



## Treatment Plans - Ref210

*with Russ Rosen*

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### TRANSCRIPT

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**Steven Bruce**

We had Dr. Russ Rosen, an American chiropractor on the show some months ago. And he talked about the neuroscience of communication. A lot of people commented afterwards how useful they had found it, not least because many of them like me suffer from that, I don't know, imposter syndrome, where we think that if we tell patients, we want them to come back, then the patient will think we're just trying to get money out of their pocket, when actually, of course, what we're trying to do is to help out our patients. If you want to see more on that, then go back look at the recording because it was a really, really entertaining, really informative video. What we're going to talk about tonight is treatment plans. And one of the things that I'm slightly intimidated by is that Russ is going to put me on the spot by asking me about my approach to patients. I won't tell you any more about it, because I didn't know any more about it. I'm slightly nervous about what I might be experiencing or exposed to this evening. But let's say hello to Russ. Russ, it's great to have you with us again, welcome to you from California where it's 11 in the morning, and presumably very sunny, judging by the way you're dressed.

**Russ Rosen**

Yeah, it's sunny enough. It's going to be sunny. Aloha, Steven, it's really wonderful to be here. And I really appreciate you having me.

**Steven Bruce**

Well, I said you were a chiropractor of course. What I didn't say is that I think you spend more of your time now training other practitioners like osteopaths, chiropractors in how to get better results for their patients. Is that fair?

**Russ Rosen**

Absolutely. Yeah, I've been doing that for 22 years.

**Steven Bruce**

Yeah. And you're going to distill all that into 90 minutes for us this evening. And send us away knowing everything you know,

**Russ Rosen**

With extra information for a cup of tea.

**Steven Bruce**

Russ, you said you wanted to start off with a bit of housekeeping to get us all on a level footing as it were, do you want to do that?

**Russ Rosen**

I do. So what I want to do is, the first half of this, I want to talk about what I call the importance of certainty, which no one ever thinks they need. But my experience of 1000s of doctors going through this process, and I mean, 1000s, everyone has come back saying, wow, that was really good. That was really important. And then we can dive into treatment plans. And the reason you will understand when we get to treatment plans, if we didn't do this first part, it would be impossible to do the second part. We specifically work with practitioners, chiropractors, naturopaths, osteopaths, medical doctors, cellular

detox, like all kinds of practitioners. And really my main focus is people who want to help people get healthy and stay healthy, they look at themselves as health and wellness practitioners. It doesn't mean that if you practice in more of a symptom-based model, and you're really just trying to help someone with their symptoms, that this won't be valuable, this will still be very valuable. It's just not my superpower. It's not my focus. So regardless of how you practice, I really do hope you get a lot of value out of this. I'm going to ask you to do something I called Auto Tuning or translating. And what I mean by that is this. There are chiropractors that if I call it a treatment plan, they think, oh, no, no, no, no, it's not a treatment plan, it's that's a care plan. And there are chiropractors and osteopaths that if I say care plan, it's no no, no, no, no. And what happens is, the reptilian brain kicks in and just shuts it out. I'm not listening to this guy anymore, because he used one of those words. And what I'm going to ask is, I have coached practitioners, literally, everywhere in the world, of all different types. We all have our own particular words and phrases that we like, and ones that are no-no's, and I understand it, and I can honor it, but I'm asking you to just translate. If I say a word, like treatment plan, and to you it's a care plan, just translate it, you know, don't go to war with me on that because then you miss the important stuff that we're talking about.

### **Steven Bruce**

There is one, can I just interrupt you just for a second? Because also, earlier on you said you work a lot with doctors. And of course, when you say the word doctors over here, we interpret that as medical doctors, whereas you mean medical doctors and chiropractors and osteopaths because there's a slightly different language in the States, isn't there?

### **Russ Rosen**

Yeah. And naturopaths and acupuncturists. I mean, so yeah, and so if I slip up and I use the D word, you know, forgive me, forgive me and translate it. Thank you for pointing that out. Now, the way we're going to do this, and I've never done this before, so I'm really quite excited about it and I've done hundreds and hundreds of lectures and speaking gigs and podcast. I've never done this one. And I've never done it in this format, this will all be brand new. So you're all guinea pigs, we'll see how it goes. Now, normally, if Steven were coaching with me, he would have gone through a two hour and 45-minute program, it's a module that I have called The Importance of Certainty, he would have spent three and a half or four hours doing it, and then coming up with his very clear truths and untruths and questions and contradictions. And then on our coaching call, we would have untangled those, I would have helped him find his truth and his clarity. Since he hasn't been through it, we're going to kind of do it live, I'm going to walk him through some of the importance of certainty to get enough clarity that we can then move into treatment plans. And I really want you, if we're going through this, and you're thinking, wow, this is really good, I see the value of this, I'm going to give you a link where you'll have 30 days access to this module, if you go to my website, you'll see I sell this for \$397. No joke. So it's a really wonderful program, I've seen it really tremendously change practices. And so I hope that you'll take advantage of that, if you see value, if you don't, just let it go. So I want to also be very clear that I'm not trying to push my ideas on you, I'm not trying to tell you how to think I'm not trying to tell you what's right or what's wrong, I really am giving you ideas to push against. Steven, you will never be as good at being me as I am. And I'll never be as good at being you as you are. And that goes for all of us. So all I'm doing, I will say things that you're going to disagree with. And that's fine. All I'm trying to do in bringing these things up is for you to say no, wait a minute, hang on a minute. I don't think that's true. This is what I think is true, right? This is what I think is true. Now I know what you think is true. And I can help you implement that and integrate that into

your practice. I don't care what I think, I really don't. What I care is what you think. So Steven and I were laughing earlier that, you know, a little bit nervous, but I'm going to be asking him these questions. And I didn't send them early because I didn't want him to think these through, I want them to be just like what you would experience if you were going through this and you will see you just can't answer them wrong. And I'll give you the link it's [www.theOHCsystem.com/APM2](http://www.theOHCsystem.com/APM2) and you'd be able to go through that program. Okay. The last last couple of pieces are this. When I'm coaching practitioners, I'm always looking at headspace in procedure, headspace in procedure and I look at it, headspace is what's between your ears. Procedures are how do I do things. And my experience is it's like climbing a ladder. So if my headspace gets too far ahead of my procedures, I fall, if my procedures get too far ahead of my headspace, I fall and I crash my practice. Here's an example. Practitioners ask me all the time and Steven, is practitioner a good word to use?

**Steven Bruce**

Yeah, that's fine. That's absolutely fine.

**Russ Rosen**

Practitioners will ask me all the time; I need more internal referrals. And I'll say, great, here's the procedure, you ask these three questions. And you'll get 10 times the number of internal referrals that you presently get, just go ask these three questions. When they go and do that they come back and it didn't work. And then I'll talk with them about what's between the ears, which is oftentimes, I don't think I should have to ask for referrals. I'm a doctor. I'm an osteopath. And I think that it's cheesy for me to have to ask for referrals. And I think that that's going to make me sound needy. Well, no matter what great procedure I give you, it won't work if that's your belief system. On the other hand, there are people who have a very strong belief system that I want to get out and help as many people as possible. I know that no one knows out there what I do. And I want to get the word out. They just don't know the procedure. So I'm always looking at headspace and procedure. The first part of this is headspace. The second part of this is procedure. So far, so good?

**Steven Bruce**

Yeah, absolutely.

**Russ Rosen**

All right. So we'll have a conversation. You tell me off top your head, you can't be wrong, what do you think the top practices in the world have in common?

**Steven Bruce**

In what terms? In terms of just the way the business operates, or in terms of what's going on in the practitioners' heads?

**Russ Rosen**

Yep.

**Steven Bruce**

Well, I mean, if it's in terms of what the practitioners have going on in their heads, I suspect that they are all driven to produce satisfied healthy patients who have a meaningful lifestyle, whatever that means to the patient. As businesses, I suspect that practitioners managed to devolve that to someone else to make sure that marketing is done effectively, whatever that might mean. And you know, that's a moveable feast. And all the other procedures, accounts and computing and, you know, the administrative stuff is devolved from the practitioners' shoulders.

