Mission Over Money

If you had to choose between money and mission, what would you pick? I think I'd pick the mission because I'd make the money. So would I. The mission, the money to me is secondary.

Like this work, like I could make a way more, I could do what I do in other industries that would, I could have one call closes and like we just, we're probably going to sign a guy that I first started talking to five years ago.

Five years he's been struggling. He's, I think it's time to hire you. Okay, like told you this five years ago in Napa, right? Whatever. But that's, he's a great guy.

Like he's got a really good business. He's built a great business. He's just like, I'm a trapped. I need to, I want to sell it. But to me, it's always about the mission.

I don't, I mean, I could build a nutraceutical company and do $20 million a year. It's not something that keeps, that gets me excited. Like I'm not excited about that at all.

I like seeing people get better without drugging better. We're together. Yeah, like we're finally get how many times did we try to schedule this podcast at least two or three at least talking about it in June last time I saw you in real life.

So glad we could do it. I know I'm like really really excited. I've got I actually prepped for this like believe it or not because I normally don't. So here's a question I want to start out with.

You know, the whole theme of this is out of the system, people jumping out of the system and we'll, wherever this takes us is wherever we take it. Right.

Like I only have a few questions and I just love to see where this thing goes. Okay. So what did you think your life was going to be like when you were 20? Cause you're a, you, and we'll talk about your background in just a minute, but what did you think your life was going to be like when you were 20 and you're what 61 right now?

Yeah. Okay. Yeah, that's a great question. I was working in the carpenter's union in Cleveland. I can totally see that. And I totally, you totally look, I grew up, my brother's a union plumber.

My dad was a union lawyer. Like I could totally see you as a carpenter in Cleveland. And I hated it. Oh God, that would just be awful. Wouldn't it? Yeah.

Was your dad a carpenter? Was he in the general contractors? Okay. So I thought I was going to take over the company, but that didn't happen. What happened?

I don't really know. They just, um, he really just sold everything and stopped doing it. We, there were at least three, two cousins and my brother who wanted to take it over, but for whatever reason, I don't think he really wanted to share it.

And he certainly didn't share any of his knowledge and just kind of got to the point of his retirement and sold apartments they had built, all the equipment they had done, all his good will.

Everything was just gone. That pissed you off? Pissed me off. I was 20 in civil engineering for that reason at University of Akron. And yeah, pissed us off big time.

And we never got an explanation. So that's what I thought I was going to be doing at 20. How long did he live after

he sold all that off? Probably another 20 years.

He lived to about 86. Really? So he never explained it? No. Wow. No, never explained it. My nephew, who's a general contractor now, when he was about 20, we took him back there and tried to get like, how'd you do it grandpa?

How'd you do it? How did you get land to build houses on?

Early Life and Chiropractic Training

He didn't really explain anything to him either. That's wild. And I don't know if he just had a, a hair up his ass, just didn't want to share his knowledge or maybe he couldn't.

Maybe he didn't know. I don't know. Yeah. That's fascinating to me. So certainly not thinking I was going to be in healthcare to the degree I am now. Yeah, no kidding.

Like you and me both. I used to get queasy when I walked by a Walgreens. God, I remember when my first wife went to nursing school in her forties, right?

And I was like, and she had to practice like doing blood pressure on me. I'm like, I'd get, I'd get all freaked out. Really? Yeah. Now I'm like, let me see the abscess.

It's like, wow, look at that thing bleed. Yeah, it's really fascinating to me. So how did you get in healthcare? Cause you're a chiropractor, right? I'm a chiropractor.

So, okay. So 20 years old, not going to go into the quote unquote family business cause it's sold. Screw this. I'm not going to be a carpenter. What happened?

I was, uh, you know, from ninth grade, I was lifting weights. I was cooking my own meals. I was taking vitamins. I couldn't wait to get muscle and fitness magazine.

I couldn't wait for that, that thing to come out. Right. laughing because I'm just seeing like I was not into fitness then I was in fitness I was into photography but I know exactly the feeling oh god it's the 15th where's the magazine yeah exactly yeah eating raw eggs and orange juice I was and we grew up going to chiropractors we grew up doing that really so well that's kind of odd Yeah.

Well, the family was in, you know, they were general contractors and they ran equipment and they would get in a ditch and work if they had to. And so that's how they took care of their body.

I thought everyone went to a chiropractor. We started going when we were young. Um, and I just kind of learned and our, our family doc, uh, while he practiced family medicine was an osteopath.

And so we got manipulation. So I'd been getting manipulation and I'm like, well, I like this natural medicine stuff. I like weights. I like nutrition.

What can I get into, uh, that plays with all those sorts of things and talk to my chiropractor about it. And he's like, you'd love it. Cause that's what we do.

Natural medicine, nutrition, diet, exercise, fitness. And I looked no further, kind of went down that road, decided to get out of Ohio where I grew up, Des Moines, Iowa.

You went to Parker? No, that's Palmer. I'm sorry, Palmer. I didn't go to Palmer because I looked at the weather and Des Moines was like Ohio. And I'm like, screw that.

I got to go. I grew up in Chicago. I'm like, get me out of here. Yeah. Yeah. Where'd you wind up? LA College of

Chiropractic, Southern California. Yeah, Southern California.

I'm actually in the process of moving to Southern California. I am from Scottsdale. I'd have wanted to be there my entire life. I remember being eight years old looking at LA going, it's really nice out there.

It is nice, yeah. And it's a little expensive. It's a little nuts, but yeah, after all these years, I'm finally breaking down, but yeah, going to go get a shot.

So you, did you go down the traditional path? Like, was it all insurance and everything? Like just, you were just going to be a crack them and stack them kind of guy, or were you looking at like something different?

What was it? Yeah. I mean, back then I got out of school. I was 25. I didn't know what the hell I was doing. They really didn't prepare us. I worked as an associate in Newport beach for a, I will consider a mill.

We saw. 600 patients a week there, just cracking them people. 600 patients a week. Yeah. How many providers? So the main guy would easily see 80 a day by himself, four days a week.

Uh, there was another guy who was pretty busy and then I was a junior guy. Second I got my license, they're like, good, you're working all the Saturdays.

And I'd see 60 patients Saturday morning, eight to 12, hated it. Wow. Because I couldn't really give any advice. I couldn't do anything. He just cracked him and moved on.

Cracked him. In fact, he told me, don't talk to the patients about diet and exercise. Really? Like, you are a triathlete. You turned me on to juicing.

You're into nutrition and we can't talk to people about this? I had no idea what I had gotten myself into. So yeah, it was all insurance, auto insurance, liens.

PPO's were just coming out. Oh God. It was the golden age of chiropractic of just billing. Yeah. He was making a mint. Yeah, he was. And then the PPO's came out and I was like, We were all like, why would I sign up for this to get less money?

Well, I couldn't sign up anyway, because they had rules. You had to be out of school like, I don't remember, three or five years. So I couldn't get in network or do any of that anyway.

But I took the insurance and was on that treadmill. My first year, I made $19,000. Oh my God. That was in 1990. Brother, I was a golf pro, an assistant golf pro, and I made 15. Oh.

So yeah, that's not much, 19,000 in Newport in 1990. No, not at all. Wow. So I kind of just did that, because that's what you did. And there wasn't really anybody doing cash business back then.

What was big then was the no out-of-pocket cost. What was that? Was it called no out-of-pocket pay or newbie or something? It was called. Where you just waive co-insurance, deductibles, you just took whatever the insurance company gave you.

Which in 1990 was still pretty good. Yeah, it was probably a couple hundred bucks. Right. And deductibles. Now it's like $29. It's freaking awful. It's awful.

I practice paying clients. I'm like, bro, just use the adjustment as the lead gen. That's all it is. That's all it is. Get them on laser. Get a doctor in there that do regens something.

Don't try to figure out how to make a squeeze more money out of the turnip. Yeah. The reimbursements for Chiropractic through the payers, the Blue Cross, United Cigna, they all have a middle layer that hides.

It's a shell game with this middle layer and they have not raised reimbursements in 25 years. It's like $35 a visit. It's nuts. Yeah. They've never raised reimbursements.

So when did you, when did you realize that the system was just kind of messed up? Early on, where did I get new patients in Newport Beach, in Costa Mesa, Newport Beach?

We go to the swap meet. What? Orange County swap meet. Get out of here. Would you set up a table and do like three adjustments? Not adjustments, but spinal screenings.

And again, I didn't learn any of this in school. I went to a really medically based. You set the table at the swap me. Swap me. There was a hundred thousand paid people a day that went to the Orange County swap me.

And I learned to talk to people. I learned how to talk to people and. For lack of a better word, sell. And that's where I'd find new patients and get them.

And, and then the reimbursements were poor. And I was like asking myself, where are the new patients? Where are they? How am I going to get in this flow?

And I realized then they're with the MDs. Now in 1990, we were still called quacks. I was called a quack to my face. No one really wanted to, in the system wanted to work with us, but, um, I ended up hitching my wagon to primary care.

Really? So tell me about that. Like how did you, so did you do it in LA or Southern college? You went up here in Denver? Like how did that all work? Southern California.

I was there practice three years and struggled nonstop. It was a struggle. Um, and was always on the verge of not paying my bills. Um, I came to Colorado in 93, uh, and found some, well, Even before I got to family practice, I learned about manipulation under anesthesia.

It's an old DO procedure. Oh, really? Never heard of that. Yeah. So tell me about that. Back then, they would put people under general anesthesia and manipulate them and stretch them, break up fibrous adhesions, things like this.

Insurance Grind and Swap Meet Marketing

Frankly, I was like, I can make money doing this, right? You're in the, this is during a surgery or they would just like propofol. I'm like, what? Propofol.

So I really, wow. I'm in like, cause propofol is great. You know, the first time I ever took that and I had a colonoscopy, I came up and like, Oh, I know why Michael Jackson's got addicted to that.

That shit's great. I feel like I just slept 10 hours. That's the greatest stuff in the world. You were, you would, so I want to make sure I get this right.

