach in the in the state." coach in the in the state." >> And they they give him a huddle log in >> And they they give him a huddle log in and make him a coach and make him a coach >> at LCA.

>> at LCA. >> And so that's how the performance center >> And so that's how the performance center like I couldn't shut it down at that like I couldn't shut it down at that point. It became a like this I was just point. It became a like this I was just going to forget it. Actually, going to forget it. Actually, >> I'd met several people and was going to >> I'd met several people and was going to sell it to them like, "Hey, you can be sell it to them like, "Hey, you can be really successful. Nobody in Lexington really successful. Nobody in Lexington knows about this. Nobody knows about knows about this. Nobody knows about these treatments. Nobody in Kentucky these treatments. Nobody in Kentucky knows about these treatments. So, you knows about these treatments. So, you can go run wild. You'll be able to solve can go run wild. You'll be able to solve the sports injuries world. I was just the sports injuries world. I was just going to sell it. And then we got like going to sell it. And then we got like to the final thing and I was like, it's to the final thing and I was like, it's like one of my kids. I don't think I can like one of my kids. I don't think I can sell it. Like, I'm I'm going to be sell it. Like, I'm I'm going to be selfish and I want to keep it. And then selfish and I want to keep it. And then more kids would come with bad prognosis more kids would come with bad prognosis and play

the next week. More kids would and play the next week. More kids would come, bad prognosis, play the next week.

come, bad prognosis, play the next week. I was like, we probably shouldn't quit. I was like, we probably shouldn't quit. >> Yeah, >> Yeah, >> Yeah, >> probably should keep it around. It may >> probably should keep it around. It may work for people. That's how it work for people. That's how it >> It's definitely working for people. It >> It's definitely working for people. It sounds like sounds like >> that's how it worked in Lexington. And >> that's how it worked in Lexington. And then now, you know, we're sitting in a then now, you know, we're sitting in a little space that used to be a little space that used to be a suntanning place called Chase and Rays.

suntanning place called Chase and Rays. And so we're trying to bring that to And so we're trying to bring that to Cynthiana now. Like talking about Cynthiana now. Like talking about bringing city orthopedics to the bringing city orthopedics to the country. This will be the first time country. This will be the first time ever that a place like Cynthiana's had ever that a place like Cynthiana's had access to a performance center.

access to a performance center. >> Yeah. And u so we're trying to >> Yeah. And u so we're trying to >> trying to raise the bar and say, >> trying to raise the bar and say, >> you know, we got college and >> you know, we got college and professional athletes on the wall for professional athletes on the wall for two reasons to celebrate like this this two reasons to celebrate like this this is what we want for you. Like if you is what we want for you. Like if you have a dream to play college football, have a dream to play college football, you have a dream to play college you have a dream to play college baseball, whatever it is, like let's not baseball, whatever it is, like let's not let an injury throw that off.

let an injury throw that off. >> No. >> No. >> No. >> And uh then get get you back on. So all >> And uh then get get you back on. So all these are really success stories for these are really success stories for people who had an injury, worked through people who had an injury, worked through it, and then went on to play in college it, and then went on to play in college or become a professional. So, we're or become a professional. So, we're we're trying to do that in Cynthiana we're trying to do that in Cynthiana >> in a place that hadn't been done before.

>> in a place that hadn't been done before. So, there's challenges that go with that So, there's challenges that go with that for sure. for sure. >> Um, but it's brand new. Yeah, it's it's >> Um, but it's brand new. Yeah, it's it's brand new. So, we're trying to introduce brand new. So, we're trying to introduce it so we can do it. And, it so we can do it. And, >> um, that's how the performance center >> um, that's how the performance center kept its feet is all because of Cutter kept its feet is all because of Cutter Bully. And I was like, you guys got to Bully. And I was like, you guys got to quit calling it the cutter treatment quit calling it the cutter treatment because I'm going have to pay him NIL because I'm going have to pay him NIL money if you keep freaking calling this money if you keep freaking calling this treatment named after him. That's what treatment named after him. That's what it was for LCA. like everyone knew you it was for LCA. like everyone knew you know this is the cutter treatment know this is the cutter treatment >> because it was dramatic and it at one >> because it was dramatic and it at one point I would have been like surprised point I would have been like surprised by that but we already been doing it by that but we already been doing it since 2017 and so for five years that's since 2017 and so for five years that's how we built our practice in Florida.

how we built our practice in Florida. >> Yeah. Some the first person I saw was >> Yeah. Some the first person I saw was like this is witchcraft. like this is witchcraft.

>> Yeah. Exactly. And I was like it's not >> Yeah. Exactly. And I was like it's not really witchcraft but and then you start really witchcraft but and then you start getting in the nuts and bolts of what it getting in the nuts and bolts of what it is and how it makes a difference. It is and how it makes a difference. It makes sense, but people see it as like makes sense, but people see it as like this voodoo treatment. Like, I came in this voodoo treatment. Like, I came in in a walker boot and I ran. Like, how in a walker boot and I ran. Like, how does that work?

does that work? >> And then traditionally, how we're >> And then traditionally, how we're trained is like your body needs to rest. trained is like your body needs to rest.

>> You got to do this. You got to do that. >> You got to do this. You got to do that. And it turns out that everything

that we And it turns out that everything that we were taught is not true.

were taught is not true. It's just simply not true. Our body has It's just simply not true. Our body has a buffer that goes between a buffer that goes between mechanical breakdown and injury and mechanical breakdown and injury and pain. And if you can shift that pain pain. And if you can shift that pain closer to that mechanical breakdown and closer to that mechanical breakdown and injury and still perform in that area injury and still perform in that area with no pain, then that's how we get with no pain, then that's how we get people back faster.

people back faster. >> Yeah. >> Yeah. >> Yeah. >> And uh you know, we were always taught >> And uh you know, we were always taught or I was always taught that there's no or I was always taught that there's no modalities that would change the modalities that would change the prognosis of how long you're going to be prognosis of how long you're going to be out.

out. out. >> So you can go get acupuncture, you can >> So you can go get acupuncture, you can get E steem, you can get get E steem, you can get uh whatever modality you can think of uh whatever modality you can think of with physical therapy. It's going to with physical therapy. It's going to help you feel better faster, but it's help you feel better faster, but it's not going to shorten your duration of not going to shorten your duration of the injury because there's a healing the injury because there's a healing process that needs to happen. And uh we process that needs to happen. And uh we flipped that on its head really fast.

flipped that on its head really fast. >> Yeah, that's awesome. >> Yeah, that's awesome. >> Yeah. It's just simply not true. And uh >> Yeah. It's just simply not true. And uh the way that we looked at it was the way that we looked at it was initially I I would wake up like the initially I I would wake up like the first year and think like what if this first year and think like what if this doesn't work tomorrow?

doesn't work tomorrow? The first professional athlete we ever The first professional athlete we ever had was a professional golfer who jammed had was a professional golfer who jammed his wrist on a like a root and couldn't his wrist on a like a root and couldn't grip a golf club. Like literally grip a golf club. Like literally couldn't hold the golf club. And he came couldn't hold the golf club. And he came from the Canadian tour to me back to from the Canadian tour to me back to Florida to say I can't hold a club. And Florida to say I can't hold a club. And his trainer had sent him to me. And at his trainer had sent him to me. And at that point, I didn't really know what I that point, I didn't really know what I was doing.

was doing. >> You didn't have any fracture? No. >> You didn't have any fracture? No. >> No fracture. So we x-rayed, we did the >> No fracture. So we x-rayed, we did the whole thing.

whole thing. >> You know, everything was good from that >> You know, everything was good from that standpoint. I was thinking he has a standpoint. I was thinking he has a handmade fracture, some something that handmade fracture, some something that you would expect. All that stuff was you would expect. All that stuff was okay. And then but he literally couldn't okay. And then but he literally couldn't grip a golf club. And then like this in grip a golf club. And then like this in like 20 30 minutes he's in the back of like 20 30 minutes he's in the back of my clinic hitting six irons full on with my clinic hitting six irons full on with no pain after this treatment. And I was no pain after this treatment. And I was like, what was that?

like, what was that? And so And so >> you don't even know what just happened. >> you don't even know what just happened. >> I didn't know what happened. And I was >> I didn't know what happened. And I was confused by it. And it made me hit confused by it. And it made me hit pause. And then I had to like rethink pause. And then I had to like rethink everything I knew about injury everything I knew about injury prevention and recovery. So we spent the prevention and recovery. So we spent the next couple years just grinding, next couple years just grinding, figuring out how to hack the body to figuring out how to hack the body to recover faster.

recover faster. >> And it's just this direct current. >> And it's just this direct current.