**Russ Rosen**

Yeah. Beautiful, great answers. So here's the deal. These are the kinds of answers that I will get exactly like what you said. A common one is their technique proofs. They're absolutely excellent at what they do. Yeah. But let me ask you this. Do you know any people that aren't that great, but have a pretty big practice?

**Steven Bruce**

Yeah. Don't ask me for names, but I've got my suspicions.

**Russ Rosen**

Right. Yeah. We know that that's true. They have great relationships with their patients. The truth is, I know these some of these gruff, high driver kinds of people that are not good with relationships at all, but they have great practices. Well, it's the ability to communicate, they're master communicators. Again, I know practitioners that are terrible at it, they, listen, you're going to come on in, you're going to do what I tell you to do, and you're going to get results. Now lay down. Right? You know, they're efficient, they have systems in place, they got great procedures, look, all those things are important. All of those things are important. The number one thing I see is right between the ears, it's the importance of certainty. We're certain that we can deliver the goods, we're certain who we are, what we do, what we don't do, why we do what we do, why we don't do what we don't do. Those are the things that I've found that is, it's like the difference between a white belt and a black belt, hitting a brick. White belt hits a brick, they break their hand, the black belt hits a brick, and they break the brick. So it's who am I, what do I do, I know I can deliver the goods. And that's what you and I want to talk about. I want to get very clear about your truths right now. Now, for all of you who are listening, when I say your I mean you, not just Steven, so I want you to start to answer these questions that we go through all, so again, if you find value, you'll be able to go check out that module that has, you know, way more detail than we'll do today.

**Steven Bruce**

I'll tell you what, Ross, you're already hitting the spot. We've got this interesting thing going on at the moment that anyone who's asking a question through the website chat is given a random name it seems, and I don't know why that is. But it means you are truly anonymous this evening, unless you tell us who you are. If you're questioning through the website. Somebody who's been given the name Interesting Setter says, so far, this certainly resonates with me massively. How does Russ suggest that we think about or approach this aspect? How can we be certain, how can we think differently about certainty to effect a frameshift? I know you're going to talk about that, I know you're going to talk about that.

**Russ Rosen**

Thank you. Thank you. Great questions. Yes, let's do it. Just for fun. Yeah, I was so nervous when I got on and talk to Steven ahead of time saying, you know, look, do you do you guys do this? Or do you do that? And he said, well, some of us do this and we're supposed to do this? But I am like, oh, thank God, because I didn't know what else we would talk about otherwise. But yeah, so let's dive in. So let me ask you this, off the top of your head and again, you could not be possibly wrong here. What do you think, and I'm asking all of us, in fact, if you like, you can all type in there. And then Steven can read some of them off, what would be some symptoms that we don't have clear and strong certainty? What are some symptoms that you may not have a strong certainty?

**Steven Bruce**

Do you mean we as a profession or us as individuals?

**Russ Rosen**

You as a human being, as a person.

**Steven Bruce**

Yeah. Okay. I mean, so my answer to this is driven to a certain extent by the constant barrage we get from our governing bodies that say we must have evidence to treat problems. So when it comes to things, let's take headaches, for example, the evidence about how you can effectively treat headaches is uncertain. There are specific types of headaches where there is some evidence for treatment. There are others where there's anecdotal evidence, and I suppose a lot of people, and I'm one of them, be thinking, well, what if a patient complains and says, well, I did something which has no evidence to back it up? Am I then going to find myself in trouble?

**Russ Rosen**

Yeah, perfect. Keep going. What else?

**Steven Bruce**

Well, I mean, I say pretty much everything we do is lacking in evidence when you compare it to sort of pharmaceuticals or something like that, and I know that there will be plenty of people who say that the evidence about drugs is questionable at times. But there is just very limited evidence for what we do in all regards.

**Russ Rosen**

Absolutely. Keep going. What are some symptoms that you might have uncertainty that you're not certain?

**Steven Bruce**

Okay, well, at the simplest level, low back pain with or without sciatica, you know, we've been trying to work out exactly what the cause of that problem is and how we can fix it.

**Russ Rosen**

I'm talking about you personally, that you, Steven, don't have certainty. What are some symptoms that maybe you don't have certainty?

**Steven Bruce**

Okay, what in myself?

**Russ Rosen**

Yeah, let me give you some examples. It's hard to ask for money. Or if you do ask for money, they have to think about it, or patients aren't referring to you or you're anxious about doing an exam or for defining your healthcare talk. Okay, what are some symptoms in you?

**Steven Bruce**

Well, I guess you've taken the key ones there, haven't you? I mean, there is. Personally, I have never liked asking for money. And so as soon as we could, we got receptionists who could do that for us. We've had to change our practice slightly since COVID. Because now practitioners do more of the work themselves. But it's still, I feel it breaks down the relationship between the practitioner and the patient when it suddenly becomes commercial. I don't like the business of asking them to refer because as you said earlier on, it sounds as though I'm seeking for some sort of smoke blown up my arse. What else could I say? The other thing is telling patients to come back in beyond three or four treatments, because of course, you start to think, well, they're going to think I'm just after their money again. And they need to see signs that they're really benefiting from those additional treatments. And that's very hard to do, because they can't know what would have happened had they not had the treatment.

**Russ Rosen**

Absolutely, these are wonderful, these are wonderful. I'm going to read through a bunch of them right here just for the other listeners to see if you have any of these, this may be a symptom that you have some challenges with certainty, so anxious about doing the exams or reported findings, reexams or rereports, uncomfortable doing talks, afraid to tell people the whole truth of what you know to be true for them, afraid to give them the recommendations that you really believe that they need. From sleeping at night feeling burnt out, that you're not having the success that you desire, I can promise you, if you're not having the success you desire, the odds are there's some contradiction in between who you are and what you do. A low acceptance rate, a high dropout rate people not following your recommendations, self-doubt, collection issues, trouble asking for money. I'm asking all of you to think through, do you have any of those? And if so, maybe, maybe there's some problems with certainty. Now, not all of them, maybe you're not sleeping well, because you don't have a good bed or a good pillow. Or, you know, like, it's too cold. But I'm not saying all of these, I'm saying these are some signs and symptoms. So what I want to do is push against you, just to help you find your truth. I'm not saying I'm right. I'm not saying you're wrong. Fair enough, Steven?

**Steven Bruce**

That's absolutely fair, yeah, yeah. Again, because the question has just come in, I'm going to interrupt your flow slightly, if I may. Someone who has been named by our system, Gleeful Creature, said, what

about relating to the patient's truth, does it matter where they sit in their perception of certainty? And that may be something you're going to deal with later on.

**Russ Rosen**

A 100%, yeah, thank you. So there's a 84 minute webinar that I'm also going to be giving you on that page, which goes into my version of reality. We talked about this last time, which was, how do we help clarify what the patient wants in relationship to where they believe they're at. So my health is down here, I'm a negative two, I'm not very healthy. I don't want to just get feeling better. I want to get as healthy as I can possibly be. I want to truly resolve my problems and get as healthy as I can. And I believe you can help me get there. Well, before you get to a treatment plan, you've got to have got them there. Right. So we talked about some of this last time. And I do have a 84 minute webinar, which I go through extreme detail in the consult, the examiner report findings of exactly how to do that. But yes, I need to find out what they want in relationship to what I can truly do for them and show them how to have it. See, here's the deal, what most of us do is, I'm going to find out what you want. I want to feel better, and I'll show you how to do it. Come in for two or three visits. But, is that all you can truly do for somebody? Well, for some of you, the answer is yes. For some of you, you recognise you could do so much more for them. But you never really helped them understand it. So yes, it is, we need to get to match our truths and then show them how to have what they want. Yes?

**Steven Bruce**

Absolutely. Yeah. In the States there, though, Russ, famously the States is a very litigious society. Are you concerned that patients might argue that you're promising them things which you can't deliver?

