

[00:00:00] **Dr Mike T Nelson:** Hey, welcome back to the Flex Diet Podcast. I'm your host, Dr. Mike T. Nelson. On the podcast, we talk about all things to increase performance, add more muscle, and improve better body composition with nutrition and training all done in a flexible manner and without destroying your health in the process.

Today on the podcast, I've got my good buddy, Dan Victor. It's taken a while to schedule with him because he's an extremely busy in demand coach and I really appreciate his time to come on here and talk more on the neurology side of training. Dan has a great background both in some very unique methods and I got to hang out with him and finally meet him in person when he was doing a seminar.

It was a few months ago now with coach Chris Corfu and Coach Cal Dietz. As I've known Cal for quite some time. I've known Chris for quite some time too. So they're planning another seminar in the future. The word is, so if you can get to it, I would highly recommend that.

So with Dan, we talk all about some fun stories about Louie Simmons him going to his facility. Different neurology aspects especially related to the visual system the vestibular system, which people generally think of that as your balance system. This is primarily controlled by the three vestibular canals in the inner ear and then also the proprioceptive system.

So how you can know where certain limbs of your body, your map or your body is in. You can differentiate potentially from neurology or the neuro aspect of movement versus the biomechanics portion of movement and different training methods. And then we also get into a little bit of cold water.

Immersion and Dan's experiments doing that, which were quite interesting. Enjoy this podcast here with Dan Victor. Check him out [@wannagetfast.org](https://www.wannagetfast.org). It's got some great stuff there. And this podcast is brought to you by me, miketnelson.com to go to the site. You can hop onto the newsletter.

Most of the information I have that goes out now goes through the new. , you can get on it for free. So go to miketnelson.com. There'll be a way to hop onto the newsletter and enjoy all the free stuff if you have particular questions for me. Best way to get ahold of me is through the newsletter. Just hit reply to anyone in the newsletters.

Most of the time they get to me. Sometimes they get a little bit. And I will do my very best to get back to you. Probably gonna be better than through social

media. I try to do that, but sometimes I can't get back to everyone.

[Miketnelson.com](http://Miketnelson.com) Enjoy this wide-ranging conversation. More on the neurology side with my buddy coach Dan Victor.

[00:03:15] **Dr Mike T Nelson:** Hey, welcome get back to the Flex Diet podcast and we've got Dan Richter. How's it going, Dan?

[00:03:20] **Dan Fichter:** Busy. Busy, but good.

[00:03:22] **Dr Mike T Nelson:** Yeah. What's been keeping you busy as of late?

[00:03:25] **Dan Fichter:** I teach physical education. I coach indoor track.

I coach football. I'm the strength and conditioning coach for the school. I have a gym that I run in my spare time. Yeah, other

[00:03:37] **Dr Mike T Nelson:** Than that. You don't do anything. You sit around one day, scratch your nuts and hey, ,

[00:03:42] **Dan Fichter:** I'm very lazy by nature, I can tell you that. So when there is an opportunity to play on the couch,

[00:03:48] **Dr Mike T Nelson:** I do, Hey, nothing that's recovery, right?

Nothing wrong with little regeneration action

[00:03:53] **Dan Fichter:** there. That's exactly right.

[00:03:55] **Dr Mike T Nelson:** That's exactly right. Yeah. And I first finally got to meet you at the seminar you guys did with Mr. Chris Corpus and Kyle Dietz here. Man, it seems like it wasn't that long ago, but it's several months ago

[00:04:05] **Dan Fichter:** now. I know.

It feels like it was yesterday. I love hanging out with those guys. That was a fun clinic just to you get more stuff going after the talks are over, you get to get in there and you know how it is. I've learned more from Cal and Chris and they're two of my best friends.

And every time we get together, we have an opportunity to learn. And I love

[00:04:23] **Dr Mike T Nelson:** that. Love it. Yeah. And the thing I love about all three of you guys, not only are you. Super smart and actually apply it. You're willing to test things, which you would think is common practice. And again, it's more common practice, I think with track coaches and things where stuff is timed, but you start getting into football and other sports, it's a little bit more fuzzy.

I don't know, I think it's just easier for people. be creatures of habit and just do what they've always done and something new comes out, they're like, ah, that's I don't know about that. It's you could try it. Take a couple people, scale up from there.

Just, you gotta test things otherwise you're never gonna do anything

[00:05:03] **Dan Fichter:** new. I agree a hundred percent. I think that's half the problem in our industry is nobody's willing to fail. Oh yeah. How do you learn, how do you learn? You can't the bandwidth of being right or wrong. Let's go, let's make some mistakes and figure out what we did wrong to do it right.

