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ALL STAR SUMMIT

Part 2

PRESENTED BY
Chiropractic Masterclass

Tony: Welcome back to the All Star Summit, day 2 here, with Doctor David Fletcher. Welcome back, David.

David: Gentleman, it seems like it's been a long time since we had that last conversation, I'm still kind of resonating with that man with that kind of death grip on his parts. I'm thinking about it.

Angus: Exactly. Well I look - forward to some more.

Tony: I haven't been able to find one yet, so the--

David: Just think about, remember those old - remember those change purses of where you'd squeeze them, and they'd open up - and then you'd put the change in, and it'd slam shut? You're on the right path when you see that one.

Angus: It's always interesting. We've never had as much talk - testicle talk as this. It's always invited here at Chiropractic Masterclass, in particular at the All Star Summit. So we appreciate that.

David: Absolutely.

Angus: I've got so many questions. I've got hygiene questions about it, I've got size questions about it.

Tony: Sizes.

David: There's just way too many, size is a big one. I mean, good Lord.

Angus: They come in leopard skin?

David: Well, of course they did.

Tony: Yeah, well that's the other thing I'm thinking about, it takes you - 'cause I'm imaging some kind of chain mail interwoven kind of--

David: Oh yeah.

Tony: It'd be awfully cold.

Angus: Imagine the first conversation...

Tony: I'm wondering, before you passed it on, did you go, "Huh huh," and then pass it to--?

David: It was more like, "Good God, take this and use it, I don't want to know what it is."

Angus: I'm imaging a bunch of chiropractors sitting around with a few beers one night, going, "Imagine if we could get the students to hand this to every male patient, it would be a classic." And they've got cameras on you, just pissing themselves laughing.

David: Oh, you know there's cameras. You know there's candid camera in the whole thing. "Ha, ha, ha, take a look at that."

Angus: Oh, enough of day 1, we're onto day 2 now, and we're going to get stuck into the report of findings. As you said yesterday, in the first - initial consult, it's all about getting to day 2. So this is where the rubber hits the road. So if people want to get a world class report of findings going, David - what are the key ingredients to that?

David: I think that number 1, getting them to day 2 was why I said that. Is because - so often in our profession - there's this sense that they have to nurture the patient, and give them what they want in day 1. And many times they'll combine a report of findings in their day 1 procedures. I can just assure everybody that the day 2 really should be the time - when you've honoured the process of either getting a chance to let what you've said sink in, to getting to the point where they need to hear your story.

So a world class day 2 begins with what you want out of the deal. In other words, what's your goal? And I can tell you that if I go around and speak in front of a number of people, and I go and ask them, "What is it that you get paid for in practice?" And they have this conversation, they say, "Oh, you know, I get paid for changing lives, I get paid for arousing (3:00?) innate." Then they start to land the plane, and they say, "No, no, no, I get paid for adjustments," or therapy if they're doing as such.

And I said, "You're all wrong. What you get paid for is managing a care plan. That's what you get paid for. Now, whether that care plan is one visit,

or whether that care plan is a lifetime of care, that is what the professional model states that you get paid in doing that.” So I don't want to take day 2 as the goal of getting paid for, but that's your responsibility. So the goal is to be able to present a care plan that is going to inspire the person, inform them, inspire them - and give them direction, that's the goal of day 2.

So when you start with that - look, it's not about trying to turn them, and I've said this a thousand times if I've said it once. Is that we don't want to make them into chiropractors, we want to make them into wonderful chiropractic patients. So often, chiropractors go off on this-- To get to where the best report of findings is, Tony- it's really about looking at what the worst report of findings are, and then not going there.

And the worst report of findings start off with, “In 1895, Harvey Lillard--” You know what I'm getting at, in other words, you might as well rope them in and start telling them. And they go off on what the doctor thinks is the important part of their life, and so often they're trying to convince themselves - 2 things. The worst ones are the doctors trying to convince the patient that they're smarter than anything, because they don't have the certainty. And the second is, they're so afraid of giving their care plan that their coach has told them to do, or that they know is right for the patient - that they'll do anything to prolong the conversational relationship. So they don't have to land the plane and say, “This is what you need.”