You would put people under. with versed in propofol and you would adjust them. Well, in a surgery center. Right. Yeah, I get it. I know like you're not doing like, I know you're not doing it in the back room.

Right. Yeah. So, so when I started down that path, guess what? No privileges for chiropractors anywhere to do this. So I went to a local community hospital in Boulder, spent eight years with other people to develop chiropractic privileges for a hospital.

And we did that. So wait a minute. You come out to Colorado, you start working with a DPC, direct primary care, right? Primary care. I'm sorry. Yeah, I'm sorry PC.

And then it took you eight years to get this developed. Yeah. Well, you are a stubborn SOB. Yeah, I wanted that.

And then, then they gave us privileges and I never applied because I was like, okay, so what can I do here?

Can I do this? No. Can I do this? No. Will you give us a room on the orthopedic floor? No. I'm like, well, what good is this to me then? Like, what am I supposed to do?

You can adjust them on a bed. I was like, so what's the average length of stay? Like 1.4 days. I'm like, they can live without me. I'm not applying for this.

Really? Privilege. So I never did. Now what we did do, which was smart, was make the privileges portable within the state of Colorado. Cause we built them, cause no one knew how to do it.

Right. We built them around state laws, chiropractic laws, you know, within our scope. So the, the privileges were portable. So, you know, accelerate 25 years later, I'm at Denver health, uh, as a contractor and they're like, we want to put you on the medical staff, but we don't know how to do it.

I was like, oh. I know. And I got those privileges and I handed it over and in a month, you know, through the credentialing process, now as the first chiropractor on the medical staff.

That said though, when we did that in Boulder, we were able to take this to two or three different surgery centers. and work with physiatrists who are doing interventional pain.

So they do their injections, we would do manipulation under joint anesthesia, or we'd let them do their procedures and then we'd come back a day or two later and do MUA to stretch out fashion stuff.

We tracked outcomes and data and people got better. And this was all under insurance? All under insurance. So this is all through like the 90s up until 2000s?

This was in the early 2000s. During the 90s, I struggled. Yeah. And even in Boulder, where I practiced, that was, there was a town of a hundred thousand people with over a hundred chiropractors.

Oh my God. and the Boulder School of Massage and the hospital that owned the Sports Medicine Institute and most of the physicians. And so struggled there too.

How did you do that? But what came out of that for you? So, okay, the struggle, when you struggle, right? Like you develop skills, like at the swap meet, you learn how to talk to people, you learn how to sell.

What was the skill that started being developed for you in those years of struggle in Boulder? Elaboration. Tell me about that. How am I going to work with the system?

How do I get myself in the system? Right. The privileges didn't do the trick that I thought they would do. They did to some degree with the manipulation or anesthesia, but it was like, how do I go to largely primary care is where I started and say, I'll take all your failures.

That's what I said. I will start at the back. So you'd go to a primary care doc, say you've got somebody with a bad back, bad knee, bad hip. Let me have all your- Mostly focused on spine, because that's what they thought of us.

Cod crackers only know spine. Great. Give me all your failures. Wow. You mean failures. Myofascial pain failures, surgery failures, PT failures. Primary care does not like to manage musculoskeletal care.

No. They don't like to prescribe narcotics. They don't want to do work comp. They don't want to do auto. I wanted work comp and auto because those were the only two good payers in Colorado.

So that's kind of how I got out of the Blue Cross United Cigna Aetna. You did dollar reimbursement. You did all the work comp. I did work comp and auto and got really good at it and trustworthy at it.

And so I was getting referrals through from insurance companies, from primary care, from physiatry. But I started by asking for everyone's failure and they were glad to get rid of people.

Yeah. Yeah. Yeah. Go to the chiropractor. Wow. And so I learned, Hey, that worked. How do I do more of that? And, and we were, look, I educated them. I educated them with their own research, not chiropractic research.

I take research on spinal manipulation, not chiropractic. And I was like, don't confuse the procedure with the profession. I'm not talking about chiropractic.

You might not like us. But you can't refute your own out of JAMA and British Medical Journal and all those other journals that manipulation works. And they couldn't refute it.

And so give me your failures. And that was kind of what I learned. Like how do I get in the system? That was a good way to get into the system. You know, it's fascinating.

And you and I've known each other. I remember when we first met through. God, I'm forgetting his name for life. I can hear his voice. He's saying, how you doing, man?

So we'll think of it here in a second. But I've always thought of you as like a rebel because of your work that you do today with Regenexx. I mean, you've really been on like the leading edge and the cutting edge of doing something that's unbelievably transformative in the industry.

And yet you were learning how to work in the system. back in the late 90s, early 2000s. And that was rebellious. So that was, so tell me, so okay, cause like when I think of you and like, obviously we've talked more on the phone than I think we hung out in person, right?

But you know, we like each other's, everything's on LinkedIn and life, you know, it's one of those things I've never really hung out and spent a lot of time with you, but I feel like I know you very well.

Same. And I've always thought of you as a guy who was just running through the temple of life, casually tipping over tables. No. No. That was, you know, my colleagues were like, what the hell are you doing working with MDs?

Like, right? But that was, that whole concept was radical. That was radical then. And, you know, we were sort of, not red, but to hate MDs. They hated us, we hate you back.

Yeah. For no apparent reason. For no good reason. Yeah. There was a reason, but not a good one. And, um, And so that was rebellious and I got a lot of flack from my colleagues and stuff for doing that.

And, but that's, that was how I was going to make my living and that's how I made a great living. Never worried about patients, never worried about getting paid again.

I was on the treadmill, you know, seeing 30 work comp patients a day, sometimes with interpreters, that's hard work. It's a grind. Seeing auto injury patients where the attorney's coaching them on how not to get better.

That's a grind, you know, sifting through the bullshit to get to what you need to know. Uh, and knowing when to release people, knowing when to call their doctor and say, Hey, this guy just told me he's selling the pills you're giving him.

So just wanted you to know, just give you a heads up. So a lot of that was rebellious for a chiropractor to do in the nineties, early two thousands. Uh, not so much today, but yeah, definitely.

Yeah. Back then it was cause I. Oh man, my ex I've been going to chiropractor since I was like since 1981 like 1981 82 like one of the guys at the golf club was a chiropractor and I was having a back issue and he said come on in I was like 16 and he did an adjustment like What the hell just happened?

Yeah, like it felt great But you know, in my world, in the direct response marketing world, Dan Kennedy, where I cut my teeth. So that started in 2004 for me.

There was a ton of chiropractors, Ben Alta Donna, Chris Tomchak was in my mastermind group of outsource, like all these guys. And it was, it always struck me as back then it was, it was moving out of the wild, wild west and it was starting to become a little bit more.

professional from a business standpoint. Like it felt like the getting big reimbursements from Medicare and the trial lawyers and all that was kind of slipping away.

So are you still seeing patients today? Retired last September. How's that feel? You know, I was with my college, my chiropractic roommate, sitting on a dock in Maine when I made the decision, because I was getting ready to travel out of the country.

And I'm like, I got to let them know I'm going. And so the medical director at Denver Health is like, so what are you doing? I'm like, you know what? I think it's time for me to retire.

I'd been doing it 35 years. So you were at Denver Health, which is a big group. Hospital system. OK, talk about that. How did you wind up in that? It's the safety net hospital system here in Denver.

I ended up there because they were one of the first people who trusted me as a chiropractor to see their work comp patients. So ages ago, like 25 years ago, and I started with dry needling.

That's what convinced them when I could share the results. And you know where I learned that Chris Santana get out of here. He was the guy I'm sure that brought dry needling to the United States.

And he was always welcoming to chiropractors. And I asked him 30 years ago. I've known him like 33 years or so. You've known Chris that long. Wow. I said, why do you get us?

What do you say? I put my hands on people like you do. I feel what you feel. Is Chris a DO? He's an MD. He's an MD. But he's a physiatrist. A good doctor will touch people.

Yeah. Look at the picture and like, okay, we're injecting here. And so I learned it watching his, his people, he had PTs that were trained that were doing it with him early on, long before Regenics.

And then I had an acupuncture certification. I found somebody to teach me dry needling.

Working With MDs and Hospital Privileges

And then I was off to the races. And so I went to Denver Health. I was like, hey, dry needling is like trigger point injections, except we're not doing anything.

We're not injecting anything. Get similar results. Here's some studies. It works. And they started sending me patients. And that started the process on an outpatient.

Wait a minute. How could you, as a chiropractor, do dry needling? I thought you couldn't break the skin. Colorado, we can do dry needling and acupuncture with training.

Wow. And now that's probably almost every state in the country. Yeah. Yeah. Yeah. Yeah. Interesting. And so they got it. And so, uh, I started getting work comp referrals from them.

They were treating city and county of Denver employees and Denver health employees. That was our clientele largely. And, uh, there was an, and I was busy outpatient, you know, in my own practice through referrals, then there was an opportunity to go in-house.

after there was a regime change, because the regime used to say, we don't do alternative medicine. And the OCMED department is like, well, chiropractic is part of the state work comp guidelines.

It's not alternative medicine. But once the former CEO left, then they were like, okay, we're ready for you to come in house. And that's how I, so I had a good 10 year relationship with them prior to going in house.

And then I ended up practicing in house with them for 13 years. Wow. Like you are not the typical chiropractor. Not at all. Not at all. You're like, not that you, where do you think that bucking the system comes from?

I mean, your dad was an entrepreneur. Yeah. Yeah. And, you know, you mentioned Dan Kennedy. He was one of my first. Oh, really? So you're a Kennedy. You've been on the planet, planet Dan.

Yeah. And did some coaching with Ben. Oh, yeah. Yeah. Yeah. Yeah. But, you know, I just, I think even since I was a kid, I bucked the system. I went to Catholic school.

We had to wear ties. I was like, I'm wearing a bow tie. I didn't wear the tie. I got in real trouble. Yeah, I'm sure. Because we were a block away from the Catholic, and I was last to six.

