

## **Dr. Mike**

Hey, what's going on? Welcome back to the Flex Diet Podcast. I'm your host, Dr. Mike T. Nelson. On this podcast, we talk about all things to increase muscle hypertrophy performance, and better body composition, all without destroying your health in the process.

And today on the program, I've got my good buddy, Dr. Adam Sumarski. And we cover a wide range of topics from his background, doing sports medicine, and medical training, and also his military experience having exposure to many different places around the world. Why it is a benefit to be a well rounded person, even within your own discipline. He recently went to the ACSM sports medicine conference. So why it is good idea to get out, go to different conferences, meet different people, what are the benefits of that? Having skin in the game versus the askholes? What to do with them.

And then also the role of mentors, both people that you can serve kind of both roles, people that you consider a mentor and mentee. And that can go both directions just depends upon the area and the person. And at the end related to sports medicine, we talk about imaging versus kind of old school diagnostics. What are the pros and cons of one versus the other? This is somewhat of a pet peeve of mine, it's not necessarily a bad thing. But the current trend is get imaging at all costs. And I think that not only is there potentially a financial cost to that there may be some psychological cost also, and you don't always need imaging.

But that's of course not to say you never need imaging, right? Like most things, the answer depends on the context and what you're talking about. And Dr. Adam talks about some really new cool ultrasound imaging and even point of care imaging and how that will probably change the sports medicine, I think other areas of medicine coming up. So if you have an injury, or you potentially get injured, I think this is a really good conversation. And yeah, just really enjoyed it. And the podcast today is brought to you by the flex diet, mentorship. Most people probably don't know that I do have this, I generally only advertise it to people who have completed the [Flex Diet Certification](#). But what it is, is I break down for specific areas, exercise assessment, primarily on an online environment.

This is everything from you know, aerobics, capacity, movement, strength, breathing, etc. It's relatively easy to learn how to do these things in person, I think online, it is definitely a lot trickier, but can be done. And then we move into marketing, and what you should do for that primarily using a content based newsletter model. We also talk about mindset, both yourself and your clients. And the last component is personal development. And this is everything from how do you get better to scheduling your time? What is a realistic way to work on your business? A lot of people I see do pretty good with their business the first year, but they've completely torched themselves in the process.

So how do you hopefully avoid that? Right now, I probably won't do this again until next year. But if I get a whole bunch of people, I might consider doing it earlier, you'll have to email me for an application. And your probably was not a super easy way to find my email. But you can find it you could hit me up via the website, or Instagram or other ways as you figure it out. That's done on purpose. So only people who are interested, will get the application that I've reviewed the application through an hour chat on the phone. If I have enough people, we'll probably do one this year. If not, we'll probably do it again in January of next year. So if you're interested in that, or you want more information or have any questions, find a way to email me or depending on maybe you're listening to this later. So enjoy this wide ranging conversation with Dr. Adam Sumarski.

Well, thank you so much for being on the podcast here. Dr. Adam, we really appreciate it.

**Dr. Adam Sumarski**

Yeah, my pleasure. Thanks for having me.

**Dr. Mike**

Yeah, give us a short background on yourself because you've had a wide variety of different things you've done and you're just living in the state below me now down in the cornfields of Iowa there.

**Dr. Adam Sumarski**

That's right, eastern Iowa. So core eastern Iowa. So we have some some ski mountains and Mississippi River. So a little bit of different topography.

**Dr. Mike**

Mountains, you're stretching it there, buddy.

**Dr. Adam Sumarski**

It doesn't mountains are of various sizes. They can they don't all have to be the Rockies.

**Dr. Mike**

They can have 120 vertical feet sometimes that's right.

**Dr. Adam Sumarski**

So I'm originally from Erie, Pennsylvania I had went to undergraduate in my hometown again and university and then did my medical school training at Michigan State University. All my postgraduate training for the most part I'd done at Walter Reed at the old Army Medical Center before they had combined with the Naval Medical Center in Bethesda and then did additional postgraduate training. My background is in physical medicine and rehabilitation.

And so I did that at the University of Pittsburgh. I spent 15 years in the Navy, before I transition to the civilian world and Iowa this past summer, and so had a variety of great opportunities. I had some time stationed with the construction battalions down in Mississippi, which also included a few deployments overseas to Afghanistan, Kuwait, Africa a couple of times Southern Europe and things of that nature. And so great life experiences. My like, my last tour of duty was as the sports medicine department head at the United States Naval Academy. And so I was there for a little over four years and wonderful experience and I think, maybe dig into that a little bit later.

But great experience great town and was a great jumping platform for me to transition to the civilian world. And we recently moved a little bit closer to my wife's family out here in Iowa, Dubuque, Iowa, and having a great opportunity to be a part of a lot of

great organizations here, had the opportunity to be the head team physician for USHL hockey team, the duty of fighting saints and local college Loras College and then also help out with a variety of the other high school colleges in town.

And so I primarily practice, kind of spine and sports medicine, so a lot of musculoskeletal medicine, and a variety of things, everything from like sports related concussion to some spine procedures and some of the 40s that also dive into his musculoskeletal ultrasound procedures and like diagnostic wise and so been a great opportunity and a brand new experience. And as you mentioned before, it also comes with a few less rules, I get to dress myself in the morning and choose whether or not to like shave my face, which after 15 years of daily shaving appears to leave most of us to not do that for a period of time.

**Dr. Mike**

Nice and tell us a little bit more about the military. When you're in the career. What were you doing primarily overseas, you'd mentioned you weren't into several different countries deployed?

**Dr. Adam Sumarski**

Yeah, all my time in the military was as a physician, I joined as I was graduating undergraduate, and through what's called the Health Professional scholarship program. And so it, there's a variety of different ways to join as you're starting your medical career, I think the two most common ones are through the HPSP program where you get the military helps fund some of your medical education, which at times is slightly expensive.

And so it kind of helps take some of that burden off and but at the same time, I used to joke that, well, now I can say it, but at the time, I was like, Please don't tell anybody because I probably joined the military without them without the funding too, because is that come from kind of a military family background and had always kind of like been kind of like, straddling the line of when I was going to join and it just just worked out for me that that time in my life that opportunity seemed to fit best and so that opportunity allows you to go to a essentially a civilian medical like any medical school in the country

and provides a portion or all of your tuition depending on the cost of the the institution and also gives you some stipend to pay for some of your supplies as as while tuition is very high.

It's also only a portion of the cost of medical school to there's a one or two hidden fees that are in this small grant when you sign up and so I think it allows you to do that but then also gives you a few opportunities during medical school as well to kind of get ingrained as you go through officer school and get about like I if I remember correctly, about four weeks of active duty training in some type of military like or military like my like medical experience or just like in a hospital like a normal rotation and so those are great experiences to kinda like work in to the active duty lifestyle when you graduate.

The other opportunity is through the Uniformed Services University which is you know, a first rate hospital or a Hospital Medical School in Bethesda, Maryland, right around the same cat campus of what I alluded to earlier, Walter Reed and the National Naval Medical Center kind of formed together. And so I had a great lot of great experiences while at the Naval Academy being able to be a part of teaching medical students and residents and fellows and stuff at that institution as well and got to be a part of there as a teaching professor and stuff. And so it's been great to be a part of that growing through the program too.

But after I graduated medical school and finished my training, some of my experiences overseas was just as like a general medical officer essentially providing physician care, but in a variety of different ways. I mean, everything from helping out with surgeries in a combat operating room to taking care of costs and goals and preventive medical care, for example, when when we went to Africa to prevent things like malaria, and that type of like preventive force protection type of stuff.

And so a lot of great experience there more than just being a physician in a clinic, you know, there are a variety of medical things that are not typical for physician planning, to make sure that people don't get malaria when you go to another country, and what medicines you're going to take in a preventive fashion and and how you're going to take those and looking at the the countries you're going to and other threats there from a

medical standpoint, as well, and then how you'll be able to take care of somebody in case something bad happens, it is an interesting evolution is not covered in typical medical school. And then all the opportunities that go along with that, that aren't medical related.

I was had fortunate opportunities to do things like learn how to drive and operate a variety of vehicles and participate in other military officer type of things, which again, are not like normal for a normal physician as you go through training, and then you go straight into practice. And so it was, it was great to be a part of a larger, broader organization that taught more than just how to be a good physician, I think that I was fortunate enough, throughout the years to get some additional, like life experience, from a leadership standpoint, you get to be part of a department and oftentimes, if you do well as the head of your own department, or parts of the organization or battalion and so managing a large group of people and a wide variety of lives, and on deployment, oftentimes, you know, 16 or 17 Different countries spanned out over multiple continents is, is a lot when you're like a young young physician or a young officer. And so those are great experiences.

And I had, from a leadership standpoint, not only those like real world opportunities, but as I went through the ranks and got promoted up through commander in that time period, had some opportunities to have more formal education as well, through leadership through Cornell and through the Naval Academy. And so I think all those things not only made makes you, it may or may not make you a better physician directly, right, like learning about leadership and spending times in another country and helping do military specific things that aren't medical related, obviously, don't make you an expert in a certain medical topic, but it certainly makes you a better leader and makes you a better person, which I think that way indirectly makes you a better physician and a teammate and a leader going forward when throughout your military career and then afterwards in the civilian world to and you join a hospital or or practice and you have more than just experience with taking care of patients you have experience of building a team and and and all the things that go into that. So

**Dr. Mike**

Oh, that's great. being deployed, and as a physician in those different countries, what was some of the craziest things that you've seen? Because I would imagine you've seen a wide variety of will say different issues that have shown up?