Sports Medicine, Community Involvement, and Performance Center

>> It is that. Yeah. And some of it is >> It is that. Yeah. And some of it is going back to the principles of how we going back to the principles of how we know how the body works. And um the a know how the body works. And um the a traditional E stem is like a sine wave.

traditional E stem is like a sine wave. And so it's kind of hard, but an And so it's kind of hard, but an alternating current where it grabs your alternating current where it grabs your muscle, lets go, grabs you, and if you muscle, lets go, grabs you, and if you do it long enough, like you put a tinge do it long enough, like you put a tinge unit on your back, it feels good while unit on your back, it feels good while you have it on, but as soon as you take you have it on, but as soon as you take it off, there's no physiological it off, there's no physiological changes.

changes. changes. >> Yeah. >> Yeah. >> Yeah. >> With a direct current, somebody was >> With a direct current, somebody was smart enough. And we, it goes back way smart enough. And we, it goes back way to Russian Olympic athletes. You see to Russian Olympic athletes. You see burns all over their skin from having to burns all over their skin from having to do this direct current electrical do this direct current electrical stimulation, but there was no wave that stimulation, but there was no wave that was good enough to get through the skin was good enough to get through the skin without burning it. And finally they put without burning it. And finally they put a back like a back wave that gets it a back like a back wave that gets it through the skin to the tissue so it through the skin to the tissue so it doesn't burn your skin on the way in.

doesn't burn your skin on the way in. And it started with some old like called And it started with some old like called the stem and arp wave. This old thing the stem and arp wave. This old thing that like hockey players used it a lot.

that like hockey players used it a lot. >> But the we're talking really geek talk, >> But the we're talking really geek talk, >> but the signal that it sent was so >> but the signal that it sent was so nauseous that you had to turn it up so nauseous that you had to turn it up so high to get the effect that you almost high to get the effect that you almost couldn't stand the treatment. like it couldn't stand the treatment. like it physically hurt you to get this physically hurt you to get this treatment. And so it took hockey players treatment. And so it took hockey players to do that because they're crazy.

to do that because they're crazy. >> They're crazy. >> They're crazy. >> Yeah. So hockey players were fine with >> Yeah. So hockey players were fine with it, but like a 15-year-old tennis player it, but like a 15-year-old tennis player is not okay with it because they're not is not okay with it because they're not used to hurting that bad.

used to hurting that bad. >> Yeah. >> Yeah. >> Yeah. >> And then finally with we use a machine, >> And then finally with we use a machine, this is not a commercial, but we use a this is not a commercial, but we use a machine called New Fit uh is the company machine called New Fit uh is the company and Newbie is the company and we've used and Newbie is the company and we've used that along with um this thing called a that along with um this thing called a Phoenix Wave. um and then figured out, Phoenix Wave. um and then figured out, you know, how to use what we know.

you know, how to use what we know. >> And being a DO helped me understand the >> And being a DO helped me understand the the spinal mechanics and what muscles I the spinal mechanics and what muscles I could could could >> uh manipulate and if I do this, this is >> uh manipulate and if I do this, this is going to have the alternate effect. So going to have the alternate effect. So having the advantage of knowing the having the advantage of knowing the anatomy and anatomy and >> having knives in these places before and >> having knives in these places before and touching things gave me an advantage touching things gave me an advantage over like a physical therapy group who over like a physical therapy group who were just like, okay, we're going to were just like, okay, we're going to follow these protocols. Yeah. So I follow these protocols. Yeah. So I started designing all this stuff to say started designing all this stuff to say if I want thoracic rotation on the right if I want thoracic rotation on the right side, let me think about what Ed Styles side, let me think about what Ed Styles told me about that. So if we're in type told me about that. So if we're in type one spinal mechanics and side bending one spinal mechanics and side bending rotation happened in this direction or rotation happened in this direction or happen in that direction, I started happen in that direction, I started digging in to becoming obsessed with my digging in to becoming obsessed with my athletes. So if you came to me, I wanted athletes. So if you came to me, I wanted you not only to recover from injury, but you not only to recover from injury, but then leave our place better.

then leave our place better. >> Yeah. Like, so I really got hard into >> Yeah. Like, so I really got hard into like what can we do for your specific like what can we do for your specific motion that's going to make you a better motion that's going to make you a better athlete that can make you go to college athlete that can make you go to college and and or help you go to college and and and or help you go to college and and excel at that. So I I went hard and and excel at that. So I I went hard and it was all after hours it was all after hours >> because I had a regular practice.

>> because I had a regular practice. >> Yeah. >> Yeah. >> Yeah. >> During the day. >> During the day. >> So I didn't come home for years and I >> So I didn't come home for years and I would be treating people after hours and would be treating people after hours and figuring out these protocols and how to figuring out these protocols and how to do it. And now we're pretty good at it.

do it. And now we're pretty good at it. >> That's awesome. Um, but it it was a >> That's awesome. Um, but it it was a journey, journey, journey, >> a lot of time and >> a lot of time and >> to get there. And I don't even really >> to get there. And I don't even really know why I did it know why I did it >> to be honest. I it came because it was >> to be honest. I it came because it was like, you know, we had this professional like, you know, we had this professional golfer that happened right away.

golfer that happened right away. >> Uh, I was only going to do golfers >> Uh, I was only going to do golfers because we were in Central Florida, so because we were in Central Florida, so there's lots of golfers.

there's lots of golfers. >> But then one of my buddies uh sons >> But then one of my buddies uh sons tweaked his hamstring and he had a bunch tweaked his hamstring and he had a bunch of coaches coming to watch him in his of coaches coming to watch him in his spring game. He's like, "Can you do spring game. He's like, "Can you do anything with your machine?" And I was anything with your machine?" And I was like, "I don't know." Like, "I'll try." like, "I don't know." Like, "I'll try." And we had him again sprinting in the And we had him again sprinting in the parking lot in like 20 minutes with no parking lot in like 20 minutes with no pain with his hamstring. And he played pain with his hamstring. And he played and he got offers. And I was like, and he got offers. And I was like, we need to push the pause button like we need to push the pause button like somebody didn't teach me something. So I somebody didn't teach me something. So I started digging into like where did why started digging into like where did why did no one teach me this stuff? And it did no one teach me this stuff? And it just so happened that a physical just so happened that a physical therapist who had a reputation of like therapist who had a reputation of like if you've tried therapy and didn't work, if you've tried therapy and didn't work, go to him. he's going to get you right go to him. he's going to get you right was using the old ARPwave technology and was using the old ARPwave technology and the the stem and all that stuff. And he the the stem and all that stuff. And he he literally called me one day and said, he literally called me one day and said, "There's a box that's going to change "There's a box that's going to change sports medicine." sports medicine." >> And this you can do this in like 20 >> And this you can do this in like 20 minutes.

minutes. minutes. >> Yeah. The first the first time takes >> Yeah. The first the first time takes about to get a response I can do it in about to get a response I can do it in five minutes, but to get a good response five minutes, but to get a good response is about 45 minutes the first visit and is about 45 minutes the first visit and then after that it's about 30 or 40 then after that it's about 30 or 40 minutes for the follow-up visits.

minutes for the follow-up visits. >> He's like, "There's this box that's >> He's like, "There's this box that's going to change sports medicine. You going to change sports medicine. You need to get one." And I didn't know what need to get one." And I didn't know what it was. I didn't know whatever. So I was it was. I didn't know whatever. So I was like I kind of trusted him. But also like I kind of trusted him. But also every time he called me I had to buy every time he called me I had to buy something. So something. So >> sound like a snake oil salesman first.