**Russ Rosen**

Not at all, because we're extremely clear with them about what, you know, this is my best estimate, we're going to monitor you every step of the way. If at any time, we're not seeing the kind of results that we would expect, you're going to be filling out this outcome assessment questionnaire, which is, you know, two pages, I'm going to be doing these objective tests. I have a three-visit rule, if I see the same pattern three times in a row, and you're not moving in the right direction, we stop and figure out why. Right, you got to do something different eat better, exercise, deal with stress, I got to try a different style. I got to refer you out. So no, not at all. Were very, very clear with them about that, absolutely. So I want to give you something to push against. You said, I don't want to talk to them about money, because it becomes very commercial. And I would ask you to examine that. Is it true that it becomes commercial if I talk with you about money? So there are a lot of practitioners I work with which have no staff whatsoever. When you go get petrol, do you pay for the petrol? Yes. When you go get groceries, do you pay for the groceries? Yes. Why would it be commercial? If you and I got to a point where you said, you know what, I'm so excited that I'm here. Finally, I think that there's some help. I've tried everything. I've seen a dozen other practitioners, no one's been able to help me. And I'm so excited for what you talked to me about so far, and what we've done so far. And then I say to you, great, is this what you would like to do? Would you like me to help you? And you say, yes. Would that now be commercial for me to say, great, here's how we can help you pay for that.

**Steven Bruce**

Much less so. And while we were speaking there, I was thinking of the number of occasions on which I have visited conventional medical consultants, privately and they've cost anything from, you know, 150 pounds to 350 pounds for relatively short treatments, or relatively short consultations with no treatment, and I haven't come away thinking that was unreasonable.

**Russ Rosen**

Yeah, not at all. You know, just for fun, it's not about the time. And again, these are things we could go into, you know, real rabbit holes, but my experience is, it's not about the time, it's about the results. Let me just ask, if you had a very serious problem going on that was ruining your life. You're in pain all the time, you couldn't do the things you wanted to do. It was really ruining your life. And I told you that I could see you 100 times in one year. And it was going to be \$5,000. Would that be a great value if at the end of it, you got your life back?

**Steven Bruce**

Yeah.

**Russ Rosen**

Okay, what if I told you this, I could see you once. I could do one thing for you. And instantly, you'd have your life back. And it was \$5,000. Would you rather see me 100 times and take a year? Or would you rather do it once and pay the same 5000?

**Steven Bruce**

Interesting, yes, of course. I'd rather have the ones.

**Russ Rosen**

Yeah. So again, these are things if we were coaching that I would spend much more time diving in to help you untangle some of these things that we've always accepted as true, but we never fully examine. And now you can imagine somebody who's been having a problem talking with their patients about money, they get to the place where they talk about money, and then it all falls apart. And if you clean this stuff up, now they can go talk about money, and there's no problems. Now, of course, there'd be more for you and I but we don't have time for that. Fair enough?

**Steven Bruce**

Absolutely.

**Russ Rosen**

We're really moving on. We'll have to skip a bunch of stuff. Okay. So let me ask you this. How would you know if somebody was healthy?

**Steven Bruce**

That is a difficult question, isn't it, because it's very much subjective on the part of the person concerned. So we can do symptomatic assessment. We can do orthopedic assessment, are they in full range of

motion, but a lot of it is going to be subjective. How do they feel? That may be unchangeable in some people.

**Russ Rosen**

Yes. And on the flip side of that, we've all heard the story of uncle Joe who's never sick a day in his life, went to the doctor, the doctor did all the tests, came back and said, you're 100% healthy. We did blood work, spit test, pee test, poop tests, you know, EKG, GOD, we did all the tests and you're healthy, and on the way home, uncle Joe died of a what?

**Russ Rosen**

Well, okay, it's funny, maybe you guys don't have the story. In the United States, everybody says, you know, they died of a heart attack. Because it's a real common story. But so we've got symptoms, which is one piece of the puzzle. But if we only go by symptoms, there could be people, you know, somebody finds out they have cancer, well, it took five years, you know, breast cancer from the first cell that begins, it's five years before they find the lump. So symptoms are very important. But if we don't also have objective tests, then we've got problems in seeing how healthy they are. And if I tell you that we're not going to get you just feeling better and we're going to also get you as healthy as you can possibly be, I better have some ways of monitoring, other than just their symptoms. Does that make sense?

**Steven Bruce**

Run over by a bus?

**Steven Bruce**

Yes, yes.

**Russ Rosen**

I went over this so many times thinking I'd have enough time, I don't have any time for most of this. Okay. So here's the deal. When you do go through the program, we ask you to do something called sentence completion. It's from the Daniel Brandon, who is the guy who really came up with it, coined the term self-esteem. And what he says is, if I asked you over and over again, a particular statement, then you've finished that sentence, it can pull things out of your subconscious. And so in the module as you go through this, and go through it, and go through it, and go through it until there's nothing left and then find like five more answers, which again, we won't have time for at the moment. But these are the kinds of questions that I would be asking to help you clarify who you are, and what you do. So I call it an optimal health care provider. It's someone who's going to help you get healthy and stay healthy and have the best life possible as an osteopath or a naturopath or a chiropractor, we're not just here to numb you out or mask your symptoms, but we want to help you get as healthy as you can possibly be. And if we get you as healthy as you can possibly be, would it make sense that your headaches or neck pain would probably get better too? And the answer is probably yes. But that's my goal is to not just make something feel better, or mask it, which you know, lots of great drugs who will mask pain but isn't resolving it. And I'm going to call it optimal health care provider or osteopath whichever word is going to work better for you Steven, just, real quick as an osteopath, I'm certain that what?

**Steven Bruce**

For me as an osteopath, I am certain. About what, about patients' healthcare?

**Russ Rosen**

I am certain. What are you certain about as an osteopath?

**Steven Bruce**

Well, I'm certain there are going to be more patients through the door tomorrow.

**Russ Rosen**

Great. What else?

**Steven Bruce**

I'm certainly will be able to help them.

**Russ Rosen**

Great. What else?

**Steven Bruce**

I'm certain there'll be patients I won't be able to help as well.

**Russ Rosen**

Good for you. Good for you for recognising that. What else?

**Steven Bruce**

Oh, gosh. I'm struggling with this. I could talk about all sorts of certainties.

**Russ Rosen**

Here's another way of asking the question that might pull something out of you. As an osteopath, I would like to be certain that I what?

**Steven Bruce**

I'd like to be certain that I can get my diagnosis right every time.

**Russ Rosen**

Good. I'd like to be certain that what?

**Steven Bruce**

I'd like to be certain that patients will leave a lot better after each appointment than they were when they came in.

**Russ Rosen**

Beautiful. I'd like to be certain that what?

**Steven Bruce**

I'd like to be certain that my books are full.

**Russ Rosen**

Good. I'd like to be certain that what?

**Steven Bruce**

I'd like to be certain that I've got a nice lifestyle where I can have time with my wife and dogs who currently are in France, which is a bit disappointing there for me. So you know, I need to live life as well.

**Russ Rosen**

Beautiful. My patients or my clients can be certain that I...

**Steven Bruce**

will do my best for them. Or that I will get results for them.

**Russ Rosen**

Yeah, there'll be certain that I can...

**Steven Bruce**

...that I'll be honest with them about when I can and can't help them.