And if there's ever anything we can learn from physicians-- Angus, you and Tony have heard me talk about the comparatives to orthodontists. The smartest people on the planet, when it comes to care planning and doing

day 2 report of findings. It's the certainty that says, "This is what you have, this is what you need, and this is how I'm going to be there for you, and this is what your expectations are in the long-term." In other words, the preparedness and the certainty all come out in this one. And it becomes - again - we used the term in day one, invitational. That transfers up and over.

So taking the invitational one step further, it's like, "Well, I get the fact that you're now through day 1, and you're standing on my door in day 2. Let me tell you the rules here." And you don't use this is in vernacular, but, "The rules are that you have to be attentive to what your needs are." And this is where you have to-- This, Angus, you were saying, "When do you tell them the chiropractic story?" It's now. It's now but it's in their ability to hear the story, that matching tone we started talking about in day 1. So that they can hear the story through their behavioural screens.

And then, what we really have to do is we have to remember it's to the point. They're going to learn a lot from you as time goes on. What is it, chiropractically, that you want them to know coming out of here? And I would think that the number one thing that needs to be told is, "I can help you, I have a plan." I don't know if that's 1 or 2, but I think it's in the same vein. "I can help you, I have a plan, and this works. This stuff works." In other words, "You're not going to be an experiment in my life. I wouldn't recommend this--" That's what they physicians always do.

They capture a ton of data, they do urinalysis tests, and I don't know what they do - but they do all that stuff, right? And they run a bunch of

biometrics. And they don't go through every line of every test that they do. They don't go through how it's your BUN, and what's your urea content. They just say, "You're out of sync, and here's the solution." And to a fault, we sometimes say, "Oh, they're impersonal." But the wisdom of what they're doing is, is that there's this certainty. Now, they play the games many times poorly, and we can do better, but many times we've collected critical data for them - and we need to have our stories straight so we don't get lost in trying to convince them, that all this data leads to the path.

And listen, my URL is subluxation.com, so let's get clear with where I stand in chiropractic. My goal in day 2 is to show them that they have a subluxation, to tell them what a subluxation is, and to help them understand that we have a solution for subluxation and it's called the adjustment in a care plan. And it's as straightforward and as simple as that. And Angus, I know that - you asked me sort of in day 1, when do you bring the chiropractic story into it? And I don't know if the listeners were sort of tuned into it, but you'll notice that I didn't get into the vernacular of subluxation, what it was on day 1. That's my story, they don't need to have the confusion. So that's why I bring it to day 2.

Tony: Got it, yeah.

Angus: So when you talk about that world class visit begins with clarifying what you want out of it, are you saying that really your key things that you have decided that are important for you from that report of findings - is to get the message over to the practice member that, "I can help, I have a plan, and this works?"

David: Yes. And, of course, I don't say that to them--

Tony: No. No, no, no.

David: But that's what - that's with my walk in. That's my walk in.

Tony: That's the overarching, that's the thing behind what you really want them leaving with.

David: That's it exactly. I mean, I used to create acronyms for how I would keep myself on focus. And I can't even remember what the heck it was, but there was a 5 step model. And listen, I think those are all really important, and I don't like to teach scripts these days, and I don't like to have them locked in. But it's really important that they understand that we know what we're doing.

I think that one of the ways that I always started it off, to get that is by letting them go, "I understand where you're coming from. Last time we discussed and we used all these tests to try and understand where that tension was building in your spinal nerve system, and how much that tension was affecting your health. I now understand what's going on. You have tension that has gone so deep within your spinal nerve system - that you actually have tension that's gone through your spine through, what we call, 3 layers."

"Now, your spinal cord is built in three separate layers. On the top are muscles, and below that are the joints, and when you have tension that builds on those 2 layers, you definitely have a back problem. My greatest concern, as a chiropractor, is that what you feel in your spine doesn't relate to how much tension has gone into the third layer, and that third layer is the connection between your brain, and every functioning part of your body. In fact, it even goes so deep to control your emotions, your thoughts, your feelings, and the way people perceive you. So this is the testing that we did, was to look and see how deep the strain that you feel in your system has affected the connectivity in that third layer." I said I wasn't going to do this, but I'll give it back to you.