>> sound like a snake oil salesman first. >> Exactly. And I was like I don't think >> Exactly. And I was like I don't think you understand orthopedic surgeon. I fix you understand orthopedic surgeon. I fix people with a knife and this is this is people with a knife and this is this is how we do stuff. He's like telling you how we do stuff. He's like telling you it's a game changer and I've seen it it's a game changer and I've seen it work and you need one if you're going to work and you need one if you're going to be a sports medicine doctor. So, I was be a sports medicine doctor. So,

I was literally the first physician that it literally the first physician that it that bought one of these machines that bought one of these machines >> and uh really just went after it. And >> and uh really just went after it. And then the advantage I had was I saw both then the advantage I had was I saw both sides now. I've already put a knife sides now. I've already put a knife there before. I already know what exists there before. I already know what exists there. I've been to medical school. I there. I've been to medical school. I remember what Ed Styles taught me. So, I remember what Ed Styles taught me. So, I really took that machine to the next really took that machine to the next level. The machine that was needed. That level. The machine that was needed. That was our mechanism to do it. But I I was our mechanism to do it. But I I spent the time to to just say we're spent the time to to just say we're gonna be way better than if you just get gonna be way better than if you just get the machine off the shelf and try to use the machine off the shelf and try to use it.

it. it. >> That's awesome. >> That's awesome. >> Yeah. So, it's been a wild journey. >> Yeah. So, it's been a wild journey. That's where we're sitting at now That's where we're sitting at now filming a podcast, but uh we'll see how filming a podcast, but uh we'll see how it works in the small town. We know how it works in the small town. We know how it works in the city.

it works in the city. >> Yeah. >> Yeah. >> Yeah. >> But we'll see how it works in the small >> But we'll see how it works in the small town. It really just takes uh the star town. It really just takes uh the star athlete to get a prognosis.

athlete to get a prognosis. >> Just one >> Just one >> that you fix. you need the next cutter >> that you fix. you need the next cutter bowl cutter bully of Cynthiana who comes bowl cutter bully of Cynthiana who comes in and says you're going to miss six in and says you're going to miss six weeks because you have a high ankle weeks because you have a high ankle sprain and I say well how about how does sprain and I say well how about how does one sound and uh that's uh you know that one sound and uh that's uh you know that that'll fix everybody for sure. Um, so that'll fix everybody for sure. Um, so that's I don't know how we started that's I don't know how we started ranting about that, but I was talking ranting about that, but I was talking about bringing the performance center about bringing the performance center and not quitting it and not quitting it >> and then like trying to bring uh high >> and then like trying to bring uh high level care to the small town just like level care to the small town just like I mean it's cool. I take a lot of pride I mean it's cool. I take a lot of pride in in people like I didn't have any in in people like I didn't have any direct relationship or ability to help direct relationship or ability to help you in ortho except for get on it yell you in ortho except for get on it yell at you like hair to do this like if you at you like hair to do this like if you have the confidence to figure out and do have the confidence to figure out and do it it it >> and some people listen and some people >> and some people listen and some people don't like don't like >> it's a still a competitive thing there's >> it's a still a competitive thing there's more people who apply than there are more people who apply than there are positions and so by positions and so by >> far >> far >> far >> my brother-in-law is going through it >> my brother-in-law is going through it right now he's a thirdyear medical right now he's a thirdyear medical student and he's out doing an audition student and he's out doing an audition rotation right now rotation right now >> where where does he go to medical school >> where where does he go to medical school >> uh at Uh, Lee, I mean, not LMU at >> uh at Uh, Lee, I mean, not LMU at Harriet, Tennessee.

Harriet, Tennessee. >> Okay. Yeah. Yeah. >> Okay. Yeah. Yeah. >> Yeah. So, school, Lincoln Memorial. >> Yeah. So, school, Lincoln Memorial. Yeah. Yeah.

Yeah. >> Where's he auditioning right now? >> Where's he auditioning right now? >> I think he's in Toledo. >> I think he's in Toledo. >> Okay. Yeah. I didn't go.

>> Okay. Yeah. I didn't go. >> Um, and so, uh, he we saw him. He's >> Um, and so, uh, he we saw him. He's starting today, but we saw him on starting today, but we saw him on Saturday and he's like, "Do you have any Saturday and he's like, "Do you have any advice?" And I was like, advice?" And I was like, "I'll tell you the same thing I tell "I'll tell you the same thing I tell every medical student. You have to be every medical student. You have to be yourself because if not, they're going yourself because if not, they're going to find out. So, if you're a jerk, then to find out. So, if you're a jerk, then you got to be a jerk. If you're not a you got to be a jerk. If you're not a jerk, then don't be a jerk. Don't try to jerk, then don't be a jerk. Don't try to be something you're not being. Um, I be something you're not being. Um, I >> always told people just just be normal.

>> always told people just just be normal. It's amazing how rare normal was It's amazing how rare normal was sometimes on some of these. sometimes on some of these.

>> Yeah, for sure. But then look at it from >> Yeah, for sure. But then look at it from a standpoint like a standpoint like be the best version of yourself. And it be the best version of yourself. And it either has to be good enough or it's either has to be good enough or it's not. And it's hard to It's easy for me not. And it's hard to It's easy for me to say that because I've been in to say that because I've been in practice for this long. It's easy for practice for this long. It's easy for you to say that. you're on the other you to say that. you're on the other side of it.

side of it. >> It's talk about that like and that it'll >> It's talk about that like and that it'll help some people who are listening. Talk help some people who are listening. Talk about your progress through wanting to about your progress through wanting to do general surgery and end up at Grand do general surgery and end up at Grand View. Like what did you listen to? What View. Like what did you listen to? What did you do? What what's your secret?

did you do? What what's your secret? What would you call your secret sauce to What would you call your secret sauce to the success of navigating a med student the success of navigating a med student who's going to get ortho interviews?

who's going to get ortho interviews? Your personal not not advice, but like Your personal not not advice, but like your personal like this is what I did.

your personal like this is what I did. Uh Uh Uh so we when we we had like three or four so we when we we had like three or four months of rotations that we could like months of rotations that we could like elective stuff in medical school.

elective stuff in medical school. >> Yeah. >> Yeah. >> Yeah. >> And somewhere I missed that I had a >> And somewhere I missed that I had a month. So I had all these like lined up month. So I had all these like lined up and I found out I had an extra month but and I found out I had an extra month but I had to do it like I had to do it like >> in a week. Yeah.

>> in a week. Yeah. >> So I called around and Grand View got me >> So I called around and Grand View got me in and I met a guy up there, Matthew in and I met a guy up there, Matthew Heckler.

Heckler. Heckler. >> And I didn't know anything about >> And I didn't know anything about orthopedics. I was just dumb. orthopedics. I was just dumb. >> Yeah.

>> Yeah. >> Yeah. >> He's like here's >> He's like here's >> You didn't pay attention in class when I >> You didn't pay attention in class when I was lecturing. Well, you know that was lecturing. Well, you know that >> you didn't come to class, you know that >> you didn't come to class, you know that you're streaming online.

you're streaming online. >> Oh, no, no, no. But in medical school, >> Oh, no, no, no. But in medical school, you there's like four lectures or you there's like four lectures or something. It's like something. It's like >> for sure >> for sure >> not that much. But he was like, "Here's >> not that much. But he was like, "Here's Campbell's. I want you to read this Campbell's. I want you to read this volume in the first three weeks." volume in the first three weeks." >> Great.