And my brother Dan and Tim were rubbing up against the law, you know what I mean? Like they were, man, the Sister Mary Elizabeth whatever did not like that.

Yeah. You're going to burn in hell, little colloagly. You're going to be like your brothers. Right. Wait till I call your father. I'm like, I'll put the tie on.

Yeah, right. Yeah, sure. Yeah, so that's kind of, it just was in my nature. It was in my blood. You know, I think, you know, they were first generation Italians born in America.

I was going to say, so your dad was born, your mom and dad first-generation born in America. Born in America. But the rest, you know, my- Grew up in a house that spoke Italian probably.

Yeah, on and off. Yeah, for sure. And then, you know, just trying to figure out how to make a living. Where are the patients? Or with the MDs? I'm going over there.

I mean, I got no loyalty to anybody at this point. I'm trying to pay my bills and stay, you know, keep my head above water. And that worked. I liked the collaboration.

Yeah. I liked it. I don't need to try to figure everything out. Sometimes I needed drugs to help people get out of pain. I practiced in a pain clinic in physiatry for 10 years.

So I saw, you know, well, during the Purdue Pharma Hay Day, we had four opioid deaths in one quarter in that practice. I saw epidurals were useless. I saw ablations were generally not very helpful.

I saw a lot of surgical failures, but I could provide something and do my work and have a lot of autonomy. Was there a moment in this journey? So you come out in 91, right?

You're 90, 25 years old. Okay. So the nineties, you're kind of sucking wind. Was there a moment in there that you were like, this is bullshit. I need to quit.

Oh yeah. Like, was there a point where you almost just threw it in and gave up many times? Yeah. Many times. What made you stick? Well, the first time I went to, um, uh, was it Kirksville college of osteopathic medicine?

Cause I was going to, I was literally only out of school about four or three or four years. And I'm like, this profession sucks. I'm going to go become a D. O.

because then I can still touch people, do some stuff. And I went to Kirksville and they're like, yeah, we'd love to

have you. You got to start from scratch.

Oh shit. I'm like, I'm not doing that. Were you like 28 at the time? You'd be fucking 36 by the time you got here. Right. I'm like, I'm not starting scratch.

And then, you know, struggling into the early 2000s, I was at this physiatry group and still struggling. And I was like, maybe I should go be a drug rep.

even though I don't buy that crap, but I hear they make good money. Were you married at this time? In the 2000s? Yeah, I'm thinking. Yeah, it's okay. It's a quiz.

Hopefully your wife won't hear this. No, she won't. The missing years, I call those. The missing years. I think I was married. No, no, actually I was not married at that time.

And so I'm always fascinated why Cause like I think of my own journey. So I've been on 58. I've been an entrepreneur. My first business was at the country club.

Shine in, you know, some bad guy, right? Shine in shoes and washing and waxing cars. Somebody drives up one day. I was, I shined his shoes every Saturday because my dad was a world war two Marine and he taught me how to spit shine shoes.

Yeah. These look horrible. I don't, I take, I, if I see a guy, he cleans them for me. Like at the airport, there's a guy I'll do it and I don't do it myself anymore.

And he's like, hey, you guys know how to wash and wax cars. And I'm like, my buddy, Mike Lyons goes, yeah, I'd never washed a wax car in my life. And he goes, great.

Uh, don't go around all the seats too much, right? Pay you 20 bucks. And we want, that was my first business. Like then we had like, we were doing like 10 cars a day and like shoes and we got really busy.

We had higher other guys. So I've been an entrepreneur my whole life. My dad was an entrepreneur. My mom completely discouraged me from being an entrepreneur, which is really funny because she was an independent contractor for, she did, um, travel agency stuff after my dad died.

But the funniest thing in the world is when I talk to entrepreneurs, there's probably, I've probably had 20 to 25 moments where I'm like, fuck this. I'm going to go get a real job.

Right. Did you ever go put out the resumes at all? Did you ever like start to apply for stuff? No, I never did. Why not? I, you know, I just was not ready to give up that quickly.

It wasn't that bad. It was a, it was bad, but I was going to figure it out. I could never finish completing it because it had been so long since I'd done a resume.

I couldn't, I didn't, I'm like, I don't know how to do this. Like, how do I put what I've done on one page? It was like, it's got to fit on one page. I'm like, how do I fit what I have done for the last 15 years on a page?

Remember when I went bankrupt, my wife at the time was like, you and my mother, you've got to go get a real job. And I like sat down for like four, I couldn't do a fit.

I'm like, how the frick am I going to tell anybody what I've done? Yeah. You know? Yeah. Yeah. I don't have a resume. I couldn't probably do an interview.

I have LinkedIn. Right. I'd probably say fuck too many times during an interview. In LinkedIn, in the interview, I'd probably tell them what's wrong with their business and reinvent it for them.

I'm like, you got a whiteboard? Yeah, let's draw this out. Let me show you where your customer acquisition models got fucked up. Yeah, right. Yeah. Yeah.

But was there ever a moment? When was there a moment where you just said, I ain't giving up? Yeah, it was when I was at that physiatry group. I was, that's when I was really, and I was working with like a, um, a consultant, uh, me and the chiropractor I brought in there were like, this sucks.

What else can we do? Right. And he was trying to kind of coach us into some sort of medical sales. And I'd look at this stuff and I'm like. Oh, do I have these qualifications?

Can I do this? Do I want to do this? No, I don't. So that's when I dug in. And thankfully, sticking around, I had a great, she was a great practice manager there who took me by the hand and introduced me to people and got me you know, business in places that I, that chiropractors never went to.

Concentra being one of them, right? Work comp. Cause that's what physiatry did. We were doing work comp. She took me into the concentra delayed recovery clinic.

She's like, he's with us. He wants to be in house. He does chiropractic and acupuncture. Boom. I'm in there. Really? That fast? That fast. And I was the busiest provider in there.

I was seeing like sometimes 30 patients a day. Did it start to change financially for you, too? Totally changed financially. Yeah. What was that like?

That was great, man. Not that I went and spent a lot of money, but it was just nice to have a cushion in my savings account. And I saved nonstop. At that point, I was divorced.

I was living alone. I was living well below my means. Well, divorce will do that to you. That's an understatement. Done that twice. Uh-huh. Uh-huh. I've learned I'm on the third time.

I'm not the one moving out of the house. You're moving out of the house. Yes, yes. I've done that twice. I'm like, oh, fucking yeah. You know, I bought furniture, brand new furniture twice.

So yeah, like that's no fun. Yeah, not at all. So what's life like now? What are you doing these days? Because I know you will talk about a little bit with your work with Jax.

And I want to do dive into that a little bit. But like, so you're not practicing chiropractor anymore. No. And so you asked me what that felt like. It felt like I was unleashed.

That's the only word I could tell my friend, because he asked me. I just hung up. I'm like, I'm done. He's like, what's it feel like? He's six years older than me.

I'm like, the only word I can think of is unleashed. And this was, what, six months ago? This was in September. September. Because when you have a practice, you're always tied to it.

Yeah. And it's impossible to sell those things. You have no value in it. You know, you're as good as your last patient. I talk to doctors all day long.

Yeah. Um, but if you're, if you're lucky, like 5% of them get value. I have clients that we've taken to that point, like chiropractor, we're working with a couple chiropractors now that are doing, doing Regen and then a bunch of doctors, like we've helped them transform the practice so they're no longer there and they can walk away and get it.

One's, one's got an offer on the table for like 5 million. Yeah. That's how you got to build it. So it can run without the personality. Took him three years to get there, but yeah, when I met him, it was probably worth 500 grand.

Now it's he'll probably get $5 million. Yeah. But anyway. So yeah, being unleashed was great. And, uh, and then

there was about a three or four month period where I don't want to say I was lost, but I was like, what do I do with this vacuum?

What did you do? More of what I'm doing now, but also like started reading books. novels, started doing, you know, other things with my family, you know, traveling because I was now unleashed.

You know, the longest I ever was out away from the practice was two weeks in 35 years. Uh, when I went to China to learn more acupuncture. So I never was really gone and did anything, went anywhere.

I know it's like my trip to Japan. There's three days of business around the seven day trip. All right, let's go. Yeah. So, so, um, and now I've just filled it with less rushed time, uh, doing what I do, you know, with Regenexx, working out, making sure I'm staying fit, you know.

You still get the muscle magazine delivered every month? God, I wish they still had that. No, but I should get back on that prescription. Prescription, subscription.

I want to talk a little bit more about the chiropractic space because we have probably about, I don't know, 10 to 15% of our clients are chiros. What's kind of your feeling of the state of the industry for chiropractic, especially for the independent, the, the single practice owner.

I think a lot of them are dropping insurance because right. Copays are more of their shit. And so the reimbursement is still 35 bucks. You got a $40 copay.

It's not if you're lucky, you get $40. And so, um, I think, I think the profession. is making some headway into more medical practice, right? So they replaced me with a chiropractor at Denver Health.

My buddy, I worked in physiatry before with, works for a, not for, but with a large physiatry practice in-house. I know University of Colorado has chiropractors.

So I think there's more opportunities opening up. as probably an employed doc, but those that are independent aren't really doing much insurance. The guy I go to in my neighborhood, he's awesome, but he's dropped most insurance because it's not worth his time or effort.

Are the venture capitalists going in and buying practices like they are? in the other spaces? That's a really good question. I don't know the answer to.

I had this conversation with my buddy recently and I was like, to your point, if you can get out of being the guy, the personality and build a system, that's something venture capital or private equity would want to buy.

But the limitation, so to me, the limitation of the chiropractic space is, well, first and foremost, if they're Medicare, Medicaid, there's restrictions, there's a different law that exists with chiropractors that doesn't exist with doctors, that if something is covered under Medicare, Medicaid, you can't pay charge cash for it, correct?

Right. Yeah. Yeah. Manipulation.

From Practice Struggles to Regenexx

Yeah. So like laser, right? So laser is one of the things we'll tell our chiropractic clients. We get a lot of clients from CE lasers and they have a lot of chiropractors, right?