**Russ Rosen**

Good. Good. Good. So here's some classic answers and those were perfect. Thank you. I've got the best alternative out there on the market for the conditions that I treat, no doubt about it. We provide the most caring atmosphere for patients to be able to heal themselves and we have a positive alternative to drugs and surgery. I love what I do, we deliver real and true wellness care. I will always deliver the best care possible, I help others, as many people as possible know what I do, we're saving lives with what we do, I will positively impact my community in my state for better health and well-being, I'm going to provide some measure of relief, no matter what every time, that they're getting the best care available, I'd like to service them to their very specific wants and needs, each individual person. So each individual person can leave knowing that they were given the very best care possible, etc, etc, etc. There's a lot, lot that we have in there. But those are things again, as you're listening, that I want you to start to think through about what are you certain about, what would you like to be certain about? And then we want to look at, is that actually happening in your practice? And if not, why? Okay, and then we get very clear about what are my truths? What are my untruths? You know, what I'm looking for his contradictions. I know this is true, Steven, you just said a lot of beautiful ones. I know that this is true of what I want to do. But if I look at my real practice, it's not what's happening. Or I know this is not true, that's not true. But when I look at my real practice, I do it all the time. And when we have contradictions like that, it leads to destruction. And we can never grow our practice. My experience is, when you go through this particular module and take the time, not like we're doing now. But when you really take the time, more often than not what will happen is, over the next week, you have more people come back into your practice than you can ever remember. Because they just come out of the woodwork because you're letting the universe know, in Hawaii, we call it a coconut wireless, right? It's just that super conscious communication where people

are going, man I need to come in. So that's what we're always looking for is these contradictions that then, and literally, Steven, you would have sent me contradictions, such as, I don't think I feel comfortable talking about money, we would untangle those and help you really find your truth. And then we would move on from there and start to apply that to visit one and visit two, you know, regular visits, we would apply that to our marketing, but we get clear about what it is that we are certain about. And then we go ahead and apply that you know, one thing you said which is critical, and certainly in chiropractic seminars, and I would assume you guys have the same, there are some rah-rah seminars, and it's chiropractic kills everything, and anyone under my care is going to get better and rah-rah, and then we go home. And the question is, is there anyone you've ever worked with that didn't get the results you hoped for? And the answer is, yes. Unless you, this is day one in practice, right? So now I was rah-rah, everybody gets better. And now I look and not everybody's getting better. So one of two things must be true, chiropractic or osteopathy is a lie, or I suck. Now, which one of those leads to building a strong practice? And the answer is neither. By saying, and I am certain that not everyone is going to get better. That's the truth. Right? And we have a whole process of assuring them, we're going to monitor them. And if they're not coming along, we're going to do something about it. We're not going to keep banging away on people and not helping them get better.

### **Steven Bruce**

Well, I've got a couple of contradictory things that have come in on the question line while you've been talking there and about how it's working in practice. And the first one, Interesting Settlor again, says that he or she has worked in a wellbeing practice in inverted commas, and has given out relatively lengthy plans up to 24 sessions in three months, most commonly 18 sessions in three months. And, in his or her words, I'll tell you what, it bloody works, and where it doesn't. He or she refers on very early when it becomes clear that the approach isn't working, or they need care elsewhere. So that's one of your disciples there perhaps he's telling us that the system works. But someone else who has been called Helpful Person by the system says that he or she is very worried that patients actually want a quick fix. And so it's really hard to turn them around with the instant results that they're expecting. Jackie, on the other hand, said she's really enjoying how thought provoking this is. And it's things that she doesn't normally give enough time to.

### **Russ Rosen**

Yeah, beautiful. Thank you for those. I appreciate it. So look, it does work and just for fun, to blow your minds on this. I have worked with doctors that are doing CVP care, which is they're taking your X ray, and then they're going to see that your curves are back to normal within a year or two years and they're recommending 100 to 120 to 140 visits for six to \$10,000 over the first year. Just to blow your mind of what people will ask for when they're absolutely clear in their monitoring. And at the end of that year, those person's X rays are now perfect. Right? One of the things in the treatment plan, when we get to that I'm going to ask you to do is be clear about what is your truth? What would you recommend? Don't worry about what you think they're going to think, we'll get to that in a minute, right? It's like when we get to the treatment plan, just find your truth, and then tell them the truth. Now, do you have to figure a way to say yes, um, I didn't get the name, but on the quick fix, you are concerned that maybe people want a quick fix. Everybody wants a quick fix. Everybody wants a quick fix. I want a quick fix. You want a quick fix? That isn't the question. We want a quick fix. The question is, can we help them recognise, the truth is that in this case, it's not a quick fix? Or there's some people that you see that are a quick fix. Yes, it's

minor, you do your assessment, it's all better. There's some people, let's say me, I have eight compression fractures. I've played a lot of fun sports, right, skydiving, football, mountain biking, I have IBF encroachment, are you going to fix me in three visits? Shut up. Right, I'll do it. Like, I'm just saying you want to be truthful, you got to figure a way. And whoever mentioned that about quick fix, in that 84-minute webinar, I do go through in a really good detail about how to get the person from understanding where they're at to where they want to get to, and that this really isn't a quick fix, assuming it's not. And again, if it is a quick fix, do you ethically owe it to them to tell them then to do that? Yes, obviously. But here's the kick in the groin, everybody, hands over your crotch, ready? Here we go. Is it all also ethically imperative that if it's not a quick fix, that you're honest with them about that, too? And the answer is yes. And so many of us are afraid of what they might think of us, right between our ears, right? So we don't tell them the truth. And to me, hands over our crotch that is malpractice. It's malpractice not to tell the person the truth. Now, are there ways to get people to this point that they understand it? Yes. Are there ways to tell them what they need in a way that they can hear it? Yes, that's what I do all day long. It's my specialty. But the first thing is to be honest with yourself about what it is that they need.

### **Steven Bruce**

You're really touching on an important point there. And I know you know, this, obviously, and I'm sure everyone else has realised it. But we spend so much time agonising over patients thinking we're recommending too many treatments; we don't worry enough about being honest with them about the number of treatments they're likely to need. And in fact, Interesting Settler, if you could send us your name, it'll make life a lot easier for me instead of me having to say he or she all the time. But this person says that his or her impression of this is simple, osteopaths tend to end up with a case of the cobblers' shoes and they never get any treatment themselves. So they don't know what it's like to have maintenance care. And hence, we can't have any confidence recommending it to our patients. And there may be some truth in that. And we've often said in my clinic, and we say to other osteos as well, how many times would you come and have treatment if it was up to you as an osteopath, and most of them are quite happy to come back every bloody week.

### **Russ Rosen**

Exactly, exactly. And it's not just the cobbling shoot routine, which I agree with absolutely 100%. It's that we weren't clear in the first place of what we're trying to accomplish with that person. If you've got someone who says, these are your X rays, and we want them to end up looking like this. But this time your X rays will look like this. That's very clear. But most of us aren't very clear about that. Most of us don't have objective tests. So we go by symptoms, but the problem is they can feel good really fast, while they rot to death on the inside. And that can happen. Again, how long was somebody sick by the time their doctor finally said you have cancer? For truly helping him get healthy and stay healthy we're working past just symptoms.

### **Steven Bruce**

I'll tell you what, I can probably preempt a comment which hasn't come in yet, which is that I suspect a lot of my colleagues would be very reluctant to base their care plan on what the pictures look like because we all know that the pictures just represent your individual spine or whatever else and they could be perfectly fine with that.

## **Russ Rosen**

I agree 100%. I personally don't do that. I'm just using that as an example. So it might be electromyographic, thermograph heart rate variability, it might be brain scans, it might be spit test, pee test, poop test bloodwork, it might be your particular technique, say cranio sacral or osteopathic cranial work or whatever, where you can feel certain things, whatever your objective truths are. And Steven thank you for saying that, because in no way was I suggesting, and I wasn't taking X rays my last 13 years in practice. So I'm not saying that I'm saying you have ways of monitoring the truth. And again, unfortunately, we're not going to be able to get through all these different things that I wanted to let me read, these are the ones that we would have gone through. And again, I hope all of you will go and actually do the course. And take the time and answer each and every one of these questions that I was going to torture Steven with. But we just didn't have the time. These are the questions. So who are you as a health care provider? Who are you? What do you do? What makes you different? For chiropractors, what is a subluxation? I think for osteopaths, what is a lesion, is that what you guys would call it over there? And this is such a huge piece of the puzzle, most chiropractors, and I'm embarrassed to say, have no idea what a subluxation is. If you were to ask a dentist what a dental carry is, they can all tell you, they know what it is. You ask chiropractors with a subluxation is, you get a deer in headlights, or you get an hourly lecture, same thing. And again, no offense, osteopaths, you're hardly better than we are when we talk about lesions. And by the way, most of the osteopaths that I've worked with, certainly the old-time osteopaths, the difference between the lesion and the subluxation is the letters. But you know, you're doing the same thing. Certainly, the research that osteopaths are doing right now, which is phenomenal on the autonomic nervous system. And on the immune system right now is, it's embarrassing that we're not doing it, chiropractors, you guys are doing way better research than we are, which I'm embarrassed to say. But I'm just saying that's something that you really have to understand. And in my program, I have a 45-minute dissertation on that which will really help you if you as an osteopath, recognise that when you lay your hands on people, and you do something that it affects more than just that segment, but it affects them globally. And you want to understand how that happens. And how someone can just only work here, and someone can only work down on the bottom of the spine. And some people can only work here, and you get life changing results. I really lay out from a quantum perspective how that works. Other questions you want to ask is, why do I use supplements? Or not? Why do I use neuro emotional work? Or not? Why do I give lifestyle advice? Or not? Why do I use therapies or not? Those are the kinds of questions that you really want to get clear about, you know, what do you offer? What would you like to deliver? What are you certain you can deliver? How do you monitor what you deliver? How do you communicate what you deliver? All of these pieces are critical. They're critical for your understanding of what it is that you do. So now we can go communicate it, and we can help them understand the value of it. And I promise you, these issues about asking for referrals and telling a person how much care they need, and all that stuff just goes away because you finally found your truth. So far, so good. Now I do want to lay this out, because it is something that I believe will help. And it's specifically in chiropractic lingo, but every practitioner I work with, we use this brochure right here, and on this brochure, it says you have a back problem or a health problem. The same nerves that control your back also control your health and wellness. We have a classic chart that we go through in here. Then we have the chiropractic premise and the whole story. Now, if you are an osteopath, we would talk that down and you would come up with your osteopathic premise. And you'd have your whole story, which is going to be pretty darn close to what I have right here. But I just want to show you, when I asked osteopaths, in fact, I'll ask you just because. So one minute or less, what is osteopathy?