>> Great. >> Great. >> So, I did and he was just working hard. >> So, I did and he was just working hard. Don't miss the same question twice if Don't miss the same question twice if you get asked. If you don't know you get asked. If you don't know something, look it up.

something, look it up. >> Yeah. >> Yeah. >> Yeah. >> Try hard. >> Try hard. >> Yeah. Yeah. that there's really I I ask >> Yeah. Yeah. that there's really I I ask everybody that because there's not a everybody that because there's not a magic sauce that's the point magic sauce that's the point >> like there's no formula that say if I do >> like there's no formula that say if I do this this and this like my buddy that I this this and this like my buddy that I said got

a dang near perfect score on said got a dang near perfect score on his boards got denied at a program that his boards got denied at a program that was his home program and that doesn't was his home program and that doesn't make any sense except for make any sense except for it's easy for me to say like uh because it's easy for me to say like uh because I'm on the other side of it and so are I'm on the other side of it and so are you but like I I'm a firm believer that you but like I I'm a firm believer that God's going to put you where he wants God's going to put you where he wants you and use you where he needs to use you and use you where he needs to use you whether you like it or not like it.

you whether you like it or not like it. Um, and that Um, and that >> sometimes it works that way, but that's >> sometimes it works that way, but that's not an excuse not to work hard.

not an excuse not to work hard. >> No, >> No, >> No, >> it's not an excuse. You can't just say, >> it's not an excuse. You can't just say, "Oh, God's got this and I'm going to be "Oh, God's got this and I'm going to be I'm going to be fine." He gave you the I'm going to be fine." He gave you the ability to study an ability to work and ability to study an ability to work and have and all those things. And you have have and all those things. And you have to you have to be persistent through to you have to be persistent through that. But that. But >> I think you got to be happy if something >> I think you got to be happy if something doesn't work out that you gave it all doesn't work out that you gave it all you had.

you had.

Technology in Orthopedics: Robotics and Surgical Innovation

Yeah, if you can put your head down um Yeah, if you can put your head down um and say that you did your best and you and say that you did your best and you can live with that, then you can deal can live with that, then you can deal with the the repercussions of a of a with the the repercussions of a of a non-match or you can do something about non-match or you can do something about it and and go scramble somewhere and it and and go scramble somewhere and depends on what your disposition is.

depends on what your disposition is. Yeah. Yeah. Yeah. >> So, um it it's really helpful for people >> So, um it it's really helpful for people to hear that because I know several to hear that because I know several people come to me for advice like what people come to me for advice like what do I need to do?

do I need to do? >> And the best thing I could tell him is >> And the best thing I could tell him is is like be the best version of yourself is like be the best version of yourself and if it's good enough it'll be good and if it's good enough it'll be good enough.

enough. enough. >> It's >> It's >> It's >> and that sounds stupid. >> and that sounds stupid. >> No, I think that's great >> No, I think that's great >> when you're a medical student though.

>> when you're a medical student though. >> Yeah. >> Yeah. >> Yeah. >> It sounds stupid because you're like no, >> It sounds stupid because you're like no, I need to do something I need to do something >> because in medical school you there's a >> because in medical school you there's a right answer.

right answer. >> Exactly. Unfortunately, >> Exactly. Unfortunately, >> and people read like student doctor >> and people read like student doctor still and all the stuff that says like still and all the stuff that says like this is what you have to do. Here's your this is what you have to do. Here's your formula. And then these are this is formula. And then these are this is going to sound terrible. I'm just these going to sound terrible. I'm just these are probably people who didn't match and are probably people who didn't match and they're writing the student doctor lines they're writing the student doctor lines or whatever it is.

or whatever it is. >> And so I just try to break the everybody >> And so I just try to break the everybody has a different path to where they need has a different path to where they need to be. Um to be. Um and it's kind of important. uh you're and it's kind of important. uh you're two years into being grown up, but it's two years into being grown up, but it's it's really important on um how you it's really important on um how you enjoy life. If you get to go

to work and enjoy life. If you get to go to work and hate it or you get to go to work and hate it or you get to go to work and love it, and I I imagine you get to go love it, and I I imagine you get to go to work and love it.

to work and love it. >> Yep. >> Yep. >> Yep. >> Um I don't really know any orthopedic >> Um I don't really know any orthopedic surgeons who aren't happy.

surgeons who aren't happy. >> No. >> No. >> No. >> Uh >> Uh >> Uh >> we all have our days. >> we all have our days. >> Yeah. There there's things that you can >> Yeah. There there's things that you can do. And uh there's the do. And uh there's the but that's the kind of phone calls we but that's the kind of phone calls we get with the performance center stuff.

get with the performance center stuff. Like he's calling about a golfer in Like he's calling about a golfer in who's in New Mexico right now. And so who's in New Mexico right now. And so it's it's wild. Like I don't know if our it's it's wild. Like I don't know if our work meant anything or if our words like work meant anything or if our words like I sent social media stuff. We do all I sent social media stuff. We do all this work and I was like I don't know if this work and I was like I don't know if hears it but apparently they do.

hears it but apparently they do. >> Only takes a few. >> Only takes a few. >> It only takes a few. Yeah. Yeah, for >> It only takes a few. Yeah. Yeah, for sure. Um, sure. Um, so secret sauce to get into residency, so secret sauce to get into residency, there's not really one. You work hard there's not really one. You work hard and and you bust it, but like what is um and and you bust it, but like what is um I'll say this too, just to tell people I'll say this too, just to tell people not to be it. Like this new generation not to be it. Like this new generation of doctors has something crazy in mind of doctors has something crazy in mind and they believe that work life balance and they believe that work life balance is a real thing and that comes out of is a real thing and that comes out of their mouth all the time. You're right their mouth all the time. You're right on the edge of it. You're just old on the edge of it. You're just old enough to know better because you enough to know better because you trained at Grand View. But uh I'm trained at Grand View. But uh I'm telling you, I've had medical students telling you, I've had medical students rotate me with right now and all they rotate me with right now and all they want to know about is like how much time want to know about is like how much time do you get off and when can I leave do you get off and when can I leave today and I'm like that's a bad formula.

today and I'm like that's a bad formula. >> Yeah. >> Yeah. >> Yeah. >> Like whether we like it or don't like >> Like whether we like it or don't like it, you almost have to dedicate your it, you almost have to dedicate your life to other people in this profession.

life to other people in this profession. And if you don't, And if you don't, um, I I don't want to sound like some um, I I don't want to sound like some old stubborn dude, but like there's just old stubborn dude, but like there's just a level of attention to detail that you a level of attention to detail that you can only get by putting the time in and can only get by putting the time in and doing it.

doing it. >> Sure. >> Sure. >> Sure. >> So, as you're starting to grow your >> So, as you're starting to grow your practice and you're starting to try to practice and you're starting to try to become the expert that people want to become the expert that people want to hire to solve their problems, hire to solve their problems, um, if you go with the work life balance um, if you go with the work life balance answer early on, you're going to be in answer early on, you're going to be in trouble. Yeah.

trouble. Yeah. >> And so you're talking about that climb >> And so you're talking about that climb of no experience and a whole lot of of no experience and a whole lot of training and you try to get to that training and you try to get to that where you're like putting it on cruise where you're like putting it on cruise control and flying.

control and flying. >> Um the only way to get to that cruise >> Um the only way to get to that cruise control and flying is put the work in. control and flying is put the work in. >> Yeah.