And so they have a difficult time offering that to people over 65 because they have more constraints with the insurance laws than a doctor or a DO does.

And I know you were employed, but any insights on that, or do you have any? Well, Medicaid doesn't cover Cairo. Okay. Medicare does. Medicare does, but Cairo's can't opt out like physicians can.

Yeah, that's the thing. They can't opt out, which is bullshit to me. I agree. It's fucking bullshit. And to hold our feet to the fire for all kinds of things or lower our reimbursement, I'm like, we don't cost anything.

Right. Compared to anything else you pay for, we're like, nothing. Right. Cost-wise. So picking on us. Um, if you sign an ABN, advanced beneficiary notice, letting that member know, Hey, this laser's not covered.

Shockwave is not covered. You can bill them. You know, we did it with, when I was working in the physiatry group, um, Having a sign ABN, I really think acupuncture would be more helpful for you than manipulation.

And I wouldn't even do manipulation. Just do the laser. Do the acupuncture. Do the acupuncture. Yeah. Do the dry needling. Yeah. So I see more Chiro's kind of doing that sort of thing.

I'll tell you one of the great, we have a couple of clients that have done this and we, and Chiro's like, what do I do? I'm like, we need to get you connected with a doctor, an MD or a DO, bring them in and have them do regenerative, do PRP.

They've done a nominally well, like they'll go to 150 grand a month, like overnight. I mean, if they can, they have like, well, I've got a really good friend of mine.

He's next door. He's a pain management and he's been talking about PRP. Maybe I'll talk to him and like, yeah, let's set up a phone call. Let's get, let me help you walk you through this.

And it is like, to me, the chiropractors database is the absolutely perfect database for doing Regen. Because there comes a point where came a point with me with my back.

The spinal decompression, the adjustments wasn't working anymore. The pain wasn't going away. I mean, the clients that we have that we've been able to get them connected with someone or they already have a friend or they have a medical director, maybe they're doing something, their business just skyrockets.

I mean, it's just a phenomenal thing. Did you ever put in nutrition or anything like that into your work? So I was functionally medicine trained by Jeff Bland in the 90s.

Oh, God. And I'm practiced in Boulder with Bob Rountree, who's still part of IFM. He's Bob's, wow. Yeah. How old is Bob now? I've only heard the name.

I don't know him. He's gotta be in his 70s. I was gonna guess 80, but yeah, okay. Nah. Um, and so I was around that we had, uh, yes, the answer is yes.

We had an apothecary about half the size of this room. We'd sold like in the late nineties, early two thousands, 40 or $50,000 of supplements a month in Boulder with whole foods with.

Wild Oats, with Pharmaca, with all these other, you know, places selling supplements in Boulder. You know, they trusted their doctor. They wanted to get what we were recommending.

So yeah, I always did supplements. I did, you know, supplements. My niche, after I practiced in functional medicine for a while, I was like, you know, I'm better off just sticking to MSK.

So I had fish oil and glucosamine and magnesium and vitamin D and yeah, I trained physicians on all that. I put everyone on all that stuff. Yeah. All the time.

So. I want to talk a little bit about Regenexx and your work with them, OK? Because I think it's fascinating. You've known Chris for 30 plus years. How long have you been doing work with him with Regenexx?

16 years this year. 16 years. 16 years ago, how many clients did Regenexx have? Clients. Or locations, I should say. Well, I was the physician recruiter.

So you started that whole thing. And you also started the whole like corporate program, right? No, I didn't start that. But you've been the guy that you're out there.

I always see you're like going to events and like connecting with people. Right. I'm the most vocal. You're the most vocal. Okay. You thou shalt be the most vocal from here on out.

That's what we will deem you. What attracted you to Regenics and the whole concept of so this is 16 years ago PRP was probably as Quacky as chiropractic.

Yeah, right. Yep. I mean you and I were talking offline I have nothing but mad respect for what centeno has been through like most people 99.9 percent of people would have collapsed Yeah, right.

Sure. He's taken on the FDA. I mean, he's basically built an industry for us, right? So if you listen to this Chris nothing but man respect for you But what attracted you to that, to the mission and to this whole thing?

Couple things. Certainly I didn't know anything about regenerative medicine. You just, did you know what that PRP worked? I mean, did we have studies?

Did we have studies back then that showed that it worked? Do we even know what cell counts, like the importance of cell counts? I remember when we got our first cell counter and, And it was early.

Nobody was doing it at all then, right? Then we started training people about it. So 16 years ago, again, I was that neck deep in physiatry, 30 patients a day.

He reached out, you know, you want to help grow the physician network. And I just finished a master's degree in health administration. And I was ground down of seeing 30 patients a day.

And so I said, yes. Yeah. And had to really learn a lot. I started going to conferences, talking to physicians. Some physicians were like, this is a bunch of bullshit.

It's not, it's quackery. Some though. I still hear that today, by the way. I'm like, read the 12,000 studies. Exactly. Just go to, you ever hear of PubMed?

Just go read it. So I started going to conferences. There were some doctors though who knew about it, who were into it, who wanted to join the mission.

So I wanted to get out of the grind. I saw that traditional musculoskeletal medicine was, we had four deaths in one quarter. Steroids was the drug du jour.

Like none of this shit worked. None of it really worked for anybody, not for any length of period of time. I'm like, you're back, you're back, you're doing it again.

It didn't work last time. Why are you doing it again? There was nothing else to offer people. So I was looking forward to one, getting out of practice, two, finding something that worked.

I'd known Chris had been doing some cool stuff with the dry needling. He got chiropractors. I was like, there's probably… there there that I should look into and started reading the blog, you know, because he was prolific about writing about it, educating people, and it started to make sense.

And started talking to doctors, the few that got it, got it, and knew that there was something there. And then it was just sort of kind of off to the races.

Who was the first doctor that you saw? He can be either in the Regenexx network or not, most likely Regenexx network, other than Chris. that they got it and they're like, oh my God, we're getting amazing results.

Was there a holy fuck this shit works moment? I don't know if there was anybody doing a lot of it before they joined our network, but there was some who are watching it.

Roger Cruz, who's a physician in Toledo. I remember meeting him. primary care sports medicine. He was the 92 head physician for the 92 Olympics. He was team doc for U. S.

figure skating, the Mud Hens, University of Toledo. He was a sports medicine guy at a high level on a lot of NCAA committees. He got it. He got it. I'm like, Oh, Roger gets it.

So, um, and then just the momentum started to build physiatrists in New York. I remember talking to, they got it. They wanted to join. Um, what was his name?

He was a chiropractor in California who owned physician clinics. He got it. And then this momentum started to pick up. There was a large group in DC that was working with, I don't remember who it was, one of the bedside machines.

They were the number one user in the country. They got it. Was it Mayo Friedless? Yeah. Yeah. Love Mayo. He's been in. Yeah. He and his team have been in.

Yeah. Yeah. We've helped him a lot. So they got it. Yeah. And I was like, all right, this is working. And then I got some procedures. And I was like, this stuff works.

You can cuss. I don't care. I've been cussing the whole damn time. Come on. I told Chris one time, literally almost in tears, I was like, what you've created is such a life changer.

I got a bad neck. Nothing is worse than disc problems anywhere in the spine. It sucks. It sucks. I've had lower back issues. Um, and I was like in tears.

I'm like, I am so much better than I have been, you know, for the last 10 years. Like I did not want a fusion. So, you know, once you see it work in your own body a few times, you know, it's, it's real.

We so. For us, it was, you know, after I met you, Ben Morris, by the way. Ben was the mutual contact. Ben, thank you. Ben with Crystallytics. Yes. Ben was great.

Ben had a didactic memory. God. And he loved wine, by the way. This is a total tangent, but this is a great story. And so I was doing consulting work for Ben, like helping him take Crystallytics and move it out.

And this was from between my bankruptcy. I was doing a lot of work with Perry Marshall. You know who Perry is? Yeah, yeah, yeah. Perry is a dear friend of mine.

So I was handling all Perry's sales. And then Ben comes to me, he's like, you know, you can sell our stuff. And I'm like, okay, Perry, you okay with it?

Yeah, go ahead. So I'm working for Perry and we used to do quarterly meetings in Aspen. Yeah. Okay. And his place, the polo shop, he owns the apartments right above.

And so Ben's this, he's this unbelievable wine guy and he has a didactic memory. And so we, we get to get to Aspen and he's doing a wine tasting. And he's like, now Matt, I wanna know what you're gonna think of this wine right here, because the first time we were at Gibson's two and a half years ago in Chicago, the first time we met, we had a bottle of wine that was similar to this, and you said that you liked the cherries in it, and I wanna see if you can, I'm like, what the fuck are you talking about, Ben?

Like, I drink wine, like I can't, like he would be like, oh, let's get this bottle, we were in Vegas at the Brown Derby, let's get this bottle, it reminds me of when we were in, you know, we were at this dinner, and I'm like, Ben, I have no idea why this guy, like he had, he would remember you couldn't do a contract negotiate with him.

Cause it'd be like, yeah, but you said three days ago. I'm like, oh my God. Yeah. You know, for me, I'm kind of like a off the hip kind of guy. And what if we did this?

And he's a very literal guy. Great. Brilliant guy. Brilliant. Brilliant. Brilliant guy. Enjoyed doing my work with him, but we then started the clinics and we're off and running, which brings me to that.

When we started the clinics, we were doing just trimix. And my doctor comes in and he tells me about the P shot. And I'm like, what? You're going to do what?

You're going to draw blood out. You're going to spin it down and you're going to inject it back in a guy's penis. And it's going to become 20% longer and or thicker.

And it's going to like help the ED. Like, really? Then he did it on me. And about six weeks later, I walked into his office and I went, oh, we're going to market the hell out of this.

Cause it was, it was a game changer. And we were using the Magellan. Remember the Magellan? Yeah. I have no idea what the cell count was. Like we were pulling 60 ccs.

