Frequency Specific Microcurrent Podcast
Episode Nineteen - New Beginnings – January 5, 2022

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Dr. Carol: [00:00:03] You know how when you have a party, you tidy up your house? Yeah, right? The laundry that needs folding is no longer on the couch. It's stuffed in a drawer or

Kim Pittis: [00:00:14] In the oven.

Dr. Carol: [00:00:15] You got new glasses. I did, too, like,

Kim Pittis: [00:00:18] Oh, I'm getting I'm not sure. I think so.

Dr. Carol: [00:00:22] Ok. Different prescription or just different frames, both both.

Kim Pittis: [00:00:28] So usually while I'm starting the new year. Happy New Year, by the way.

Dr. Carol: [00:00:34] Yeah, it's a new year, isn't it?

Kim Pittis: [00:00:36] It isn't a year.

Dr. Carol: [00:00:38] It's driving me crazy.

Kim Pittis: [00:00:39] Yeah.

Dr. Carol: [00:00:41] Oh, it has to be. You know, there are some disadvantages to being a Virgo. It's just there's, you know, it's a thing.

Kim Pittis: [00:00:50] Yes.

Dr. Carol: [00:00:51] So pescription

Kim Pittis: [00:00:53] New prescription. I'm trying to do a lot of my administration slash telemedicine stuff on Wednesday mornings now, and the glasses have that anti-glare protective stuff. So when is it going to be my glasses day? I think so, yeah.

Dr. Carol: [00:01:11] Well, when you're like all of my glasses, like I took the rims off of them. Yeah, and they all have anti-glare because every time, oh, there's the case for them, they all have anti-glare because we're always being videotaped somehow sometime.

Kim Pittis: [00:01:32] So talk to me, how's the clinic? How are the new progressions?

Dr. Carol: [00:01:35] Oh my god, I'm so excited. It's like, So today is sign Day. Yes. So the by next week, next Tuesday or Wednesday, the server goes in once the server is and we'll have funds. But today the signs went on. And so the signs on the front door say, Dr. McMakins Chiropractic FSM clinic. Frequency Specific Microcurrent training center treatment room, one treatment room, two video room, open shooting, the door sign on my door, says Dr. Carroll. Private or welcome? Right. So if I've got company, it's interesting. I saw a patient today who came from California and I started her history, and her complaint is pelvic pain that's been treated with dry, dry needling and manual muscle work and. I started with. Ige Vestibular exam shows the history of 3 head injuries. She's an 81 and 10. Of course, you have pelvic pain, your have you felt your hamstrings? Has anyone ever done your reflexes? She's hyper reflexive with crossing on both sides. That was to my reflexes. Did anybody tell you they were abnormal? That

she's seen some of the best therapists around. So the thing in your neck from the three times you fainted because of low blood pressure, the thing in your neck is why the thing in your pelvis? Isn't healing and do you have trouble reading? Yeah, I just get really tired, my neck gets tight and they tell me it's just my posture.

Dr. Carol: [00:03:56] No. So it's what we do. We don't just treat the owie. She's had some of the best therapists in the country treating the owie. Yeah. And for a year. And in our world, if it's not 50 percent better in three to six weeks, you're doing the wrong thing. And they keep doing the same thing. Every week for a year, and I started with a Vestibular. And her ears are fine. Webbers sent both ears. But when you do the fields of gaze, she really doesn't like it when you go to the left. You don't bounce too much, right? But. And then when you go up and down, your eyes should go straight. And they don't, they zig zag on both eyes. It's like, Hmm, has anybody ever mentioned this? Yeah, so and that's why it's a clinic and training center. Because once we get the cameras in, we'll probably won't have a full opening until March. But once we get the cameras into the video room, that'll be the new patient exam room. And I would have had all of that on video. And so it's a it's a new year, I'm really excited it's going to be so cool

Kim Pittis: [00:05:34] And it really is long overdue. It's one of those things like you're welcome and I'm sorry, like, you know, it's because that's when all the real learning takes place, right? The courses are great. The advanced is great, but it's watching it all unfold where that's what blows your hair back and that's what excites you. And you can put it together and you can call your patients up from a year ago and be like, I know how to fix you now. You have to come back.

Dr. Carol: [00:06:00] Or at least I know what I missed, for sure. So I have no idea if I'm going to fix. She's got one sore spot left and it's right up by her tailbone. But the original injury, she was hiking seven miles. She wanted a seven-mile hike and she's you hike. You trail run, right? And she stepped up on a rock. With that was the took her knee passed 90 degrees, so it was a big pull on her hamstrings and the pelvic floor muscles and the SI joint. Yeah, and that was two years ago. 2019. So, yeah, that's the injury. But if it was just tendinitis, which is what she has, right, she. Partial thickness, tear of hamstring and arbitrator in the pelvic floor muscles, right? Duh. Well, that's what everybody's been treating. And if that was all it was, it would have been better by now.

Right? So that's the reason that this is going to be a training center is to. Teach people how to think, and the only thing I can think of, it's not how to think it's you start with the same physical exam every time. Reflexes, my bad. I didn't do sensation because she had her leggings on and a full length T-shirt on. And then by the time I got her and dressed, all I wanted to do is. And once I found that her abductors and a hamstrings were like guitar strings doing her sensation completely fell out of my brain. So I'll do that tomorrow or for four days. But the you always do the same thing kind of based on the history. Yeah. Right. Yeah. So that was my day. It's a good day.