**Steven Bruce**

Oh, good God, that's impossible. No one knows what osteopathy is in this country, it's not defined anywhere. It really isn't. I mean, if you ask practitioners and they'll say, well, it's a holistic system of health care and I hate that word holistic because it's so hackneyed these days, you know, yeah, genuinely I don't believe there is a particularly good definition of osteopathy or chiropractic. And I'll tell you and I'm going to get on my hobbyhorse now, I actually, I don't believe that osteopathy or chiropractic fixes anybody, because there is an overlap in how we treat people with each other, with physios, with medical doctors. And it's what we do with our hands, as well as a little bit perhaps of different philosophy, which affects the outcome of the patient. And yeah, I'm not even going to try to define osteopathy. Sorry to get back to your question.

**Russ Rosen**

Thank you. Thank you. Thank you. Yes. So we don't fix anything, right.

**Steven Bruce**

I probably have now lost half my audience because they will say what?

**Russ Rosen**

Hang in there with us. When I tell you this, I'm not kidding. I literally have adjusted. And I'm really good. I mean, I've seen miracles that if I told you, you would not believe me the things that I've seen, literally, I have adjusted six dead bodies, not one of them ever got up and said they don't want to... Right? We're doing a stimulus, we're doing a neural input, which is allowing their innate wisdom to do what it needs to do to heal themselves. They're the ones that heal themselves, there's absolutely no question. And thank you for saying that. And again, in this program, I go through great detail about that. But I do want to show you this. And this is not taught in chiropractic school, and most chiropractors, every chiropractor, every osteopath that I work with. One of the first questions I ask him is this, and they either get a deer in headlights or get an hourly lecture. And I want something that is so simple that everybody could understand. Now I got this from one of my heroes named Dr. Christopher Kant. And it's called the chiropractic premise. And when people say, well, what is chiropractic? It's this simple, look, your nervous system controls everything. And if you're getting proper nerve supply you got best chance of being healthy. And if you're not getting proper nerve supply the word, we use for that interference is subluxation, then it can cause dis-ease or symptoms and eventually disease. Now what causes that is stress, stress that we can't handle, mental, emotional, biochemical and physical stress. So if you've got that kind of subluxation going on, it could be related to your neck pain, back pain, headaches, symptom, indigestion, whatever you've got, as well as a bunch of other problems. Now, if that's the truth, and that's what's going on, then my job is to help correct that and to show you ways not to recreate it by living a reasonable lifestyle. That's it. Nervous system controls everything, you're getting proper nerve supply, you got the best chance of being healthy. If you're not getting proper nerve supply, it can cause problems. Here's what causes that, my job is to correct and show you ways not to recreate it, giving you the best chance to heal yourself, cause you're the only one who can heal you. I can't. Now, for most chiropractors, they say, oh, I've been practicing 35 years. Thank you. I finally get it. For most osteopaths when I work with them, it's pretty darn close. Now, again, depending on how you practice, you figure this out, I work with people who only deal with cellular toxicity. It's pretty darn close. Right? So what I'm suggesting is you come up with however you practice. And if you don't like this, fine, I just wanted to give you an idea of

what, what you could come up with. And the second piece is the whole story. And this is something that I talk with every single practitioner that they will do with their patients at the end of the examination. And again, in that link that I gave you, you're going to be able to see that I show you exactly how to do this and I give you this, actually you can download it for free. But every single patient will say, I understand where my subluxations are, and I know they know it because they just circled it. So they circle it. I know it could be causing my headaches, as well as my sinus problems and spacing, my mid back pain, as well as my indigestion, my low back pain as well as my PMS. It could be related to those and it may or may not. And again, we're going to do more tests to see if we believe that it will. I understand what probably brought them on in the first place, is my lifestyle, my past stressors. I understand if I don't get these taken care of that's probably not a good thing. If I were to get these taken care of and learn ways not to recreate them, eat better, exercise and deal with stress. Not only can I probably feel better and prevent problems in the future. But I could literally reverse the effects of the aging process or be healthier in five years than I am right now. And I could have a better life, I understand that subluxations are a health problem, not a back problem. I understand that lesions are a health problem, not a back problem, and I want to get healthy and stay healthy. And I understand that you can help me do that. Just for fun. Is it true if someone's in your care, Steven, that they could possibly feel better?

**Steven Bruce**

Of course.

**Russ Rosen**

Yeah, of course. Are we 100% sure everybody we work with is going to feel better? No. But the odds are, could you prevent problems in the future if they were to be under your regular care? Could you help them prevent problems in future?

**Steven Bruce**

I believe that and most of my colleagues believe that, but of course, we're not allowed to say it because we don't have the evidence.

**Russ Rosen**

I understand. But just a question. If I'm not getting proper nerve supply to my stomach, I'm probably going to end up with all kinds of problems. Stomach problems, pinky problems, nose, nose problem. If we turn that all back on, and let's say that I have electromyographic, thermograph. And I can see I'm not getting proper nerve supply. Oh, my God, now I am. Does it make sense if the odds are I won't probably end up having the es. Could I be, if I eat better, exercise, deal with stress to have a better lifestyle? And I'm under your care, and you're taking great care of me? Could I be healthier in five years than I am right now? Yeah. Yeah, you bet your butt. And is it true that I most likely would have a better life?

**Steven Bruce**

Yeah. Now, you told me that 10 minutes ago, I was supposed to make sure you were on track. Are you on track?

**Russ Rosen**

Yeah, we're close. We're going to dive in. I've just skipped a bunch of stuff. So I hope I've given you some things to push against. I hope I've given you some things to think about. I hope all of you listening, I've given you some things to say, you know, yes, I know. That's true. And I feel really good about that. Yes. Maybe I'm not being as honest as I could be. Maybe I'm not telling as much of the truth as I could. Yes, I see that there's some contradictions. Because if that's true, and you fix those, I promise you your practice will grow. More importantly, you'll enjoy life more.

**Steven Bruce**

Well, here's the thing for you, actually, Russ. And now you've said that, and again, I apologise for interrupting. But I want to make sure I do ask some of the questions that come in. Somebody, Intrigued Civilian says that, I'm going to call everybody who asked a question with one of these names she from now on, because I don't know whether they're male or female. She thinks that a practitioner's approach depends on what motivates them. Do they want to earn as much as humanly possible? Or do they want to get satisfaction from an honest ethical interaction? To which my comment is, people should stop thinking about this as being earn as much as possible, they should start thinking about well, what sort of life do I want to lead? And from that work out how much they need to earn in order to do that and then from that follows what they're going to do to achieve that earning?