>> Yeah. >> Yeah. >> And so I it's a little concerning to me. >> And so I it's a little concerning to me. I see medical students who are like, I see medical students who are like, "How much time do we get for lunch?" And "How much

time do we get for lunch?" And I was like, I was like, >> "What? I don't know." Like you you just >> "What? I don't know." Like you you just get some peanut butter crackers and you get some peanut butter crackers and you get a Coke and you you go about your get a Coke and you you go about your business.

business. business. >> Yeah. So I mean I'm kind of spoiled now. >> Yeah. So I mean I'm kind of spoiled now. I'm old. So I do get some lunch I'm old. So I do get some lunch occasionally but that's like for me I've occasionally but that's like for me I've seen that trend and medical students seen that trend and medical students rotating through and I'm like Lord help rotating through and I'm like Lord help us. Like uh it is a us. Like uh it is a we're both sitting here and we know what we're both sitting here and we know what it is to go through residency, go it is to go through residency, go through training. It's just not through training. It's just not there's no nice way to say it's not there's no nice way to say it's not easy. No.

easy. No. >> Like you make a lot of sacrifices for >> Like you make a lot of sacrifices for your from your life and your family to your from your life and your family to go through the training stuff and it's go through the training stuff and it's not worth it.

not worth it. >> Were you Were you married in residency? >> Were you Were you married in residency? >> Yeah. And that helped it so much. Like >> Yeah. And that helped it so much. Like for me being married in residency was a for me being married in residency was a massive advantage to people who were not massive advantage to people who were not married.

married. married. >> I think for us >> I think for us >> Yeah. >> Yeah. >> Yeah. >> but for our wives it hadn't been >> but for our wives it hadn't been miserable. Uh well my wife is family miserable. Uh well my wife is family practice doc and so she was starting to practice doc and so she was starting to practice so she practice so she >> she was good >> she was good >> she was she understood the whole thing >> she was she understood the whole thing so she did it she did the grind two so she did it she did the grind two years ahead of me in med student so I years ahead of me in med student so I saw her grinding saw her grinding >> so I had the little cheat sheet >> so I had the little cheat sheet >> on how to get through the first two >> on how to get through the first two years and not lose your sanity.

years and not lose your sanity. >> Yeah. Um, she she busted it her entire >> Yeah. Um, she she busted it her entire life from morning to night was studying life from morning to night was studying and I I reaped the benefits of seeing and I I reaped the benefits of seeing her navigate through that. But when we her navigate through that. But when we went to residency, she kind of knew she went to residency, she kind of knew she had just finished residency. And when had just finished residency. And when she she finished her residency one year she she finished her residency one year in Kentucky while I was an intern in in Kentucky while I was an intern in Oklahoma and that timing was good, too, Oklahoma and that timing was good, too, because when I was an intern, we were because when I was an intern, we were competing for that spot for the ortho competing for that spot for the ortho spot.

spot. spot. >> You didn't really have distraction. I >> You didn't really have distraction. I literally never left the hospital. literally never left the hospital. >> Yeah.

>> Yeah. >> Yeah. >> I made friends with the IT people. They >> I made friends with the IT people. They gave me a special program that would gave me a special program that would ding when a new X-ray would come up.

ding when a new X-ray would come up. >> I would beat the orthopedic residents to >> I would beat the orthopedic residents to the to the ER when there was a fracture the to the ER when there was a fracture and there's a reduction. I would have and there's a reduction. I would have everything set up for them in the cast everything set up for them in the cast cart and like I was obsessive.

cart and like I was obsessive. >> You were the original gunner. >> You were the original gunner. >> Well, yes, because we had like 16 people >> Well, yes, because we had like 16 people showing up trying to get two spots.

showing up trying to get two spots. >> Yeah. >> Yeah. >> Yeah. >> And I was like there I may not get this >> And I

was like there I may not get this spot. You're not going to outwork me.

spot. You're not going to outwork me. >> Yeah. like there's no chance that I'm >> Yeah. like there's no chance that I'm not going to get it because you outwork not going to get it because you outwork me.

me. me. >> That's how my dad was. My dad was a coal >> That's how my dad was. My dad was a coal miner. miner. miner. >> Yeah. >> Yeah. >> Yeah. >> He worked like a maniac. He he dedicated >> He worked like a maniac. He he dedicated his life, which he died very young uh so his life, which he died very young uh so we could have other opportunities. And we could have other opportunities. And so I got that from him like though you so I got that from him like though you can't work me too hard.

can't work me too hard. >> Yeah. >> Yeah. >> Yeah. >> And he was the same way. He would work >> And he was the same way. He would work any overtime shift someone would offer any overtime shift someone would offer him, he would work it. And uh I'm not him, he would work it. And uh I'm not suggesting that's how you should be.

suggesting that's how you should be. It's just how I am and uh it works for It's just how I am and uh it works for me. me. me. >> Yep. >> Yep. >> Yep.

>> Um but yeah, we went through the whole >> Um but yeah, we went through the whole thing through residency. I mean through thing through residency. I mean through that internship. So my wife kind of that internship. So my wife kind of knew. She just finished internship. But knew. She just finished internship. But it was insanely helpful for me.

it was insanely helpful for me. >> She's like, "We'll see you in four >> She's like, "We'll see you in four years." years." years." >> Yeah. It was some of it was like that >> Yeah. It was some of it was like that cuz I had to go to Tyler, Texas for six cuz I had to go to Tyler, Texas for six straight months was right when my straight months was right when my daughter was born.

daughter was born. >> It's like my daughter's just born. I'm >> It's like my daughter's just born. I'm leaving for six months. leaving for six months.

>> Oh, that's brutal. >> Oh, that's brutal. >> It was brutal. And uh she's awesome. >> It was brutal. And uh she's awesome. She's a she's a rock star. And like I've She's a she's a rock star. And like I've drugg her all over the country. We went drugg her all over the country. We went from Oklahoma City to Mount Sterling to from Oklahoma City to Mount Sterling to Tampa, Florida, back to Lexington.

Tampa, Florida, back to Lexington. >> She's well traveled. >> She's well traveled. >> Yeah. She grew up in Pikeville and her >> Yeah. She grew up in Pikeville and her whole thing in life was I'm staying whole thing in life was I'm staying here. Like we're helping the people here. Like we're helping the people here. My whole thing was not that not here. My whole thing was not that not not that I wanted to leave, but I was not that I wanted to leave, but I was just like, you know, the road took us just like, you know, the road took us different places and different places and >> see where it goes.

>> see where it goes. >> Yeah, we had to see where it goes. And >> Yeah, we had to see where it goes. And so, we we still have a like Pikeville is so, we we still have a like Pikeville is still a pretty special place to us, the still a pretty special place to us, the the college and the college and >> the med school. And it's a you know, we >> the med school. And it's a you know, we we really care about it and I'm pretty we really care about it and I'm pretty passionate. I'm there a couple times a passionate. I'm there a couple times a year. I have some title there now as year. I have some title there now as some director of something some director of something >> orthopedics.

>> orthopedics. >> orthopedics. >> Yeah. Well, surgery thing or something. >> Yeah. Well, surgery thing or something. I kind of oversee the the letters of I kind of oversee the the letters of recommendation for people who are trying recommendation for people who are trying to do ortho and surgery stuff. So, it's to do ortho and surgery stuff. So, it's helpful. I get to helpful. I get to >> help as many people as I can do that >> help as many people as I can do that >> and talk them in to like do it.

>> and talk them in to like do it. >> Yeah. >> Yeah. >> Yeah. >> Yeah. Don't don't stand on the sideline >> Yeah. Don't don't stand on the sideline like like like don't get a tattoo that says no regards don't get a tattoo that says no regards or anything. So, um yeah. So, talking or anything. So, um yeah. So, talking about bringing uh big time stuff to to about bringing uh big time stuff to to uh to small towns, what would you like uh to small towns, what would you like to see in Mazeville? Like when when to see in Mazeville? Like when when you're old and dead, if you spend your you're old and dead, if you spend your entire time in Mazeville, who knows how entire time in Mazeville, who knows how that's going to work. What would you that's going to work. What would you want him to say when you're dead? Like, want him to say when you're dead? Like, what did you do when you brought what did you do when you brought orthopedics there to Mazeville?

orthopedics there to Mazeville? >> Man, that's a great question. Oh, >> Man, that's a great question. Oh, >> I didn't say it was going to be easy >> I didn't say it was going to be easy podcast. Yeah, podcast. Yeah, >> it's been mainly me ranting, but >> it's been mainly me ranting, but >> I mean I mean I'd like to think that >> I mean I mean I'd like to think that that I brought, you know, excellent that I brought, you know, excellent quality care to the area and, you know, quality care to the area and, you know, I treated all my patients like they I treated all my patients like they would want to be treated. I like I try would want to be treated. I like I try to I try to treat everybody the way I to I try to treat everybody the way I would when my mom or dad or sister would when my mom or dad or sister treated. And treated. And >> um >> um >> um >> you know, I hope we bring the technology >> you know, I hope we bring the technology that's available to to Mazeville. I that's available to to Mazeville. I think we have we, you know, we got the think we have we, you know, we got the most upto-date robot for total knee most upto-date robot for total knee replacements right here in Mazeville.