Kim Pittis: [00:08:11] I think I think that's the hardest part for me is to not rush some of those basic things because I know where I have to go. I know where I want to go. But you have to go back to the basics every time, it'll never steer you wrong, right?

Dr. Carol: [00:08:30] And every time the the real thing is every time I. Don't do that. I get I get nailed. I never get away with it, right? It just it. And it's like, Oh, what were what were your what were your reflexes? What were you? What was the sensation? So patients so practitioners will send me these cases and they have this and that that was like, what are the reflexes? What are the sensation? Oh, what's the sensory exam? Oh, I didn't do that. It's like, you know, we can't have this conversation, right? What was Vestibular exam? She has neck pain. What's the Versed Vestibular exam? What a reflexes. What are sensation? Yeah. What's the tone in her abductors and her hamstrings? What I got to do with her neck? Right? So those sorts of gaps and those sorts of questions are what tell me us, you and me both. What we're missing in the training. Yeah. What is her neck have to do with her hamstrings in her butt? Well. And if it's what it is, because that's on me, right?

Kim Pittis: [00:09:53] Yeah. And now me too. Oh yeah. So that's that reminds me there's a few questions that I definitely want to get to. And I was going to I wanted to open up with like some New Year's resolution things, but I want to actually go to this question before it falls out of my brain. Before we forget to have time to do it, it was a Facebook question that was also emailed to the two of us. I'm not sure if you had a chance to read it. I'm going to read it. As it came without making any facial expressions. Ok. Ok, here we go. Well, it starts off my elderly, female patient had an elbow internal fixation after a fall and fracture about three months ago. She is now two weeks post-op to get the scar tissue in her elbow stretched out so she can fully extend it. I started with

soft tissue and wound healing, which helped greatly with pain, but the scar tissue is setting in again as she is once again having diminished range of motion in the elbow. Is it OK to work on scar tissue in this instant with someone who is not six weeks post-op? I think it is, but I don't want to harm.

Dr. Carol: [00:11:18] You first, OK? I didn't do so on with the don't make faces part.

Kim Pittis: [00:11:23] So it's a good thing. I had to read this because I had to read it a couple of times. So even though the fall was three months ago, the internal fixation surgery is only two weeks old.

Dr. Carol: [00:11:36] So why wait? Her elbow was fractured three months ago, and they I thought they did. This internal fixation at the time of the fracture and the surgery two weeks ago was to remove the scar tissue.

Kim Pittis: [00:11:54] This is why I had to read it a thousand times because we have an old rift, right? The open reduction internal fixation is when you surgically go in to stabilize the bone.

Dr. Carol: [00:12:07] Why would you wait three months to do that after a fracture?

Kim Pittis: [00:12:12] I don't know. Ok, so the way I'm reading it, the internal fixation After a falling fracture about three months ago, she is now two weeks post sedated procedure. Oh, wait a minute. She is now two weeks post sedated procedure to get the scar tissue in her elbow stretched out. Perhaps the surgery was right after for three months.

Dr. Carol: [00:12:34] There you go. That makes sense, right?

Kim Pittis: [00:12:37] It was just kind of written funny. Ok. So I am hoping that the fracture, initial injury and internal fixation procedure was three months ago, and now she had another procedure, perhaps to get scar tissue in her elbow stretched out. Ok. Nah-uh, so I'm going to insert my ugly face again because I have a big problem with these sedated procedures like frozen shoulder to rip apart scar tissue. Yeah, especially in an elderly patient. Yeah. So the question is she believes the scar tissue is setting in again

and once again is having diminished range of motion, so this procedure is only two weeks old.

Dr. Carol: [00:13:28] It can't. No, it's the place I would go. It's number one, the scar tissue was probably not the problem. Number two, when they go in and. Stretch cut, that's OK. So I'm going to guess that the diminished range of motion is not a 13 or scoring problem, it's a 124 problem and a 40 and 396 problem, right?

Kim Pittis: [00:13:59] 40 and 396 is where I was going to go first. Mm hmm. Because two weeks to nothing is setting in to restrict range of motion in two weeks for scarring. Inflammation? Yes. Torn and broken, yes. But nothing is scarred to restrict range of motion in two weeks. Exactly.

Dr. Carol: [00:14:18] Yep. Yep. No. And that's and it's what the question demonstrates is number one, the practitioner has a really good grasp of when do I use thirteen? And I'm really glad you asked. You get extra points, pieces of chocolate for that. Yeah. And then it's a continuation of the conversation we had a couple of weeks ago about stages of healing and also maybe some mileage with. What these surgeries mean and what they do and then how the body. How to think about how the body reacts to them. So when you go in and stretch scar tissue, what that means is they go in with a blunt probe or a dull scalpel, basically or a scalpel, and they cut the connective tissue that attaches at the elbow. And I'm assuming was it medial or lateral? Does she say it?

Kim Pittis: [00:15:25] Say, I'm just trying to read, reread it again. But correct me if I'm wrong. Even if the initial procedure and injury was three months ago, that to me even seems really short to have restrictive scar tissue build up in that time frame. No, no. Three months.