**Russ Rosen**

Thank you so much. I'm so excited about these comments. So it's either they can do the best quality work for people and feel very wonderful going to bed at night knowing that they feel fulfilled, that they've helped people or they can make as much money as possible, or there's another option. They could devolve. They can do super high-quality work and get paid really well for it. Personally, I'm really good at what I do. And personally, if I think about the average kid getting out of school right now, compared to the level of work I can do, I'm better than that. Okay, I'm confident about that. Yeah. I have no problem getting paid high fees for what I do. No problem. I change people's lives. I save people's lives. I don't see very many people recently, there was a gal that I'm working with, she's elderly, and she's got Parkinson's and she's got Parkinson's shuffle, and her shoulder is like this, and she's really going downhill fast. And in my style of work, I recognised it was coming from a cranial nerve issue, and I put some salt in her mouth and I did an adjustment on it, put some sugar in her mouth and I did an adjustment and instantly her shoulder walked back, and she walked about 80% better than she did before. What's that worth?

**Steven Bruce**

Well, I imagine to her it's worth an enormous amount.

**Russ Rosen**

Yeah, it's worth an enormous amount. So I got no problem. So I'm with you. Number one as far as I'm concerned, you must always be ethical, you must always do highest quality work. That is absolutely and again in this I talk about it, and I want you to get paid really good for what you do. Now, that doesn't mean that if you want to do charity work, by all means, do that. But for my services, I know my value, and I'm happy to get paid for it. So I do believe that we can do both. And thank you for that comment.

**Steven Bruce**

Yeah, going back to something, it's about this business of treatment plans, Gentle Self has said that she's recently been thinking that if her treatments were free, how often would she want the patient to see her and it kind of changes the mindset a little bit?

**Russ Rosen**

Thank you. I agree. 100%. So let's look at this. Let's look at how to figure recommendations. So, Steven, what are the classic challenges that you hear about coming up with long term treatment plans? And I mean, tell the person what you believe they need. Be honest with them. Don't commit malpractice by not telling them the truth. Don't worry about what they're going to say. Don't worry about that. We can fix that. But if they said to you, I have all the money in the world, Steven, I have all the money in the world. I trust you implicitly. I really don't want to have these problems. Now we're in the future. And I'll do anything you say. Okay. What do you see as challenges that you're hearing from people to just tell that person the truth.

**Steven Bruce**

Well, I'll come back to what I said earlier on is, there's going to be a certain degree of lack of confidence that you've got that prediction correct, we'll be worrying that somebody's in an area where they don't earn very much money is committing themselves to a vast expenditure, when we can't be absolutely sure that at the end of that period, they will have achieved, they will have reached level, whatever it is on your chart.

**Russ Rosen**

Thank you. And therefore, we're going to give an exact date and time that there'll be better. It's ridiculous, you're going to give your best estimate, you're going to tell them, I don't have a crystal ball. This is my best estimate, after working with 1000s of people like you, this is my best estimate. And as I told you earlier, we're going to monitor you closely. And if at any time either you don't feel you're happy, I am not happy with what I'm seeing, we stop and figure it out. Now personally, I have a three visit rule. If I ever see three times in a row, this pattern isn't really changing, we got to figure out why you got to do something different. I got to do something different. We got to do some different. I got to refer you out. We do revaluations every X number of visits, but assuming we're doing that, and we're staying on target, can you give them your best estimate? Can you give an estimate of a range? Could you give a range? You know what, I think it's going to be somewhere from this many to this many visits, I think you would be, I'm making this up. It could be somewhere between 30 to 50 visits over your first year. Again, we'll monitor closely, could you say, I think it could be 30 to 50 visits over your first year. But I don't have a crystal ball. If it's okay with you, I'd like to start off with just the first month or the first week of the first decade. You see that you can just give them your best estimate, take it in stages, be honest. But tell the truth.

**Steven Bruce**

Yeah. How do you monitor the response to treatment, Russ?

**Russ Rosen**

Well, for me, in my techniques, I'm checking very specific things. So I'm checking myotones, cranial nerves, sensory nerves, I'm checking the passive and active subsystems. When I'm checking, I also in

practice electromyographic thermograph heart rate variability. If I was in practice today, I would get the neuro affinity that checks the brain. You know, I coach people who do spit test, pee test, poop tests. You know, I don't unfortunately, I never got cranial work figured out but those who I coach it do cranial work are very comfortable that if the cranial system isn't. So you've got to have your objective, as well as subjective. So subjective, they're going to fill out this questionnaire each and every re report. These are all the things that are changing in their life. These are all the things that are changing in their body and their perceptions. These are their symptoms, right here.

**Steven Bruce**

Is that your own development that question?

**Russ Rosen**

Yeah, yeah, yeah, yeah, yeah. So I'm saying that okay, so yes, um, so first, here's how we do this. The classic one that comes up, and Steven thank you for saying it is, well, how do I know? How do I know when they're going to be better? You don't. Give me your best estimate. So far, so good. What if they're going think that I'm trying to rip them off, they're going to think it's all about the money. Don't rip them off and don't make it all about the money, learn how to communicate with people, go watch that webinar, and you'll see how to communicate with people. So they will not think that and I'll show you specific things to do. Yeah, we're going to have time, I'll show you some specific phrasing you can do to really help them not have that issue. But the first thing we have to do is get clear about, how would I come up with a plan? Right. And prior to that, you can start to see now why it was so important to go through the importance of certainty, is because I need to clarify what I'm trying to accomplish. Right. So who am I, what do I do? Am I just trying to get them out of pain? Well, that's really, really different than if I'm trying to get them as healthy as they could possibly be. Am I trying to correct nerve interference? Or sublaxations? Or lesions? And if so, how would I know, how would I monitor that? Am I trying to clear up myotones and cranial nerves? If so, how would I know? How would I monitor that? Am I trying to clear scans, X rays, spit, pee and poop test, all these are the things that I must have already thought through. So I can look at them and tell them what to expect. And I monitor, and I'll show you how to do that in just a second. But so far, so good. Are you with me so far?

**Steven Bruce**

Yes, absolutely.

**Russ Rosen**

So you tell me, what are the pros and cons of recommending a very small treatment plan, like three visits or 12 visits? What are the pros and cons of that?

**Steven Bruce**

I suppose the advantage is that the patient feels confident that they're not going to be wasting their money, they also have confidence that you're going to get them better quickly, which might be misplaced. But that's what they might think. The disadvantage is kind of the opposite, isn't it, that actually, if you have to disappoint them after their three treatments, or whatever, we lose their confidence in the practitioner. And if they do that, then your therapy, whatever it might be, is not going to be as effective.

**Russ Rosen**

Thank you. That's true. So pros, it's easy to sell. There's no confrontation, you know, they talk about confrontational tolerance, which I think is nonsense. If you do it the way I recommend there's zero confrontation, because you simply find out what they want. They say they want to get well. Show them how to have it, it's really simple. \*audio problems\* standard, it's easier. And for many people on this call right now, if you believe that you would recommend, say 60 visits in an entire year. When you think about saying that to a person and showing them how much that will cost. You go into a sweat reflex for many of you, and that's in between your ears and you don't know how to say it. You don't know how to do it. Right. So the pros, it's easier to sell. The cons are, the odds are, they're not going to get the big picture, they're not going to stick around long enough to get the results that they really could get \*audio problems\* would never buy anything that way. You would never get up and tell, tell you what, I'm going to do this whole time to bladder surgery, how long is it, three hours, wake me up an hour into it and see if I want to continue. Never do that, you'd never buy a vehicle by saying, you know what, I think I'd like a wheel in a tire. I'd like a steering wheel and a radio. You're going to buy the car. So the pros are, okay, so let's take a look at selling longer term treatment plans. And again, whatever it is, I have all the money in the world. Just for fun. With me, I got a lot going on, a lot of injuries. I have all the money in the world. Okay, I trust you see that implicitly. I want to get as healthy as I can. I want to be able to stay functional, I love to surf, I love to paddle. I just love to continue to skydive, like I really want to continue to do these things. I'm 61 years old. I'd like to be able to do this for the next 20 or 30 years. And I'm already having problems there, I'm having to stop some of these things because I'm injuring myself. How many visits would you recommend for me, I have all the money in the world. And I trust you implicitly and I want the very best you can give me, what would you recommend for me.