replacements right here in Mazeville. And we were, I think we were actually And we were, I think we were actually the the the >> first first hospital in Kentucky to have >> first first hospital in Kentucky to have the 2.0 version of Mako. Okay.

the 2.0 version of Mako. Okay. >> Which is kind of cool. Kind of >> Which is kind of cool. Kind of >> Yeah. >> Yeah. >> Yeah. >> kind of helped that I was coming out of >> kind of helped that I was coming out of residency into Mazeville and we kind of residency into Mazeville and we kind of >> Did you use any of the robots in >> Did you use any of the robots in residency?

residency? residency? >> Yeah, we used we used I had a great >> Yeah, we used we used I had a great residency. We we did we had surgeons residency. We we did we had surgeons that were doing standard that were doing standard instrumentation. We had we did a lot of instrumentation. We had we did a lot of NAV, you know, my first, second, and NAV, you know, my first, second, and third year.

third year. >> Yeah. >> Yeah. >> Yeah. >> And then we still had some people doing >> And then we still had some people doing standard, but we did a lot of Rosa and standard, but we did a lot of Rosa and Mako um towards the end. Those are the Mako um towards the end. Those are the only two robots.

only two robots. >> Let's talk about Mako a little bit since >> Let's talk about Mako a little bit since since we're talking about it like just since we're talking about it like just for people who don't understand what for people who don't understand what that is because we're using this term that is because we're using this term about you know robot assisted random about you know robot assisted random makeo thing like makeo thing like >> what is it? Uh and how do you use it in >> what is it? Uh and how do you use it in your practice for total knees? So, Mako your practice for total knees? So, Mako is a robotic arm with is a robotic arm with a crazy algorithm to allow us to to make a crazy algorithm to allow us to to make our cuts on our tibia and femur perfect our cuts on our tibia and femur perfect essentially. So essentially.

Healthcare Systems, Surgery Centers, and Policy Challenges

So >> like pre-measured because you do Yeah, >> like pre-measured because you do Yeah, we do a CT scan of the knee and you know we do a CT scan of the knee and you know we can see all the bony structures of we can see all the bony structures of the knee and you get this pre-planned or the knee and you get this pre-planned or pre-formed plan about what we're going pre-formed plan about what we're going to cut, the rotation we're going to put

to cut, the rotation we're going to put the implants in, how much we're going to the implants in, how much we're going to cut here and here and here and here. Um, cut here and here and here and here. Um, and we play this little video game on it and we play this little video game on it kind of where you take these dots kind of where you take these dots >> so we can >> so we can >> map the, you know, the actual anatomy to >> map the, you know, the actual anatomy to that CT image that was uploaded into the that CT image that was uploaded into the robot.

robot. robot. >> Yeah. >> Yeah. >> Yeah. >> And then we fine-tune our plan um to to >> And then we fine-tune our plan um to to like like I said to do the rotation, how like like I said to do the rotation, how much we're going to cut.

much we're going to cut. >> Yeah. Um, do we want to put that knee >> Yeah. Um, do we want to put that knee like I do a kinematic knee where you like I do a kinematic knee where you would you would do more of a mechanical would you would do more of a mechanical axis, but you can do you can do any axis, but you can do you can do any philosophy you want with that make. So, philosophy you want with that make. So, if I got a real vary knee, I'm 3° vary if I got a real vary knee, I'm 3° vary on the tibia.

on the tibia. >> Just the femur as needed. >> Just the femur as needed. >> And then the robot comes in and it >> And then the robot comes in and it >> um it has these haptic boundaries.

>> um it has these haptic boundaries. So you cut, you're pulling the trigger, So you cut, you're pulling the trigger, but the robot essentially just puts you but the robot essentially just puts you in a plane in a plane >> where that cut is within a half a >> where that cut is within a half a millimeter of your plan, which would be millimeter of your plan, which would be perfect.

perfect. perfect. >> Just so people know who are listening, >> Just so people know who are listening, it's not like you go sit in the corner it's not like you go sit in the corner like a Da Vinci thing and you're like a Da Vinci thing and you're controlling this, right? It's not just a controlling this, right? It's not just a arm, right? Not yet. That's right.

arm, right? Not yet. That's right. >> There's a new AI study about taking out >> There's a new AI study about taking out gallbladders with this completely AI gallbladders with this completely AI >> Yeah. a independent robotic surgeon and >> Yeah. a independent robotic surgeon and knowing what the cystic duck and artery knowing what the cystic duck and artery look like and doing it with precision.

look like and doing it with precision. So, they're coming for our jobs, but So, they're coming for our jobs, but it's a long ways away. it's a long ways away.

>> We got some time. >> We got some time. >> We got some time. So, but it's it's an >> We got some time. So, but it's it's an arm that you actually control, right?

arm that you actually control, right? >> You're controlling it. I push and start >> You're controlling it. I push and start the button. I move it in and out. It the button. I move it in and out. It essentially just doesn't let me get out essentially just doesn't let me get out of the plane I need to be in.

of the plane I need to be in. >> And for the most part, >> And for the most part, >> you could cut the patellar tendon, but >> you could cut the patellar tendon, but that's about the only structure that you that's about the only structure that you could potentially damage. Sure. Cuz could potentially damage. Sure. Cuz they're inside the parameters already.

they're inside the parameters already. They're already made. They're already made. >> Yeah. And you just can't get out of it. >> Yeah. And you just can't get out of it. >> Sure.

>> Sure. >> Sure. >> Yeah. >> Yeah. >> Yeah. >> And then once you make your cuts, the >> And then once you make your cuts, the robot goes away and then you're putting robot goes away and then you're putting in cement. And uh do you do any in cement. And uh do you do any nonseemented knees?

nonseemented knees? >> Um and when I came in out and practice, >> Um and when I came in out and practice,

I'm like 0% cemented or pressfitit I'm like 0% cemented or pressfitit knees?

knees? knees? >> Yeah. >> Yeah. >> Yeah. >> I'm probably 75% pressfitit now. >> I'm probably 75% pressfitit now. >> Okay. I saw the look on your face when I >> Okay. I saw the look on your face when I said cement. You're like, what what's said cement. You're like, what what's that? What do we mix that for? It that? What do we mix that for? It definitely switched a lot in the last definitely switched a lot in the last year and a half.

year and a half. >> I still cement, you know, the older >> I still cement, you know, the older patients. No, patients. No, >> even if I'm planning to press fit if I >> even if I'm planning to press fit if I don't like don't like >> Have you ever cemented a total hip?

>> Have you ever cemented a total hip? >> Just like an arthritic hip. >> Just like an arthritic hip. >> A primary total hip arthritic hip >> A primary total hip arthritic hip >> in residency. I have.

>> in residency. I have. >> Yeah. >> Yeah. >> Yeah. >> I don't think so. >> I don't think so. >> So, you know how to do it, but it's not >> So, you know how to do it, but it's not typically how you go to it.

typically how you go to it. >> Not for I submit all of my hemis. >> Not for I submit all of my hemis. >> Sure. >> Sure. >> Sure. >> Yeah. >> Yeah. >> Yeah.

>> Because you don't like pressing hemis. >> Because you don't like pressing hemis. It's controversial, but my It's controversial, but my interpretation of literature interpretation of literature >> Oh gosh, here we go.

>> Oh gosh, here we go. I'm I'm with you. I'm I'm with you. >> That they should be press fit. I'm >> That they should be press fit. I'm sorry. They should be sorry. They should be >> Yeah, I agree with you. I agree with >> Yeah, I agree with you. I agree with you.

you. you. >> My opinion is if I'm going to press fit, >> My opinion is if I'm going to press fit, I'm probably going to do a total I'm probably going to do a total >> and a 91y old with a displaced neck.