Dr. Carol: [00:15:41] Yeah. Uh huh.. Ok. So the any time after six weeks. So no, that the challenge is the torn and broken part of it. And the the muscles restrict motion when the tendons are torn and the muscles restrict motion when the nerves are traumatized. Right. So. Now I'm going dwith 124, thank you for asking you get extra points for that and the educational part of this is. Understanding what the procedure is, so look at Dr Google is a big help here. So look it up on Dr Google and what they're doing in this procedure and then look up the anatomy. If if it's on the medial side, you've got the ulnar

nerve running right through that groove and the elbow, both medial and lateral elbow are very busy place. And what she doesn't say is which motion is restricted. So if it's. Extension. That's scar tissue.

Kim Pittis: [00:16:58] She says she had post sedated procedure to get the scar tissue in her elbow stretched out so she can fully extend it. So it was obviously she couldn't extend, couldn't extend.

Dr. Carol: [00:17:11] So that begs the question where's the problem? Right, right. So if you can't extend your elbow? What's what's stopping its you bicep here?

Kim Pittis: [00:17:24] I was going to say your flick your elbow flexors, so biceps. Yeah.

Dr. Carol: [00:17:28] So what an elbow fractures happened in the back, right?

Kim Pittis: [00:17:34] Right? Typically, but this type of fall or procedure from my understanding is usually when you have an outstretched arm, that fracture happens.

Dr. Carol: [00:17:45] But if you look at the anatomy, yeah, biceps tendon doesn't get trashed. No. When because the.

Kim Pittis: [00:17:55] Yes, I see what you're saying. Yeah, yeah.

Dr. Carol: [00:17:58] The Boning architecture is posterior. Correct. And the muscles that are. So it can be in the joint capsule in the back. Yeah, that the scar tissue would have formed. So the first thing to find out or feel with your fingers because you're unless you have the clinical authority to order the surgical notes, there's no way to know what they did. Right? That's the first thing. Sedated means that they. Used, Versed said, did not make an incision and just basically riffed on our arm to jam it. Now what that's going to do is. Annoy, injure the biceps tendon because you just stretched it and tore it's more right, and is your cerebellum going to let you extend your arm when the biceps tendon just got T1 again?

Kim Pittis: [00:19:08] That's a heck, no.

Dr. Carol: [00:19:09] Yeah, yeah, that's it. That's that's the sort of language that the cerebellum uses and possibly even more colorful than that. So then IgE, I'd look at the biceps tendon and even follow that up to the short and long head and the shoulder. Mm hmm. Right. So in order to extend your arm, the triceps has to be able to. Contract, but the biceps has to be able to let go. And I go with T1 and Bradykinins 191 and 77.

Kim Pittis: [00:19:47] I saw one of my other favorites post-operatively is using 49 and the nerve increase of vitality to the nerve. Well, and 81, an 81 increase the secretions and I know everybody loves to think about 124 and 40 torn and broken and inflammation, but you also want to increase the vitality and the secretions to the area that normally would go there so that they're not constricted. There is. I have to pull it up and try to find it for you. And I did my frozen shoulder presentation a couple of years ago at the advanced. I came across the study about sedated, frozen shoulder manipulation. That's a good face. Now I can say that to you. And there is a few practitioners that were on there saying that once we had the patient sedated, there was no restriction or once they went in to release it, there was nothing to release. It was in the UK. It kind of gave me the goosebumps to read it because it's kind of validating, yeah, kind of what we see as on this side of it with our weak patients that the restrictions aren't as glued down, it isn't as scarred and adhered as we think that is as opposed to a weakness or a wiring issue. Like you said, you're not going to.

Dr. Carol: [00:21:06] Yeah, it's neurological. Not mechanical. Exactly. It's the cerebellum going to let you move your shoulder if. And if whatever, so if you sedate the patient and the shoulder moves perfectly, yeah, and it's neurological and you let the sedation wear off and. I don't do anything because you're going to make it worse, but they have to get paid for doing something, so they have to do something, so they do something, but there we go.

Kim Pittis: [00:21:37] Right? Exactly, so I'm glad we got to that question, because that's an important one, and if it was on Facebook, we missed it. So thank you for emailing it to us because yes, it's an important one to ask. Ok, moving right along, I do want to get to some of your stuff before we get any further. So I love New Year's. I love the beginning of everything. I love the beginning of the school year. I love the I just love beginnings, the Scorpio in me, the Phenix. Anyways, I love it. So this I want you to finish the sentence this year. Something I want more of is.

Dr. Carol: [00:22:23] Oh, well, here's my thing with New Year's 3. Ready. All right. Every day is New Year's.

Kim Pittis: [00:22:34] You're right, every every day.

Dr. Carol: [00:22:36] Yes, so what do I want more of every day? Well, Joy is a good one, and that for me covers everything, right? So when people say, well, shouldn't you be retired or thank you for staying so late, it's like, or why would you see me on a Saturday? And it's like, Well, what would I do? That's more fun than this, right? It's why. What would you do that's more fun than this? So more joy. Joy is a good thing. And. I guess just understanding that everything happens. The way it's supposed to happen, whether it's convenient for me or not. What's that phrase? God never gives you more than you can handle. And then there's this tagline that says, God must think I'm a real badass. Yeah, it's like, it's like, Thank you.

Kim Pittis: [00:23:35] And it's so true, right? And now I'm going to add to that because something that you've kind of tagged along to that that I think of is what can I learn from this? Yes, this is here to teach me something. What is it? That was so spot on. Those are those are good things, so if you want more joy, what do you want less of?