And we were spinning down to like, I don't know, six to seven, I think probably six or seven. It's been a long time. So I'm going to assume we were maybe over 5 billion cells, maybe.

But who knows? Because we didn't have a hematology counter. But we were doing 80 to 100 of those a month between our three locations. As I like to say, that's a lot of blood and penises.

Like it was a machine. We would do Tuesdays or Wednesdays would be procedure days. And all we would do is we would be numbing guys up, drawing blood, numbing their penis up, spinning it down, wiping the penis off, injecting it back in.

You're on your way. Like we had it down to like 25 minutes. It was like building Ford Model Ts. Which color do you want? And so it was, it was the most, and we were getting unbelievable.

That was my first experience. We had guys that had peronies that had scar tissue. The bend was 40 degrees. We'd do three procedures injecting in around the scar tissue.

They'd be almost straight in like 12 weeks. I mean, and this was when I was like, Huh. And then I heard about PRP. So when I sold the practices, I started working with doctors and Petrapali was one of the first, well, Siddharth Tambar, he was the first regenerative and Regenexx client that we had.

And he was telling me about the results that he was getting and I was just blown away. And I was like, this is, this gets into the mainstream. This is a game changer.

And this was 2018. So this was, it was still in its infancy. Oh, really? Yeah. Yeah. Uh, we, you know, and I had, so Darth was our first Regenexx client.

We probably worked with 10 or something like that, whatever the number is. But, you know, just to watch, I've been in that space since like 2018, 19, just to watch the advancements of what we get.

Like you've probably seen 10X that. Yeah. Yeah. It's always so exciting when we publish another paper. Yeah. Tell me about that. Get some credibility.

Um, because Chris was sent, Chris was prolific. He's prolific. We have 46 peer reviewed papers right now. What we've done. And he was publishing stuff before that on other topics.

But yeah, so prolific. I mean, he made a point of proving it, right? He had to. Yeah. So between the papers and the registry and the outcomes, yeah, I've seen it grow exponentially, be accepted way more than it was.

Does it surprise you how much it's now accepted? It does and it doesn't because it's still not. Still, I talk to a lot of people. I know, still the talk of orthopedic surgeons like it doesn't work.

Right. Exactly. What do you, how much you draw in 12 or 12 season? Or they just want to do surgery. Yeah. Well, it's in the name. Yeah. That identity is pretty deep.

Although it's funny because I bet you 50% or more of orthopedic surgery practices. Tell me if I'm wrong. have in their back room, somebody doing PRP. Yeah, but they're probably not doing it right.

They're probably not. Cause we, we go into those large practices and we have to like gently explain to them that their methodology is wrong. Like they're doing 12, you know, they're pulling out 10 or 12 CCs.

They're spinning it down to four or five and they say you're not getting any measurable outcome. I'm like, well, yeah, cause you're probably got like a billion cells.

You need 5 billion cells. Like you hear your Don Buford? Yeah. You ever hear Chris Centeno go watch their videos, go read their papers, come back. You even know what the definition of PRP is.

Cause a lot of the studies that show it doesn't work, they're not even hitting that two X definition. Okay. They're not, they're like almost injecting whole blood.

Basically one X, one, like we're one X now, but what 1.9. Yeah. Two, you're not really putting anything in. Yeah. From 10 down to six or something like that.

Well, I don't know the volume. As much as I've been around Regenexx, I don't know the volume. Yeah, I know enough to be dangerous. Like, you and I could sort of open up a practice and like, yeah, it would be ugly.

Yeah. I always say, you do not want me to treat you. And I don't want to open up a practice. Yeah, that'd be the last thing I'd want to do. I've thought about it.

But okay, so let's go back to this. So you joined on, but you were working at the hospital. So how did you manage both? From the time I went to work there, I was always just part-time.

I just always kept my hands two half days a week in patient care. It just, I just did. And then, um, and then, yeah, then I did stuff, you know, in the office when I was there, I did a lot of traveling to conferences, recruiting physicians, physician training.

We trained everyone at Santana Schultz clinic. So that was always a big, you know, week when we had people training. Um, that's how I did it. I just juggled a lot of things and really wanted to kind of unpit, get out of practice.

Was it, were you driven more about the mission of what Regenexx was standing for or was it more about getting out of the practice and having an option?

Mission. It became the mission really quickly. It was really the mission. Cause you're really a mission driven guy. Yeah, totally. Couldn't do anything that I was not passionate heart centered around.

If you had to choose between money and mission, what would you pick? I think I'd pick the mission cause I'd make the money. So would I. The mission, the money to me is secondary to that.

Like this work, like I could make a way more, I could do what I do in other industries that would, I could have one call close this and like, we just, we're probably going to sign a guy that I first started talking to five years ago.

Five years he's been struggling. He's, I think it's time to hire you. I'm like, Okay, like told you this five years ago in Napa, right? Whatever. But that's, he's a great guy.

Like he's got a really good business. He's built a great business. He's just like, I'm a trapped. I need to, I want to sell it. But to me, it's always about the mission.

I don't, I mean, I could build a nutraceutical company and do $20 million a year. It's not something that keeps, that gets me excited. Like I'm not excited about that at all.

I like seeing people get better without drugs, without surgery. I was going to say, yeah, so what was it? Was it about the people getting better without drugs?

People getting better. I mean, like, chiropractors were no drugs, no surgery. So now this is sort of the next evolution of improving people, helping them avoid surgery, steroids, epidurals, freaking opiates.

Epidurals, opiates, the freaking, that lawsuit that's coming on epidurals, or not epidurals, on cortisone, corticosteroid, that lawsuit that's coming.

I bet that class-action lawsuit's gonna be freaking huge. There's a trial lawyer with mommy issues in a basement somewhere looking at those studies going, let's sue the shit out of these guys.

They just gotta stop using that. It's just awful. Like, one, it hurts like a son of a bitch.

Regenerative Medicine, PRP, and Industry Resistance

And two, it doesn't work. Like, it ruins the ligament. I cannot believe that there are doctors that still use that. I agree. I was even in the practice, right?

We refer at Denver health. We'd refer to physiatry. People would ask me, how long is it going to last? I'm like two hours to two weeks. Yeah. I remember when I got it on my foot for plantar fasciitis, I just, I have a much better threshold for pain now.

I almost kicked the guy right in the balls from my other leg. He injected that. I went, I went, I literally, my leg went up like that and he had to move and I like, I'm surprised he didn't snap the needle off in my foot.

I'm like, I am so sorry. He goes, yeah, I forgot to tell you that hurts. I'm like, you think? I'm like, son of a bitch, this hurts. And that's tough down there to get through the skin.

So what did your, when you started doing the PRP and the regenerative stuff, what did your colleagues say? What did your fellow chiropractors say? You know, I really split off from a lot of that.

So you weren't, you weren't into that. Like you weren't, you weren't talking to people. Not really, you know, once I was done doing that, look, I was on, I did, I was on work comp guideline committees.

I was part of the state association. I tried to improve everything. It went nowhere. And you can only bang your head so long. So once I got into regenerative medicine on the business side, I was really largely done with the profession.

And my colleagues didn't, probably didn't know what I was doing. The few I stayed in touch with. were supportive, they got procedures themselves, were referring their own patients for procedures, but yeah, I didn't really keep up with too many people after that.

And I still don't, I don't know anybody anymore. What surprised you the most about, so 16 years ago, what has, look back over those 16 years, what has surprised you the most?

about the world of regenerative therapies. Your stuff doesn't work. The data shows it doesn't work. Yeah, the data show it doesn't work. And when was the last time your reimbursement went up?

Yeah. That's the most amazing thing to me. People are like, well, I was talking to a pain management guy. And he's like, I'm just going to see more patients.

You're seeing 60 a day. How can you see more? He goes, I'll just work a couple more hours. I'm like, for what? For $39 a visit? You're losing money. What, are you going to try and make it up on volume?

And time for money is just no way to get ahead. No. No. Doing that more. Why do you think there's so much resistance? Because you can read that. These are smart people.

You can read the data. The data is really freaking clear. Like why I think people would rather sleep with the devil. They know. Yeah. Look in the physiatry practice I was in, they were all injection guys.

They were all steroids. They were all work comp. They did not deviate from anything. They didn't expand their memory. They're, they're, they're learning.

They didn't, you know, but they were quick to throw people under the bus. Oh, that stuff's quackery. That's bullshit. That stuff doesn't work. Well, guess what?

Now they're 16 years behind and they still don't do any of it. And they still are on the treadmill of steroids and work comp reimbursements. And, you know, so I just think there's some people that, you know, they just would rather sleep with the devil they know.

You think it's because they sacrificed for so long going through med school that come out with so much debt they don't want to fuck it up? If you don't reinvent yourself, you're fucking it up already anyway.

I agree, but what blows my mind is you come out with 250,000, half a million, right? Easy, right? You're 53. You've got a six-year-old and a four-year-old, right?

And you've maybe paid down 20% of your debt. Right. You're not making any money. You're up to your fucking eyeballs and debt in your current practice.

You don't want to go work for the hospital. And yet you have the resistance. Like what? Well, what if it doesn't work? Like what you're doing now doesn't work.

How can you sit there and say this model works? Yeah. They treat you like a sharecropper. Like you're nothing more than a slave on the plantation. Right.

Yeah. Your work, at least you get a day off. Yeah. Right. Which you can do, catch up on your notes. Yeah. But you catch up on your notes, which is not really a day off because you freaking sleep till eight and then you spend the whole day at the kitchen table working on your goddamn notes.

Like it's the most preposterous. I just look at the system from the outside in and I go, who the fuck designed this? Cause they just sold us a bill of goods.

It's not doctors. They're not in charge at all anymore. Everyone else is in charge. The administrators, the CEOs, the Buka. The people. Yeah. Blue Cross United, Cygnet.

Or the venture capitalists. Yeah. Or the VCs. Yeah. And all they want is money. They don't want outcomes. They don't want doctors thinking outside the box.