**Dr. Adam Sumarski**

Yeah, I think it's interesting. It's not for everybody. And I think that, you know, if I guess what I mean by that is if your goals as a physician are to do you know, orthopedic surgery, just foot and ankle, and you only want to do right first toes, or something like that, you're gonna have to do a little bit more, right that you have to take care of a variety of people from 50 to 7017 years old, and that are oftentimes in a stressful environment. You know, not all those deployments were in a combat zone like Afghanistan, I mean, but there are like other threats and it is stressful. And even some of those locations, there are kind of more of a home base per se, where they're in a little bit of a safer environment. We had folks in, you know, rota Spain, which is of course, a little bit different than maybe being in Kandahar, Afghanistan.

And so, those scenarios are a little bit different, but people are still away from their families, right, and oftentimes for the first time, and there's a lot of stress that goes along with that and while you know, through variety of things occur to ensure that the you don't get deployed with health conditions. has been made, you know, affect the mission, things come up. And when you're stressed out, and when your body is stressed things come up that are not common, right. I mean, I recall the first couple of maybe the first like few months deployments, and I mean, I saw a handful of different people that were diagnosed with shingles under the age of like 20 years old. And when people school, you know, people assume that that's something that's just for, like, elderly individuals, or somebody who's like, not healthy.

And the stress of things like combat or being away from home kind of lead to some of these, these diagnoses that you wouldn't is commonly seen. And, you know, during those deployments have seen everything from, like unfortunate cases of cancer diagnoses, to mental health things, from, you know, just being everything from being sad, away from home or family or, you know, things that, you know, maybe you don't always talk about, right. I mean, I don't know how many, but it seemed like a lot of

people, you know, miss the birth of their, their son or daughter and things like that are missing key events, like people's weddings or funerals.

And, you know, there's no timeout. And in some of those deployments, where you go, Hey, I got really stressful stuff at home, I just got to go back and take care of this and come back, those things don't happen when those things aren't as smooth back home, you know, especially, you know, in Utah in, you know, combat at this time in the, you know, in this time, where, you know, not many times was I away from, like, for long periods of time, without some version of Internet access, right, it probably wasn't two gigabytes or whatever, I don't even know the corrector it wasn't lightning fast internet. And sometimes it couldn't do much other than send an email or like, barely make a phone call, but you still had access to people to like, find out about things and so you weren't as isolate, you know, if something bad was happening at home, you weren't naive to it.

And so those things, of course, it's hard to focus on playing a basketball game, if you're a basketball player, and it's, it's hard to be a soldier or sailor, marine, if you have other things distracting in your personal life. And so taking care of people in that stressful environment from being, you know, feeling like they're going to harm themselves to just like having a bad day, you know, not it, and then from musculoskeletal injuries, and, and, and dermatology, and all these things. And so it's not just about like, you know, I want to be an orthopedic surgeon, I only want to take care of like feet and ankles, it's, it's a little bit more than that. And that like breadth of stuff is not typical, right? Typically, you kind of find your area and even if you go into primary care medicine, you kind of put find your own niche within that.

And you're not really like expected to know all that stuff. But when you're out the middle of nowhere near the only physician for you know, as far as you can see, or talk to somebody, you know, saying like, Hey, you just gotta wait next week to see the specialist is 12 months away, and, and they're not coming anytime soon. And there are like, you know, it's a little bit of a stretch. I mean, it depends on where you're stationed at the advances in medical care. And, and, like, telecommunication is huge, right? I mean, we weren't at that time having zoom things like this. And, you know, I'm not sure



if that's changed on the combat field to do our work, things like this, where you could at least, like reach out to somebody right, or, or through your own, like mentors or connections. If you don't know, something dermatology wise, you could take a picture and send it to somebody and, and occasionally, maybe a specialist would like, fly through and stop by for a day every, like few months or something, you know, and if it like hit, right, maybe that would be helpful for you.

And so it's not like you were like out on an on an island by yourself with no connection. But, you know, oftentimes, you know, you have to be responsible for things that if you were here, right, in Minnesota, Iowa, and I saw something that I was like, Hey, I mostly know what this is. But I'm not 100% Sure, you should see my colleague who does just this, when there is no colleague that does just this in the middle of nowhere, I mean, you you end up taking on some ownership of stuff that maybe you wouldn't typically do and not always the same resources, right. I mean, you can't just like hit Amazon and have something show up the next day. That wasn't that we didn't have Amazon Prime and Afghanistan or Africa or Europe. Those things are challenging. And sometimes you have to like,

**Dr. Adam Sumarski**

you have to kind of go ad hoc and ad lib and figure out what the best you can do for somebody and make some other like I was alluding to before, like, some leadership decisions of whether someone comes or goes, right. And I think that since I was, since I'm from like, a sports background, I think that I, I learned a lot of that too, you know, you only have one quarterback and there's no backup, and you're not 100% sure if his elbow is good or not. If you send him away, he doesn't come back. And it's going to be hard, you know, completing a mission without the only quarterback in the battalion, right?

And so or the only lineman that you have left for the only wide receiver and so when you have to make some of those decisions, you better be sure on some of those things. And like I said, sometimes you may not be the expert and making those decisions and so Have some of those stresses that go along with it, if you medivac someone back to the United States, they may come back in a few months, or they may just be stuck there

now, and so and there may not be a replacement in that period of time. And then sometimes people do need to go on, it's not popular, right? If there is down to only one rod receiver, and they really do need to go back home, you might not be making a lot of friends as you make, make those arrangements. And so, again, I think those are those are different decisions and different opportunities that you get exposed to that you don't often in medicine, just working in a large hospital or normal like clinic setting.

**Dr. Mike**

Speaking of a wider background, I originally met you at the ACSM conference on the east coast through our good friend, Dr. Sarah Campbell, which was great. She's been on the podcast here before. So we got to hang out and we even got to drink beer while we did some quiz rating of the was a knowledgeable or what was the the quiz thing they had going on?

**Dr. Adam Sumarski**

Just the quiz bowl. Here, of course, like non alcoholic beers, because we were very forced on if there was an objection on a question that we gave the right answer. So

**Dr. Mike**

you're 100% sober. Yeah, that was a lot of fun. And then you got to see Dr. Sir, again, recently, the ACSM, the National Conference, correct?

**Dr. Adam Sumarski**

Absolutely. Yeah, I'm a big proponent of ACSM. From like a mentor mentorship standpoint, some of my best mentors over the years, I have been heavily involved within ACSM, some of my introduction into sports medicine was through attending that ACSM national conference. And I think that, you know, I know it's different for, like all aspects of the medical community or academics or sports, or like, just like healthcare in general. But from a physician standpoint, most of our conferences are kind of physician only. And sports medicine itself is not just physicians taking care of people, it's a wide variety of folks.

So, you know, physicians, athletic trainers, Pts exercise, physiology, nutrition, etc, etc. And so like, being able to have a conference where all those people who are in clinical practice actually do have to come together as a team and provide like, multidisciplinary care to have all those people in one place. And to be able to get insight from all of those experts from a wide variety of angles, is very unique. I feel like in medicine, but also like, very, like appropriate for the subject matter of Sports Medicine.

And so definitely my favorite conference, definitely my favorite group to be around, it's hard not to, like attend that conference and be energized, and be excited about why you're there. And even if you feel like you know, everything, which I've definitely is not in that category, you learned so much, and are able to bring stuff back to your own practice and help take care of your patients and still a great experience. It's great to be back in person too. As much as it's great to have this resource. It's different in person. I don't know how you feel about that. But I you know, we had some of these conferences online. And I don't know, you get a little bit, you know, you still learn some stuff. But the ability to just have an informal conversation like this that pops up when you're sitting next to somebody in a in a lecture, or in a committee meeting is just the feelings different, the pulse of the place is different. And it just energizes you a different way.

### **Dr. Mike**

Yeah, I think it's the double edged sword of, it's easier to do video conferencing and stuff now we can have this conversation. I did have the COVID started, I did that one three days talk through ASN American Society of nutrition, which is sort of like the more research aspects in terms of nutrition. And the lineup was like, amazing, like, like all the top people like people I wanted to see. And I realized I'm like, Oh, crap, I have to take three days out of my schedule, when I'm at home, which is a little bit trickier than when you go somewhere you kind of know ahead of time and can plan around it. I literally made it three fourths of the first day and I couldn't, I couldn't take it anymore.

I'm like, I know they're online. I'll watch them later. They're like sitting in just one place staring at your computer. And they did a good job of having, you know, The talks come up one after another and stuff. And the talks were great, but it was it was just so weird. Because like for, you know, my whole life, I'm used to going to a conference and the

experience of running into random people and having conversations with them. And then oh, they know this person who knows that person? And oh, you should go see this topic. And do you tend to see more things that you wouldn't normally see otherwise? Where I fall in was online. Like, I probably gravitated towards this

**Dr. Mike**

stuff. I really didn't need any more knowledge and really just because it was familiar, or I think when you go to an in person event, it's like Oh, I heard this topics really cool. Oh, yeah. Let's go to that. And the people you meet and just hanging out afterwards. It's yeah, it's just completely different.

**Dr. Adam Sumarski**

Yeah, yeah. I don't mean to entirely disparage it. I mean, you're right. I think what The best things that came out of it is now, you know, we've set up similar to when you and I were at the mid atlantic regional conference for ACSM, there's people that get to now be a part of something and students in the rest of us that are want to learn good to expose to people that otherwise wouldn't, you wouldn't be able to write this, you know, you can't get somebody from four corners of the country always to take three days out of their job to give one talk, but somebody can, you know, more likely to be able to take an hour out of their day to give a lecture.

And if they do that at their desk, in their office, then you can bounce right back into the clinic and see another patient and or get back in your research or teach another class and so that the amount of people who have been exposed to some like, first class, like teachers and stuff like that, and experts, subject matter experts in their field would never have happened at other places, right? Somebody who, you know, only goes to the big conferences are so busy getting them to speak to somebody for 30 minutes online and a location. Like, let's say, here in Iowa, those things never wouldn't have happened, you know, those things don't always happen.

