Introduction to the Movement Clinic

I own a clinic here in Lehigh, Utah called the Movement Clinic. And we're an award-winning sports medicine rehab regenerative clinic. So we do regenerate medicine, accelerated healing, and that translates into, we also do functional medicine with some niche specialties in chronic health issues.

That's what I do during the week. Then I also teach, speak and train across the country clinicians on several things like hyperbarics, ozone therapy, regenerated biologics.

You didn't build your clinic to feel like an employee in your own business. I'm Matthew Kalogli, and on Out of the System, hosted by Doctor Talks, we challenge the broken rules holding healthcare entrepreneurs back.

Hear from clinic owners, rebels and builders who are creating bold, profitable patient center practices and doing it their way. Welcome to Out Of The System podcast.

This is our first time meeting. Yeah. So, not just for everybody that's watching and listening, tell everybody who you are and what do you do. Yeah, so my name is Dr.

Ryan Myers, and what do I do? Well, I like to tell people that in everything that I, do, disrupt healthcare. Which is why you're here. Yeah. But like the what and I what I every day?

First of all, we'll start with my why. What I say all the time in every thing that we do is, in We want to help people live the life that matters most to them, free of interruptions, whether that's pain, illness, inflammation, whatever.

So I own a clinic here in Lehigh, Utah, called the Movement Clinic. And we're an award-winning sports medicine rehab regenerative clinic. So we do regenerate medicine, accelerated healing, and that translates into, we also do functional medicine with some niche specialties in chronic health issues.

Um, so that's what I do during the week. And then I also teach, speak and train across the country clinicians on several things like hyperbarics, ozone therapy, regenerated biologics.

All my favorite stuff. Yep. Love all of that stuff. Yep, it's all fantastic. Yeah, I mean, that's probably 60% of our client base is that. Awesome. So let's go way back.

Okay. Take me back, where does your story really begin? Before any of this, before the clinic, the hyperbaric chambers, all this. Who were you? And what pulled you to this body of work?

Yeah, so I'll like go back and jump through a couple of places. So I mean, always growing up as a kid through high school and everything, I always thought outside of the box and always looked at things in a different way of how, how can we tell a story a differently?

How can this be done a difference way? You know, now I was gifted several years ago from the live action Cinderella. There's a scene in the beginning of it.

We're gonna go to live. Yeah, we're going there. All right. There's a scene in there in the beginning.

Ryan Myers' Early Mindset and Career Path

She ran away into the woods and, you know, to get away from stepmom and they don't know each other. You have a prince and a hunting party come through.

And they're chasing a deer that she sees and tells to run away. And she's interacting with the prince for the first time. She's basically like, well, why do you hunt?

Why do do this? And the Prince says, it's what's been done. And she said, and here's the here is the profound thing that stood with me for years. She says, just because it's what's been done doesn't mean it what should be done.

And I've always that's hit me four years and that embodied in everything that I think and do not only from professional, but how I train athletically, how they just do things as.

Just because it's the way it has been done doesn't mean it should be done. And in fact, it shouldn't be the opposite because traditional approaches create traditional outcomes.

So I think I grew up with that in me. I was involved in a lot of different things as a kid growing up from athletics to theater and music and lots of things and always kind of had this thought of like, well, what's a different way to do this?

What's different to still be successful but come about in way that's never been before? And so as I became an adult, you know, I've always been athletic and been involved in that either full time or on the side.

I have also always either been a personal trainer, a coach, strength and conditioning coach. elite triathletes and arm athletes for years. I've coached CrossFit for 15 years, I coach Olympic weightlifting.

Like I'd been around those worlds for so long. And I actually worked professionally for a lot of years doing building scalable sales and business development infrastructure for different startups and tech companies, especially here in Utah.

While I was doing a lotta this on the side and the opportunity came up to a door open to go back to school at 30 years old. And my thought was, you know, I had some of my own injuries that were getting treated and, as a coach and a trainer, feeling limited in what I could provide my athletes.

It's kind of like, nope, there has to be other answers that aren't out there. Because again, i was getting treatment for stuff that kind was kind getting better, but not all the way.

I'm like there have to more. So I went back to school at 30, um, my wife and two kids stayed here in Utah. And I, went down to Southern California to go to.

School and commuted back and forth. Cause I was cheaper than moving a family of four to Orange County, California at the time. By the way, it's still expensive.

Yeah. So while you're a full-time student, so I mean, I worked full time during that. Well, not fulltime, but I actually as a CrossFit coach while I went to school and dove into school, that also like from the month one of a three and a half year full term program.

I was attending more certifications and things every weekend, every month, because I knew that I needed more to construct this new idea of how to do things.

What's a new system? What is a way of producing protocols to help people heal? And so I went back to school when I was 30, went through that journey and then did what everybody tells you not to do, came out and started all by myself actually in a gym, started my own thing.

Started your own chiropractic in the gym. Yep, doing rehab, movement. So I specialize in lots of different muscle activation, fascial techniques and try needling and manual therapies and movement and then did the second thing that everybody tells you not to do because we grew out of that within a year and a half and I went and got a nice size office and overhead which Everybody tells you not to do.

That was easy, right? Yeah. There were no struggles. Yeah, no, it's been fine. So now we've been in our office and we been now in that office for eight years and it is doing great.

We've got multiple other practitioners and staff that work for us and I've had the opportunity to travel around the world with professional athletes as well as work with patients telehealth wise all across the country.

And then like I said, speak and teach on a variety of different things all over the place. So, so when you were in chiropractic school, when was there a moment even in that space where I don't want to use the, I hate to the word, use, the phrase the way they were teaching medicine was wrong, but was something in like when were there that your instincts or your gut told you there was a different, better way?

I think I already knew that going in. But again, being older, I was 30, had a family, been around the chiropractic world. I also had friends who, college roommates and stuff that went around into other forms of healthcare.

So I think I learned in general, healthcare education in generally, right now I've got a colleague who teaches at an osteopathic school, health care education, general I mean, regardless of your licensure is there to help you pass boards.

Absolutely. And I they're not shy about that anymore. It's there, it's their to create an echo chamber. Yes, this is the point. I would have professors at our school that would say, look, I have to teach you this because this is how the boards are going to ask it, but here's how you actually treat patients.

But also for me, I mean, again, in this mindset of like I had already been exposed to a lot of things and it's like, okay, like. I know I'm going get what I need.

So I. Have a license to do what. Need to. Do. but that's also why I spent a thousand extra hours while I was in chiropractic school, going, getting training, other places.

Cause I like have. To learn what else is out there to construct. a new way of healing people that doesn't exist because the current models don't work.