So what I do (10:22?) in through there was UNL. All right? Of an acronym which I created for my report of findings, called UNLEASH. And UNLEASH stands for understand, N stands for nerve, L stands for layers, E stands for examination. So now we go to the exam findings. And the easiest way in today's world of the examination findings to work with that, is very simply to say, "We ran some sophisticated tests that looked at 3 different functioning parts of the nervous system as it works through your spine and your health. And on a score of 100 - which is a natural and healthy score, you only scored 63. That concerns me. Let me show you what is going on."

And then I'll pull out the COREscore, which shows that they have a 63. And we can show a picture of that at another time, and what we then do is say, "This is a score that looks at how efficiently your connectivity is between your brain and your body, and your body and your brain. In this graph you can see these colours, this is where your body is fighting itself in the

muscle system. You sometimes feel this, you sometimes don't. What we also know is that the beating heart tells us the story of how well you've adapted to stress. So what I'd like to do is show you - in this case HRV - is that the healthy and well-adjusted people live in this green box, and you're not in there. Unfortunately, that affects your score, it brings it down. And finally, what is of our greater concern is that these tests that run and show how your body regulates temperature through the nerves in your spine - show us whether there's pressure or tension that's going on in your spine, is actually going so deep it's affecting the organ systems. And when we see colour in here, we get concerned because you may be getting sicker from the stress that maybe you only realize is back problems or back pain." So, that's the E, okay?

So we've gone through, U-N-L-E. A, we have a solution, and that is what the A part is, and that's called an adjustment. An adjustment is a very, very specific process which allows us to look at the stresses in your spine. In fact, the stress in your spine is so important to a chiropractor that we actually give it a special name, called a subluxation. And a subluxation is where interference is so profound, that it is interfering not only with how you feel but how you function. So an adjustment is a highly specific series of movements, of unwinding activities, that allow us to put you back into a rhythm where your body begins to heal itself. And so, that's the A.

The S is that we have a strategy, and the strategy is now the care plan. "And so what know is that because you've developed these habits of stress, you can see these red colours, you can see your low scores - you can see these different areas. We realized that all of this stress and all of

these problems have literally become a habit that you have taken and adapted to. So our first goal is to begin to unwind these stressful patterns. And we give ourselves a full 3 months, or 12 weeks to do that. I'll be watching you over that time frame -with at least 3 of these sessions and doing examinations, and we'll be watching your scores. But I can tell you that it takes anywhere from 12 to 18 months for a nervous system and a spine like yours to begin to heal itself properly." Now, I'm doing this pretty quickly because we're in this sort of conversational moment.

But that means that we then-- And I'll just finish off with the H, and that's where hope and healing comes in. "And the value of going through all of this is that we actually put you in a state where your body heals itself, and this is the hope that we have for all of you, at all times. Is that if we can remove this tension from the system that controls the communication within your body - and we can do it in such a way that it learns to stay well-adjusted. Then we know that there is hope for you not only to feel well, not only to function well - but to be at your best for the rest of your life."

"And I'd like you to take a look around in our office here, and I'd like you to know that 80% of the people that you see in the office have actually gone through this entire procedure, and have been here for many years - many of them. The other 20% are just like you, they're finding ways to become that 80%. They're finding ways in which they can have their body be so well-adjusted and so well-aligned, that they absolutely have learned to use chiropractic on an ongoing basis. Why don't we first begin with what matters to you and get you through this first 3 month model of care, so that

we can begin to get you into that one full year of care to take you on the best journey that's available.” That's about what it sounds like.

Tony: Boom.

Angus: Beautiful.

Tony: Unbelievable. David, just to clarify there, in this UNLEASH model, what was the U?

David: Understand.

Tony: Understand.

David: I've listened. I've taken the time. And listen, I'm going to put my hand up and I think anybody who's honest is going to put their hand up too. We have gone into report of findings unprepared. Honestly, and I can tell you - I used to take full spines and everything else, and my staff would do everything that they were trained to do. Which was get the full spines up, and they would mark them and everything else. And there are times that I did not honour that process and I walked by it, looked at the things, walked in and thought, “I am so much bigger than this story, I can handle it.”
Anybody been there?

Tony: Yeah.

David: Where you didn't do it? And it's a dirty feeling, I'm telling you.

Angus: I've seen Tony do that heaps. Heaps and heaps, I've seen.