And so now you're right. When you look at some of those, those like lists, you're like, Man, this is like the all star list. Right? Yeah. You know, those wouldn't always occur. But yeah, there's still something about the pulse of being there and feeling it. And you're

right there, the amount of time she's at this last ACM conference, where I was like, here's what I had, like, chosen for myself for the schedule, and then you're with somebody and they go, Hey, I'm going down here. And you're like, Well, what's that? You know, I mean, like, and then they tell you that, you know, Mike's an awesome speaker, and he's talking about these things, and you're like, Man, I wouldn't have got that from the thing. And like, or you did, like, you even listen to me, like, I don't know, like, even with you trying to sell it, I'm not sure.

And you go over there, because you you trust the group's word and, and you like knocked out your sock, you know, knocked out of your socks. And so those are your right, those are, those are amazing things. And, and again, I think that that's like great about ACSM, too, is it, you get to go to that lecture and get to hear you know, if you listen to a lecture on UCL injuries in your elbow, it's not just like when the doctor standpoint is from everyone, right? It's, you know, that's what the nutritionist thinks you should do afterwards, the strength and conditioning coach, the exercise physiologist, and then, you know, you get some clinical physician stuff, too. And that's great. And it's awesome to be a part of that.

### **Dr. Mike**

Yeah, no, I agree. What were some of your big takeaways from the conference this year, I unfortunately, wasn't there I was. I wanted to go. But I ended up going to the International Society of sports nutrition instead. So I'll be there next week. So I kind of had the timing of ACSM was also like, really bad this year for me personally. So. But yeah, I would love to hear about what some of your big takeaways were from it. Yeah, let

### **Dr. Adam Sumarski**

me the biggest takeaway is that I missed out on you being a part of it. So that was very nice. It's great. I think that, you know, there's a lot of different talks that I that I went to, and enjoyed. But again, my takeaways are that ability to like, sit down and like have conversations with people that don't that happened kind of organically as you went through there. There's more than one occasion where topics came up, and then you're sitting having a discussion at a committee meeting, and you go, why don't we call?

Why don't we call Mike and have him come by and you go, well, that's like exactly who we need to talk to. Right. And before you know it, you have five or six people who are very passionate about a topic that are now going to collaborate for either clinical care or like a potential research project and people that were otherwise like, you know, struggling to do that on their own because of resources or contacts, and you've now been able to make connections for them.

And, and things of that nature. I think the mentorship that goes on there is huge, too. And there's numerous times when I left there with you know, two new opportunities for someone to help me from a mentorship standpoint, and a handful of different, you know, students, residents and fellows that I now have meetings set up for since I came back to to help guide them on their path as well and kind of give back in that direction. And I think that those things don't happen otherwise, I mean, in the live right, do not just like all medical student people there, I came back with somebody who's interested in exercise physiology, I think that's such great and they just want some physician like input on some stuff.

And I don't think you get exposed to those things. I think that you know, I was fortunate enough myself to get selected as fellowship of a fellow of ACSM this year. Congratulations. That's awesome. Yeah, thank you. And it's, you know, that's been like a huge professional goal of mine. And so I think that that's been kind of like a dream, realize and humbling to be a part of that group. As you mentioned earlier, seer Campbell is a great resource and mentor to help me through that and Dr. Brian Davis as well. And so, those things are great and out and getting good. It's you know, it's great professionally, but it's also great professionally for me to be able to help out people like they helped me get through the process and have those experiences and so those are always the things you know, there's always like something clinical, I take away or some knowledge thing, but I think they pale in comparison to the camaraderie, the teamwork and the experience from like a mentorship or men Tea standpoint, during that meeting, I think it's like very unique opportunity.

**Dr. Mike**

Yeah, I agree with that. And I think that's one of the benefits of in person versus online. Right? I think online, like you said, is great, you can get some amazing talks from people you'd probably never see otherwise. So if you want just pure information, that's kind of, I don't want to say scattered, but more random topics, I think it's great. But for all the other aspects and learning, you know, stuff about stuff you didn't even know about in person and just meeting people and getting guidance, and everything is super beneficial.

So I usually encourage newer students, and even people in the fitness field if, if you're not sure, just like, save your pennies and go to like an in person meeting. I think, all the times I've been able to do that. I went to the first or the first ISSN meeting I went to was in 2006. Now 2000, some are there. I remember the date wrong. No, it was 2011, actually. And it was the second time I had been there. And Jose Antonio called me he's like, Hey, do you want to give a talk on metabolic flexibility?

And I said, Well, let me think about it. And I looked at my finances, I started going back to school full time, and I'm just like, Oh, crap, I can't afford this. What am I doing? So I called him back. And I was like, Ah, man, I don't think I can make it. And it's like, okay. And then I looked at the preliminary lineup, and I saw Lucia there was presenting, I was like, oh, like, one of my goals was to have like Lou Schuler edit an article of mine, and have it be in Men's Health magazine.

So I called Joey up and like, Hey, man, like, I'll figure it out, I'll be there. He's like, okay, because in my head, I'm like, well, if I'm speaking here and lose speaking here, then we must be like the same level, right? You know, because at least you, you feel like you're, you know, the person speaking or whatever. So long story short, I went there and met Lou got him to go to my talk. We sat around afterwards and just talked for quite a while. And he proposed the article, the Men's Health, and it ended up being like one of their main cover articles, like for March of that year, the year after. So. But I don't think that would have happened if I just sent him an email and said, Hey, buddy, you need to publish my article was like, what was the hell is this?

### **Dr. Adam Sumarski**

Probably gets filed away in a different a different folder to zero, right?

**Dr. Mike**

Yeah, right. And I've gotten other, you know, events in person, and nothing's happened out of it. But I look back a lot of times of just the people you need, and then the connections you get from that, and different advice and leadership and mentorship and different people you've been able to help. So I do think there's a lot of perks of going in person. Do you

**Dr. Adam Sumarski**

have? What are your thoughts going forward? Do you think that we're going to be do you think we'll get back to a more in person stopped? I know, we're gonna get back to more, but do you think they'd like going forward, it's gonna always be a little bit of a hybrid, where not everybody's going back to in person. And I know, there's still a lot of barriers for ACSM this year, as far as like different countries, COVID, med road and travel, but it was a little bit less people because of that, probably, there's still plenty, you know, there's a lot of people there.

But, you know, I think some other conferences, too, are still like in that hybrid. And I think as much as maybe you and I enjoy going in person, I'm sure there's a group of people that are listening to us saying like, can we all people are very good. And I would love to sit on my couch or in my bed and listen to five hours of lectures and hit pause when I want and get up when I want and and it's my dream to not have to interact with Mike and Adam ever again. person. So Oh, I'm

**Dr. Mike**

sure a lot of people will probably say that. I don't know, I go back and forth. Like I think initially, there's going to be a sub niche for smaller, highly personal in person things. I think bigger conferences like ACSM, ISSN, ASN, etc, experimental biology, I think they'll probably end up being more of a hybrid type thing. So I think they'll have a live in person, but they'll have a lot of it filmed for people to watch and to stream. I guess my fear is that because it's so easy to get information now. I think selling information is becoming harder and harder, because so much is free, which again, is I sound like an old crotchety person who runs a business.



But it's great because there's so much free information. The downside is I don't know if people appreciate it as much when it's free. And it tends to be very segmented and highly specific. But you don't have the overarching system per se for people to necessarily directly apply it. I say this as someone who sells like certifications online and everything else. I think there will be a sub market for smaller in person events, where I've talked to a couple people about this where we're thinking of doing in the US I mean a couple of spots in Europe where it's limited to like 12 people and it's a little bit more offensive but it's two days you have the people who authored a lot of the material there, you get a practical section, you get to hang out at dinner, we've been thrown out the idea of like, everybody stays in the same house for three days or, you know, it would be more expensive, but you would get, like the time and the ability to answer all your questions to you know, whoever the expert is in that area.

So I think that might be one, one way going forward. But yeah, I don't, I don't know. Because I also know that it's, if you're a big organization, or even a moderate sized organization, like trying to get butts in the seats, at least in the fitness realm, like I've had a couple potential opportunities to do some stuff in that area. And I'm like, I am not running it. Because I know how hard it is to get people to pay money and to get butts in the seats. And that's just not my skill set. You know, like, if you want me to show up, ya know, after having like two and a half years, I've been able to hang out at home and not travel as much. It's gonna be harder to get me to go to things per se, even to speak. But I don't know, what are your thoughts?

### **Dr. Adam Sumarski**

I'm not sure. Yeah, I was hoping you're gonna like answer here. Um, yeah, I think I think that you're right, I think that I think in person things in order to attract people to come are either going to have to be more, more of a personal experience, like you said, like more of an intimate experience, I guess, and or going to have to be more practical hands on stuff where you can sell like, Hey, you can watch all the videos you want, but you can't you can't make up for, let's say, ultra sound like it's can make up for like physically having your hands on the ultrasound machine with a patient, like a fake, you know, model patient in front of you.

And being able to scan that patient and having somebody stand over top, you adjust your hand and, and show you the correct way to do something. And so I think they're going to have to look a little bit more like that. But unfortunately, fortunately, or unfortunately, it's also going to come with a cost, right? Like, there's, I think that's at times were different conferences you go to based on it's not a coincidence, you know, when multiple 1000s of people show up versus 100, the cost looks vastly different. And so I think that those things are going to be expensive. And I think that unfortunately, that then limits a lot of people, right?