Dr. Carol: [00:24:04] Wow. What I don't even know, I guess I would like less of the puppy chewing up things. That would be good. I we buy toys for her to chew on. And she, the cats, walk along the mantel and knock Christmas cards off and the dog eats them. Well, it's parts of them and leaves them all over the family room. Yeah, I don't know what I'd like less of. However, it's. But when if there is something, OK, this is my own mindset. If there is something in your life that you don't prefer, that is inconvenient or unpleasant. My the way I have learned to or been taught to think about it is it comes to you. Because you need it. It comes to you to teach you a lesson, and it comes to an if you don't want it. Change it. Mm-hmm. So when things that are inconvenient is a really good word, I would love not to. Oh my God. I got it. Sorry, I got an email last night from like, I'm doing emails at 11:30 at night and looking at the clock thinking I really have to get turn the computer off. Oh, I'll take this just one more. There is a woman in Poland that emailed us the contact, a frequency specific. She has SPS, she has stiff person syndrome and can FSM help it? I said, Well, funny, you should mention I have that

condition and I have a feeling it's not as rare as everybody thinks it is. I think the testing for it is a thing.

Dr. Carol: [00:26:10] So. It that condition is definitely inconvenient for me, right? However, learning about it and how to approach it. And how you work with convention because she wanted to be able to fix it with FSM, it's like, well, I tried that for two years until I couldn't. I couldn't sit here with FSM running eight hours a day with my pain level of seven. I couldn't, couldn't get it done. So these are the medications I take. It's an autoimmune disease, so I had to fix my gut, get my Vagus turned back on, which means we had to go after the mold yet once again and. So. I can't even say I'd like less of it because it's a management problem, right? If you can't get rid of it, you manage it. Yeah, and you put up with it until you can manage it. Hmm. Right, right. So what am I going to do? It's like, Well, OK, if I need a cane, I need a cane. The good news is when you're into it, well, three years into it, in the last, I don't I don't use a cane anymore. Right, right. And the medication, I don't take that every six hours anymore. I take it every four, right? And when this pain shows up, I look at the clock and think it's five and a half hours. It's on you. So right. I would love to have fewer learning experiences, but apparently, that is not what I'm on the planet for. So. So what do you want more of?

Kim Pittis: [00:27:56] Time. Time in the day.

Dr. Carol: [00:27:59] Yes. Yes. Not the one o'clock in the morning when I'm finishing emails.

Kim Pittis: [00:28:06] Yeah, you shouldn't be doing that. I started to set alarms last year, like just throughout the day, so I can just stay on track. Time to pick up my kids. Time to leave the clinic. Time to chart. Time to. And it's crazy that my phone is ringing all the time or my watch is vibrating. But it helps me. You were talking about last time. You have the mom hat and Dr Carol hat, and you do. You've got. We all have different hats and to stay in the right hat, I need timers. So I set a timer a couple of months ago about no more Facebook, no more social media, no more emails, no more computer after seven p.m. right? My brain doesn't work after seven p.m.. Or.

Dr. Carol: [00:28:56] Or in Ayurvedic medicine, I'm what they call a PITTA. Ok, so my high times, high productive times are from 10:00 in the morning till 2:00 in the afternoon

and 10:00 at night until 2:00 in the morning. Well, that's how I got through Chiropractic College. I put my kids to bed at a three-year-old and a seven-year-old. Yeah, I put my kids to bed at 8:30 nine o'clock, and that's when I was able to start studying. So I would study from 9:00 until 1:00 and go to bed at 1:00. Wake up at 7:00. Get the kids to school by 8:00. I was never. I was famous for four or five years in chiropractic college. I never was on time to my eight o'clock class and I told the teacher, I'm not being rude. Just don't expect it and we are going to get along fine. It's just not compatible with my life. But that's but that is when I had an aggravated practitioner. Do my. Whatever analysis, yeah, that's and and for me, if I don't turn everything off by nine o'clock, if I'm not in bed. Why 9, 30? its game over the next time I look at the clock, it's quarter to one. Wow. Yeah, it just yeah, so good for you. I'm you. You inspire me, as always.

Kim Pittis: [00:30:25] Never just trying to stay, stay on on task and stay present. So that's my other thing. If I had to ask for less, it's less worrying about the future and thinking about the past trying to. I think that's a lot of people were just trying to stay in the moment, trying to stay. Here. And that's why I love working in the clinic because it forces you to be and riding horses and training dogs, you have to be in the minute in the moment present. So that's what I love about that stuff.

Dr. Carol: [00:31:02] Have you ever had a conversation with Zen Monk? No. It is unnerving at first, but I had the good opportunity of being in the company of those kinds of folks for about four or five years. And the most unnerving thing is the way they make eye contact and when they converse with you, the whole rest of the entire world disappears. And it is. When I when I treat the other place that happens is in the clinic, right, because you, your brain is at the end of your fingers. And for me, the other place that happens is when I'm lecturing. Right? Because you're in person, it's easier because you're. Totally focused on the class and everyone at the advanced, even every one of 150 faces. Is you have to be present with them? Yes, I can tell.

Kim Pittis: [00:32:17] Right, totally. Even when you're treating and your brain wanders, it shows up in your treatment, you know, there's a couple of times I was having a conversation with a patient and I have to just stop and this is what happened. What's wrong? What did you find? What is it? Shhh. I'm having a conversation with your hamstring right now. I love it. I'm like, I can't. I can't talk and press buttons and do this. So just give me a second. And I do have to kind of have that laser focus and think. And

sometimes that smush is obvious and the range of motion is obvious and the pain goes down and it's obvious. But sometimes it's subtle and you have to be connected and. There it is.