And so, yeah, there were definitely points during that of school you know, being like, but I also was smart enough and old enough, and mature enough to understand like I get it, right?

Like I didn't blame school. It's like it exists for its reason, its purpose. I'm here for a reason. You know there are still things that I bring from my education that are helpful.

But at the same time, you it is limited. And, I think it teaches you how to pass the boards but not to be a great doctor. that you had a personal situation that's on your site with your wife, Jenna's her name, right?

That she got really, really sick. Walk me through that timeline. Well, she'd probably been sick since she was a teenager, dealing with different things.

And then during the early years of our marriage and me going back to school, there were definitely chronic health issues. Like what was going on? What do you want to share?

Yeah, I mean, the easiest way to say chronic, chronic fatigue, You know, mental health issues were a big piece of this. They were downstream, but not the root cause.

Joint aches and pains, cognitive issues, kind of what we deal with now with a lot of patients that we see.

Jenna's Chronic Illness and Treatment Journey

And it was actually while I was at cardiac practice school in like a lunch seminar where someone was talking about some things and my light bulb started to go off.

I'm like, wait, I think this is what this says. And so, you know, I sent home to her a list of labs that I wanted to have ran. Unluckily, she went to a really nice primary care that was like, look, my husband's in school.

He wants these labs run. Can you just humor him? And I was, like sure. And it was actually interesting. This started a journey now that we've learned so much about, and this would have been in 2014. And, you know, labs came back positive for Lyme disease.

This is a long conversation, so we won't, because there's different thoughts about this. Yeah, there are different variations of Lymen. But what was interesting was they wouldn't give her labs back until she met with an infectious disease doctor to try and convince her that that didn't exist.

Wait, that Lyman didn t exist? Yeah. And so, look, we could have a whole podcast just about it. I wanted to, like, why? Well, the why is because most of these chronic illnesses such as that, mold illness, SIRS, you know, these things that I deal with now are not treated successfully with pharmacological tools.

They're all treated outside of the traditional healthcare successfully, but poorly in. So… It's your freaking labs. I know, they wouldn't give them to her, which was interesting.

So anyway, so we figured it out and she started doing care. Luckily, or fortuitously, her mother had gone through similar and had already found out what wasn't working and what was.

Back then, my wife went through treatment outside of the country, saved her life. We were already doing some things in our clinic, you know, that were beneficial for her as adjunctive care.

And then I trained with those doctors as well as others. It was kind of like, look, there's ways we can help people that we're not currently. What were some of the protocols that Oh man, everything from hyperbarics to ozone was a really big piece of this.

Different versions of stem cells and regenerative therapies and detox therapies are huge. So that's a huge thing that we believe is missing in most of these treatments is in how to stack and combine all those in a strategic model matters more than the individual tools.

And I think that a lot of what I learned along the way that my mind already thought that way from like an injury, musculoskeletal pain side of, Well, all the tools are good.

The tool doesn't matter. It matters how you stack and layer them for the person that's in front of you. So the stack in sequence, the order that you go in, like HBOT before Ozone or OZONE before H-Bot?

All matters. Yep. And timing of before this is done. Like I was just teaching at a regenerative medicine conference and we were talking about how if You don't do the work to bring somebody's systemic inflammation down.

You're basically sending these amazing little stem cells into a forest fire that'll get burned up before they even have a chance to do their job. So this is also not only in the same day stacking and sequencing, but week to week, month to month, what needs to be handled first before you go to the next to actually deliver outcomes.

Really has started this multi-year journey of learning and training and piece again, piecing those things together in ways that kind of haven't been done before.

Um, to, you know, we're, You know we've seen the results and I have the confidence now. And I say with somebody, I'm like, look, if you do this the right way, are going to get really good success, but it takes consistency.

It takes commitment, all those types of things. Did you care that Did you care that you were breaking the system mold? Did care you weren't asking for permission?

Not at all. It's just the way I think. And you've always been that way. Any of your colleagues while you're in

chiropractic school say, hey, you are barking up the wrong tree here, or you could be really screwing with fate?

No, I actually feel like if there's a profession that's okay with that more than anything, it's probably that one. You know, and there, we could talk a lot about the chriopractic profession, but I think outside of that, yes, family, people who are connected with conventional healthcare, You know, get really nervous and really apprehensive about that stuff because that's just the way it's been done.

Right. And, you know. It's interesting when you go through that from a multi-year perspective of what people get, what, people understand what they're willing to say something about or don't.

I think we didn't necessarily face as much opposition ourselves as a lot of other people do, and we still deal with that with patients all the time. I'll say especially like spouse to spouse, if one spouse is sick and the other spouse's not on board or doesn't believe or because it's unconventional or it is not covered by insurance.

I love when people always ask something about ozone, right? Is this FDA approved? And I'm like, well, you take a whole bunch of supplements and none of those are FDA-approved.

So you can't use that as your argument of what's safe or not. There's a lot of things that are getting injected in your body that aren't FDA Yeah, so anyway, no, I think like my mind has always been the right solutions are the mixing combo for the person that's in front of you, even if that means You know, that's why I think in everything that I do, I'm disrupting revolutionizing healthcare because it has to be.

And not once, but continually, because we're learning all the time, we are shifting all time. Patients are presenting with new things all of the times.

If we were stuck in cookie cutter models. you're only going to help a very small percentage of the population. Well, if you think about what it means to be a doctor, medical professional, it's to never stop asking questions.

Yep. You know, I'm always fascinated about how how people take little bits of something and make it mean something, and they don't look at the context and the content.

The context of the time of when it was written and content before and after it, right? And I'm always fascinated because people will say, the love of money is the root of all evil.

Well, one, that's not written anywhere in that way. That's the paraphrased version. And if you look the the contest and timing, it has a very different meaning.

If you go to the Hippocratic Oath and you actually read the full context of the content of HiPPocratic oath and look at the context at which it was written, it's actually designed for the doctor to push the envelope constantly.

That's what do no harm means. It doesn't mean stay in this box. It means expand your thinking, look at everything, question everything. Question authority, questions the way things are done.

Always be looking for new things. And this is Matt's interpretation. But like, you know, we get so far and I'm obviously not, I am not a doctor, but that's all I work with is doctors.

I see how that has been weaponized to keep people small and narrow minded. The only people that get hurt are the patients. the same people that the doctors have sworn to protect, right?

I mean, the Hippocratic oath is designed to Protect pharmaceutical companies now, Right? You know, in the insurance companies, it's actually designed To say, use everything at your disposal to fix the patient.