They don't want them running their practice. Why can't doctors own hospitals? That is the stupidest fucking thing in the world. Now, venture capitalists can own practices and they can own hospitals, which The only way that I know that you can do it across most of the states, because I've studied all the corporate practice and medicine laws throughout all the states, because when I own my practices, we were looking at expanding, like this was part of what my business plan was.

The only way you can do it is if you're a quote unquote non-profit. Oh, is that right? Yeah. Well, isn't that fascinating? Now, I'm not saying that all of them are like that, because each state is different, right?

In Virginia, you can own a practice, you can own a hospital, whatever. But most of them comes down to it's a non-profit. So they've got these, the venture capitalists own these things.

And they're clearly skirting the law. And then they're paying them RVUs, which is commission, which is against the whole Stark laws. Like, it's just fascinating to me.

But that model RVUs has been around forever. I know. But yeah, it is. It's commission. It's commission. Call it what it is. It's a commission. I mean, last I saw, you can't pay commission on insurance stuff.

It's against the law. It's just, it is mind blowing to me that people, that doctors, put up with this and they're giving us medicine they know doesn't work.

And they're just like, oh well. I think there are some of them are beat down. Some of them don't want to change. Some are worried about failure. Like your guys, like I'm struggling five years.

I'm losing. I'm losing every day. What are my peers going to say about me deviating a little bit from this? I think there's just a lot of reasons, and doctors aren't really open-minded to change.

Even when I went in to talk to them, give me your failures, they'd be like, why? Why? What are you going to do with them? How are you going to help them?

They're just kind of skeptical. What do you think would happen if doctors could own hospitals? What do you think would happen? The few studies I've seen on physician-owned hospitals, care is better, cost is less.

Imagine that. Mayo is owned by doctors, right? Isn't Mayo Clinic owned by? I don't know who owns, how Mayo is run. Yeah. Care is better, costs are down.

Care is better, costs are less. Yes. Right. Consistently with physician-owned hospitals. You know, I'm a capitalist, I guess. I guess I'm a capitalist.

Every system's imperfect, right? There's no system that's right. I'm probably a little bit more of a libertarian than I am a capitalist, certainly not a socialist.

The thing that blows me away is how you can say to a group of people, they can't own something that they work in. That is mind blowing to me. How is it that you can say these venture capitalist group can own these hospitals and these big, big groups?

But you can actually have, like, what do you think the rationale was of saying white doctors can't own hospitals? I don't remember. There was some BS.

Was it like in the 50s, there was some bullshit conflict of interest or something? It was something like that, yeah. And the VC-owned hospitals, the opposite is true.

Higher costs, more complications. So that's not a good solution either. Why we keep putting up with that, though, Well, you know, I'm not a conspiracy guy.

I've been around a long time. I mean, when you get to our age, we, you can call it conspiracy if you want. It's just, we've seen life. How about that?

Like I've seen this shit of life. Yeah. So follow the money. Like it's always follow the money. Yeah. Rush Limbaugh was right. Follow the fucking money.

Why doesn't things change? Follow the money. Yeah. So, um, and doctors have been, for lack of a better word, castrated and don't have the gumption to fight like they need to fight.

And I wish they would step up and fight more. They've been brainwashed. Doctors shouldn't discuss money. It was beneath a doctor to discuss money with a patient.

I'm like, who in the world told you that? Which is again, and you know, like even more mad respect for someone like a Chris or a Frank Schellenberger who just said, I don't care if you try to take my license.

I'm going to, this is wrong. Like I just have such, you know, the people that came before us and the, and quite frankly, Mark, I think of you as one of the people that is really one of the true pioneers in this industry.

Like I have nothing but mad respect for what you've done. Like the fact that you saw that future 16 years ago, And you probably couldn't connect all the dots, but something just made sense.

And the work that you've done to go out there and recruit physicians. How many physicians do you think you've recruited over the years? Well, I only recruited about 10 or 15 and then brought on someone else to run with it after that.

So the initial 10 or 15. You've been incredibly modest though, but you've done a lot of work of blazing some trails. Probably the hardest ones. The blazing the trail I'm doing now is getting employers to add this to their health plan.

How hard is that? Hard. You didn't hesitate one second, buddy. You talk about an industry that doesn't want to change. Everyone bitches and complains about the cost of healthcare and you show up with a solution and you got a bean counter over there that sells insurance plans.

Two conflicts here. Number one, they're being paid by the Blue Cross United Cigna and Aetna to keep everything status quo. Keep that client with us. We'll give you overrides.

We'll give you commissions. Don't let them go anywhere. Sell the 25% increase somehow. So they've got a conflict of interest. Huge. Yeah, it's massive.

Then there's the ones that work with employers to try to do something better. And this is still too new to them. You know, I try to bring it down from a science and clinical level to cost savings, return to work and happy employees.

and they just want to blow holes in it. Nah, it doesn't work. You're just kicking the can down the road. What if it doesn't work? What's the worst case scenario?

Wait a minute, wait a minute. What if it doesn't work? Okay, what about your corticosteroid shots? What about your surgeries that don't work? Yeah, what about your infection rates?

And so then that's when I put my clinician hat on and I'm like, look, you need a clinician on your team because you're not even asking the right questions.

You know surgery doesn't work? You know spine surgeries fail at like 50%? Yeah, look at Tiger Woods. Yeah, look at Tiger Woods. Knee replacements, 20%, 25% of the people still have pain.

You're paying for all this crap. Do you even know what happens to those people? Have you ever touched a human being? Do you know what it's really like to take care of somebody?

Or are you just counting numbers waiting for your commission check? So they don't want to change. Not all of them. Some of them do. The loud mouths though, they're the ones that don't want to change.

The ones you might see publicly talking about everything are the ones that want to hang on to what they have. And when I show up. and say, here's something that really can reduce musculoskeletal costs, get people back to work,

give them an option and care.

People aren't stupid. Reduce the time that they are out of work and maybe even be able to a place where they won't need joint replacement surgery for 10 years.

Exactly. I just sent a friend of mine, she was gonna get hip replacement, we're out walking around the town. I'm like, who told you you need hip replacement?

I'm my orthopedic surgeon. I go, did they do an MRI? No. Go see Ash Goyle. Go see Dr. Goyle. I just had him on the podcast. She's fine. Yeah. I'm like, she wasn't even limping.

I'm like, you don't need a hip replacement. You're 58 years old. That's the last goddamn thing you want to do right now. It's just a lot of conflicts of interest.

And again, you know, I'd rather sleep with the devil I know, or, you know, I get, and, you know, I get excuses like, oh, we're focused on cancer. Oh, we got a new CEO.

We don't want to rock the boat. Oh, we can't announce too many different strategies. People won't understand it. Just always an excuse. How much do you think you can save a company in a year if they were to have this option of doing.

On their musculoskeletal surgery spend, which is about 20% of a healthcare spend, is on MSK. Really? Is on MSK, 20%? 15 to 20%. What's the other percentages?

What is it? Cancer is out there. Cancer's got to be a big one. Pharmacy, that's about 15 or 20%. Okay, so 20% on musculoskeletal. So is that factoring the cost of the pharma?

No. So it could be another 25 to 30%. It could be 25 to 30% if you're factoring the cost of pharma. Well, drugs for MSK aren't that expensive. They're NSAIDs.

Okay. All right. So let's just keep it at the 20%. Okay. So half that is on orthopedic surgeries. Okay. We can probably help half those people avoid orthopedic surgery.

So 5%. We can save, you know, on a… Yeah, about half that cost. I don't know the number off the top. I'm trying to figure out. I was going to say like, yeah, in a company of like 500. So let's say, this is just for easy math.

Yeah, we're making easy math. Let's say it's $100. 20% of that, $20 is that on MSK. $10 of that is on orthopedic surgery. We can say $5. You can say $4. $7. Okay.

And so I did the math in my book. So it's chapter 13. I factor that if we had 100,000 doctors doing cash-based services, and this factors in functional medicine as well, okay?

If we had 100,000 doctors doing cash-based services, we can positively impact the health of 200 million people here in the United States alone, okay? Which means that we can save $4 trillion.

When I send you a copy of the book, I'll have it in about a week or so, I'll send you a copy, I'll direct you to that chapter, read the chapter. But we can save our country $4 trillion a year.

That's a lot of money. I mean, if you look at the out of pocket cost for a joint replacement surgery. to the patient because it's 18 months, 18 to 24 months, because they're going to start with NSAIDs, they're going to start with corticosteroid shots, they're going to go to physical therapy.

When you factor in their lost time from work, because every doctor's appointment is three hours, driving, sitting, waiting, driving back, blah, blah, blah, picking up all the shit.

It's two and a half to three hours. When you factor that in, it can be, it's like around $25,000 per patient. Yeah, I believe it. Okay. On the high end, it could be 42,000, but let's just say the average is like, I'm putting right in the middle of 25,000. You can go see one of your clients and have a bone hog.

And it's going to cost him 15 and they're going to be back at work the next day. I mean, you know, you can save significant dollars by going by eliminating.

Like, I think the worst thing that could happen to PRP and BMAC is different to be covered by insurance. Like, how do we get this covered? I'm like, no.

Absolutely not right it'll screw it up. They won't work. They'll fuck it up, right? I agree They'll drive it down to the least dollar that they can you know do it for yeah Yeah, that's not a good answer.

Yeah, it's really fascinating to me. I love the work you're doing with it with the corporate work I think that's some of the most impactful work It's very impactful and I love it because I feel like I can help a lot of people.

I don't have to touch 30 people a day. We can make a real impact in the cost of healthcare in America. It's, it's, you know, getting a still novel to most people message out that makes total sense to them.

And when I normalize it for them, Hey, 80 or 90% of academic medical centers do this. You could probably look up in your community and see the local college, the medical colleges doing these procedures.

Cleveland Clinic does it. Mayo does it. Hospital for Special Surgery. It is the fabric of orthopedic care in America if you got money to go pay cash for it.