Dr. Carol: [00:33:02] And for me, yes, all of that and. There's a separate. Track. Because it's never the hamstrings. No, there's it's never the hamstring. So what is the connection between the hamstring and this ligament that isn't healing? If it's just the ligament, then it heals. Right? If it's not healed after two years, it's because there's something else. Yeah. And that goes from the toes to the brain. Right?

Kim Pittis: [00:33:41] And you. Yeah, it's it reminds me of a patient that I had, I wasn't taking new patients for a little while, but it was a friend of a patient that I really like. So is there any way you can see him? He's in a ton of pain. I said, OK, put him in the beginning or the end of my day kind of like you like, thank you so much for getting me. And I'm like, This is.

Dr. Carol: [00:34:04] What can I do that's more fun.

Kim Pittis: [00:34:06] Exactly like this is my this is my thing. So 68-year-old patient had some pain in his neck, but the pain and numbness is in his forearm. I'm like, OK, so I start going up to his neck, he's like, no, no, no, no, no, it wasn't my neck. Couple of days ago, but it's my arm. You have to help my arm. I put my hand on his shoulders and I looked him in the eye kind of like your Z mom and I said, I hear what you're saying, but it's not your arm, it's your neck. He's like. Are you sure, Mike? I am 100 percent sure.

Dr. Carol: [00:34:43] So that's when you get out the pinwheel and show them

Kim Pittis: [00:34:47] It did, and it was surprisingly, he only had a bit of numbness, but again, he didn't believe me that it was coming from his neck. So treated the disc, treated the chord. He's like, Oh, isn't that funny? I'm like, What? My my arm pain is getting better.

Dr. Carol: [00:35:04] I'm like, Imagine my surprise.

Kim Pittis: [00:35:07] Right? So I I gave him a I couldn't get him in as much as I wanted to, but I gave him a CustomCare to take home for a couple of days. And he had a video call with his primary care provider after he saw me and I said, You might want to get some x rays just to see what's going on in your neck. You can ask for that. And he texted me after and said, Well, they don't want to do that. They just said, I don't need x rays in my arm. You don't need x rays in your arm, you need x rays up here. This is what we need to see. Deep breath later showing all the obvious things that we would expect to see in somebody who is 68, but sometimes for the practitioners out there listening, sometimes them reading that they have issues in there that can help relay the information that it's not their arm. It is all coming from their neck and this person is very active. So it's easy to, you know, he can do extension exercises later and all the things, but at least it's making the connection.

Dr. Carol: [00:36:13] I had the occasion this week to mention to somebody that I used to be an independent medical examiner, so I did it back when I was seeing a lot of auto accident patients and I was the first time ever that the American Board of Independent Medical Examiners allowed chiropractors to take the same course and the same certification exam that M.D.s take. Hmm. So it's the same training. Yeah. And what I found out was that it's all about documentation. The way to get that patient, to get his GP, to do an MRI of his neck because an x-ray is not going to show what you want. Mm-hmm. You start with reflexes at all 5 levels. So the lady today, her knee reflexes were very hyper reflexive with crossing on both sides. Her right-sided upper extremity reflexes were all plus to normal, her left-sided. Were biceps was normal, brachial radius was a plus two triceps was completely absent on the left like gone. Clench your teeth reinforced. Gone zero. If I done a sensory exam, so then what you do is you and you do a range of motion, that's fine. You. Send the patient with a note. Ask your MD. Because of these findings. Abnormal plus 3 reflexes, both patella. You'd be amazed at the number of MDS who do not know that a plus 3 reflex in the patella is abnormal and a plus one plus to a normal Achilles reflex in a 68-year-old is abnormal.

Dr. Carol: [00:38:20] The Achilles reflex disappears in a 60-year-old. That's normal. It goes to a plus one, and by the time you're 70, I don't have an Achilles reflex. No 70 year old should have an Achilles reflex unless they have a disc bulge pushing on their neck someplace in the cervical or thoracic spine. Right. So that was taught in geriatrics class. So if I see a +2 or a plus 3 reflex in the 68-year-old at the knees big flashing red lights.

And that's because somebody in my geriatrics class. And neuro class in chiropractic college gave me that factoid up, her reflexes are retained with age. They go from a plus two to plus one, but they're there, right? So this patient today, if I wanted an MRI of her neck. You send a note with the patient giving them facts, reflexes, sensation. These are abnormal. It indicates that the patient has a C-6-7 Or C7 T1 disk bulge non-surgical, most likely in the neck. Would you please consider ordering an MRI? So when you're a chiropractor or a massage therapist or a physical therapist, you approach the primary care physician with respect and you said, would you? Based on these, what you consider right then? If the primary care refuses, you have the patient wait for weeks and you do conservative therapy, and then if it's still problematic or you end up with acute on chronic, acute on chronic, then you redo the physical exam and you send the note and you tell the patient.

Dr. Carol: [00:40:26] And this is the part where it really depends on the patient's hotspot and you tell the patient. I understand that MRIs are expensive and you don't want to order one. But I really like it if you document in the chart that I asked for one and that it was refused. I I understand you have very good reasons for doing it and I respect that. But I really just in case something happens down the road. I just I'd like it documented in the chart that I asked for one and for what? You're completely right, I'm sure, but that it was that request was declined immediately if the if the primary care physician has a brain in his head. He goes to the last risk management newsletter he got from his malpractise insurance company. And he says, Well, all right, if it's that important to you, I think your chiropractor is crazy, but it's an MRI. It's not going to hurt. It's not like we're taking it to a neurosurgeon. Isn't that a great line?