David: Yeah, I know. He's such a dog, isn't he? I know, you just want to report him every day. But at the end of the day, when I use the word "you," or that acronym that begins with U - it's also a reference point. It's sort of hitting that purple button, like Larry was talking about, is that I'm not walking in there until I can say with honesty, "I understand what you're going through. And I understand what I can do for you." So that U really means something to me. I guess that's the you and me thing, but I think it really matters that we don't play this game haphazardly.

And I hope what our listeners are hearing - is that this isn't a script, it's a road map that helps me stay under there. So the N stands for the nerve - and we're going to go right to the nerve, we're not going to talk about the spine. The L stands for the layers that have changed. So we bring the spine into it if that's where their wisdom is at. And then we go to the exam, we go to the adjustment, we go to the strategy, and we go to the healing and hope.

Tony: Such a beautiful model. And I think if we look back to what you said earlier, which was the goal is to inform, inspire, and then give direction, using this UNLEASH model, it's just brilliant, David. I love it.

Angus: Folks, rewind, go back to the start of the video, get some better notes on that. And as you said, it's not a script but it's an outline, a

framework that comes from such a beautiful place of, "I'm here for you and I can help you."

David: And when you're using the E part - which is the examination, and you're using and showing them the scans or showing them the x-rays-- I'm sorry, I sort of looked at x-rays-- And let me just - I sort of looked at scans in our conversation. Let me build x-ray into that in this one brief moment. So I start with the scans, and if I did any orthoneuro tests - like range of motions, or anything that was really critically important in that one - I'll bring that in too, but I'll always begin with the scans.

And then during the exam part I'll start to say, "And you can begin to see how it's altering what's important to you." In other words, "We could see that your movements were being altered. My greatest concern as we take a look at the x-rays is that all of this stress is breaking down the hardest tissues in your body." In other words, "Because we've stopped the healing process, all of these changes we see in your spine are indicative that the body's even hardest tissues are breaking down under the strain of this subluxation process. So we have work ahead of us."

And let me just frame that in another term that I coined, in terms of this whole processing, it's called Further and Farther. So at that E part, when you're at that moment of where you want to get your point across - let me just mention this, is that the further you can take someone backwards and downwards. I'll go through this. The farther you can move them forward and upward. Okay? So backwards and downward, let me say that again.

The further you can take someone backwards and downwards, the farther you can take them forwards and upwards. Okay?

So backwards and downwards means that you have to link it, that's why I use the word habits. You have to link it that they have maladapted, in our terminology, but they have adopted habits in their spinal core and in the way the way they - I don't know? Eat Twinkies, but they've adopted these habits over time, and what that means - and this is the deeper, further and farther. Meaning further back and down, is deeper means it has gone past the spinal muscles, it has gone past the spinal joints, and is deeper into the third processing layer. With me?

Tony: Okay.

David: And that could be for injuries, that could be for emotions, that could be for dietary habits or chemicals. The farther you take them - as in care planning, they move forward and upward. So let's face it, nobody is well-served by a 3 month care plan, except somebody who wants to get out of a crisis, or thinks that they're doing spinal corrective care. That's not serving them through a subluxation-centred model.

Now let me put this in perspective, you may be able to correct an adjustment, and this - I gave a lot of philosophical lessons on the value of being subluxated, I mean, Tony, you were at Total Solution, you know that. Is it a good thing or a bad thing? But the reality is that we're never going to be subluxation-free if we're living a big life. We're going to constantly correct the subluxation that's in play, continuously put ourselves in an

expanding concentric world of where we're stretching our boundaries, riding that wild pendulum to take us to the next thing - and we're going to sublunate ourselves again.

And then we're going to have a chiropractor who now knows what to do to give them the clearing - so that they can move to the next one, and the next one, and the next one. So I'm not a big fan of looking at an x-ray. I'm a big fan of looking at the neurology, which is a learning structure. Whereas spinal core is not a learning structure, it's a reactive structure. Reacting to gravity, reacting to otherwise, and it's an (21:32?) end subsystem.

So what I want to do is I want to look at that functioning nervous system, and when I give a care plan-- I created this thing that was called a Rule of 12, and the Rule of 12 is sort of what I went over beforehand. And when we go to the S part of UNLEASH, you can actually frame that by saying, "Listen, the great news is that your care falls within this wonderful ability for us to deliver what we call a Rule of 12 care plan. And it is that after 12 sessions, I'm going to watch and see how much your body is able to accept chiropractic care. And that means we're going to start you and put you under 12 sessions - probably 3 times weekly over the next four weeks.