Yep. You ever think about any of that like you ever like in your process because you're clearly a maverick You're a guy that thinks outside the box. Yeah, I mean I Think about it when I have to try and explain to a patient, you know What you why it's okay to think that way a little bit but I think it so naturally ingrained in me that I don't I I just don't

spend time trying to justify for myself that it's okay to think outside the box, because I do.

And I've learned and my team knows, my mind… I had other providers with me before that when I explain stuff for Connect Outs, they're like, how does your brain think like that?

I don´t know, it just does. Yeah, just us. With that comes, I'm a little messy, right? Systems and logistic like from an admin side like that is not my strength, but I have good people to support that so that.

You know, I can do what I know how to do of how, to figure out how. To connect the dots with people and get them better, you know again, whether it's chronic health or musculoskeletal like.

The number of times some of our other providers are like, man, we just can't figure this out. I'm like go look at this. They're like why? I just do. And that's the answer.

So it is that. But I think we do have to think outside of the box to help people heal and be creative and co-create in a way that we can actually, these are people's lives and time and money that were dealing with.

If we're only willing to It's not fair to them either. How long did it take for Jenna to start feeling better when she started these protocols? Yeah, I mean, so she'll say that she actively did treatment for two and a half years, you know, going out of country that was only every couple of months, but she was actively doing stuff at home.

So probably ultimately about two-and-a-half years till she pretty close to normal. And I would say now, she's doing great. She works out every day. There's not things she has to maintain and stay on top of and understands what's critical for her.

But I'd say for the most part, She's back, but it would probably took two and a half to three years to actually really say like, yeah, I'm graduated from this to maintenance.

Uh, you know, and then every few months or so it's like you need to make sure we get our eating back or I need get back doing these therapies. And that's just human.

But we talk about it with movement too, in working out, if you have body awareness that, Oh, If you don't activate this or make you're doing this the right way, that going to affect your knee.

It's the same idea with this thing. You have, you know, body awareness that if you eat a certain way, if don't do certain habits, that you're going to have some symptom creep to get back to, not back where you were, but you might start feeling some things again.

I think one of, I love ozone therapy. By the way, where'd you learn ozone? Mexico, originally. And then my first ozone conference that I went to was with Dr.

Frank Schellenberger. And then I've been to several others and now I build curriculum and teach it and train doctors on it all the time. So kind of cobbled together different things from different places.

Yeah. Frank's great. He's, we have him scheduled to be on the program here soon. he's a client for a number of years. Awesome. Great, great guy.

Building a Regenerative Care Model

Well, you want to talk about somebody that has really been a true pioneer. Yep. Exactly. California ran him out of the state. That's how he went up in Nevada.

So when you're talking with patients, I'm curious about kind of the journey. One, it's not lost to me that you're a chiropractor doing ozone, IV, Regen therapies.

You have a nurse practitioner on staff, you have PA on-staff. How does that all work? Well, so luckily here in Utah scope of practice is pretty broad for chirepractors.

So a lot of that I can do and or oversee. And so I mean, I have nurses that work for me and then yeah, have relationships with medical providers if we need to write prescriptions or things like that.

Can you break the skin? In Utah, can you? Oh yeah. You can? Oh, yeah. Oh wow. Okay, cool. I can basically inject anything that's not a scheduled drug in Utah.

And in fact, just last year chiropractors in utah can do stem cell therapies. So, oh, I didn't know that. Yeah. Um, that was part of the reason I'm here.

Cause I could do more here? Yeah, well, it makes sense. um, so let's talk about the, the you have people coming in like Are they coming in like, what's your thing that gets people in?

Like what you're, we call it the beachhead in Mavericks, our company. What's the like offer that you, or what the thing you are known for? Is there a specific, tight customer journey that people are coming through?

Or is it more of just kind of you have all these broad based different things that your offer and people kind drift in. Yeah, I mean, probably two categories.

We're completely referral-based for the most part. So you're not running any ads, no social? Oh, never have. Yeah. I think we do some social media, but it's just organic.

And to be honest, we're just not that good at it. Just because we are busy just doing our thing. But yeah, on the SportsMed pain rehab site, it is just we've got a lot of good relationships with facilities, gyms, clubs, teams, networks.

But then I think, again, you take care of, I always say your best marketing is to take of the person in front of you the best way you know how, and that solves it.

And I would say same on the chronic health side. I specialize in what's called SIRS, which stands for chronic inflammatory response syndrome, secondary to biotoxin exposure, so things like mold.

However, it totally reframes every chronic Lyme is a SERS patient. Same with MS, MCAS, you know, long COVID, all those. There has a genetic component to it and we can prove it through diagnostics.

So I say all of that until proven otherwise, because I've yet to see any of those patients walk to my office. We do the lab work and don't test positive for it.

Okay. And again, even in that world, there's some, organics content things that I do, but most of all that comes from word of mouth of, You know, those communities are so tight and so hungry for good answers.

And when people are getting, you know answers and getting outcomes that people aren't getting other places, word spreads and you figure it out. So they all come in.

Do they do a, do you do diagnostic in everybody when they come or is it, how do? So, I mean, really we kind of operate like two separate clinics on our pain injury rehab side, new patient comes in and we do an hour, appointment where we do movement training or movement screening ortho you know full diagnostic full history you an ultrasound or having an MRI done beforehand or just no just depends yeah if they need it or not they to we refer out for those things but a full you we'd do a movement we mapping tissue so we know is their tissue torn damaged tissue you what's going on we treat bill of treatment plan and do that On the chronic health side, we do, for most patients, will do a discovery call.

And there's three reasons or that three things that we're trying to accomplish. One, what I call, What's your current

health history? So what are you living in?

What are trying accomplish? And then for me to be able to say, here's how we work and here are the next steps. So it's almost kind of a two, is this a right fit for you and is it right for us to move forward?

If it is, Here's next step. and then we go through diagnostics and whatever might be needed at that point. So when you're working with a patient, are you doing more of a model of they're paying every time they come in a la carte, or are putting together a package and putting a full?

We do both. You do. Both. Which do you find works better? For our pain, injury, rehab, regenerative side, when they pay as they go, works amazing. For chronic health side more package driven because most of them are doing longer care plans and so we're packaging multiple therapies together and things like that.

Are you able to play with pricing and margin and things like that a little bit better to help make it more economically approachable for them, but still financially beneficial for us.

Where on the other side, you could have an ankle sprain that you see two or three times. You could a have a chronic low back person that see 12, 16 times, just kind of depends.

And we've tried doing packages on that way and those patient base and that model tends to work better as still, hey, here's your treatment plan. But people are just swiping as they go, and we've had no problems with that.

But the chronic health side, more package-based. Interesting. We always find packages work better than a la carte because there is a buyer fatigue. It's always interesting to hear how everybody structures it a little bit differently.