Kim Pittis: [00:41:38] That's fantastic. That is. It's like reverse psychology and playing to their ego and all the things and getting your way all at the same time.

Dr. Carol: [00:41:50] Well, and it back in the day '98, '99, when I was the new chiropractor on the block, I had a patient with non-mechanical, low back pain. And ProMED had her on just take Tylenol 3, just just take some Percocet. Yeah, and it was month then forward. No change been back, no change. Something's not right. So I sent her with a note. Would you please consider a lumborum MRI? And she came back and said, no. He said, No, just keep taking your Tylenol 3. That's it's just low back pain. So I sent him a letter on my letterhead and said, well, the patient is a 74 year old female with

an intact uterus, intact ovary, a family history of cardiovascular disease. And my end, her pain is not mechanical. And my malpractise position would be more secure if we had appropriate imaging to rule out ovarian cancer, uterine cancer and aortic aneurysm. And those are the three possibilities that came to mind. So I sent him that letter and I gave the letter to and I copied the patient on it, gave the letter to the patient to take to him, and I mailed it to him. She said he she came back four weeks later and she said, you just saved my life. I have lymphoma. So it wasn't any of the three things I thought of, but I knew it wasn't inside my scope. This is not mechanical, right? So it's getting them and that's how you manipulate the medical system the way it is. They've been taught not to order imaging. That they don't want to order because our job, their job has become to save. Good luck with the barking. Their job has become to save insurance companies money. And it's like it's not that they decline patient care, it's that. They've been taught to order. Tests with a high. What's the word recovery, right, that's going to show you something really serious?

Kim Pittis: [00:44:33] Oh, OK. Right? Yeah, yeah.

Dr. Carol: [00:44:37] Anyway, so that's where I learned that trick was on that patient, and I had another one with colon cancer, same trick. Wow. She lost, so she comes in and she's got low back pain. And I checked her lower back. It's like not a thing. And I said, Why are you looking great? You lost, what, 20 pounds since the last time? Yeah, 20 pounds in three months. Really? You've been dieting? No. Matt Red cross, wet and your low back pain. Mm-hmm. So I checked trigger points in her abdomen. She had them and she lost 20 pounds and she had non mechanical, low back pain. I said, You need to go back to your MD. And once again send her with a note.

Kim Pittis: [00:45:25] So again, that's mileage right for you that you're. But I think anybody again, it's it's a little bit of that. I don't want to say common sense, but reasonable expectation if it doesn't add up. It's there's something going on. It's not adding up for a reason.

Dr. Carol: [00:45:43] And well, and the other thing I have working in my favor as I was pharmaceutical salesman for 16 years and my doctors taught me medicine from their perspective, and I was the only female pharmaceutical rep. I was one of three in the country in 1971. Wow, so these guys, I was 25 twenty-six and a size five or seven. So is

this cute little girl back when mini skirts with, you know, business jackets was the thing and I had great legs. So it was it was easy and they educated me. I saw medicine from their perspective because I was hanging in their offices, watching what their lives were like. And they don't mean to be dismissive or superficial. They don't mean to be right. But these days they they get dinged if they spend more than six minutes with the patient. Yeah. And I've got 60, I'm going to find more because I can do more. And it's my job to help them.

Kim Pittis: [00:47:02] Right, right, right. That brings me to I'm not sure if the two of us were copied on it from our ask the question part, but somebody was asking about if we have a device, if we endorse the device or if we're working on a device that would be diagnostic. And before I could read your response, I'd be like, why the heck would we want that? That would just ruin my day. Where's the fun in that? And I get what you're saying. It'd be nice to know. Maybe. I guess if it was working, but we know it, it works. So I don't I don't need a flashing buzzer to say this is working. This is why we have diagnostic skills, and I think that's the cool part about having the community that we do because we have so many practitioners trained in so many different scopes and we're all getting the same results with the same frequencies. So.

Dr. Carol: [00:48:05] And the biggest thing and I had the same email from probably the same person because everyone's thinking your way through these things and taking the risk to be right or be wrong and having it be on you, that's uncomfortable. Mm hmm. I mean, I you have my compassion and I've never, ever encountered any diagnostic gadget. And I've seen many of them, I've seen some that get pieces of it right here, take these Bach flower remedies. It's like, who knew? But you're exactly correct. And that does not fix my neck pain. Thank you very much. Or my elbow pain. What they don't understand is that every diagnostic device. Essentially electronically. The only thing it can measure is a galvanic skin response. Hmm. Right. That's all it is, the electricity or the field that comes through your fingers. All right. So. But then they have to take it behind that. And if that's the output that this gadget is measuring, some person had to look at that output through their lens and interpret or say what that output means. So there's one out there that these people actually believe it, and I'm. I have to be respectful, but excuse me. It measures your quantum field. And the thing is, you know that big. Do they know what it takes to measure a quantum field? Have you been to

Fermi Labs or in Chicago or have you been to CERN? And no, you don't do it with the gadget that you reach? No.