But when we bring it to employers, It makes it, you know, they get all access to all that goodness that comes around these regenerative treatments. Yeah.

Could you imagine a world where the corporate programs, they have regenerative and functional medicine? I'm seeing more and more functional medicine getting into the benefits.

Really? Yes. More and more. So they're starting to figure out, and you're not just talking GLP ones. I mean, you're talking about like, you're talking like true gut health, like- Gut health, autoimmune conditions.

Pooping the taco tray and the whole thing. Yeah. Yeah. I see them on stages, root health out of Michigan. She's making a great impact. I met some women that worked at the Cleveland clinic in the functional medicine who are now on their own.

There's brokers in their community who go, we like that. We're going to add you to health plans. And you know, you get a fee for here. It's five, five grand a case or something.

Okay. Yeah. Exactly. But now we can start to impact the cost of our health care in this country because nothing we do impact. The only thing that we do to impact the health of our cost of our health care is give them more subsidies from the federal government and that which they use in turn and then go frickin bribe congressmen and congressman-wide senators.

And they're already taking all our money, right? I'm going to pick on UnitedHealthcare because- Please do. I hate them. They made what? $80 billion in profit last year.

They're getting, they're getting premiums from us, insured, they're getting tax dollars that are going for the ACA plans and everything else. They own the pharmacy benefit manager.

They made more last year on the pharmacy benefit. They make more on that than premiums. They're getting it from every direction. They have 11 channels.

They're in 11 different stages. They have 11 different companies that take a bite of the apple all the way through. from a Harvard business as a business guy, as a Harvard Business School, like guy that would do Harvard Business School studies.

It's brilliant. Oh, yeah. It's horrible for our company. I call the five I call the Aetna, the Blues, Blue Cross, Blue Shield, the Cygnus. I call them the five families of the New York Mafia from the 1950s.

They've got their fucking hands in everything they do. They're horrible. They have done more to destroy the health of our country. And if you want to subpoena me or you want to send me a cease and desist, go right fucking ahead.

I don't give a shit. You're not going to shut me up because they're criminal. What they have done to our country and what the food companies have done to our country is absolutely 100% criminal.

They should go to jail is what they should do. What the food companies have done to this country and then in the cahoots, the health insurance companies don't give one shit about you being healthy.

They want to make, they want to get you on that end set. They want to get you on diabetes because they're making more money as a pharmacy benefit manager than they are in their health insurance premiums.

And this is when you tell this to the everyday American. I mean, I'm like you, I evangelize all the time, right? I'll be playing golf with somebody or I'll be in an Uber.

We like, what do you do? I work with doctors. Oh, you have pharmaceutical rep. No, um, we take doctors and move them from, from insurance to cash. Well, why would we want to do that?

I asked him this question. Have you had surgery lately? Yeah, I just had an ACL reconstructive surgery. Great. What do you think your orthopedic surgeon made?

Healthcare Reform, Food, and the Future

Oh, like eight grand. I go, he made $850. What? Right. That includes 60 days follow-up. What? Yeah. No. How much do you think somebody, OBGYN? vaginal delivery.

How much do you think they got paid? Oh, like 15 grand. They get paid like $1,200 for 10 months. I care. Whatever it is. Like it depends on the state, right?

And when you tell this to people, I'm sure you and I, like I'm at a party with somebody and I start evangelizing, right? They're like, my girlfriend would be like, here he goes.

Yeah. Christine's like, you shouldn't ask. Watch him go. And she's all in, right? Like she doesn't get mad. What's your wife's name? Amanda. Amanda. Do you do the same thing?

Do you just start going off? What does she say? I do. And you know, and she gets it because she's experienced it. Like shitty care, spending a fortune, didn't get your questions answered.

Yeah, it's just bulls. It's so like, it's the most I can't believe we put up with this system. I agree. It's just utter complete atrocity. So it's mind blowing to me.

So I'm curious, what are you What are your thoughts on Bobby Kennedy? What are your thoughts on Secretary Kennedy? What's going on? Not everything coming out of his mouth is accurate.

No. By the way, not everything comes out of our mouth is accurate either. Right. Fact check me. I love it. I love it that he's turning everything upside down.

Shake it up and let's see where it lands and then we can rebuild it from there. But turning the pyramid upside down,

shake it fucking upside down. It's been wrong forever.

Fucking thing didn't work. Right. We put that thing in place. Look at the obesity factor. 70% of adults are considered obese. Yeah, right. Yeah, we've all known there's poison in the food.

Thank you for pointing it out. Maybe some of these people will start to change. Hold their feet to the fire. Fuck, it's in our soil. And then, well, then that brings up, you know, glyphosate as a security risk.

Bobby Kennedy sued Monsanto and won a glyphosate trial. Did you listen to his Rogan interview about that? It was just on like two weeks ago. No, but I got to catch up with that.

So basically what he said was, and I was like, that's really weird that he signed the executive order. When you hear him explain, he goes, first and foremost, he goes, I was pissed.

He goes, I sued Monsanto three times and beat him, right? I've sued him for, you know, they owe $20 billion because of me. My word's not his, because Bobby's not that.

You know, he's not that aggressive. Like he's very modest. But he said, you know, 98% of our corn and 98% of our soy uses glycephate. If we eliminate it tomorrow, we're going to have a food issue because it's all glycephate resistant.

Right. Right. Because it's a, you know, we've got a big health, we've got a big issue with this. Here's the thing I love about Bobby. People will say to me, well, are you, does that mean you're anti-vax?

I'm like, here's my question for you. 1970, our autism rate was like one in 10,000. Okay. Now the model with which we had to determine autism, Asperger's, is essentially the same that we have today.

Today, that number is one in 31. If you're a male, it's one in like 24. If you're in California and you're a male, baby, it's like one in 12. Now I want to know why, don't you?

Yeah. Don't you want to know why? Do you know that we've never done any double-blind placebo study ever on any vaccine? Ever. Why? Because the Reagan administration, and it's in the law, vaccines are inherently unstable.

That's how they got the immunity. It's not that I'm anti-vaccine. I have a pretty strong opinion that the mercury that we use to bind the binding agent is pretty fucking bad for us.

Mercury is never good, right? I don't know if you've done diving on any of that of like Yeah, I mean, I have a 13-year-old, so every time I'm like, can we get this without preservatives, thimbersol, mercury, all that jazz?

Oh, yeah. I don't even believe they actually gave her that. Yeah, you'd think they'd just go grab another bottle. Yeah. Yeah. Well, we got one of these guys.

Exactly. You know, I remember when she was born, like, within 30 minutes, we're going to give her a Hep B vaccine. I'm like, the hell you are. Fuck you, you are.

We're taking her home. She's not, like, around dirty needles and bad food and shit. We'll come back in a week after we've sung up other, yeah, like, We hung out with my drug addicted brother.

No, like it's fucking like really. What do you yeah? 72 vaccinations by the time they're what age three something like that. I mean in their first round they're binding like I forget the number 25 It's an insane number by the time they're six months old Yeah, and I mean the there's more data to show that this is not good the binding agent of the thermos all than it is not Yeah, like there's that's what I love about Bobby.

He's asking questions Yeah, and I don't care that the questions are uncomfortable No, me either. They need to be asked. Cause you're, I mean, you, you have, live a very healthy life, right?

Like you, you still work out and everything? Every day. Yeah. You still watch what you eat. Every day. Yeah. Yeah. Track all that stuff. You do all the functional medicine stuff, all the, you got a stack of injections every day?

I don't take anything. Get out of here! No. You don't, you're not on T, nothing like that, no peptides? You son of a bitch, I have to take all that stuff.

No, no, I just did some lab work and you know, insulin's good, glucose is good. You know, for 61 testosterone it's like, high still. Good for you. So, I'm kind of interested though in some peptides, I'd like to sleep better.

I will tell you so I'm on PPC 157. Yeah, you know, they just delisted all these so yeah now I can legally talk about him I guess I'm on PPC 157 thymus and alpha Testamorlin or matzi depending on where I'm on the cycle testamorlin matzi testamorlin is for losing weight My body fat if I I mean not worrying about him at like 14% it used to be at 24. Yeah If I really push it I can get down to 10 which that's just really frankly too much work.

Like it is. It's like, yeah. And deprivation. It's just like, you know, I drool when I see a french fry. And I love cheeseburgers and fries. But I mean, I'm on, you know, thymus and alpha.

I take a microdose of trisepatide just to like a really light dose. I'm on hormone replacement therapy. But then, you know, I take creatine and all that stuff, a pill format.

I mean, I'm 58. I mean, I'm, you've known me, what, 15 years? I think you've known me. Probably 15 years we've known each other. I mean, you probably, you saw me in the days when I was a lot fatter than I am now.

I never saw you in person. Oh, that's right. We didn't meet until IOF like two years ago, three years ago. Remember that? Yeah. Yeah. Yeah. So, so yeah, I like, I like it that they're shaking it up.

I I've met Marty McCary a couple of times. Yeah. What's he like? He's great guy. Yeah. I've heard him speak at conferences. You know, he wrote the price we pay exposing the shit out of the rip offs.

Really? His last book came out about a year before his. FDA appointment, what's it called? Blind spots. He talked about peanuts. He talked about the Women's Health Initiative.

This is a bunch of bullshit. We never had peanut allergies. He exposed the science at the pediatric conference, which was not well done, and they just agreed, okay, we're going to restrict peanuts.

It wasn't that much different in the Women's Health Initiative either. He talked about meeting the researcher and grilling him. about the data and that it was not a direct cause to an increase in cancer.

And you see that change. So I like Marty. He's a physician, he's a surgeon, he's smart. Man, they have tried to demonize his ass, huh? I mean, who wouldn't get demonized in any government situation?

Well, especially when you're going, I mean, because the government is owned by all these special interests. Owned by all of them. Owned by all of them.

Yeah. Now that the corporations can make contributions to political campaigns, I understand what the Supreme Court was saying about this freedom of speech.