I always found that fascinating. Now, are people coming to you Do you, let's talk about like in the, not on the regen side, on like the functional side.

On the illness side chronic illness, side do you by the time they're coming to you? Do feel like that patient has an understanding of what ozone is and what hyperbaric is, or is that something that you feel that have to explain more to them?

So more now than five years ago, for sure. Say more. Now, what does that mean? I would say they've heard of them more, and some of have tried some version of that.

like ozone's a great example, but I always explain people like, oh, I've done ozone before. And I'm like well, ozone is a molecule, so tell me how you've don't it because just because you don ozone doesn't mean you done it in a way that's beneficial, and usually it's not.

It's all over the place. So what are some of the mistakes that you see? Well, there's, well there are all different types of dosing, first of all, And then the reality is that things like that in hyperbarics, Oh I tried that and it wasn't helpful.

It's like, usually the question is, well, how many times? Oh, like once or twice. To which I always respond to them with, if you went to the gym once, or two, did you have a six pack right away?

And they laugh and they get it. Right. And so. How often do you want somebody to do? What's your, what's you're feeling? Like, What is your. So if we're dealing with chronic health issues, chronic illnesses, hyperbarics for me is a minimum of 40 hours as fast as possible.

Ideally, an hour a week, five days a weak. No less than three. You know, there's some variations depending on what we're dealing with. Ozone is very similar.

The way we dose our ozone IVs, you know we are looking at sometimes one to two times a weeks until you get to 10 to 20 IV's as a first phase before we recheck labs.

Wow. So that's why when, you know, and I know our dosing protocols and how they work. And so it's also, okay, You know. You've tried this stuff once or twice in the past, or maybe ditto's on once and didn't feel good after, guess what?

You're supposed to, probably on your first one or two. Um, And, so that, that what I mean when I talk about, we always talk it as like a program protocol or experience that we're giving you, not.

We're not giving you a therapy. It's no here. We've done our diagnostic work. So here's what's going on. so I'm going to deliver you. Program protocol or experience to help you get to where you want to go to not just here is a pile of tools.

Let's hope one of them gets you better. You know, it's funny, every time I go do HBOT, and I was scheduled with travel, I always have to be a little bit careful, but I get to go two or three times a month, right?

Like, yeah. It's just not possible for me to, to get there two, three. I, always fall asleep every single time. Hey, that's not a bad thing. Yeah. Oh, God, It gets to take an hour nap.

Yep. Great. So I do an IV before and then I got an H-Bot and out. Look, yesterday I slept for an hours, so it was great. Is that common? I think it depends.

I mean, I always ask our patients when they get out, if they're there at nine in the morning, they are probably not taking a nap. If they were there two in afternoon, probably dozing off, yeah.

Some people can, some people cannot. Why do we? It's just kind of the way it is. At what point did you realize with With Jenna's condition, you're coming out, and you open up the bigger space.

At what point did you feel like you were onto something, that you had something that was scalable and a viable business option? Well, I would say coming out of school, even just starting in the like musculoskeletal sports med rehab, it was onto something.

Chiropractic Scope, Diagnostics, and Patient Programs

Like I knew that the way I combined and compiled techniques, you know, from just having patients that are like, oh, we've never had this before, never seen these outcomes before.

So early on we knew, yeah, there's something different here. Again, partially because I had all these technique backgrounds But I was using them all differently.

I always say, like, I love techniques and I loved to bastardize them. Like, how can you break them up and combine this piece with this one and this peace with one?

You know, in our clinics won multiple awards for sports medicine and sports injury and rehab because it's that. We've created these methods and these processes of How do you toggle together all these different techniques to create a new method that can deliver a change?

And that's what's scaled us for years. And I would say that same exact mindset and same as that approach has been the same with what we do on the chronic health side of here's all of these things, but how can I tweak and play with my ozone dosing to actually deliver better outcome than what everybody else is doing?

How can layer that with this? So how I can add these tools to do it this way in this sequence? to actually get this outcome, it's very different. And so I think, I mean, think I knew from the get-go that we had something very, and then when we started doing the chronic health stuff, because I already thought that way, It wasn't like that big of a shift.

It was just thinking that away with different tools. Sounds to me like you've always thought this way. Like you were

saying, like this is just something that you always kind of processed and always done.

Yep. Is that cause frustration or friction at the clinic because you're always pushing the envelope? Yeah, sometimes administratively and logistically with like my admin staff it does because they, it's like, look, and this is not calling myself a genius, but it that like kind of like genius mindset that I know how to just figure stuff out.

And then it like. Okay. Everybody else just kind of has to figure it out how to support that along with me. And luckily we have good people. It has been frustrating.

There's definitely times it's affected us negatively in business and stuff like that too. Um, but it, you know, I don't think you get to a place where you can produce, uh, you know, substantially different outcomes unless you're willing to be a little bit messy along the way.

And messy doesn't mean negligent, doesn' mean like irresponsible to patients. It means, you now, if I'm not doing things the right way systematically with scheduling and whatever, because I just, but we're figuring that out and having good people around me to make that work.

So I have the freedom to play in this box to get people better at works. Well, success is messy. especially entrepreneurial success. I mean, that's the thing I get asked this question a lot.

And I was standing at a conference, we are a party, Christine and I were at the party and a guy comes up and he goes, Oh, somebody told me you're an entrepreneur.

Yeah, as someone entrepreneur where he goes, oh, man, I got these great ideas. What would you tell me? I want to start my own business. And I go, what do you do?

And he says, well, he's an engineer. I said, OK, don't do it. He's like, What? What do mean? He goes I wanna have my thing. Why do want have your own thing?

Right. Well, you know, why I just want the freedom to do what I whenever I like. But I say, Don't Do It. Yeah. Becoming an entrepreneur is like taking a Valvo Merta with the Mafia.

You never get out, right? Once you're in, once you make your first sale, it's like making your bones, okay? You're never getting out. Right? Your either going to die, you are going, and his eyes are like this and I go, it completely changes the way of life.

Like you wind up being committed to this, you always have to look at things from a completely different viewpoint. You always to be testing things and breaking things, and wondering, is there a better way to do this?

There's never a stasis to it. It's always evolving. Right? Yep. Yeah. And I mean, I think every entrepreneur thinks like, man, what would it be like to just have the sustainability of like a paycheck that allows you to forget about everything when you go home at five o'clock at night.

Until you have the opportunity to work in that and then you realize that's miserable. And so, you know, it's the devil, what's worse, the Devil you Know or the Devils you Don't, but I think I would rather, I mean, look, this is the other thing my wife and I were talking about this other day, because I'm an endurance sports person.