Dr. Carol: [00:50:18] So every diagnostic gadget has been programed by a person to interpret this output. To have a meaning. Right? And that person. Who knew no one who knows who he was? Number two, why would you think he's correct? And number three? The most important and accurate diagnostic tool is in between your ears. Yes. Trained this and be brave. Yes, be brave. You can do this. I every one of everybody listening. Everybody who will ever listen to this has experiences that they bring to it that. Make them better on a day-to-day basis. There is no such thing as failure, right? It's a learning experience. It's like, well, that didn't work. Yeah. Or five years later, you want to go back and call everybody you saw in nineteen, you know, 2018 and say, Oops, I learned this thing. Yes. So the lady that I saw today that's had three concussions. Yeah. Is it a surprise to you that her digestion is off and swallowing gets funky sometimes, and she has a tendency towards digestive difficulties and inflammatory responses? It's like, Yeah, it's the Vagus. Yeah. Now you tell me what diagnostic gadget with a cute little touch screen is going to tell you that right?

Kim Pittis: [00:52:19] Mm-hmm. Now, I mean, I can't think of any time in my life where work has brought me so much joy and has brought me to my knees in frustration, all within the same hour.

Dr. Carol: [00:52:34] Humility. Right?

Kim Pittis: [00:52:35] So yeah. Don't get attached to the hypothesis. This is I am so grateful for the life lessons that this modality has brought to us. So to just punch a button and go just doesn't just doesn't do it. And I'm so glad that we've evolved the way that we're teaching people so that it's not just here's a program and go, Yeah, you can't. You couldn't do that. And I mean, we have the ability now to program the CustomCare's so that patients can do that. But I think for the practitioners, that's yeah, what you're what you're able to create is that's where the magic is.

Dr. Carol: [00:53:16] It is. And I have to say it with all. Compassion and understanding. And you do you. I don't FSM doesn't suit everybody, right, because if you're the sort of person who doesn't want to take responsibility or be challenged to learn or make

choices or be flexible, if you're not that sort of person, we're not your thing. Yeah, go go. Use the blinky light gadget. Go, go, use the diagnostic gadget. You do you and you don't belong here. Yeah, that's we're not your tribe. No, and I am very happy with the tribe we have. We have 4000 practitioners in 23 countries. It's amazing. That's totally amazing. And the stories we get back, I know are so cool, so cool.

Kim Pittis: [00:54:15] Speaking of stories, I want to get to a couple Q&A before we get to some other things. Ok. Leif, I got here, says Kim needs to have her B-12 L2 glasses adjusted. You're right. They are slipping down my face. So thank you. I will

Dr. Carol: [00:54:32] Get them. The problem is that the plastic frames don't have the little silicon feet. No, make them fit.

Kim Pittis: [00:54:41] So my new prescriptive sunglasses do, and living in California, I get to wear those all the time. So you're right. Thank you. Thank you, Lee. Thank you, Lee. N54:51ancy, we have an established patient who is one hundred percent believer of FSM. Yay. We've treated her active shingles and skin rashes with great success. She has a uterine cervix, polyps pending biopsy and asked for FSM treatment. We don't know if the polyps is cancerous or not. So should we wait until biopsy result first? We don't treat cancer. Any thoughts?

Dr. Carol: [00:55:15] You don't have a biopsy result, so it's not cancer yet. So cancer and cancer metastasis is always inflammatory. So what did what do we say on that one slide that we repeat three or four times about cancer? You treat the concussion protocol, you treat emotional relax and balance, but because I can guarantee that a patient who's waiting for a biopsy is terrified so you treat concussion, concussion and Vagus when now you don't want to treat the Vagus, so you treat concussion, you treat the emotions, you support the adrenals and treat the cervix for what causes cervical polyps. Well, usually it's viral. Right, so you have HPV, you have other viruses, and it's inflammatory, so get more on the history as she had an IUD, as she had a DNC, as she had vaginal delivery, has she had multiple sex partners? Has she had any sort of STD? Right. So what what is her cervical risk? You treat the cervix for that. And there, until you have a diagnosis of cancer, you can't hurt her. If the worst you can do is it's not going to help. And she'll have the biopsy, then it's cancer, then they'll do a hysterectomy, and then you clean up the mess later.

Dr. Carol: [00:57:08] So before it's cancer. You give it a try, and especially in the cervix, that's just that one's a no brainer. Colon cancer is tricky. Pancreatic cancer is tricky. But even then you they're going to present with something you're supposed to treat. And when you can't treat it, you're more likely to be the one that diagnosis it. Mm hmm. So with this, the. Nancy, that's a really good question. That's how I would approach it. It's like, Well, you know, I have cancer yet. So patient comes in and they have a lump in their breast. It's like, Well, I can treat inflammation. Metastatic disease is always inflammatory, so you reduce the inflammation. You don't run 40 and 116. You do immune support. So the immune system will wake up and recognize the cancer and take it out. You run concussion. You treat the lump. And you tell the patient, go get a lumpectomy and get it biopsy, and we'll see. Mm hmm. Right. That's that's the way I do it.

Kim Pittis: [00:58:24] Yeah, but yeah, great, great question. I want to talk about the advance. It's coming up.

Dr. Carol: [00:58:32] Oh, OK. I'm so excited. I just can't even tell you.