I think that being able to go to something like ACSM as a medical student, because the cost is a little bit less, and there's maybe some breaks for you as a student or an undergrad student, versus if it goes to more in demand or hands on stuff and the cost goes up, there's not probably going to be the same break, right? There's not going to be like, well, it's okay, Mike, you're we went back to school full time we'll give you like, even if they gave you 20% off 20% of multiple 1000s of dollars income.

Right. And so it's tough, I think that that might limit some opportunities, experiences and time for growth. And, and then I think it takes away from you know, these are sometimes selfish platforms in the sense that I feel strongly about mentorship, it's like one of those big soap boxes I stand on and whether people are listening to or not, I think that that takes it away from it, I think that if the only time that you're going to like meet, you know that, like that experience you're talking about, the only way you're going to meet that person is in person, but the only places that person is now going to go to in person as if there's something that's attractive to them hands on, it's probably not going to allow me access as a young student to like, be able to like, rub elbows or see that person in person or have that same experience. And so I think it hurts a big point from, you know, start segregating people into their own categories, which doesn't allow for that mentorship, or collaboration, etc. I think that'll be a big downfall for for the field as well.

**Dr. Mike**

Yeah, that's something that I kind of go back and forth on myself. Because for me, if it's a smaller event, and I can make some money on it, it's in a cool place, maybe they can kiteboard somewhere or whatever, that's fine. I'm not really expected to make a ton of money on it. But it would have to be something that would still be cash positive in order for me to justify the time away and from other projects. Which by definition, if everyone else is doing that, again, the price, even if everyone says we're gonna make very little, it gets expensive, really fast, especially you're talking about different countries and trying to organize it.

So I guess in my head right now, I've kind of split where if I had the opportunity to do a few of those things, if it's something cool, yeah, I'll probably do it. And then still go to some of the bigger conferences. And if people want to go to those conferences are usually not as expensive, you know, you can hang out with people there in person. I mean, even just from my own business, like the podcast is free, the newsletters free, you know, there's some stuff, it's just always gonna be free.

So if they want access to information, you know, they'll still have it, but you also have to run a business. So you have to find where those kind of cut offs you know, are in reality as money is just a way of having some skin in the game to have people pay attention to. Yeah, so I've met made that mistake in the past where I've tried to help people for free who said they wanted to help. But yeah, the follow through wasn't really there. And now I'm just like, here's your info man, like, do the best you can, if you're not gonna do it, I have no skin in the game, you have no skin in the game, it's fine, I'm not gonna worry about it. If you want me to follow up with you, and you want highly personalized things, then you're gonna have to pay to be like an online offline or something like that, too. So yeah, what to do kind of go back and forth. Because I do think, especially for students, the people that are bought in already are already doing some of the work. So I think they should still have access to other people. Yep.

### **Dr. Adam Sumarski**

That's a fascinating, probably out from this talk. That's a fascinating human nature thing, isn't it? We we're in Annapolis, we're a friend that was trying to get rid of an old boat, and essentially, like, just wanted to, like give it to somebody and like, put it on these,

like, different variety of forums. And I was like, essentially freebo kind of big. I don't want to like ship you know, like, it's in the water, it's fine. There's nothing wrong with it, we're getting we're moving to a new duty station, I, you know, I somebody gave it to me, you don't mean essentially, like, it's not worth I'm not trying to make money off this thing. I want somebody to have the same opportunity.

If they're moving here and couldn't get anybody to take this boat, around with the ball, and then went back and put it as five grand anybody wants to bulk gone the same day isn't changed, Nothing's different with it. And he's like, man, and I even tried to like, give him the guy's money back. And then the guy was like, What's wrong with the boat? Do you want to give me my money back? It's like, he's just fine. I'll take the money. Just take the boat man. And so it's it is it's interesting that I think that we as people get like, skeptical if it's free, there must be something wrong with it, or it must not be worthwhile.

Or, or like you said this, or maybe it just doesn't grab your you don't have that skin in the game. So you're not as locked in and you go, Well, if I don't pay attention, or I'm not really helpful, I'm not a good, you know, a mentee, that is what it is. But even if it's five bucks or a nickel, somehow like is enough to like, engage you to be like, Well, I don't want to lose that nickel. And now you're like a little bit more like involved and have some skin in the game. I think that's fascinating. You would think that if you were interested in reaching out to somebody and ask them for help, you'd be you'd be honored that they'd be helping you and then whether you couldn't be gone to pay for it. And you really shouldn't, in fact, your engagement, but it does, right, it does for a variety of different formats.

### **Dr. Mike**

So I remember the first time I did that was kind of with a business coach, I had hired way paid a lot of money that I kind of had the money at the time, but it still made me piss myself before I went to bed every night. And he's like, Well, when you do I didn't do any classes at the time. It's like, well, when you do the next class and you have, you know, maybe 48 hours, whoever signs up within the first 48 hours, you'll do say a free hour call with them. I'm like, What are you insane? Like, I don't have to, like if 20 people sign up, I

don't have 20 hours, even over the next month even fulfill this like you're you're crazy. There's no way. He's like, you realize not everyone is gonna fulfill and do the call with you. I'm like, What are you talking about? Like, they're paid money to the program? Of course, they're gonna do the call. And he's like, you would do the call, because that's who you are. Most Evil, however, will not like I don't know. So I, I still tested it. And yeah, he was right. It was only 20%. And he's like, whoa, 20% He's like, That's crazy high. I'm like, that's like ridiculously low.

**Dr. Adam Sumarski**

20% of the people you offered free help to

**Dr. Mike**

actually took it. Or these are people who bought the program? Yes. Or people who actually bought right. Yeah. fascinating. It's fascinating, right? So I've even done this to my newsletter. Like if people have questions, and they're on my newsletter, which is 100% free. Like if they write to me, I will try as best I can to answer their question again. Sometimes people write eight paragraphs, and I can't even figure out what they're asking. So it's not always possible. But if it's a relatively straightforward question, I'll do whatever I can to answer because I figured there opted into, you know what, I have to say it's an email, but it's amazing how many people like never asked anything weird, was weird. I'll see how many emails I get now, but I bet it won't be that many. Yeah, it's a subtle aspect of those like human psychology to me is just fascinating.

**Dr. Adam Sumarski**

When you went through that process, I don't like building on that when you were learning about that that like concept. Did they talk about also that I think similar but you can correct me if this is way off from what you were referencing to but the kind of what you get in return for an occasional like free something. You know, I think sometimes what I run into in medicine is everybody's very busy, right? Everyone works long hours has a lot of stuff. There's obviously in culture, a work life balance problem and people feel burned out and things of that nature. And so, people, you know, volunteer volunteering their time, without a direct correlation of what?

Maybe let's say they get out of it. I think that people sometimes have a hard time seeing the forest between the trees there. And I think that there's some caveats to that, right? Sometimes, we, as people volunteer your time, because you just enjoyed doing it, and you do your job anyways for free. And so going places and helping out, like, that's what you would have done anyway. So just being on like some board or committee to do it is irrelevant, you're gonna go to the hockey game, or like, help out at the soup kitchen either. And either way, because you just like having being a part of the community. But I think what I'm asking is there like, there are some things where it's like,

Hey, if you come volunteer at those at university to do something in the lab, you know, we're not going to pay, but then maybe an ad because you showed up and made those connections, you end up with 10 more clients, or 10 More mentees, and, or, you know, you tell 10 people about what you do, and then they just tell 10 of their friends. And before you know it, you got 15 new people listening to the podcast do. You know, I think that sometimes I try to explain that I think from a sports perspective, we talk about, you know, I spent a lot of time volunteering, like helping out in a training room or covering football or wrestling competition, and then people are like, well, how much do you get paid to do that?

And I got nothing. And they make any sense? And you're like, Well, I mean, for one, I probably go watch anyways, and do I feel like I'm helping out and I That's how I feel benefit, you know, like I explained in medicine, and then I, you know, like, but then you do see some patients down the stream that go like, Hey, I heard you're that team physician for the follow following school, you know, and I, I want to be see, you know, I mean, I, you know, my son sees you when he plays on the team. And so, you know, there's that like, indirect kind of thing. But to me, it sounds like it's, it's one plus one equals two, you know, I mean, like, it makes like, complete sense to me, and it's a win win win, or whatever Michael Scott said, and so like, I think that I don't feel like everybody knows that. You know what I mean? And what are your thoughts on that? I guess, or where as you've gone? Or experienced

**Dr. Mike**

that? Yeah, I mean, it's something I kind of even struggle with, even like with social media, it's like, I try to answer questions if people have them through social media, but at the same point, there's some days where my inbox on Facebook is just a trash bin fire, and there's no way I can get to it because I have obligations that are paying me so they obviously get my time first. If I get to some of the other stuff, yeah, I can. But obviously, there's a whole bunch of stuff that's going to fall through the cracks. I think for me, what I've realized is, if the person I know is going to follow through, I'll I'll do whatever for those people.

Because to me, it's if they don't follow through what I realized it's my own neuroses if they ask another question, and I refer them back to the first question and said, Well, how did that go? And they're like, Why didn't do that? And like, maybe you should go back and do that first. Because that's still the same thing I'm going to tell you is like, if I want better body comp for nutrition, what do I do? Okay, eat, you know, four meals, a 40 grams of protein a day. Okay, great. Bob goes away comes back three weeks later, I heard intermittent fasting is like the thing to do for fat loss for nutrition. It's like, what I said protein was number one for you, how's the protein going?