So Ironman, marathon running and like there's something inside of me that understands how to push and dig even when it's hard or long. And I think that translates over to being an entrepreneur because- Do you find a similar place when you're, and I'm not an Ironman guy, but when my friends that have done it and they say you reach a point like in mile 15 of the run or whatever, mile 75 of 110 bike, whatever where the pain is all gone, that like everything is, you just in this different zone.

Does that happen for you? Yeah. Yeah, and I think it's happened to me in athletics and in work, but then this, you know, they, I've read this before and they talk about how entrepreneurs are addicted to suffering, which is good and

bad, right?

That's why we all have to learn how to have systems or people or the right who's to help us accomplish the how. to systemize those things because you can't scale like from through suffering and you cant grow that way.

So you've got to be able to put systems, people and structure in place to say, okay, knowing how to dig deep is one thing, but how can you scale smarter without more suffering?

And I've worked with entrepreneurs for 20 years, right? All entrepreneurs, and when I say all, I mean like 90%. 90% of entrepreneurs all are operating their entrepreneurial venture out of some woundedness or PTSD.

There's some trauma that there's somebody they're trying to prove something to. A school teacher, a coach, parent, an uncle, grandparent, mother, whatever, or a group of people, they're trying to overcome some wound.

But because of that, they've become so familiar with the wound, that they always revisit the wounds, which is why you see entrepreneurs go through up and down cycles like this.

Like you, I would imagine a lot of your friends are entrepreneurs, right? You probably find regular people incredibly boring like me. You know, all my friends are entrepreneurs, crazy creatives, right?

And they all are a hair manic. Yeah. You what are your thoughts? Yeah, I think you again like, You look over, I think just over history and the people that have had the largest impact on our culture, on society, industry.

It's funny that we look back at them now and praise them, but at the time they were the outcasts. because they didn't play into the models and the roles.

But yeah, without them, I mean, even stuff as simple as what we take for granted nowadays, we wouldn't have, you know. And so I think, yeah there's a component of that, but at the same time, You have to have people on the other side too, because They have a role that can help.

So there's this synergy that has to exist between those of us that are crazy and don't think the same with those that know how to take that and say, okay, but I'm going to structure that into stuff to accomplish this.

But yeah, you know, and that's the good and the bad about being an entrepreneur is you're willing to dive risk and sacrifice. But I think the older I get and the longer I'm in it, it's always like, yeah, but now what cost and how can you leverage and pull other levers to solve things so that that cost isn't as high as it used to be.

Is there a wound you're chasing or is there somebody you are proving? I have no idea, probably. Never thought about it. Probably multiple. Yeah? Probably not in that way, I don't know.

It's an interesting thought. Yeah, I mean, it's I'm just curious. You know, there's always something with entrepreneurs that drives us. There's some chip on our shoulders somewhere.

Yeah. Uh, one of the things we've really found is we had quite a few doctors do some deeply somatic and work with psychedelics and things of that nature.

It's always been fascinating when I talk to all of them, because we, we have them somewhere else that they go, that's legal to be able to do it. But it's also fascinating for them to come out and they're like, I had no idea that was the thing that driving me.

it was always fascinating. The ones that I talked to that want to share, they'd be like oh yeah, that moment in time when I was whatever, seven, 12, whatever it was, that that's been the thing that has been driving me to prove something different.

I just find it fascinating as heck. The more I dive into that space, the more Okay, so you've got this, you're 40-ish?

Yeah, I just turned 42. Oh, congratulations.

By the way, 58. You're getting close to when it gets really good. 50 fricking rocks. Good, can't wait. 42, 43 is when our brain actually finally turns on as guys.

We actually are like, oh, maybe I was kind of an asshole when I 30. But you get to this place, it's gets a lot better from here on out. When you look back, do you spend much time looking back and saying I would have done things differently?

I think I used to. And then… What do do now? It's interesting, so being in the endurance world, like I used to be a big Lance Armstrong fan, then I went through a phase of feeling angry about that, and now I'm kind of like, hey, whatever.

And now you take peptide gene, you're like no, Stan, why is he doing this? But now, I kind like hey what was he taking, can I have that? Which he turned 50. I was actually listening to a podcast with him where someone was interviewing about this and it stood out to me because someone asked him, what would you do differently?

And at first I kind of turned off by his answer and then I got it and he's like, I wouldn't. And the guy's, like well, why? He's because there's no do-overs.

So I can't go back and do things differently, but I could learn from what I did. That's an interesting take. Yeah, because you can't live life with regrets.

But you go back and say, OK, I can go do that differently, but what can I learn from that experience, either from how I could react and respond better next time, how could maybe handle conversations differently?

So I mean, sure, we can all sit around and said, oh, man, i'd love to handle that conversation with my wife or my kid differently. You can, next. And so, you know, so doing things differently, I think it's hard because, as I look at, people ask me that now, and I'll have high school or college kids who want to get into what I'm doing.

They're like, oh man, like what path would you take to go here? I am like well, my path is the most irregular, zigzaggy, non-linear, Never could have predicted but your path is your past but I would not have changed anything about it And I wouldn't have done any of it differently because it's what made me who I am today So, you know, so that's where it like, okay Are there any regrets or things that I?

Would do differently if I could do them over well, there's no do-over.

Entrepreneurship, Delegation, and Business Growth

So now it' like how could I learn how to have certain interactions or make different decisions or different thought processes differently for the next time based on what I've learned from the past.

So, I mean, we can learn from past, but we cannot change it. Okay. All right. What are some things that you've learnt with regards to this? The way you have structured the business or the way that have gone about doing this.

Yeah. Some things you learned. Yeah, I think one of the biggest things that I've learned over the years in any type of interaction, be it patient, business, et cetera, you know, kid, raising teenagers, all of that is.

That's a whole different bug. Well, it's all, so the principles are all the same. I learned, and again, not perfect at it, but I have learned the more we have The ability to respond instead of react and mind pauses and interactions, whether it be a pause in this conversation or pause, meaning I'm not going to response today, but I will in two days to let, you know, emotion come down.

You know I think. That's been huge for me of how can you respond instead of react because respond shares the same root word as responsible. And so really responding is having a responsible return of communication to

someone where reacting is emotional and reacting.

Yeah. So I think social media posting. Yeah. So again, whether it be patients, people in business, in my own office or relationships, and I've definitely made the mistakes of reacting multiple times, you know, which is rarely ends well.

And then you have to, You know. You have, to pave some gaps or some,, you got to fix some wounds that come from that. I think that's number one. So with that, I think patience is something that I've learned more of too.

What would Jenna say? Would she say you're more patient? Yeah, yeah. So early on I used to, and I use to brag about this. Like it was, she will say that you used brag that.