And what we're going to do then is take a snapshot, and see how well your body is adapting to care. But we will know much more after 12 weeks. Because we can run what's called a comparative exam, which means we can compare those 3 tests we have. The initial one we did, the progress exam - and we will know very clearly how much we've been able to change. Now, I have to tell you, with all the changes I see in spine and I

look at all the different tests, it's likely that we'll be able to continue working with you for 12 months, which means that gives us enough time. And we'll adapt the frequency of your care depending on how your body responds." So it's not cookbook unless you're looking at those first 12 weeks.

Tony: And care is all determined on how their body is healing, and how they've been able to unleash that, what you framed in day 1, being that normal ability of the body to heal and what's preventing it from happening. Lovely.

David: Absolutely, and that's where the COREscore really helps. Because it's an inspiring one. And listen, if they get over 80 - 80's sort of a threshold score that I want to teach our doctors to know. We seem to find that when someone approaches the 80 mark in the COREscore, because it's what's referred to as a neural efficiency index. That what that means is that they seem to - at that stage - not fall back below 80, but keep improving beyond 80. So it might be that we sort of have come across this sort of very unique threshold point that matters in human health - in our little way of measuring it - that says if-- "Our first goal is to get you to 80."

But we find that people get out of their muck and mire in 12 weeks, they're starting to move those yardsticks, but they're not at 80. And even if they're at 80 we want to see they can hold 80 for a very long time. Because why would you be happy at 80, when you could get up to 90? And that's what we use the COREscore to do, is really support us. And then on a yearly basis, we re-x-ray because my technique isn't x-ray dependent. So on a

yearly basis - at least in the first year anyways, we re-x-ray them to see if structure is responding in the same way we see neurofunction.

Tony: Yeah.

Angus: Dave, with your acronym of UNLEASH, is that just something that's going on inside of your head to guide you?

David: Yes.

Angus: Or are you writing that down and showing them through that as well? Is it just a background marker point?

David: It's sort of in the first day one, I said that I created this sort of dialogue called TIPA for the exam, UNLEASH is my acronym that keeps me on track. I've led a number of different personas in practice and in chiropractic. But I was one of the original coaches. Coaching hadn't even emerged when I started doing it, and they were called consultants then. So coaching was sort of that next level of having a personal interaction.

And when I was teaching this and coaching this, the difference that it made by having just that little acronym that I created - allowed such certainty for the doctors I did, that we would literally watch their practices double. In probably the first 6 months under coaching care, no matter where they were at. It was so powerful that you could get them down to the point. Because what they - doctors hate to do, and I don't like to use the word hate - but what they detest doing, is they detest doing cookbook care

planning. They like it but they don't like it. In other words, it's what they think they need to do but it isn't there. So UNLEASH gets them to the S, the Rule of 12 takes them forward.

And let me just finish off with care planning real quickly, when we're there. Because what happens after that is that the CA walks in the room before the first adjustment is ever given. The CA walks in the room and says - what we refer to as - goes through the GAMES dialogue. And I don't know if we have time to run that real quickly? But GAMES stands for greeting, appointments, money, education, and strategy- again.

So greeting is, "Oh my gosh, we're so excited, I have to tell you it's so amazing the differences that we see in patients who come and see Doctor Fletcher. He's a magnificent healer." So they're qualifying the fact that, "What a lucky person you are to come in here. Doctor Fletcher has told me the good news, that you fall under what's called the Rule of 12 model of care. In other words your results help us understand that. That's a pretty great way to watch you improve. So I'm going to book you for the first 12 weeks in here, and I'm going to get you ready for the next 12 months after that. But let's get through that first 12 weeks, so we can then begin to do it. The money is such that we don't take insurance here but we honour the fact you have insurance. So what I need you to know is, we'll be able to give you receipts. But our relationship is between you and your care and your health. But we honour the fact you have insurance, so we'll do whatever it takes by giving you receipts to help you recover if that's how you can do it."