Well, I didn't do the protein I want to know about fasting. That just drives me insane. You know, and this is my own neuroses. Right. And I understand why they're asking because they want the knowledge, etc. So I always kind of temper that, and then even some, like podcast requests. So early on, you kind of go through this phase where I think you just say yes to everything. Like you want to do a podcast. Yes. You want to be speak here. Yes, you want to do an article Yes. Like, whatever you can, you know, kind of get to whatever level you end up at. But then at some point, you can't do all those things that you realize, like, oh, shit, I can't even pay my bills. And then you get frustrated with people that don't do the follow through because they have no skin in the game. So then you kind of reach the point where you have to be much more discerning about, you know what you do, because you've only got a limited amount of time. And so that's, that's kind of the kind of ongoing decision. So even like, go some early podcasts I did.

There was a couple of them were one guy. He lived next to a train, a train, like he was like a block away. And we would be literally in the middle of recording this podcast is

wow, it was so loud. You couldn't hear anything. And I'm thinking, you told me you're on episode 15 of your podcast. How has anyone even listened to any of this right? Or I got wise and said, Oh, is your podcasts out now? Oh, man, it'll be out very soon. Which those never saw the light of day. Right. So now I'm kind of like, okay, if it's a brand new podcast, I can tell the guy this yesterday. Okay. On your 12th episode, you do 12 episodes. You show me you've done 12 episodes, I will be a guest on your podcast. Right.

So now I was like, the the barrier is like you put in the work you show me? You're serious. Cool. I'll help you all day. Right. But if you're not so serious, you know, but at the same time, I just, it's hard, right? Because, you know, like a lot of stuff I volunteered for in the past has been super beneficial. Right? I've done I don't know how many tons of talks, I didn't get paid anything to show up or very little. Right. But it was great. It was something I wanted to do. And it was a wonderful experience. So you can't really say no, I'm never doing that stuff. So I kind of draw the line for business stuff instead, okay, the podcast is free, newsletters free, you can get good information, YouTube's free.

If you want to escalate above that, then you're gonna have to pay it at some point. And then other opportunities that come by. The interesting part is, I think as you get later in your career, you can actually do the inverse again, right? So if I have a source where I have enough income, that is not directly tied to my time, right, so I have more leverage, then paradoxically, I can do all the volunteer stuff, again that I want. And so, oddly enough, that's kind of why I opted out of academics hardcore, because I realized, oh, wait a minute. I have a degree. I know people in the field. Oh, so I can just help them write papers. And I don't need to make any money off that I don't have any affiliation. Nobody gives a crap. If I'm even listed as first author second offer 10th offer. Nobody cares. So then I get to decide, oh, I don't want to work on the papers that I want to work on. Yeah. So I don't know. That's kind of why I tried to delineate it my head.

### **Dr. Adam Sumarski**

What I'm hearing though, is there are unseen unheard of tapes out there. Heard yet, they're gonna come out like at some point, you're gonna like retire or you're they're gonna have a hard time getting like, I got a Mike Nelson thing. And you'll be like Tupac,



there'll be like a song coming out. Yeah, years after you're gone and like, oh, we can still we got new material here. Never before seen her. Somewhere,

**Dr. Mike**

that's actually you copies of like, the first few talks I did. There was such a disaster. They were so horrible.

**Dr. Adam Sumarski**

Yeah, I think also, I was gonna say that, like volunteering is is is a fascinating windy road. I agree. Like some of it has to be balanced. I think that is why a lot of people sometimes get a little burnt out too, right. Because when you're expending a lot of your time and passion, and maybe the people on the other end aren't as invested or aren't, you know, taking it for worth, I think you get a little frustrated, right. And you feel like you're doing all these things to help other people and as a result, sacrificing maybe family time or friends or or your own hobbies or interests or your health. And I think that that can lead to a lot of like frustration and burnout. And then at the same time on the other end there, you know, looking back on some of my like, greatest opportunities, or most like memorable moments, if you trace them back, oftentimes stem from volunteering for something that nobody else was gonna sign up for. Yeah.

Or when you volunteer for something, they go like, whoa, whoa, whoa, before you get on that ship? Why don't we talk about it, right. You know, the Navy, they say it stands for never get volunteers off. And I always like made it a point to like, I always felt like all volunteer for me, like you said it at some point, you're like, hey, I, I really I know where my 10 year plan is, I know where my goals are, I have no idea how I get from standing here on this island to the other side of the ocean here to get back to land where I ultimately want to be at but, you know, if I wait for the perfect ship, or perfect like logged to float me over there, it may or may not come I'm going to take whatever log comes by and see how it goes and start over again, if I don't like it and or take it on the ship. And maybe it's not the right ship, or it takes came to the wrong the wrong piece of land.

But like all eventually get there. And so I think that some of those times, they did not take me where I wanted to go. But you found yourself standing somewhere like this might be better than what I thought. And I think that oftentimes, if not like most of the time, those things when you like, maybe not the opportunity before wasn't the weird one that you volunteered for the nobody liked. But if you trace it back one to 10 to 20 You're like this, you know, this connection to give it to Mike Nelson was actually like, agreeing to like, you know, like, take the trash out on Wednesday morning when nobody else wanted to.

And so I've definitely had opportunities where I've had people call me and go I heard you you agreed to do this and you're like, yeah, and they're like, you know, that's a terrible idea. Right? Nobody likes doing that and you're like Yeah, I heard that and they're like well I like I'm not actually really sure like and then you know like I said a few a few layers of Kevin Bacon connections to Kevin Bacon later you're like exactly you know, you're in this like wonderful opportunity and getting exposed to stuff and then you know, you find yourself in a situation where someone's like, it's unfair. You got this opportunity and you're like little do you know how what it took to get here what windy road got me here and so the I don't know what the right answer is there.

But you're right, I think that at some point it is that at the beginning of your career is to take all those opportunities and sort them out. If you fall on your face a few times, it's still probably a great learning environment. And you might meet somebody who also fell on their face during that appointment. That also like finds their way and you now have a connection with. And then as you like, as you get moving towards your goal, I think, yeah, you have to narrow it down a little bit, focus on some other other things and refine the path you're on. And then yeah, hopefully, at some point, you get to the point where you're like, doesn't matter which way I go, right. You're, you're comfortable where you're at, and you can go back to picking and choosing and not having somebody steer you around.

### **Dr. Mike**

Yeah, another part I think I've used to is the organization or the people do I believe in the people and the direction they're going? Right? So for me, and I'm sure for you is

probably very similar, right? If it's a newer organization, and I'm not super invested, and you know, but I'm, so I'm a member of the Special Forces experience, and the people who run it just awesome. I think they're doing it for 100% the right reasons, I think they've got some great stuff. So I helped them with their process, which was in, you know, Idaho in the mountains for eight days, you know, literally the time that I was down in South Padre kiteboarding.

So I was like, okay, but this to me, I believe in the organization, the people that are doing it. Yeah, the little bit of money I got I donated back to their documentary film, I'm like, Yeah, you did you put it towards that, that's fine. You know, so. But I did it. Because I believe in the organization and the direction, I think it's something that's definitely needed. So I was like, oh, eight days, I don't really get paid anything. I couldn't really work that much per se. But that was cool. That was an amazing opportunity. I'm glad I was able to do that. And then I was also glad that I was able to put myself in a position, paradoxically, by saying no to other things, to have the opportunity to have enough income to cover that time to be able to do it. So it's always this, this weird kind of seesaw back and forth all the time to

### **Dr. Adam Sumarski**

Yeah, that people think is hugely it on I sometimes joke with people that I'd go back to a warzone and just shoveled dirt from one end to the other with the right group of people for free. And I would not You couldn't pay me enough money to get on the biggest yacht in the world with like, the finest food and the finest drinks with the people that I have disliked, you know, people that I don't agree with, and I don't like, like the way their direction is or their attitudes and so and I think some people that sounds like Insanity, but for me there there'd be no decision to be no thought process over here. Large yacht, lots of money, great food, you these five people are intolerable.

Five of the greatest people you'll ever have to spend time with. But all you do is like, pick up the sandbags and carry him back and forth in the desert and you're like, it's for free, by the way. And I'd be like, where do I get my own sandbag? I'm like, there's like, no, there'd be no hesitation that bow would be people would be out and screaming and I'd be already on the other way. And I would be deaf to that, to that that call. So the I

think that being able to like get your trailer to the right group of people the right organization. You know, whether it pays out for you financially or professionally is a different thing. But like there's like no price or or like cost for like your own mental well being at some point too. And the things you get out of just like being in a scene situation.

### **Dr. Mike**

Yeah, and even like, I've turned down some projects that monetarily looked like the dumbest decision I've probably ever made, but ah, would have been such a living hell. Like, okay, am I at the point where I'm that desperate? Where I would do that? Right. And that's actually one of the things why I stayed working for a medical device company part time for so many years while I was doing fitness stuff, because I didn't want to put myself in the position of okay, you have to hawk whatever supplement known to man or this or do things that, yeah, they're not illegal, but morally say they're pretty shady as fuck, you know?

But I understand sometimes why people do that, even if I don't agree with it. If it's like that, or you're gonna potentially lose your house. I might start doing that. I don't want to say that I wouldn't you know what I mean? Like enough pressure. Yeah, I might lean that way. And I don't want to find out if I would or not, so I'm going to stay working at this other job. So I can take a longer approach and still make my house payment and have medical insurance and eat food. You know, but it was hard because you see other people doing well and certain things that you think might be a little questionable but at what point do you want to throw everything in just for income?

Right. So like you said, a lot of times with volunteering, the benefit is you get to hang out and meet great people might not make any money but you know, there might be some benefit down the line. too, and it's, it's always hard. I think when you're younger starting out of seeing all the long term benefits, right? I think you're just easier at seeing the short term. And I think as you get older, it's easier to see sort of the long term kind of ramifications of everything. Because you have that history, you can, you know, trace back 20 years, oh, my God, I wouldn't be doing this talk. If I didn't meet this person who had that person. I went to this conference did this. And this is, you know, like eight

things back, you're like, Oh, wow. I understand. So I don't know if this makes any sense to people. But yeah. So when you start up, say yes to everything at some point, yeah. Well, it'll be a little bit more discriminating. But I think for most people, I think their end goal is to then have the more time and the ability to, you know, go back and do the things that they love. And if you can do them, then independently of money, I think that also makes the decision process easier. It's just getting to that point where that becomes a valid option.