I was the type of personality that wanted to jump off the cliff and figure out the parachute on the way down. She was a type that one of like the six week course on how the Parachute worked and how we landed and all that type thing.

And I think I did approach things that way, but I will say I, think in certain circumstances, especially early, that was beneficial that I have that mindset.

But I didn't go with certain things now, it's almost like, well, I don't need to have the six week course, But taking some time to analyze options, look at, you know, Again, mind the pause a little bit, right?

Okay, here's an opportunity instead of just saying, yeah, it's like, okay, well, let's look at it. How does it affect us? And I think part of that is I've got more clarity of long-term goals of what I want for my family, what do I for me.

So now weighing things against that, you know, and using that as a litmus test of does this opportunity or this direction help that instead or just like oh, that would be cool.

Oh, lets do this. Let's do that. And then all that coming and causing a mess. Again I'm still not perfect at that but I am way more along those lines.

Cause yeah, like you said, I don't know if I would go back and change the, the times that I jumped off the cliff without a parachute on where some of them worked and it was good that did that.

Others didn't. And if, you know, it paused and figured it out, right. It would probably have gone a little bit better. Yeah. I find it, um, we, in our company, tool called Human Design.

And it's astrologically based, right? I've heard about this. It's freaking amazing. Meyers-Briggs, I have done them all. We run every client through it now.

So we run Human design and all you need is your date of birth, where you were born, the time you're born and your name. Based on that, it creates this profile and then we have a whole process that we ran them through with regards to AI.

And our doc, imagine doctors are like, horoscope, that's bullshit, right? And I'm like all right, so here's what it says you are. And they're like oh my God, you're absolutely right.

Like that is how I prefer to be. We had a client, she's in New Jersey, pain management doc and she has five locations. She's always running around and I said, I want you to plank, your design is that you supposed to centered in one place.

when you're bopping around to all these different places, it's outside of your design, so you are creating undue stress. You're creating cortisol spikes, you creating all of these things.

And she's like, and her husband's sitting, she goes, that's what I've been trying to tell you. She goes I ain't popping

around, I don't want to do this other location.

I want everybody to come to me. Yeah. And when I saw her at one of the events, she came into me, and she goes, I'm not doing that other clinic. He's going to come work done with me.

Like, we're going change. We're moving the whole thing. I am not going be driving into Brooklyn once a week to go see four patients. What I've also learned with my human design is, I used to be a fire first kind of guy, right?

That's actually completely against my design. My design, is I'm supposed to take something and sit on it for 24 to 72 hours. Now you want to talk about changing the game for me as an entrepreneur.

It's like, wait a minute. I had permission to wait 72 years before I make a decision. And I don't move forward unless I got a blank F yes in my gut. Oh, this is the best.

Like I haven't, like I use to birth all these ish males of like half birthed ideas, you know? So like have you I say all that like if you Like do you use personality profiles in your company?

Do you kind of get an understanding like how do? You how? do You know how you're wired? Yeah, I think I've toyed around with stuff, but never formally Okay, we've looked into some human design stuff and I you know and others have done I don't even know the names of all the things I'm fast.

Oh, yeah, there's so many right and and they're all good you Know and i think it's just You know, I think my personality is the type that I read that stuff and I'm like, yeah, Yeah, no.

And then it's like it just busy, busy. I got stuff to do. Yeah. But I there's, you know any call that's stuff's interesting, uh, to learn where you fit and what it means and how you communicate with others and they communicate so you can figure out those types of things.

Do you have a place in your body that you feel when you, the right, it gets the decision. When I know it's the right decision. Yeah. So like, how did you know, How did she know Jenna was the Right one?

Was there a place in your body? Did you, was it, Was it an instantaneous thing? Yeah, so I, So I feel like the way I I filled out is like clarity in my mind.

And when it is wrong, it was in the gut. Oh, when its wrong its in you gut? Okay. Interesting. But the clarity comes in mind? Yeah, almost like downloads.

Yep. Oh, okay. So are you the type of person that moves pretty fast when you get those? Like this is where we're gonna go? Yeah. There's no reason to wait once you know.

Yeah I think that's fascinating. That's gotta be, your team's got to just hate that some days. Yep. So who handles the day-to-day of the practice? Are you the office person?

Yes, I've got an office manager and a couple of admin people that are awesome and great and, you know, embrace some of their crazy and try to pave it a little bit.

But as you as the founder and the operator, are you involved in day to day decisions or are out of it? Still a bit, trying to get out more and more. What's the hurdle?

You know the biggest hurdle is probably I don't let go of like I should. So why not let go? That's a great question. Yeah. If you knew the answer, you would have let it go, right?

Yeah, yeah. And it's probably just that. It's just need to rip the bandaid off and let to go. You think it is control? It is definitely a piece of it for sure.

What do you think is like, what would happen if you let Probably a lot of good things would happen. So why not let go? Why do you think entrepreneurs have such a hard time letting go.

I think there's an ownership piece of like your baby, right. But they do grow up and get in car wrecks. I know, right? So I think there's a component of that.

You know of, you know are they going to care about enough? Are they gonna handle it enough and then you start realizing that enough is not perfect. And, and so I that's probably the biggest is there.

I don't even think it's trust. There's just a weird ownership of like, are you ready to hand your baby to other people? It's called sending them to college.

Yeah. Right. And so and I think, you know, I the sooner the better probably for most people. But I think you're right. I mean, entrepreneurs in general, I, you know, statistically, and you read about this, probably the majority of the reason why most entrepreneurs fail is because they don't do this.

Because we're visionaries, we are not integrators and operators, but we try to be. And so, the more you can have the right integrator and operator around you to handle your crazy, that's what matters.

Cat our mutual friend who was just we did a podcast with her. She's helped me tremendously with that She has been she's been a godsend to me for the last 18 months.

Yeah, she was amazing. He is absolutely amazing like I always joke with her. I joked with the one time because she introduced us to human design and we ran it on her company one day.

And then I ran my mother because my mom was incredibly difficult. Like she was a giant pain in the ass. So you're wondering where the wounding was hurt.

And I ran my mom's, and I went, shit, they're exactly the same. And, I'm like, oh, Kat's what I would have had if I had a regulated mom versus the crazy ass one that I have.

The point Kat is she's been so helpful of just being so, she'll say things to me. Like we were stuck, the company is stuck at a revenue standpoint. And she calls me up and like we had taken a step, a huge step back in revenue.

Then we stuck in a plateau and she called me in her very gentle way. Do you know what the problem is as to why we're stuck in revenue? I'm like, I got a few ideas.