What we do, and just so you know - we never were in the business of discounting. It wasn't a big part of my world. But I do understand that, and I would be remiss to say that. In the evolution of care planning, 2 people that you know and love are Troy Dukowitz and Tracy Wilson, and the three of us put together an amazing care planning software program called Genny, The Care Plan Calculator, and we'll give some links to that so people can noodle around on it. But what it does is that we would walk in - in these latest times - we would walk in with a Genny pre-formed care plan program. Of course, you can do it on an iPad, you can do it on the (28:14?) fluidity of doing it. But it was based upon the Rule of 12 and it was based upon the idea that you can create whatever you want. But if you don't have that, no big deal.

The CA just walks in, the money is there, the E stands for education which says, "Listen, you know what? We find that patients or practice members who bring their family members have a completely different outcome experience. It's awful to have gone through all of this and not be able to share this information or have a chance to ask questions. So once every 2 weeks, we run a class that's run by our associates in here. And it's a chance for you just to get to feel that you have all the information you need, plus it's a time under which you can invite your family to come in and be told and show them how a COREscore works. Because I'm sure they'll be interested. Let me book you in for that education session. And finally, you know what, it's time for us to look and see if we can really get you set up for your first adjustment. Do you have any questions?" And that's when the S stands for the strategy or the set-up, and we move them to the adjusting area.

So we go from TIPA, to UNLEASH, to GAMES, and by the time they've left day 2, probably their heads are spinning. But at the same time we've taken control of the relationship with them, and invited them to ask whatever questions they want. And engage us, because what good is it if we just go and have that sort of UNLEASH and GAMES protocol if they're not buying in? But we do get the commitment by the time day 2 rolls around. So I just wanted to say that we're never forcing an issue. I sort of ran through it quickly as to what I say but there's always the invitation during the course of that UNLEASH or GAMES to say, "Hey, wait a minute, what's up? Wait a minute, I'm lost, things are going too fast for me here." So it's like, "Are you clear, is it good? Great."

Tony: I love it.

David: So that was how I saw how that sort of care planning went. And I'll go back to it again. Use the tools that are available to you, whether they're these simple UNLEASH acronyms or whether they're Genny The Care Plan Calculator, the COREscore. Why not make it easy for yourself? I mean, why struggle? And that's what I really want everybody to know, is that we're smart, but we're not the only smart people on the planet. As in everybody can create their own forms and create their own thing, but what we want you doing is adjusting people and moving them out of their crisis - which is their subluxation crisis, and moving them into this healing role.

Just get over yourself. I've seen so many young doctors, and old doctors alike. Just sit there and try and recreate forms and recreate things - just as

a distraction so they don't have to get out there, and give a care plan that's going to matter to that person. So I look at day 2 - as we wrap up here - I look at day 2 as that critically important window of time. Where we can match tone, lay out the strategies that we have. Introduce the fact that it's a team approach, using the GAMES acronym. And get them to that time for that first adjustment. It's all business, day 2.

Angus: I think there's a couple of points I want to double-click on just as we kind of come to an end here now. So there will be some listeners now that won't have yet purchased an Insight. I don't--

David: Yeah, of course.

Angus: What I don't want them to get stuck and say, "Well, this only works great if I have - only works great if I have an Insight." 'Cause regardless - 1 - through previous All Star Summit One, and again through here too. The importance of you having some objective measures, posture, range of motion. Whether it's an x-ray that you can run these tests same through. Whether you're doing different neurological posture testing, balance testing, those things -can be run right the way through that as well.

So gang, the first thing-- 'Cause I just love Dave's approach. And then second, an unabashed kind of testimony on my point of view too - I had the scan in my practice from the moment I had my own practice, day one it was the first thing that I purchased. So if you don't have one, then by the time you're watching this, the whole technology is about to go wireless - and may well be wireless by the time that you've got it.

The technology continued to get better day after day. Now, guys, I get nothing from this. Dave is obviously a great friend, and Tony as well. But when it comes to building a practice around the principles of chiropractic, nothing does it better than having a scanner inside your practice. And then when you have it there you start to articulate it in the way that Dave teaches so beautifully, that Tony does such a great job here in Australia.

It has the ability to take that 1000 pound gorilla off your shoulder, and bring a whole bunch more enjoyment to practice - probably unlike you've ever experienced before. So one, if you've got a scanner then start to implement this strategy that Tony and Dave talk about so beautifully - and if you haven't, check it out. Or at the very least, start to run these systems through it, and see how great it would be that if you had other tools to run this kind of neurological thing through. So, an unashamed testimony on my behalf there as well. But thank you, Dave. I appreciate how well you articulate that model of UNLEASH there is--

Tony: Brilliant.