**Dr. Adam Sumarski**

Definitely. good at teaching people stuff online. Yeah.

**Dr. Mike**

All sorts of stuff. Yeah. As old people teaching all these youngsters shit. Cool. And then the last topic I just wanted to touch on real briefly was, I know you do a lot of imaging of injuries. And one of the questions I get from your clients or just random people is, what are your thoughts about they have an injury? Is there any good rules of thumb of when they knew would need imaging when they wouldn't? Are there other tests that can be useful?

Because the scenarios I think of in my head is that I've had a couple, just random people email me that. It sounds like they had a pretty solid diagnosis. But they were worried because the doctor physician didn't do any imaging. And then you've got the other extreme where you've seen a study, I think it's been replicated to where they think the MRI or the image, do you know, people's backs, this sends out to radiologists to read, it was like 30 or 40% said you must have chronic pain. Well, they didn't tell you the group is that no, these were all like asymptomatic people, we just grabbed off the street and started scanning them. So just because you see crazy shit on an image, at least in terms of pain doesn't always necessarily mean that you have pain or that that's the source of it either. So you've got these like two kind of weird polar extremes on YouTube?

**Dr. Adam Sumarski**

Yeah, this is great question. When you first started asking the question, I was nervous if I was going to have the answer your question, because what are you hoping for all

scripted questions, but this is great. I this is actually a great question. And some of the stuff that I've actually gave some talks on, I think that, you know, as a cuckoo Ray, from what you're mentioning, there are tons of studies out there about how the imaging of like chronic changes in your body do not correlate to symptoms, right. And I think you hit on one of them there are endless amount of times we used to have like a file of of x rays or MRIs where we would show students and say,

Hey, like, what do you think the function is of this person? Right? And they'd go, oh, we'll do right. This is yeah, like can't possibly be moving stuck in bed. And it turns out, they're like a division one athlete or professional athlete or won a gold medal, and you're like, That can't possibly be right. And then you have another x ray or an MRI, that looks completely normal, and someone physically can't move, right. They're incapacitated, they're crying. They're hysterical. And, and they just don't correlate. And those aren't one offs. Those aren't like anecdotal, anecdotal, those, I mean, that those are obviously anecdotal experiences, but like, there are plenty of evidence based medicine literature that shows the lack of reliability spines, imaging is usually the most common one is every decade in life, you go through how more unreliable, the chronic changes are, right?

I mean, obviously, you know, if you fall and break your wrist and the X ray shows you I have an acute fracture, it's not like an unreliable find. The Chronic changes of things like, you know, the people typically reference have arthritis in your joints or your back, etc. is a huge kind of myth or like this, but it's also like a paradox, right? Because most people are visual people, right? And so, if you see it, and you're like, broken fix, like, you know, it's just like in your head, like, it doesn't look pretty, I want it to look prettier, but and in those studies, probably to a certain degree are properly you know, depending on the study, some of those are underserved too, right?

Because how do you know if somebody doesn't have one of those injuries and doing just fine because they never come in? Or they never volunteer members, like enough like they're asymptomatic or have no symptoms? Why? I mean, you wouldn't even know so being like, Oh, well, 100 people that came in to see me only to have had this or 50 have had it. And so see, it's only a flip of the coin. There's probably a lot more people out

there that have it that don't even come in you've already biased that study because the somebody even has a complaint of their knee or their elbow, which puts them into a different pile and so it is It's like, but at the same time, because we are visual people. And I think we're all like, Are most of us are kind of on an area where we're skeptical, right, you know, like, how did they know that right?

Or like, how did they figure? physically see what the problem is? I think as as we get more imaging and stuff, I think more providers and physicians are more aware of those studies. But I think you'd be unhappily surprised how many people don't know of all those studies, right? Or aren't aware that just because the picture looks bad doesn't mean that there's actually a problem. And I think, unfortunately, then people get wrong advice. And I think it leads to a little bit of what you're seeing, right? Where someone eyeball something goes out, looks terrible, you have, you know, severe findings. And then, you know, they show up in my clinic, and they're about as mild as it gets. And they're like, it looks terrible. Like, well, they don't really know. And I think in medicine, I think we know to bring it circle from what we talked about.

There are times like on deployment, suddenly, it would be like, you know, ask me some question. I'm like, I don't really know. And they're like, Well, you're a doctor, aren't you? Yeah, but I mean, like, I do musculoskeletal stuff. And you asked me like an OBGYN question. And I like, you know, I know enough was like more on my back board exam, you know, like, like, that was 12 years ago, or 20 years ago? And it's like, not, I don't know. And there's people who literally just do that. And so I think that, you know, if somebody asked me something about maybe like, their thyroid lab work is usually the example I give, I mean, like, I look at it and go, I don't know, I think it's supposed to be six, it looks like a 20.

That's probably bad. I mean, I don't know. I know that. I don't know. And so I tell people, like, I'm not really sure, you know, it comes up as abnormal. But I don't really 100% know what that means. Because lab reference values are different and patient population, you really need to ask somebody that knows, I'm not sure everybody always does that. Right? You, when you ask people their advice, they sometimes just give you their advice. And they don't qualify, quantify or like, you know, like, specify that maybe

that's not 100% like their reign of the of the area, or, or as you have mentioned to you just look it up on their free information that you have on the internet. And just Dr.

**Dr. Mike**

Google everything? No, I couldn't tell you anything

**Dr. Adam Sumarski**

going on either. And so and people will tell you sometimes whatever you want to hear though, too, right? And and sometimes not our most of the time, I think it's not in a malicious way. I think people want to people want to help you and want you to, like, be happy and like, you know, review them well. And so they'll tell you, whatever you want to hear whether it's 100% Correct or not, because they think that that's what you want. And I think that that's challenging. And so you're right, I think the imaging thing is challenging, because it's not always very reliable. When we talk in my clinic, I give people options. And I think that's also a fascinating thing, because depending on the personality, not most, not everybody wants to like have input and what happens to them, which I find fascinating times too, right? I mean, like I again, my person, I would like to know all the risk benefits, right?

And then let me have some input, don't tell me what I want to do. And because it depends on your functional goals, or what you want to do going forward might depend on whether you want to surgery injection therapy, or just let it be right. And so I think as we go through things in clinic, I typically tell people, here are the next steps, right? We could get the following imaging, but it may or may not affect our treatment plan, right? If it's has this or that it's still like whether it's the first three things, and your differential to treatment is still the following. And the test is expensive, and like nobody likes being in that tube, or there's a lot of radiation involved in that. And there's a lot of dishonor procedures, or some of those images, there's a lot there's risk involved with with the radiation or the contrast and stuff.

And so I think all those things have to go into it, and people have to decide it, then I get a variety of answers, right? I mean, if you have a stress injury, and I go, Hey, we could get the MRI that the treatment with without the MRI is the following. But something I



tell them, some people like to see the images. And sometimes you can use those images to not only convinced the patient, but also to get them to buy in, right? And so like if I come up to you and go, Hey, I really think you have a bad stress fracture in your shin. And I don't think that's a great plan to continue to like, play basketball, I run track, etc. And you go, yeah, okay, buddy. I've been in Word Pain.

I think that sometimes when you show people stuff, and they go, Oh my gosh, that looks terrible. And I've been there numerous times in medicine, where people are kind of not sure, even if they it's not that they don't believe you. Right. But you know, sometimes seeing things again, people are visual. And I think that showing people things is helpful. And so sometimes, you know, you pull something up, I always go over images with people. And so you pull up their MRI and they go, Oh, that looks terrible. And you're like, you haven't even said anything that they don't you know, most people don't even 100% know what they're looking at. But they know that like, that's not what it's supposed to look like, right? You don't need to be a doctor oftentimes to see things that don't look right. And But the flip side of that is sometimes you go well, that looks terrible. And you go Yeah, but it doesn't matter. You know what I mean? Like, here's three other people that look worse and they're more active than you. They're maybe not better athlete. But you know, I mean, like, the 5k, this guy's running marathons and like, just won the local marathon, and his hip looks to a billion times worse.

And we only got an x ray because he fell on his hip. And the arthritis is just incidental. We thought maybe he had a fracture, like, on the lateral part of his femur, and so like, those things that come up are really challenging. And it's hard to sort through those things. I think the visual thing can get put in people's heads too. And so that's part of the conversation. Like, if we get an image there might, it's going to show the following things because everybody over this age has there's a greater likelihood you're going to have this finding the knot, but it's not relevant. And that's not what your pain source is, right? And so I then some people see that image and they go like, Oh, my gosh, and they can't get over it. Right. They can't do the fact that there's this thing you're like, Yeah, but you've always had that that's been there that took 12 years to grow. Yeah, not only

**Dr. Mike**

thinking about, yeah, and

**Dr. Adam Sumarski**

you just feel like something's wrong, and it hurts your it causes anxiety, stress and impairs your performance. And I think all those things can be detrimental to your health, too. And so there's a there's a big plus minus there. I think having those conversations with somebody have what they feel most comfortable with, and how it will help them the most, because I have had people, you know, and I fall in this category, I don't want to know, you know, if it's not going to change anything I do, I don't want that stuck in my head, because I'm going to have that picture there. And so for me, unless I need it, or or it's going to, like help somebody else, like get it out of my I just don't want to see it because I think that it may affect the way that I perceive what's going on. Like, maybe it does hurt more than I think it does, right, even though it's not relevant. I think one of the things that Advents that I think has been huge for my clinical practice, and for my patients is that is the advent of diagnostic musculoskeletal ultrasound.