We need some better lead gen. She's like no, it's you. Yeah. I think she said that to me before. Did she really? Probably more than once. And she goes, you have a mental block on revenue.

Which is causing you to keep control over things that you shouldn't control. That began we're in month 15, a 15 month journey, revenues up like massively, right?

It's awesome. I mean, this month is just insane. Right? Like, because that compounding effect on the work. Yeah. The thing I always encourage entrepreneurs to do is you, you always entrepreneurs start from a place of, I need a better tactic.

I needed better legion. A better modality for healing a patient, especially in the medical space. It's always default to my problems can be solved if I just learn a little bit more about HBOT or ozone or how to inject with my left foot, standing on my foot or something like that.

The reality is, is it's the inner deep work of going into the corners that you don't even know that are there. It caused the most massive transformation.

Her comment to me on that, literally I was like, okay, we're gonna dive into this. And I started diving into it, I'm like

oh, i didn't recognize these patterns.

Yeah. I start seeing the patterns, it kind of like looking at the blood panel of sick patients. Hm. and I starting noticing it and i was wait a minute, where does that come from?

So now I recognize the pattern is there. Where does it come? Oh, what's its origin? Yeah. Right. Just like a chronic disease. Now I can treat it. Yep.

And when I work with entrepreneurs, they all think 90% of them all, think it's, I need another program or another tactic. They really need is like, you have to examine what is the block?

Why does it exist? What is it protecting me from? And how do I like, what's the root origin of it? Where did it start? When, and man, when you get that, like that's, we see like people all of a sudden, their companies will just go bam.

Like that instantaneously. So now you know what to do. You ready to dive into that right now? No, I'm kidding. Didn't know it was that kind of session, yeah.

Yeah, well, look, you know, it's, why not? You know? I mean, no, I'm kidding. I was kidding with you. You do a lot of training with new practices, right?

What do you see? what do see with these doctors that are leaving? Why are they leaving, what's causing them to leave the system? Like when you're teaching Regen or when your teaching PRP injections or Ozone or HBOT, I think the biggest thing that I hear from people leaving conventional medicine is they're sick and tired of seeing or doing things with patients that aren't getting better, sick or tired to being able to not have a say or control in it because it's a payer-driven culture, not a clinically driven culture.

and having this, you know, like I actually believe that most, and I have friends that work in quote unquote conventional healthcare who are amazing. And I think most people get into healthcare wanting to truly help people.

Yeah, absolutely. To not fault any of them, the system is just not built to do that. So they can want it all they want, But they're incentivized and that structure, incentivize or not, it's structured to not do that because you have three minute appointments to figure out somebody's pain that they've had for 20 years, right?

It's just not going to happen. You can want it as much as you want to be the one to give to that. you're not going to. You know I always joke around I have a good friend who he went to DO school so he was an osteopath but then went on a multi-year you know fellowship in pain management and that's what he does now makes excellent money doing pain-management techniques and inside a hospital system and I joke about him because I remember once he told me he's like ah he said I'd love to take a day a week to just go back into practice and do osteopathic manual therapies.

And I looked and I said, no, you wouldn't. No, You don't want to do that. Like it's super heroic that you're saying that, but you know, here you are making thousands of dollars an hour.

doing these crazy pain procedures, you don't wanna go make $300 an hour doing manual procedures from osteopathic school. Like superhero, they think that because, but to me, that tells me he still in his heart of hearts wants to help people heal.

And he's just in a system that can help.

Leaving Conventional Medicine and Pricing for Value

But I think the ones that I'm working with are like, look, maybe they're had a personal experience a family member themselves, somebody close to them, that I won't say conventional healthcare failed them because I think that's a really interesting term.

Yeah. And I don't know if I agree. I'm not necessarily thinking it fails. Because fails means like you crashed. No, it just means it didn't serve them sufficiently.

That's way to put it. And so, you know, whether it's a family member with cancer or some type of chronic health, like something, right, where they then somebody in the, someone in a circle had to go outside and they find that and experience that, and have some types of sustainable health healing outcome where then they say, oh, this is interesting.

And then they kind of start on this. They start to dabble, right? Well, okay, what else is there? What is this ozone thing? what is the southern stuff?

You know what, you know, and then, they start thinking, oh, this is in fact, a few months ago, I helped teach an ozone course and we had there actually an interventional pain management guy.

who was already doing ozone in his practice because his dad had a health issues, went to Italy to have some ozone procedures done and it totally took care of it.

He's like, I gotta start figuring this out. So now he's kind of created this integrative pain management place where he brings stuff together. But I think that's the biggest thing.

People are feeling this drive to heal, like to actually get people better. And are realizing, man, what I've been doing for the last 20 years is not cutting it.

And not that it's not doing good, but it like, ugh, there's more people not graduating care than are. Or chronic prescriptions are really the answer. You know, and I think they start saying, What else is there?

Which I love, but the good and bad of that, I'm like, you have to totally be wanting to change how you think, because you HAVE to. Well, it's not just how think about the treatment.

You now have change the way you thing about business. Oh, we have this conversation at a clinic that I consult with. where, you know, with just like simple supplies and they're like, oh yeah, like we just use this to throw it away.

Use this throw-it-away. I'm like hold on a second. You can actually use that thing five times before you throw away and, they were like oh, I would never do that.

And I was like yeah. When you're working in a hospital system who you don't care an ounce about their budget, You'll just blow through supplies like crazy because you don't care.

But I'm like, oh, in a business that's actually cash run operated, like you're going to actually, okay, this supply is $2 cheaper than that one. So we're gonna use this one, right?

We're to make those choices. We are going do those things. You know, Oh, if you blow-through 10 of those when you were only supposed to use three, that becomes an overhead problem.

It adds up big time. And it's just a different way of thinking. It's a difference way realizing that actually, like, you can do a lot of things totally still within the lines of what's, I don't even know the right words of, what legally, all that type of stuff.

Ozone's a great example. I mean, I have nurses who are like, man, when you're in the hospital, and blood is like this thing that you don't mess around with, then you bring someone in to do ozone the first time, they're like wait, you want me to what?

I'm like oh yeah, it's been safe, we've been doing it 100 years. To me, yeah it was totally fine, but then they were like you gotta, nope, this is actually incredibly safe and incredibly effective.

You know, and that's when you start getting them to start thinking this way, you know like, look, they've been using this to heal COVID. They've using us to do all sorts of stuff around the world for a really long time, so it's not new.

It's just new to you. Right. And that okay. When you are doing these trainings and you have people that are leaving the system or they're thinking about leaving this system, how How scared are they to lead the system?

Like, or how daunting does it feel to them to start a cash practice? I think that's a good question because I would probably say there's part of them that are really, I don't know if I'd say scared.