Angus: It's gold. It's a beautiful one. I can actually see me developing some kind of paperwork where I actually have that--

Tony: I can see a poster of it on the wall.

David: I saw that going through your head.

Angus: Yeah.

David: And you know what, I'll just wrap up. And of course, listen - I never intended to become a "technology salesperson" in my life. I'm a chiropractor, and I'm best over the tables, but what matters to me is this elevating the excellence. And if I can bring and show, just as Angus was saying - if I can show the easy path, and the straight path that allows us to be more productive, God bless us. But I do want to say that you can use UNLEASH in anything, so long as you're doing examinations. You can talk about the nerve function going through layers by doing heel cord tension, or by doing some postural tests that you described. So let's not limit people or dismiss what I said there, by saying you have to have that technology. You're better with it, we can attest to that - but get moving on this.

Tony: Yeah.

Angus: Yeah. Absolutely. Amazing stuff guys.

Tony: Great stuff, buddy.

Angus: Here we are, day 2 of the All Star Summit, and if that last 30 minutes isn't worth getting involved in this Summit then I'll go he (35:10?) and you can put one of those gonadal shields onto me. We can't let you go, David, without--

Tony: On your nose.

Angus: On my nose, you can clamp it on my nose.

David: On the nose. Exactly.

Angus: Can't let you go without having a get to know you question. Today's get to know you question is, who's your celebrity crush? Now we know Nancy, and we know your loving relationship with Nancy, but if there was a hall pass given, who's that hall pass for?

David: Oh, listen, is it completely inappropriate to go male over female?

Angus: No, we've had a couple gone male.

Tony: Marty did. And to be honest, I think it's only a real man that can go that way, so.

David: I have some pink shirts upstairs--

Tony: I'm going to get embarrassed if you say me, though.

Angus: Buddy, I'm honoured. I'm honoured. Yes. I'd be happy to be.

David: Absolutely. I mean, celebrities, goes without saying. You know what? I have to tell you, there's so many different sort of great images. But when you think of those out of control people that make a difference in the world. I know this is going to sound just ridiculous - 'cause he's a Scientologist and everything else, but John Travolta. I know that sounds

like a ridiculous-- I know, I know, I know. But you remember--? Absolutely. And when he's dancing and everything else, this guy is completely unabashed. He is completely out of control, so that's going to throw everybody off in doing this. I know that you probably thought I was going to say something like, you know who - like Reggie or something stupid, but when we're talking about it, it's the first one that popped in my mind.

Tony: Hey, hey. Leave Reggie alone.

David: I love Reggie. By the way, I was with Irene this weekend. What a matriarch of our profession. God bless her. And Reggie and I were close friends, by the way, over the course of our time. In our later years we got to know each other very well, so I love Reggie, too. But he's not John Travolta.

Angus: Irene is still sharp as a tack. Sharp as a tack.

David: You know what? Unbelievable. She sat in the front row and never budged, and let me tell you, it wasn't because she was dormant, it was taking it all in. She's a beautiful person.

Tony: Yeah.

David: Anyhow, (37:28?)--

Angus: She's great. I hear John Travolta is a big fan of a massage, so--.

David: Okay, well let's just see if he likes that gonadal shield, too.

Angus: Oh, it's just going downhill the further we go.

Tony: I can see this (37:44?)--

David: It was Pulp Fiction, is what I was doing with this one. Remember? It was such a great, great scene.

Tony: Is indeed.

Angus: Love it, love it. Hey, buddy, thanks again for sharing so openly and eloquently, as well. I'm super excited to chat with you tomorrow about the adjustment visit, the daily interactions. Where the rubber really hits the road, is what I think there too. So again, down beneath us here is a whole bunch of different ways that you can kind of get in touch with Dave, as well. Please do that. If you haven't already, you'll be able to check out more of some of the equipment that we talked about and more ways that you can actually get in contact with Dave, as well. So, buddy - on behalf of Tony and myself, All Star Summit number 2--.

David: You got it.

Angus: We look forward to seeing you tomorrow, mate. Chatting more about the adjustment visit. Take care, brother.

Tony: Thanks, Dave.

David: See you soon, bye bye guys.



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