And there are not many things that I agree with President Obama on. I agree with him on this. This is going to destroy the public because now the corporations are just going to own the whole goddamn thing.

There's no limit on how much they can contribute and they can do whatever they want. And through PACs, it's going to completely destroy. We're fucked in a lot of ways.

I agree. Did you ever think you'd see somebody who's like head of the FDA that actually supports the world that we're in? Did you ever think you would see this when you guys were taking on the FDA and all that stuff?

Did you think it was possible? No, no, no, actually, you know, and chiropractors were sort of, now I don't want to say bred to distrust FDA. Well, I'm also talking about like you're working with GenX.

Yeah. No. Well, they still haven't, you know, put a good like, yeah, go get it. But I think they're less reactionary than previous. Yeah. So. You know, I mean, if they're loosening up on peptides and, you know, Bobby talks about getting what stem cells in his vocal cords.

I don't know exactly what. Hopefully they all lighten this up and, you know, and things can be, you know, under less constraint. Yeah. What is your, I'm going to ask you to put in your globe, your, you know, your crystal ball.

Okay. What do you think is, um, Tell me what you see in the future for healthcare for this country. You've got a very unique position in it. You've, you've been a provider, you know, you've worked in the hospital for the big group.

You work with one of the, what I would consider the true pioneers in our industry and the cash base industry. You've stepped, you've stepped in a lot of different places in this and you have a lot of vision.

What do you see? Unfortunately, haves and have nots. Okay. Tell me. You know, people live in food islands, food deserts. Yep. They're going to eat processed food.

It's what they can afford. They don't even know about healthy food. They don't know where to get it. They don't know how to prepare it. They don't know how to store it.

That's not going to be fixed quickly or easily. There's going to be some people in the middle of the road who are going to have more control and more interest in changing things up.

You know, they're starting to wake up and then there's going to be the people who who can afford to pay for the things they want, direct primary care, regenerative medicine, functional medicine, kind of get off the treadmill that have expendable income to do that or value their health more than the money that they're spending on, right?

So I think change will be very slow. Big food, big ag. Oh yeah, we'll remove it in 2099. It's such bullshit. It's such bullshit. You know, there's always going to be a push-pull between Pharma and, you know, look, they don't give a shit.

They want you on the train. They want you on Adderall from you're a kid till you're on the Alzheimer's med when you're dead. They want you on, it's the greatest annuity in the world.

Yeah. It's their form of a month of recurring revenue model. Exactly. So I don't see that. You know, I see people and hopefully Maha wakes people up, shines a light, disinfects some things and people are like, yeah, I'm going to do something different for myself.

I'm going to take over more control of my health. I think that there's going to be those three camps, you know, the ones that won't, that can't, the ones in the middle that are starting to wake up and then those ones that are already interested in, you know, peptides and doing things to really maximize the quality that they have left on the earth.

So, but everything's going to be a fight with Big Ag, with Pharma, with Big Food. It's not going to go easy. No. And then who knows who comes in and then backs down four years later.

Oh, that's my biggest concern. Like, you know, okay, so the thing that has to happen is, you know, what really took it to the tobacco companies is the Mississippi attorney general took them on and won, right?

And basically showed that they had an insider that said, yeah, you manipulated the level of nicotine to get people addicted. And then you advertised it close to schools and did like, I forget that guy's name, but you know, that was monumental what he did.

We need someone like that to do this to big food. Because I think if we can fix food, we got a chance. Well, Robert

Lustig is doing a good job. Who's that?

He's a pediatric physician at UC Stanford, but he has written so many books. His last one, Metabolical. about how food is making us messing up our metabolism, creating diabetes, obesity.

He's a smart researcher and physician. He's written a few good, really good books. I forget the name of his first one, but I was shocked. He's like, Hey, look, they knew smoke can cause cancer.

They knew you might die before you hit social security age. We don't have to pay that out if that happens. The first time I heard that, I was like, holy fuck, that makes some sense.

That makes some serious, like, you know, when you hear something like, oh shit, that's the truth. Yeah. So he's a good, he's a good voice kind of shining a light on that, you know.

Jeff Bland, father of functional medicine. I mean, he's 80 years old now, but that guy looks like he's 60 and he's still beating the drum, educating people and trying to work with systems to get them to change.

You know, Mark Hyman's been a good voice too. He's been in Congress. I don't know, Mark. I look forward to meeting him. I look forward to having him on someday soon.

I love what he's done. I have a couple of doctors that studied under him. Anoop Kanodia, a couple of others that worked directly with him for like 18 months.

They did his fellowship and said he's an amazing man. So as long as people keep shining that light, you know, Callie Means. Oh God, she's going to make a great…

No, that's Casey. Oh, that's Casey. Callie's great. Callie was the, yeah, he was the venture.

Relationships, Retirement, and Closing Thoughts

He was the lobbyist. The lobbyist. So he exposes the whole thing. He has been shining a light. I heard him speak at a conference not too long ago. Uh, and I mean, yeah, I mean, he just points it right out.

That's what we need. The first time I heard him and his sister, Casey. What'd you hear him first? Joe Rogan. On Rogan. I listened to that. I was like, Actually on Tucker Tucker yes, I would only Tucker I ever listen to I listen to it on Tucker and I sent it to everybody in my team and I was like I'm not gonna listen to Tucker Carlson like it's required you have to listen to this and then I said I'm bringing Bueller from Rogan and I said I'm Kennedy and I make everybody in the company listen to them like are you kidding me?

I'm like, no, this is what we're up against Like you gotta be like you gotta understand this cuz like if you don't understand how deeply this is not something cute, right?

We're taking down a system. I'm not here to fix the existing system. Fuck the existing system. There's no fixing it. We're here to create a new one. We get 100,000 doctors free.

Guess what? They don't have enough doctors. Now we got a voice at the table. They don't have enough doctors. Then they got an employment crisis, right?

Now, you and I, with all our experiences and all the other people that we know, all the people that have been fighting these battles, and you've been fighting these battles longer than I have.

I've only been in this space 11 years. Now we got a real voice, now we can fix some shit. You gotta cut their supply chain. And they'll figure out a way to use AI, but at the end of the day, they're still gonna need doctors.

Yeah. Right? For sure. For sure. Yeah. So, you know, I mean, I sound pessimistic, but I've been watching things

change for, or been involved for 35 years.

I don't think you sound pessimistic. And it doesn't change fast. It just doesn't change fast. Yeah, but think about how much you've changed. Yeah. Right now, chiropractors getting into hospital privileges.

The things have changed in our profession. Think about 16 years ago, how many regenerative events were there were? I'm flying to Tokyo to go do one. IOF, 800 people, and now it's a combination of Toby.

You've got AAOT. Think about just the regenerative events alone. There's thousands of doctors going to these and medical providers. And that's, Mark, that's a lot to do with the work that you did and still do to this day.

And I love those conferences because you can't bullshit a bunch of physicians in a room like that. And I love the panel discussions. Your shit better be on.

It better be on. The last, I think it was Toby where we were. It was great. Those four people on a panel. I love those different points of view. And even the debates, right?

Where, you know, they have the gloves on. That's great. That exposes so much good information and limitation that allows people to find ways to make things better.

I love that. Cool. Anything else you want to share? Tell people that they need to know? Boy. Love your spouse and you'll have a happy home. Yeah. Well, that didn't work for him.

I'm over two on that. Well, I'm speaking to myself. I always say you don't want to take marriage advice from me. No, although maybe you should take marriage advice from me because I can tell you it.

Here's my marriage advice. Be very, very careful about who you marry. They are the most important. It's the most important thing you will ever do in your life.

It really is. And you know, the honeymoon session, all the good sex up front ain't what you're getting five years from now. So, you know, I think the big thing too really around relationships is repairing quickly because we're all going to fuck up.

We're all going to lose our patience, lose our temper, etc. Say the wrong thing. Forget the flowers and the card. Repair quickly. You know, it's fascinating.

Obviously, Christine significantly, she's 30. I'm 58. We have a great relationship. Just don't get that bent out of shape about anything anymore. I'm like gonna go there for dinner.

Let's go there for dinner Like I'm not muting my voice like right, but it's like it's that important to you Then we'll go do that like whereas in my 30s be like fuck.

We're not going there like I'd want to win something I'm like, I don't need to win like you're beautiful. Let's go have dinner. I'd you know Yeah, how can I how can I support?

How can I be like that's the coolest thing? I have a couple friends of mine that have those kind of similar age gaps and they're like, that's like way easier.

Like it's my ego's done. My ego's out the door. I'm not interested in any of that. It's like, okay. You want that couch? Great. You like that color? Great.

Whatever, you know? Whereas before you'd go to the mattress on things. Yeah. Right. Cool. Well, I appreciate you driving in and coming and fighting traffic and finding parking, I should say, in downtown, fighting parking in downtown Denver.

Two miles from home. I should have Ubered. Yeah. Well, I'm glad it wasn't, I'm glad it wasn't a big trek, but I'm glad we got to do this, Mark. Yeah, me too, Matt.

Thank you so much. It was a good conversation. Well, we'll do it again soon. Okay. Yeah. All right. How do people, if people want to find out about what you're doing at Regenexx, what's the best way for them to get in touch with you?

Either LinkedIn, you can find me there or- You're there all the time. M-Testa Regenexx. M-Testa, T-E-S-T-A, at Regenexx. And looking forward to your book.

When's it out? It'll be out. We're actually going to release it in Japan next week. Cool. What's the name of it? It's called Out of the System. It's a doctor's guide to reclaim their purpose, power, and passion.

Excellent. So it's all about leaving the system. So it'll be released in the United States at the end of March, only because I'm going to be in Japan speaking at an event.

So we'll release it there and then we'll release it at the end of March and you will get one of the first copies. I will send you an autograph copy. Okay.

Looking forward to it. All right, brother. Thanks for coming in, Mark. I always enjoy talking with you. All right. Thanks everyone. If this episode got you thinking differently, hit follow and share with someone stuck in the system.

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