**Steven Bruce**

On the basis of what you've said, I'm going to tell you that, given that you're going to continue on with your physical activity, the likelihood is that you will continue to need care indefinitely in order to rectify all the problems that you've caused for yourself.

**Russ Rosen**

Amen. Thank you. That's the truth. That's the truth. Right? These people want to know that you can come in once a month. Really? I can come in once a month with my lifestyle and I'm going to be fine, I want to be able to continue to play? You could probably see me two or three days a week and not run out of things to do with me. Is that true?

**Steven Bruce**

It's possible. Yeah, definitely. Yeah.

**Russ Rosen**

I mean with your skill sets, yeah. Yeah. Kid out of school, maybe, maybe not, you, with your skill sets? Come on, you could probably keep up. So the cons are, we're afraid what people will think about us, we're afraid they're going to think we're all about the money and we're trying to rip them off, and that we're over recommending them. Right? And again, there is a fix to that. The pros are, you tell them the whole truth, you give them the care that they really want. They want to get healthy, show them how to

get healthy. They just want to feel better, show them how to feel better. Right. And again, that module in the webinar, please go watch it. You'll see I show how to do that.

**Steven Bruce**

A couple of questions. I think you've pretty much answered this, Phillip has asked, is your course videos of you? Or is it just paper questions, etc.? Because he says, your presence is so positive that it's quite infectious.

**Russ Rosen**

Oh, I like that. In that way I like to be infectious. It's an audio PowerPoint, so it's a PowerPoint. You can see me in the side. And it's PowerPoint. And with that, so yes, it's you'll see me also.

**Steven Bruce**

Here's a more serious comment for you then, from Grateful Mind. Grateful Mind says she just doesn't think we can claim that regular treatment with us will help prevent people from getting unwell in the future because that's indefensible.

**Russ Rosen**

Yeah, okay. And so there's two versions of this. One is, it's indefensible to a registration board, and that I always say, be very careful with your registration boards. The other one it's indefensible, that I don't believe it. If you don't believe me, remember, I said I'm giving you things to push against, so that you can find your truth, then you wouldn't say that, by all means you would never say it because it's not your truth. On the other hand, if you were to say, I really do recognise that I can help prevent problems because blah, blah, blah, then you know that to be true. And you'd be very careful how you threw that out. So you wouldn't get yourself in trouble with your registration boards. Right. But I would agree, you never say anything that you disagree with. Alright, um, and the other thing is, the pros of giving a long-term plan would be that you can help them prepare and finance it. Just for fun. There's a gal that I worked with for a short while, who is a health coach, she took a six-week course as a health coach. And she doesn't have any kind of license. And she does cellular toxicity and epigenetic testing. And she had a program that she sold for \$900. And she sold two of them in two years. And she was very, very, very certain that her work was powerful, but she had no idea how to communicate it and sell it. By the end of a nine-week program that I did with her, she started selling eight, well, six to \$10,000, programs, six to \$10,000 programs. And then last I checked with her, they're all between 10 and \$12,000 programs. Now, these are life changing programs, she works with people who are very, very sick, people who have cancer and autoimmune diseases, and she really, really helps them get their life back, is for those people and the testimonials are phenomenal from these people. She saved my life, I got my life back, you know, blah, blah, blah. She finally got clear her value of what she did. And then she was able to communicate it with people. Now I get for some of us that's, you know, she's ripping people off. If that's your truth, you look at what your value is. Her value, she's very clear. Well, you know, I'm good at what I do this blah, blah, blah. I'm just throwing out ideas. And again, I can feel like the hairs at the back of my neck. Actually, I don't, I shave those, shave my head too. But I get like, you know, I get that people, that's a big deal and that people will disagree with me and that's okay. I'm just trying to give you things to push against. Okay? So here's some other things in relations to coming up with a treatment plan. Every single person is different. Do you understand that every single person is different. Each person comes in with their age,

what they come in with from their past, eight compression fractures, their present lifestyle. Eat better, how they eat, if they exercise, stretch, yoga, that kind of thing, meditation, prayer that kind of thing. So all this stuff from my past, my age, my present lifestyle, my genes, right, everybody comes in different. So don't kid yourself. It's not like there's a one size fits all care plan or treatment plan, you're going to come up with what you think is best for that person, and you're going to give them your best estimate. Right? That's all you can do is your best estimate. Patients need to understand these things right here, right now, this is what they must understand. Here's what we're trying to accomplish. How do I know what you're trying to accomplish? Because you went through the importance of certainty. And you wrote that all out, so we're clear about what you're trying to accomplish. This is how we're going to accomplish it. Right, I'm going to use these techniques, we're going to use this nutrition, we're going to use this cellular detox, whatever it is. This is how we're going to know when we get there. Right. So we literally walk them through a care plan, a treatment plan of where we expect them to be and what they're going to experience. So I'll show you that in just a second. They're going to know how they would feel along the way, what it would look like, what their tests and objective tests would look like. They're going to know, this is what you're going to do for them. This is what you need them to do. And if they're not going to do those things, they can't expect the results. These are the things that we should see happen by this time. This is what we're going to do if we don't see these things happen, which I alluded to earlier. If we come up with those things for them, we can now jump in with both feet. Right, we can get the very best results because we have made an agreement on these things. And then we can live up to that. And again, if we're not seeing any of that happen, we stop and figure out why. Now a lot of the time is they are banging their head against the wall. Bang your head against the wall. I got a headache, Russ, adjust me, that feels better. Bang your head against the wall. Russ, adjust me. Bang my head against the wall. Russ, you suck. I keep getting headaches. Maybe, what do you think we need to do? Stop banging your head against the wall, eat well, exercise, deal with stress. They have to do their part and they need to know what that is. And you need to know what your part is. Okay, so I know those were a lot of different things right there. But do you see, Steven and all of you who are listening that if you knew those, you could then come up with a reasonable estimate for this person knowing that it's not written in stone. And you'll of course correct it anytime.

**Steven Bruce**

Just out of curiosity, how did you get your eight compression fractures?

**Russ Rosen**

Oh, this one right here was over the handlebars into the side of a mountain where I split my helmet that I was wearing for the first time ever. This one down here was from a parachute that didn't open right. And I hit the ground and bloodied up and broke that. I'm happy to go on. But they were all, I was having fun when I did every one of them. Yeah. Alright, so far, so good.

**Steven Bruce**

So far, so good.

**Russ Rosen**

All right, the next thing that we need to do is, and I've already said this, but the next thing that we have all of that figured out is, I got all the money in the world, I trust you implicitly, what would you recommend

for me? That's something you need to start to figure out and when you're figuring it out, do not worry about they're going to think this about me. Don't worry about that. We'll get there. Right? I just need you to figure out how to come up with a treatment plan, then you got to figure out how would I communicate that with them. So they don't feel those or think those terrible things about me, which I promise you that you can do. Promise you can do, just for fun. In my coaching practice, within one year of coaching with me, most everyone is 100% internal referrals. And right now, in my coaching practice, I have 25 to 30% of my clients are wait listed, meaning that it's weeks to months before you can get in to see them. They use zero marketing. You got to be doing something right. Okay, so far, so good.

**Steven Bruce**

Yeah. A couple of questions, though. Observations. Somebody Johnny Local, who commented a moment ago has said, yes, but what about the practitioner that takes advantage of the long treatment plan? I had a patient that had been to someone every fortnight for three years and the pain never went away. And of course, you've answered that because you are reevaluating, and it is dishonest to carry on for three years and make no difference to somebody.

**Russ Rosen**

Yes, and thank you and I'm cutting a bunch of stuff out that I wrote but that is something I did want to talk about. Every time I'm working with someone who spends a lot of time per person that doesn't charge a lot of money for it and doesn't give care plans is they say, well, yeah, but I have people come all the time. And they thank me so much for spending all this time with them and only charging this much money and not giving these long care plans because they've been ripped off by all these other people. And I get that, I totally get that. But is that, don't do that. Don't be one of them. Always be honest. Always be ethical. Always tell the truth. Give them the amount of time that you need, no more, no less, to do what you need to do charging reasonable fees for that to be able to sleep at night, look yourself in the mirror. Absolutely. But don't be one of those people. It's awful. Good?