Kim Pittis: [00:58:38] No, I well, I blew up my entire diocese recti presentation today. I completely dismantled it. And I'm so excited about doing it. I haven't been this excited about a presentation since, I don't know what, so maybe my frozen shoulder when

Dr. Carol: [00:58:56] It is a minute one of the three hour

Kim Pittis: [00:58:58] One, I could do it in three hours and I could do it in 30 minutes. It's got like room to play and and all the things. So it is so not a slam dunk. There's so many. It has all the goodness of FSM as far as taking out scar tissue and recruiting muscles and supporting the stable state and all the things. So. It's super exciting. I want to just say to everybody, to the hotel blocks are ending in like two and a half weeks, so I believe we only have until January 20 first to secure your hotel rooms for the advance. So if you haven't done so, get your hotel rooms. If you're coming to see us in person at the advanced. If you are attending the FSM sports courses, the first five people to show me the registration and book their hotel rooms are getting a free set of sports wraps, so

you can email me at Kim@fsmsports365.com with your registration and I will get those sports reps to you at the course because it's around the corner. It's next month.

Dr. Carol: [01:00:04] I have to tell you what just happened. Yes, last week. Do it. Maybe it was two weeks ago. William Clearfield is the M.D., a DO. Yep, M.D. Anyway, he's doing the endocrinology effects of one of traumatic brain injuries. Yes. And he's so much material. So I gave him a 90-minute slot on Saturday. Now, usually what we do is they have a 90-minute slot and then the next morning they do a three-hour block with Bill Dr. Clearfield. He. He started feeding me stuff, and I am seeing results in patients that he's treating. How would you feel about doing a three-hour block on Friday? I don't want to take you out of your practice. I booked you on Saturday because you know it's you've got to make a living on Friday, and he said, Oh, no, I'm I'm good with that. So Clearfield is doing a three-hour block Friday morning on a deep dove and the stuff he's just thrown out that he's talking about doing. It's like, Do I really have to lecture Friday morning? I could you up? We'll play a tape and I'll come right? So he is doing the three hours and then. And that is, I confess, that's opposite of large at the same time. Laura Chailkin lecturing. But we don't have that many ophthalmologists or people that are allowed to treat the eye, right? So I'm assuming that Laurie's group is going to be smaller. Yeah. And what Clearfield has to offer is so huge when you look at the fact that brain injury patients.

Dr. Carol: [01:01:59] Executive function and judgment doesn't improve because you don't have enough growth hormone. I didn't know that until a head injury patient. That's been an absolute train wreck. All of a sudden started thinking before he walked off the cliff, he actually started developing executive function and judgment as he's getting supplement support. The SportsCare Theanine amazing COCcydynia so exciting. And then we have Dr. Hartman, who survived. Enthusiastically survived stage four pancreatic cancer by a brilliant combination of alternative and Western medicine. There's no reason not to take drugs, get a grip, people. You can't fix everything with FSM, right? But you use it as an adjunct right? Your like John Risky. I'm so excited. So this o.t. I have a patient that had bad head injury and I went with him to O.T. To evaluate cognitive function and to see if he could drive again and all of that and the OT that examined him and she did a brilliant job I mentioned it's like, can I send patients to you? And she said, Well, what do you mean? I said, Well, I, I have patients from out of town. I have them scheduled Doctor Resky before they see me, they see me. They see

him Monday morning and me. You know, doctor Resky. So it's like, I'm so excited. And then David Musnick is taking on long COVID. Yeah. And yours, and I'm forgetting somebody, but I don't remember who it is, anyway, whatever it is, if if you want to end this and Jay Shah, it's like

Kim Pittis: [01:04:12] Amazing

Dr. Carol: [01:04:12] And we can live stream Jay Shaw. Yeah, we can record him. We cannot sell the recordings is the thing with Jay Shah. So if you pay for Jay Shaw's day and you can't come physically, are you petting your dog?

Kim Pittis: [01:04:27] And that's fine because she heard my alarm going off.

Dr. Carol: [01:04:32] See my clock. It is five hundred two. No, it's I'm so excited about the advanced and multitasking. That's the one thing I'd like a little bit less of coming up because the clinic, my and the advanced. Yeah, it's like, I want to do it all.

Kim Pittis: [01:04:55] I know. I know day by day, bit by bit

Dr. Carol: [01:04:59] Where we're go. How do you eat an elephant? One bite at a time. Yes.

Kim Pittis: [01:05:09] And on that note, groan. What an amazing first podcast of 2022

Dr. Carol: [01:05:19] I just love this. This is so

Kim Pittis: [01:05:21] Great, so much fun. So people who are listening to us live, you can watch the recording on YouTube. The videos are on frequency specific.com And you can listen to us wherever you listen to your podcast. Spotify, and iTunes fsmsports365.com Is where you can find me and again, all the videos YouTube. You could listen to us, watch us all the things we should have, like an outtakes or like a bloopers day. That would be

Dr. Carol: [01:05:53] That would be really fun. That would be fun. One of these days, actually, sometime soon we have a a staff outing. We have a field trip. The FSM staff is

going to go out to the clinic and I'll do a video tour. Actually, Kevin's better with the camera. So I have Kevin do the video tour of the clinic from the front door to the gym.

Kim Pittis: [01:06:19] And oh yeah, that'd be great.

Dr. Carol: [01:06:21] And we'll just we'll do a tour so you can see our new home. So once we do that, once I get the pictures on the wall and we get the video room set up, we'll be doing the podcast from Troutdale. I don't think I've told Kevin there yet. Is that the plan? Yes. Oh good. Kevin's not. I'm not in trouble. I'm being here on Fridays. Yeah, and we'll be here on Fridays. So happy New Year.

Kim Pittis: [01:06:52] Happy New Year! Hugs to everybody. We'll see you all. Same time next week, we'll be here.

Dr. Carol: [01:07:01] Love ya. Bye.

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