>> and a 91y old with a displaced neck. >> No, I'm going to cement it. Cemented >> No, I'm going to cement it. Cemented Hemi. Hemi. Hemi. >> I like it. I like you sticking to your >> I like it. I like you sticking to your guns. The last time I cemented a Hemi guns. The last time I cemented a Hemi was u was u never never never >> never >> never >> never >> never have.

>> never have. >> And so we came uh I was right in the the >> And so we came uh I was right in the the craze of dual mo mobility but also like craze of dual mo mobility but also like neck changes for the early striker stuff neck changes for the early striker stuff >> and um the accolade one two three I >> and um the accolade one two three I don't know what it's called when we came don't know what it's called when we came in like I just started press fitting in like I just started press fitting everything.

everything. everything. >> Yeah. uh because of the geometry that we >> Yeah. uh because of the geometry that we could get approximately even in a could get approximately even in a osteoporotic bone uh was pretty legit osteoporotic bone uh was pretty legit when it came to uh being able to have when it came to uh being able to have three points of fixation.

three points of fixation. >> I just get worried about cracking them >> I just get worried about cracking them when I'm when I'm >> Yeah, I know. Slamming >> Yeah, I know. Slamming >> because you just want to go fast.

>> because you just want to go fast. >> That's fine. >> That's fine. >> Cement it takes longer. >> Cement it takes longer. >> Well, you're right. 100% does. Um yeah, >> Well, you're right. 100% does. Um yeah, so that that's funny actually. And we so that that's funny actually. And we are a product of our training.

are a product of our training. >> Yeah. Well, that may not be entirely >> Yeah. Well, that may not be entirely true. my training. I mean, most true. my training. I mean, most everybody everybody everybody press fit most of their

hemis. Yeah, press fit most of their hemis. Yeah, >> we did a few grand grand round type >> we did a few grand grand round type things or journal clubs like that.

things or journal clubs like that. >> Yeah. Yeah, >> Yeah. Yeah, >> we convinced a few. >> we convinced a few. >> How How fun was it to hear your >> How How fun was it to hear your attendees argue about what was right and attendees argue about what was right and wrong? It was the greatest honest.

wrong? It was the greatest honest. >> Now, that would be you and me. >> Now, that would be you and me. >> You almost picked topics to Oh, yeah. >> You almost picked topics to Oh, yeah.

>> get someone stirred up. >> get someone stirred up. >> Yeah, for sure. Oklahoma City was a wild >> Yeah, for sure. Oklahoma City was a wild place. Uh we were talking about that but place. Uh we were talking about that but there's like north side doctors and there's like north side doctors and southside doctors and um in our southside doctors and um in our residency we work with both of them.

residency we work with both of them. >> Yeah. >> Yeah. >> Yeah. >> So when they come together in journal >> So when they come together in journal club these are competitors. They're in club these are competitors. They're in private practice but they're competitors private practice but they're competitors with each other. So don't don't get it with each other. So don't don't get it wrong that they were trying to eat off wrong that they were trying to eat off each other's plate each other's plate >> and it would be wild. Some of the >> and it would be wild. Some of the journal clubs are like well this is what journal clubs are like well this is what I do. This is what I do and then I do. This is what I do and then somebody has to one up it. And it was an somebody has to one up it. And it was an amazing experience. saying there's a amazing experience. saying there's a thousand ways to skin a cat, right?

thousand ways to skin a cat, right? >> I don't know if there's a thousand, but >> I don't know if there's a thousand, but I think you should skin cats. I don't I think you should skin cats. I don't know if that's controversial or not. Um, know if that's controversial or not. Um, so we talked a little bit about like you so we talked a little bit about like you coming to Mazeville and and what that coming to Mazeville and and what that looks like. And so, and then long-term looks like. And so, and then long-term goals goals goals uh for your practice, like what do you uh for your practice, like what do you want want want um um um when you reach the cruising speed, what when you reach the cruising speed, what do you want your days to look like?

do you want your days to look like? And I'm not talking about just from a And I'm not talking about just from a logistic standpoint. I mean, if you're logistic standpoint. I mean, if you're going to build something, if you're going to build something, if you're going to bring high level stuff to to going to bring high level stuff to to Mazeville and the legacy standpoint, Mazeville and the legacy standpoint, like like like >> when you're trying to build what you >> when you're trying to build what you see, what is that? What do you see as a see, what is that? What do you see as a practice? You want more people there?

practice? You want more people there? >> You need more surgeons. Like what do you >> You need more surgeons. Like what do you what do you think when you look at like, what do you think when you look at like, okay, if I'm gonna okay, if I'm gonna >> if I'm going to be on the cruise control >> if I'm going to be on the cruise control thing, this is what it looks like. What thing, this is what it looks like. What do you think the next thing can happen do you think the next thing can happen for Mazeville that's positive from an for Mazeville that's positive from an orthopedic standpoint? That's a trick orthopedic standpoint? That's a trick question.

question. question. >> Uh we'll have you sit with the CEO and >> Uh we'll have you sit with the CEO and figure it out. figure it out. >> Well, I think the it would be a >> Well, I think the it would be a legislature. Kentucky loses the CO legislature. Kentucky loses the CO requirements.

requirements. requirements. >> Okay. >> Okay. >> Okay. Now we're talking Now we're talking u because you can you can go across the u because you can you can go across the river in Ohio. There's no there's no river in Ohio. There's no there's no >> get a golf ball.

>> get a golf ball. >> There's no and you can build a surgery >> There's no and you can build a surgery center in

Ohio without a certificate of center in Ohio without a certificate of need.

need. need. >> Um but that that's a hot topic uh in >> Um but that that's a hot topic uh in regards to the legislation. I think that regards to the legislation. I think that the current administration has no the current administration has no intentions intentions intentions >> Yeah.

>> Yeah. >> Yeah. >> of getting rid of certificate of need >> of getting rid of certificate of need because they are friendly with large UK because they are friendly with large UK expansion. Um that's not controversial.

expansion. Um that's not controversial. That's just real. That's just real. >> Mhm. >> Mhm. >> Mhm. >> That's not a political statement. That's >> That's not a political statement. That's just real. That's how it's looked. They just real. That's how it's looked. They were uh instrumental in the acquiring of were uh instrumental in the acquiring of King's Daughters uh into the UK network King's Daughters uh into the UK network and they were instrumental in the and they were instrumental in the acquiring of Morehead St. Clair in the acquiring of Morehead St. Clair in the UK network. And uh UK network. And uh I always wanted to build a surgery I always wanted to build a surgery center in East Kentucky.

center in East Kentucky. >> I'm going to get fired after this. >> I'm going to get fired after this. >> No, it's okay. It's okay that it's it's >> No, it's okay. It's okay that it's it's easy to open. Like uh you work at the easy to open. Like uh you work at the hospital and and I work for a hospital hospital and and I work for a hospital as well. And uh it it's just the the as well. And uh it it's just the the conversation is is I don't care who owns conversation is is I don't care who owns it. I don't care if the hospital owns it. I don't care if the hospital owns it. There are indications for surgery it. There are indications for surgery centers.

centers. centers. >> Y >> Y >> Y >> and they don't exist east of Lexington. >> and they don't exist east of Lexington. So if you draw a line down the middle of So if you draw a line down the middle of Lexington and go east, there are no Lexington and go east, there are no surgery centers in in the state of surgery centers in in the state of Kentucky. And that's a problem Kentucky. And that's a problem >> where we would argue the greatest need >> where we would argue the greatest need is is is >> the Exactly. And so >> the Exactly. And so people who have high deductible plans people who have high deductible plans and I may get fired too. There's just a and I may get fired too. There's just a cost difference in doing a carpal tunnel cost difference in doing a carpal tunnel at the hospital and doing a carpal at the hospital and doing a carpal tunnel at the surgery center. I'm 100% tunnel at the surgery center. I'm 100% for if the hospitals want to own the for if the hospitals want to own the surgery center. Let's do that. Make it a surgery center. Let's do that. Make it a joint venture. Make it a you own the joint venture. Make it a you own the whole thing. But you need to introduce whole thing.