And I think the benefit of that is, I think there's a lot of times I see folks in clinic and, and we go over things. And, you know, I think, not to be too tangential here. But like, you know, I think what also is sometimes the skeptical thing about medicine is I think that not everybody good, I'm not saying everybody does this, but I think a lot of us, you know, if I go in the room, and I spent 15 minutes with you, Mike, I've spent four minutes, every minute I spent in the room with you, I usually tell you, I spent four to six minutes outside the room, either before or after we're together being a part of like your clinical case, right, reviewing your chart, looking at your images, thinking of all the differential diagnoses, looking into the things that you need done. And then we come into the room so I can get more information from you do the physical exam, it's key to us moving forward, and then talking about how that refines all the information I learned about you before you got there, right.

And then all the time I spent afterwards ensuring that we're going down the right place, coordinating care with other providers or people in the treatment team we talked about before. And so I think sometimes when you see that snapshot, and Mike comes in the

room to see me for 10 minutes, and I go, how did Mike figure anything out? But the reality is Mike probably spent 35 minutes figuring that out. And he's spent 45 minutes on my case with 4 billion other people before me, right, you know, in patterns of knowledge. And so I think sometimes that makes people skeptical too, a little bit, right? Because you're not they don't get to see the whole hour that you spent on their case.

Right. And so, but I think the to get back to our saying, I think that you know, when you're seeing somebody and you're doing this exam history and and, you know, reviewing the mechanism injury, if you are there on the sidelines, and you go, Hey, I know that that Mike has a UCL sprain of his elbow, and people go haha, I don't know how you know that, right, you can take up machine, a musculoskeletal ultrasound machine, and it's right next to the bedside, and within a few minutes, show them exactly what you're talking about. And I think it's huge. And oftentimes, it's not changing my diagnosis, it's not changing the clinical care or treatment, it's going to happen afterwards.

But it does put that visual component to it for like a fraction of the price of any price, right. And then also, without having to like wait two weeks to get into the MRI or worry about your insurance denying it not being you know, maybe not liking being inside that type tube of an MRI, that and the cost etc. And so to be able to, like at point of care, show somebody an injury, I think is awesome. And then it also adds that dynamic component to it too, right? That UCL injury that may look kind of okay, when it's like nice and flat and you're laying on the table, I can then take your elbow and stress, you know, give a little bit of a valgus stress to it and see that joint open. And you get to watch it too. Right. And I think it's fascinating how many times like I was mentioning before the MRIs where I put the ultrasound probe down and we're looking at things and someone goes, Oh, that's not good. And it's

### **Dr. Adam Sumarski**

two years old or 80 years old, 80 year old farmer was never he's been the doctors twice when he cut off his finger and today and he's already diagnosed himself with that's not good. And he knows that there's a problem there and or this 15 year old kid who has no interest in medicine and could care less and has no anatomy experience and goes left

doesn't look right. Right. And I think that from some of those things, too and are talking about sports injuries or musculoskeletal injuries. I mean, you can take a look at the other side right I had a wrestler during a tournament on not too long ago that was like how do you know my ankles broken and I'm like it's just broken man like I

Yeah, I watched it happen, you know, like, it doesn't look good, right. And he went on to show me how it was fine. And to be fair, it happened like five or six minutes away from me. And I didn't, you know, I saw it kind of happen, and God doesn't look great. And I heard that kind of crowd respond and the trainer went out there. And then he's a tough kid, he's going to be a great wrestler at the division one, level two. And so like, you know, he goes out there and gets mad and pins the kid in like, four seconds, you know, and then runs away, physically ran away. And I was like, in the trenches, I think you really need to look at that ankle, like, I think it's broken. And I'm like, Man, it'd be hard to sell me on that right? In a sprint 30 yards down the mats. And so you know, you go kind of chase snap drum, and we go into the training room and you evaluate, and you're like, yes, things pretty broken. He's like, No, let's not watch and he proceeds to jump on it and show you how strong he is. And you're like, you really need to sit down like that your fibula is broken.

And he's like, I don't believe you, you know, essentially, like, I wouldn't have been able to do all that. Did you see me pin that kid? And you're like, Yeah, I guess you know, and you do an evaluation, he isn't very uncomfortable, right? He's like a one out of 10. He's very unimpressed of what's going on. And he seems like he's fine. And so I am fortunate enough to have a small ultrasound for like a horrible one. It's like the size of your phone. And it just blooms of a butterfly. Yeah, it's a different brand. But it's a brand of that V scan. But it's like, concept and it it Bluetooth to my phone, I just like put the little like, little like leg up and put my phone down and you can take a look. And you know, I saw him his broken leg. And he's like, Oh, how do I know that all ankles don't look like

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take off your other shoe. And we'll look at the other side looks different. And then like, he's still kind of skeptical. Like, you could look at my ankle too, I guess. And back down after looking at three ankles and his, his original ankle looks not great. And then he's

like, man, that thing's really broken. Right? And I think that I don't know, if you're selling that kid did he has a problem. Without that. I think that he tells me that he does not like Thanks for your advice, buddy. I don't know who you are, but like past, and I'm gonna go back out there and wrestle, right. And so I think being able to show people their injuries, even though it wouldn't have changed my management.

And I think, to build on what we said earlier to full circle is that, you know, if you thought that kid had a broken ankle, and I gave you a description of a kid who pinned a kid sprinted off 30 yards, did a bunch of John's has full strength and has no pain when I'm messing around with his ankle. And I'm telling you, as like his dad, or mom or trainer or coach at a remote place that I think he has a broken ankle, and I'm not going to let him wrestle the rest of the day, I'm gonna guess that all five of you are gonna tell me to shove it too, right? Like, doesn't make any sense. I've seen a lot of people with broken ankles, if you're layman's, or even a physician and you just go like, that doesn't make any sense. You're an idiot.

And so we're going to do whatever we want to do. And if you send that kid away, right, and I sent him to get a cast put on or I send them home, and he gets back to, you know, Maine or California, right, and they go, you don't have a broken ankle, I'm not sure how much more business I'm getting. Right. And I and I also just lose credibility of other people. And more importantly, like, you kind of ruin somebody's opportunity, right? And so I think that when we were talking before about like being overseas and stop to be have something like an ultrasound machine to be able to confirm your clinical decision making so that when you have to make big decisions like that, that affect people's lives, that you can be more confident in what the answer is, I think is really important too.

And so I think those opportunities have to be able to do that to confirm that at the bedside. I think unfortunately, you know, we're not at the point yet where there's a lot of people that can do that, I think that it's been a great career opportunity for me to be able to be invited to like national or regional conferences or local teaching opportunities etc to show other folks how to do that or the train that I was fortunate to be a part of, at the Naval Academy for fellows and residents and students etc. So they can start to learn some of those skills because it's not commonplace yet you know, people talk

about the ultrasound being the next stethoscope where you know, we do regardless of your specialty, the applications of it are great, I had a patient the other day to so they did an ultrasound on his eyeball on my kind of, you know, I don't know what that means. But the fact that all those things can be done at bedside easier, like less risk and done at the point of care so you can get the answers sooner, I think are huge.

There are numerous times where at the end where someone goes, I'm here to get an MRI and then we do an ultrasound instead and I feel them the answer which I don't think they need the ultrasound or the MRI, but they want you know piece on be like we talked about our visual you show on the ultrasound images and go, I'm still happy to order the MRI and they go what do I need an MRI for? You know, I think that those are great and that saved not just like the patient although cost and expands with the healthcare organization as well. And so I think all those things are pluses. It's but the other aspect of your question about you know, when is you as a patient go when do I need an image You know, I'm not sure what the answer to that 100% is, I think that normally the answer is, is if you have discomfort, it's just as unrelenting and not getting better, like in a normal, like the normal, like course or history of the disease, right?

Like if you sprained your ankle and like, you can't walk on it, and it's still an after a couple of like a day or two, right, and you're like, I can't even bear weight on my leg. And so if you have a functional deficit, and it's not improving with time, or you know, the normal price of protection, Rest, Ice, Compression, Elevation type of stuff, and it's just like not getting better. I think that's the time when you need to, like, ask somebody else for help, right? I don't know if that means you need an image. But I think that's when you need to seek out for help. You know, you sprained your ankle and you can walk on and you're doing okay, and you're getting better every day. I don't know that you know, something you need emergency seeing or need an image. But I think if something's not getting better, and it doesn't seem to fit in the timeframe of that specific injury, you think it is, I think you need to reach out to an expert and get their opinion on it, which may not involve an image, but I think that's when you need to ask for some help.

And I think that, you know, to build on that too. And this might be a self serving plug. But I mean, I think that maybe asking people like Hey, I think there's something wrong with my knee and they go I need an MRI, maybe asking like, hey, so you get an MRI. Do you have a colleague that can perform musculoskeletal ultrasound tonight that without me spending all this money on an MRI or waiting three weeks to get the MRI and getting that answer sooner or maybe, you know, as a as a patient, seeking out those opportunities online, right, like I have a musculoskeletal injury, you know, who in my community does diagnostic ultrasound that can evaluate me at point of care? Might be beneficial as well for you? Yeah, that's a long answer. Is that? Is that what you're looking for?