I say they're excited because they feel like they are on a mission almost. Apprehension, because it's totally new to them, of how it is, is tough. And we've seen this in our practice of where we brought practitioners over who have only ever worked in insurance base, you know, and now in their mind, they're like, oh, I know this is the right treatment plan for them but I'm doing the math in my head.

What mistakes did they make? When they start their first cash, when they started the cash practice right off the bat, what are common mistakes? I won't say prescribe, but they under-recommend.

So they, Yeah, because that's a part of the system. You only do a little bit at a time. Well, no, it's the fear of charging somebody dollars now. Yeah.

And so then their head, they're like the right treatment plan for them might cost, and I've been guilty of this, right? Might be $5,000, but like, that's expensive, could I afford it?

So then they'll say, oh, well, let's just start here. This is $1,700. And then when they don't get better during that, the people are done and gone because you had your chance, right?

And so I think they under-recommend, I guess, is the first thing, and then devaluing themselves from a price point standpoint is probably the second. I mean, it comes from those two things of being willing to say Yeah, and this is what it is, this what costs and having the confidence to say, because you've done your, you know, objective diagnostic work, say yeah, that's what is this, is how we get people better.

This is the way that it works. And, not necessarily take it or leave it, cause you do have a heart and like, especially in chronic illness, so you realize a lot of these people, are not their first stop.

Right. So it's how do you have the right blend of compassion, but also business and compassion to Okay, let's figure out how to get you on a starting point knowing this might not be that.

But I think that all just comes from confidence too that, you know, yes, so you can move their needle from a health standpoint. And I would say same on the rehab side.

You know we, the Rehab side is even more interesting. I Think the chronic health side functional medicine side patients know and expect that it's not going to be covered by insurance.

Yeah, totally. Because they've been down this path for so long. When we're dealing in our musculoskeletal sports med rehab side, and this is where I think I really see patients vote more for their healthcare with their own dollars, because most people's insurance covers some form of physical therapy.

Now, are you taking some insurance? No. Okay. And some insurances cover at least some kind of chiropractic, but we don't take either of those. or we don't take any insurance.

So they literally have to vote, you know, with their own dollars, which I think A, puts pressure on you to actually deliver. Or I mean, when you're an insurance model, You can phone in on a lot and you still get paid.

Yeah. You don' have get results. It's not going to get well. But you get you paid, right? And there's less risk. I really makes you as and we've seen practitioners fail in this model because they can't hack it.

They can deliver at a high level. they Can't have the conversations. and be able to feel like they are valuable enough to say, yeah, like I'm this much an hour.

Yeah, this is what this was worth. Which again, that's always a hard conversation too, because you still do have to take into account, I mean, it becomes much more an economics game, right?

You have take an account of your area and your demographic. If you're moving into the middle of the reservation in New Mexico, you can't charge people $100 an hour.

So how can you be successful in that and those types of environments and other places? So it's finding the sweet spot where you fit into economics. But also, I always talk about if you deliver a product that's better than what other people have access to, the right people are going to come and the people who are gonna pay for it.

The mistake I see people make is they think with their wallet for their customer. And when you have, I mean, consistent back pain, played golf for 50 years.

I'm a former professional golfer. You hit a lot of golf balls over the years, the S1 and L4 and 5 get a little inflamed, a Um, I told my doctor who did it, Ash Goyal, that when, after he did, it I said I would have paid $15,000 for that because the pain was gone that same day.

And I, in, eight weeks I was back hitting golf shots at 50%. Same thing when I blew out my elbow, right? Second-degree tear, second- degree tear. Right?

Five years ago, I probably, you know, it never, wouldn't be able to play golf again because in PRP, like I would pay anything for that. Yeah. And now I won't pay a lot of money for a couch, right?

Like, You know I buy used luxury cars. I barely buy new ones. Like I don't, that's not my thing. But being able play the sports and go to the gym and those are vitally important to me.

So we, the mistake doctors make is I always tell them, You ever watch Seinfeld? Oh, yeah. Okay. Do you remember the episode with Costanza where he started doing everything opposite instead of ordering tuna salad?

Yeah, he decides he's going to do everything the opposite of what he would normally do. And so he made these great, beautiful hot chicks. He's like, my name's George, I'm unemployed.

I live with my parents. So like here's my number. Yeah. So when you leave insurance-based care, do the George Costanza method. Do everything opposite to the way that you've been doing it.

Right. Because the opposite is, we're going to do this a little bit and see how it goes. We're gonna do a whole thing. This is the entire plan, because I don't have to go to an insurance company.

And because that creates buyer fatigue when we do it a bit at a time. They don' want to come back. So if I put them into a program, we know that there's like, they're gonna have like people that do all the card, like their absorption rate is like 17 to 18% of the total protocol.

If you put him into an entire plan, it's 85%, like they'll go through the entire thing. Like the numbers are huge, right? So we back, there're all kinds of studies with regards to how you sell and all of that.

We approach everything from a science base because I work with scientists, I have to prove this to them. So when you like, we see them making they undercharge, like they say they are under value and they try to replicate what they were doing insurance, which they think it has to be high volume.

That's the only way that they can work. We we've proven time and time again, low volume, high margin. actually impacts more people positively because you can spend more time with people, you get more positive reviews, right?

You're getting great outcomes. And you may be booked out three, four months in advance, but guess what? Another doctor is going to come along that goes through our system that understands that.

What it does is, as John F. Kennedy says, a rising tide lifts all boats. The more we can do that People are willing to pay the average American family spends over $17,000 a year out of pocket for medical care after their insurance premiums.

Hmm. Think about that. I believe it. Yeah. And I think it's higher. Right. Because I know my insurance plan doesn't cover crap. Yep. So, I mean, they're already paying for it, that might as well pay it with you.

My thoughts. Well, look, It's one minute just before the top of the hour. So, and I told you I'd get you out of here at the time of hour, I'm going to get out there.

Thank you for coming in. It was really cool to meet you. We've never met before this. This was a first time conversation. Next time I am in Salt Lake I would love to swing by and see your place and learn more about your HBOT business and all of that.

Anything that you want to give people that they want reach out to you or find out about trainings in H-Bot or trainings I know you got a million different companies.

Oh, man. Yeah. I think the best place to reach out if to find information about us would be through my clinic. So that'd be movementclinicutah.com. That's probably the place.

Okay. Cause you can get in touch with me and anything else that I'm involved in and, and we can go from there, but yeah, you know, there'll be a lot more educational things that are involved coming out later this year and in the next year.

Awesome. Thanks for coming in. Thank you. You got it. Definitely. If this episode got you thinking differently, hit follow and share with someone stuck in the system.

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