Advice for Medical Students and Reflections on Career

But you need to introduce for for surgeries that don't require for for surgeries that don't require a hospital stay or never require a a hospital stay or never require a hospital stay hospital stay >> something for people with high >> something for people with high deductible plans who are paying for all deductible plans who are paying for all their care.

their care. >> Yeah. >> Yeah. >> Yeah. >> And uh it's a legitimate concern >> And uh it's a legitimate concern >> for people who have Blue Cross Blue >> for people who have Blue Cross Blue Shield but a $6,000 deductible. And you Shield but a $6,000 deductible. And you know that that cost difference can be know that that cost difference can be significant uh if you go to the surgery significant uh if you go to the surgery center versus go to the hospital. And uh center versus go to the hospital. And uh I think competition's great in I think competition's great in everything.

everything. everything. >> Oh yeah, for sure. It makes everything >> Oh yeah, for sure. It makes everything >> competition's great. If somebody came >> competition's great. If somebody came and set a building up next to yours in and set a building up next to yours in Mazeville and they decided to do Mazeville and they decided to do orthopedic surgery, guess what's going orthopedic surgery, guess what's going to happen?

to happen? >> Your practice is going to get better. >> Your practice is going to get better. >> Yeah. >> Yeah. >> Yeah. >> I don't know in what way, but you have >> I don't know in what way, but you have to make sure it's better. Same thing to make sure it's better. Same thing here.

here. here. >> It's a damn or die, right? >> It's a damn or die, right? >> Somebody comes to Cynthiana and starts >> Somebody comes to Cynthiana and starts an independent practice.

an independent practice. >> I'm going to make sure our practice is >> I'm going to make sure our practice is better. We're gonna that's just the better. We're gonna that's just the nature of how it is. We're kind of nature of how it is. We're kind of competitive competitive competitive >> when it comes to that. Um but like >> when it comes to that. Um but like competition solves a lot of thing in competition solves a lot of thing in healthcare. There's a podcast with healthcare. There's a podcast with uh Theo von and Bernie Sanders that you uh Theo von and Bernie Sanders that you should listen to about healthcare should listen to about healthcare >> and it's the only thing that Bernie says >> and it's the only thing that Bernie says that makes any sense which he gives an that makes any sense which he gives an outline of our current situation and outline of our current situation and what it is. Now his solution I don't what it is. Now his solution I don't agree with. Mhm. socialized medicine, agree with. Mhm. socialized medicine, >> socialized medicine, which I do not >> socialized medicine, which I do not agree with, agree with, >> but his outline of the current state is >> but his outline of the current state is very accurate. And so it's worth very accurate. And so it's worth listening to because he can outline listening to because he can outline where we are, what what role insurance where we are, what what role insurance companies play in that, what role u companies play in that, what role u physician reimbursement plays in that. I physician reimbursement plays in that. I was just looking at just to look up like was just looking at just to look up like the office visit number to try to make the office visit number to try to make some performance.

some performance. our pay has been cut almost every year. our pay has been cut almost every year. Um, and I'm not saying that we we can Um, and I'm not saying that we we can have an argument about how much doctors have an argument about how much doctors should get paid. That's not the should get paid. That's not the argument.

argument. argument. >> No, >> No, >> No, >> the argument is everything else has >> the argument is everything else has become more expensive. become more expensive. >> Yes.

>> Yes. >> Yes. >> And the reimbursement rates that are set >> And the reimbursement rates that are set by CMS or Medicare rates have by CMS or Medicare rates have continually been cut. And so there are continually been cut. And so there are surgeons in 1980 surgeons in 1980 who were doing total hips and total who were doing total hips and total knees who were making knees who were making three or $4,000.

three or $4,000. >> They found more >> They found more >> for those total hips and total knees >> for those total hips and total knees because before the HMOs came in and and because before the HMOs came in and and the PPOs come in and took over, it was a the PPOs come in and took over, it was a percentage of charges basically. And percentage of charges basically. And then you kind of made your standard then you kind of made your standard charge around what it was.

charge around what it was. >> Yeah. There was a time when it was fee >> Yeah. There was a time when it was fee for service. for service. >> Fee for service. And then we messed that >> Fee for service. And then we messed that up as physicians. We probably took up as physicians. We probably took advantage of it too much, pushed the bar advantage of it too much, pushed the bar too far, and then something had to too far, and then something had to happen. There had to be a resolution.

happen. There had to be a resolution. What happened was insane after that. But What happened was insane after that. But now, now, now, I'm not disclosing the rates of anything I'm not disclosing the rates of anything in Mazeville or Cynthiana. I can tell in Mazeville or Cynthiana. I can tell you in Tampa, Florida, when I was in you in Tampa, Florida, when I was in private practice, that all the insurance private practice, that all the insurance companies looked at me and said, "We companies looked at me and said, "We don't need you. We're going to give you don't need you. We're going to give you a discounted rate for all of your care." a discounted rate for all of your care." So, I got 60% of Medicare for my So, I got 60% of Medicare for my commercial insurance. That means I had

commercial insurance. That means I had to see two patients for every one to see two patients for every one patient that my competition had to see patient that my competition had to see because they said, "We don't need you.

because they said, "We don't need you. We have plenty of orthopedic surgeons in We have plenty of orthopedic surgeons in Tampa. So, take it or leave it." And I Tampa. So, take it or leave it." And I had to make the decision whether to take had to make the decision whether to take it or leave it. Be a cash paid basis.

it or leave it. Be a cash paid basis. Not that smart. Or see double the amount Not that smart. Or see double the amount of people for the same amount of of people for the same amount of reimbursement, which is the route that I reimbursement, which is the route that I went. Uh, but that's insane that, you went. Uh, but that's insane that, you know, right down the the street in know, right down the the street in Tampa, Florida, the same service could Tampa, Florida, the same service could be half the price.

be half the price. >> It turns out I was the halfp price >> It turns out I was the halfp price place, but Florida Orthopedic place, but Florida Orthopedic Institute's right down the like three Institute's right down the like three miles from me. They have 100 surgeons miles from me. They have 100 surgeons and uh so then we had end up getting to and uh so then we had end up getting to a place where it was like that. So, a place where it was like that. So, certificate of need, certificate of need, there's no need for it. All right. What there's no need for it. All right. What do you want to leave us with? What kind do you want to leave us with? What kind of words of advice you got for the of words of advice you got for the podcast here for all the people podcast here for all the people listening?

listening? listening? >> Words of advice, don't >> Words of advice, don't ride motorcycles without a helmet. ride motorcycles without a helmet. >> What about fireworks? You got any >> What about fireworks? You got any fireworks?

fireworks? fireworks? >> Do not use do don't even touch firework. >> Do not use do don't even touch firework. That was like the worst day to be on That was like the worst day to be on call.

call. call. Yeah. Third of July, fourth, fifth, they Yeah. Third of July, fourth, fifth, they just kept going. Shoot fireworks the just kept going. Shoot fireworks the whole time.

whole time. >> Oh, >> Oh, >> Oh, >> yeah. Awesome, man. Well, thanks for >> yeah. Awesome, man. Well, thanks for coming down. We're We'll shoot this out.

coming down. We're We'll shoot this out. We'll edit out all our uh er call breaks We'll edit out all our uh er call breaks and all the stuff that we got in. But uh and all the stuff that we got in. But uh I really just want to get you down and I really just want to get you down and say hi, welcome you on the podcast, but say hi, welcome you on the podcast, but also introduce you to people that listen also introduce you to people that listen to this to hey, you may want to go up to this to hey, you may want to go up the up the road to Mazeville and get the up the road to Mazeville and get your hip done.

your hip done. >> Absolutely. and uh you're obviously >> Absolutely. and uh you're obviously