**Dr. Mike**

No, that's perfect. No, I know, it's not an easy answer. But I I like the context, because, uh, you know, you've got the two extremes. And I've had people I've talked to her like, a doctor was an idiot. He didn't they didn't look at any imaging. I'm like, Well, if you've got a massive functional discrepancy, you probably don't need an image just to determine that, right? I'm not a physician, but I'm guessing you can tell that that's screwed up. versus the people who get an image and they're like, I didn't have that much pain, but I got this image and it look at this thing. This is horrible. And they're just like, losing their mind. I'm like, but you didn't have hardly any pain before you went in right? Now your pains, like, you know, a seven out of a 10. Before it was like a one out of the 10. What changed? Oh, but I know it's grown. It's bad. And you're just Oh, no,

**Dr. Adam Sumarski**

yeah, the amount of people I've talked down off the ledge, I happened to me just yesterday, a young girl is gonna be playing division one basketball, she's on her way out to school and a couple of weeks. And, you know, she got some information there. Like, the person that told me about this says it looks terrible. And then when I told the coaches and athletic trainers, they're like myth and interested in the family was mad because, you know, the, the providers that they saw made it sound terrible, right? And then, you know, we went over, I'm like, This looks awesome. Like, this is pretty great. And they're like, oh, wait, what are those things and you could see, you could feel the pressure deflate out of the room, right?

And, and you have to explain a little bit more. I mean, obviously, you don't walk in and just go this is fine. And walk out. I mean, it was a longer discussion, but as you discuss and talk through it, and why it's okay. And it is normal to see things like that, or maybe not normal, but like, it's not uncommon to see that. And it doesn't mean that you have a big problem or something that's going to prevent you from playing basketball. I think that that like you can just watch the room kind of decompress a little bit. And, again, not just like from a musculoskeletal splitting point. But that, like, we'll look we're talking about, again, full circle, when you're on deployment, or you're trying to play sports, if you're distracted mentally, you're just like, not the same, right? Professionally or like athletically.

And so to be able to, like have some reassurance that like it's not something that you have to worry about this rubber band that you keep stretching that's eventually going to snap and hit you in the fingers, it is very important to know as well. And so I think that stuff goes well. The problem is, though, Mike, is that you can always like walk in a room, and judge who does want to see that image and who does not, who's gonna freak out if they see something that's not important, because they're a visual person, or the person who doesn't want to see it. And there's, there's not a personnel in my experience is not a personality type that I've been able to gauge or certain like, you know, occupation or whatever the case, right age or gender. I mean, everybody's different.

And some people were like, well, you know, I don't even guess you know, and just like I give them the options and let them pick, right and so because if I was to guess, like, in my head, I'm like, oh, Mike won't want to see this image. You know, Mike's gonna be like, Well, you're not gonna give me an x ray. And you're like, Yeah, I mean, you can't if you're on it, you know what I mean? So like, I just upfront tell people like here's the plus minus of these things. You want to grab one or not. And and then occasionally people ask you what you want to do and then you got to be careful because because something I would do I'd you know, I tell people just because it's something I would do. I'm not sure you should always be following me around so I'm probably more likely to be dragging my my broken leg, my dead leg around the room looking like the hunch. Back



at Notre Dame, they can then be like, seeking out help. You know what I mean? So I'm not always what would the doctor do is probably not always the right answer either.

And so I think it's challenging to sort through those people, and you're gonna have some upset people, right? I mean, it's, it's, you're gonna end up with somebody that comes back to Mike and goes, you know, Adam doesn't make any sense. Like, he didn't get me six MRIs and four. Right. But I think on my end, you know, if you came back and told me that, I'd probably tell you that I did offer him the X ray, and MRI, you know what I mean? And so I think that's also why in order to make sure people are not only getting the right diagnosis, but they feel comfortable with the answer you're giving them. That's why I think that you know, that patient centered healthcare stuff is most important, because I think you're not going to be happy unless you do it kind of your own way a little bit. Right. There's, there's, there's things around there, right?

I'm not saying if you come in and you tell me you want 400 Percocets, right, and you want a body MRI, and you want it for free, that that's like somehow going to happen, or we're going to do that just so you feel like happy or you leave a good review. Right. And you certainly have to tell people No, I mean, I've had one of those recently, where someone asked for a specific amount of burkas sets and fentanyl patches? Oh, yeah. And I was like, I'm not doing that, and not a bad review online that I did help them out. And so and, but you know, what are you going to? I mean, like, you can't, so you can't, I'm not saying that you have to like, you know, it's not patient demand healthcare, to give people things that are harmful to them that that amount of fentanyl and Percocet is obviously going to hurt someone, either that patient or somebody else when they sell that to that person and give that to somebody else. And so you do have to make some tough decisions, like I was saying, in the military on deployment as well.

But you do. If you give people I think the opportunity to have some input in their health care, I think it gives them that skin in the game you're talking about earlier, when you're talking about what you do for work as well. I mean, if you just make decisions for me, it doesn't turn out and they go, you made me do it. And you're like, oh, yeah, that's like what we do, like, that's the standard of care. But you're right, there's not always like, medicines, not black or white. It's not as much as science it is, there's an art to medicine.

And so having the patient have some input into what the artworks gonna look like, I think has a little bit better buy in when it doesn't go well. And someone comes back. And you know, I don't necessarily tell people I told you so. But there are times where I go, Alright, can we do it? What I recommend?

**Dr. Adam Sumarski**

Or you say, like, Hey, no problem, like, you know, we at least rule that out. Right? You while you're concerned about there is no harm in trying like what you wanted to do. And like I said, like either diagnosis either treatment, head to head is equal in the literature, and neither are like, potentially have any different risk profile. Pick one, you know what I mean? It like, well, I want to do chiropractor, I want to do physical therapy, or I want to try this medicine. And so yeah, those two medicines are the same, those two types of therapies are not the same. But head to head, I can tell you 100%, which one's better, and so you pick which one works best for you.

And when you come back, you got didn't help and you go, alright, we'll cross that out. Next, Next, Next one down the line. And I think that sometimes, or most of the time, that allows for like better buy in, it makes the patient and the provider physician happier too. Because, you know, you're doing it together and you're weeding through the process together. And so if something fails, you feel together. And I think that that creates a little bit more camaraderie together to write if you and I are like going through the fight together. And we go do we want to go left to right at the fork in the road? If we both agree to go left? And it's the wrong answer.

We learned together and like, Oh, dammit, we should have made some better decisions there. Let's go back and go, right. But if we get to that fork, and I go, Mike, we're going left and you go, that's a terrible plan. Basically drag you to the left, and we have a bad outcome. Not only are we did we have a bad outcome, but like our rapport with each other is gonna get shitty, right? Because you're going to tell me I told you so man. And even if we go back and go, right, and then we still like win, and nothing terrible happened, because we went left other than like, failure, disappointment, or having to run to lengths of the race instead of one, right?

Which isn't maybe the worst, but it is more effort, it we're still not going to like each other a little bit, right? There's still going to be a little bit of that, you know, this guy makes me do everything. He says all the time didn't get it right, I had to run an extra leg of the race because of this guy. And there's going to be a little rub there either for a little while for all weeks. And so I think getting that input from people to decide within the bounds of like, you know, oftentimes we're constrained by someone's health insurance or, or factors like that, right? Not everything's realistic, like the purchase sets. And so I think that with within the factors or within the realm or the rules of the, of the engagement of the, of the engagement of healthcare, I think if we make page like group decisions as a team, I think the outcomes come a little bit better. And then I think some of those, those preferences of how you learn or how you're going to how you will feel comfortable with your healthcare come out. I do want the image I do not I will take on the risk of this and you they understand what goes on. I think the outcomes turn out a little bit better.

**Dr. Mike**

Cool. Awesome. Well, thank you so much for all your time today, we really appreciate it. And if you want to be found, how would people find you? Or maybe you prefer to be hidden in northeast Iowa?

**Dr. Adam Sumarski**

That's right. You try to hide in the mountains of eastern Iowa. Um, I don't have as much about we I work at Medical Associates in Dubuque, Iowa. And so on the website under physical medicine and rehabilitation, or under sports medicine, you can find my bio and the services that I have to offer. I don't have as much of a social media preference, but other both. Yeah. I give a number of talks, like you had mentioned, like national conferences and regional things.

And so I've been involved with a number of academic things and publications. And so just like PubMed, or Googling, my name will come up with some of those opportunities. Su SMA RSCI, Adam, and we're like looking it up at my current, my transition to the civilian world interview guy at the mountains of Dubuque, Iowa, at Medical Associates,

sports and spine, that is probably the best way. And I appreciate it. Mike, this was a great opportunity.

**Dr. Mike**

Yeah, thank you so much, really appreciate it. Thanks again.

**Dr. Mike**

Thank you so much, Dr. Adam, for being on the podcast today and sharing all of his wisdom, really appreciate it. Hopefully, you got some cool takeaways out of our wide ranging conversation there today. And as I mentioned at the intro, the show this is brought to you by the Flex Diet Mentorship.

If that is something you're interested in, it is primarily geared towards people who are, let's say, new to intermediate in the online training environment. What I found was there are some pretty decent programs for people who have been doing it for a while, I didn't really find much for people who were new, other than I would say extremely advanced and overpriced things that were not very useful. So the core of it is actually teaching you how to write content.

So it's very much a content-based thing. If you get good at writing content, you can then apply that to Facebook, Instagram, you could apply it to videos, articles, wherever. And that was the thing that when, when I was learning was probably the thing I missed the most. I was good at technical writing, I was okay at other writing, but writing specific content for say a newsletter or how to set up promotion, if you're doing one on one training or you have a product. That was something that took me forever to figure out. So that's the primary basis of it. We do also cover exercise assessments, marketing, which does content-based mindset, both you and your clients, and then also some personal development.

It is a six month program. So it is a pretty hefty commitment. So if you are interested in that, find a way to email me. Yes, that is your first test is to find a way to email me and that is done on purpose. So thank you so much again for listening to the podcast as always, really appreciate it. Big thanks to Dr. Adam for sharing all of his information.