**Steven Bruce**

Yes. Vlad, I owe Vlad an apology. So that I'm sorry, I accused you earlier of being a disciple of Russ here, because he was so enthusiastic about what you were saying. And so inside of it, Vlad said he has no connection with you whatsoever. It's just that he's found that the sort of things that you've been talking about have been very effective.

**Russ Rosen**

Thank you, Vlad.

**Steven Bruce**

That's reassuring for everyone, I hope. What do we got? We have 10 minutes left, Russ, so you can finish the rest of your whole 40-hour package in that time.

**Russ Rosen**

Absolutely. Yeah, I want to give you, when you're giving a care plan, I just want to give you some tips that I believe will really help and I don't go over this in our webinar. In the webinar that you'll be able to go to I go through in the consult, some things in the consult, in the exam. And in the report of findings,

this part right here. I actually gave you guys this in the last one. So if you go to the [ohcssystem.com](http://ohcssystem.com) forward slash APM, you can download that for free. Again, these are things I sell, the one that will get this stuff and the importance of certainty is APM.

### **Steven Bruce**

If you just run us through that website again, then Justin can put it up on the screen so that people can drop it.

### **Russ Rosen**

Yeah, [www.theohcssystem.com/APM2](http://www.theohcssystem.com/APM2). But this is stuff I don't cover in that. That is, I promise you, it will help you. When you're giving recommendations, the problem is, so often, we will show you things like, well, you show them here's the care plan, and it's just many visits, and this many dollars. And as soon as they see dollars, their reptilian brain kicks in, and they stop listening, they have that whirring sound going on in their head, and they don't hear you anymore. So we want to do a verbal review first. If you were, if you went through the other one that we did, we talked about the neuroscience of communications, that I need to keep all my information getting past the reptilian brain to the neocortex for thinking, reasoning and problem solving to drop into the limbic system is a new belief system. And this is, there's a series of steps we walk them through, we walk them through this, we walk them through this, and oops, and now we're walking them through the verbal review, which goes something like this, I'm going to recommend around this many visits over this period of time, whatever it is that you figure it out from what we just did. And then you're going to tell them, I'm going to recommend about this many visits over this period of time to get to the level of health that you chose you want to get to. Now, it will look something like this many visits over this period of time. And here's what you can expect, the effects start to feel better, I doubt that the range of motion and posture will be back to normal. Clearly the scans and X rays won't have changed. We won't even do spit, pee and poop tests yet. Like whatever your truth is right? After that we would probably do about this many visits over this period of time. And here's what we should expect. Then we'll do a reevaluation, make sure we're on track, assuming all as well, we'll do this many visits over this period of time. So you remember earlier I said the things they need to know, we're doing that for them? Every step of the way. I'm looking for red light, green light, red light looks like this. Right, if there's red lights up, don't move on, I'm kind of picking up so it's not feeling right. Something isn't making sense to me. Talk to me, what's going on? How can I help him fix it? And I literally have every step of the way how you would fix problems. But you got to fix it. After that I'm going to say now, after that. So let's say it was a year or whatever, six months. After that, this is what we probably recommend. By then I think we will get as much correction as possible. And most people want to keep that correction. And after that, with your present lifestyle, you most likely would need about this much care. But again, we monitor closely, you're eating well, exercising and dealing with stress, you'll need less, right? Not more. Now, the truth is Steven, you may need more, you may need less, everyone heals at a different rate. Right? This is a verbal review, I haven't shown any money yet. But here's what I can promise you, Steven. If you make your appointments, you do what I recommend, eat well, exercise and deal with stress, I promise you, you will get better faster than if you miss your appointments, drink a 12 pack a day and get hit by a truck. Does that make sense to you? And they'll all smile just like Steven, and they'll recognise that they need to take responsibility for their health. The next thing I'm going to do is I'm going to now check in on time. Let me ask you a question, Steven. Can you see yourself doing that timewise? Could you be here three days a week for the first month, and then two days a week after whatever it is? Or are you going to be going on holiday or you

don't think you can make it that often. You've got to get the time objection out of the way first. Because if you get to talk to money, but time is an issue, it gets cloudy, and they got to go home and think about it. Right? So I need to get time out of the way. Can you see yourself doing the time wise? If no, fix it? If yes, then I'm going to say fantastic. The next thing would be finances and shoot. Do can do that now or next time. Which would you prefer? And then they'll say now and then you show them your care plan, your treatment plan.

**Steven Bruce**

As we're coming to the end, can I just deal with some of the comments that are coming in, Russ and if I get the chance to put you on the spot with a little quick-fire questions, then I shall I shall do that for you. First one is Cautious Stranger says, what about the risk of creating dependence in the patients?

**Russ Rosen**

Yeah, wonderful. If I were coaching you, I would ask you this question, what does dependence mean to you? Right? Because I can promise you, I am dependent on care at this point in my life with all of my injuries. When I don't get care, I am not very functional. I literally have been to the place where surgeons have told me you've got no choice, you need surgery, I've yet to have that for these particular things. So I don't want to make them dependent on me. But I do need to be honest. If somebody wants to be as healthy as they can possibly be, you're going to give them the care plan to get them to a certain level, after that, would they need to get some care semi regularly very similar to this. I just saw a dentist, they drilled, filled and built. Okay, I got pearly whites, right. I went a year without brushing my teeth. One year, they cleaned them up, they look pearly white now. Do I need to brush and floss? Only if I want to keep good teeth. Do I need regular checkups with the dentists? Only if I want to keep good teeth. So I really appreciate that question. There's more to it and we can't really have that conversation. But you need to clarify what dependence is. And then you need to clarify what you would recommend for them if this was someone you love, you know, like a family member.

**Steven Bruce**

I think this this is going to have to be the last question, I think but Tish has said, would we here in the UK fall foul of the Advertising Standards Agency with the leaflet that you described earlier on? Now, you may not know the answer to that.

**Russ Rosen**

It's a good question. I've coached a lot of folks in London. Some of them have said they don't feel comfortable using it. Others absolutely use it, I don't know, I would ask you to download it and look at it and see how you feel about it. And if not, just use it as a template to come up with something that will work better for you.

**Steven Bruce**

If I can, sorry, go on.

**Russ Rosen**

What some people do, who don't want to put it out there is they put it in plastic, and they make posters up on their walls, but they don't let people take them home. So on the plastic, when they do the exam,

the person takes a little grease pencil, or whatever those things are, and they circle and do all this stuff, but then they don't take it.

**Steven Bruce**

My answer very quickly to Tish is that we worry too much about the Advertising Standards Agency. Obviously, whatever you put out in your marketing material you've got to believe is true. And you mustn't say anything in it that we are forbidden to say by the Advertising Standards Agencies. But by and large, as long as you've got reasonable belief that what you say is true, the only thing that's going to happen is, in the unlikely event that someone complains, they can only complain to the Advertising Standards Agency, you'll simply just be told to change your marketing. It's not something which your regulator will take a dim view of, unless you refuse to do what the advertisers telling you to do, the Advertising Standards Agency tell you to do. Russ, gosh, we lost you there for a second, Russ, that's been fantastic. And I'm sorry that we run out of time is very, very kind of you to offer that course to everybody, free of charge. And for the benefit of those who didn't write it down last time it is the ohcsystem.com forward slash APM, which will get you the leaflet and forward slash APM two, which gives you the details of the course. And that's APM the number two and it's now on the screen. Thank you, Justin. So write that down, have a look at it. And you know, use it, abuse it, take it or leave it, whatever suits you and your method of practice. But I can't thank you enough, Russ, for sharing all that information with us and sharing your enthusiasm. It's very nice to be infected in these times of COVID by something which is slightly more beneficial than a bug.

**Steven Bruce**

Love it. Love it. Thank you. I really appreciate you. I appreciate what you guys are doing, love to be able to reach out to your crew. You know, again, love me, hate me. As long as it caused you to find your truth, I'm really, really happy. Because that's all that matters.

**Steven Bruce**

Thank you so much. I hope we'll see you again in the future.