I, and I think that also comes with being older. Yeah, and I've made a lot of mistakes and I've corrected a lot of mistakes but looking back, it was, it's probably the way I learned the

[00:05:26] **Dr Mike T Nelson:** best. Yeah. I look back to the first few clients I worked with and oh man those poor bastards like I feel so bad for.

And it's funny because one of my very first. In-person clients. He came back actually now as an online client almost 12, 13 years later. . Which to me is wild. So like he's seen, both end of the spectrum, like when I first started and you know where I'm at now too. But that's how you learn, right?

Because I'm sure you get tons of emails from Yep. People and my latest thing lately is like, how many clients do you have? And a lot of times they're like, none. I said, okay just go get one and fry some stuff with that person, whatever it is. . And you'll just make faster progress. Because a lot of times you don't know the questions to ask, but when you have a client and you get stuck, you're like, oh, now I got a problem.

I have to go figure out and someone's paying me. And so you've got skin in the game. And now it's much more I competitive to go forward versus. Trying to figure out all the answers and not doing anything with

[00:06:32] **Dan Fichter:** them. I think part of I talk about Chris Corfu all the time.

I said part of what we've done over the years and years that we've been training and learning and researching is we've had these stops at these incredible performance training places. From the west side barbells to I, Mel cif to you, you name it, we've had an opportunity to talk to those people.

And I think you start to formulate your plan. The Charlie Francis is you formulate your plan and you figure out what works for you and what works in the environment you're in, the clients that you have. But all those things that you've learned are building blocks to make you make better decisions and more informed decisions as you get, older in your career and you have.

Clients that you're working with. So I love the history of how I've done it. I didn't like it while I was doing it, just cuz it took so long. Suck and it costs a lot of money. Yeah. But, looking back now, I'm finally in the last few years, looking back as people say, oh, you talked to that guy?

I'm like, yeah I did. I had an opportunity to sit down with that person like Malif. I, he's not around anymore. I know I've had an opportunity to spend some good time with him. It was great. Didn't realize it then, but now I'm like, wow, that's pretty neat. I'd wanna hear that. I'd wanna hear what I have to say about that.

So it's been a fun ride. And as I get a little bit older here, it's fun looking back at it.

[00:07:49] **Dr Mike T Nelson:** Yeah. Like the two people that come to the top of my mind that I read their stuff. Knew a fair amount about him, but never got to meet him in person. Was Louis Simmons and Mel Stiff?

[00:08:00] **Dan Fichter:** Yep. Yeah. And was in Mel's house and Louie was in my gym and really

Yeah. I always tell the story. When I was speaking in T F C with Tony and Chris JL was sitting at the table, jl Oh yeah, I know JL and I tell this story every time I get on a podcast I was talking about how Louie came out to my gym and he turned red. That giant head of his turned red

He's you're lying. There's no way Louie Simmons left Westside by bro. I've been there. I train there. I know his every day. No way. He goes anywhere . So now I'm scrambling trying to find pictures of him in my gym. He didn't believe, he didn't believe me until he called Chuck Vogol and finally saved my ass.

[00:08:41] **Dr Mike T Nelson:** But yeah. Did Chuck come out with Louie then?

[00:08:43] **Dan Fichter:** What's. Did I come out with, come out? It was his wife. His wife came out. Oh, okay. Course. Yep. Okay. And then I met him the first time I met him halfway. I in a place in Uhu, Ohio. I think it's halfway between Rochester and Columbus. He picked the spot.

I met him and I worked on him a little bit and it was an interesting dinner to say the least. And and then I took our dock down to Westside Barbell. He invited us down and he was a good man. I, people look at the, his outward appearance of how rough and tumble he looked, but man, he had a big heart.

He had a really big heart. Yeah,

[00:09:19] **Dr Mike T Nelson:** he good. I think we were talking, I know of countless people who were not big names in the industry. No one would probably even know them. That called up Louie and said, Hey, I wanna learn from you. And Louie literally just told them, okay, just stop by the gym. And to their credit, they drove and.

Multiple occasions. They're like, yeah, Louie just stayed up till eight o'clock at night telling us all about training and history and the Soviet method and whatever. And these are people that no one probably has even ever heard of. Yep. And like the same you hear the same stories from like literally everyone who has been there

[00:09:52] **Dan Fichter:** when he called me, he I'll never forget, I was working with somebody with an athlete. The phone rings and I look at, I don't know where, it's Columbus, Ohio. I pick up the phone, I'm like, hello? He goes, Hey, this is Louis Simmons . I thought it was my buddy's bus and my balls. I'm like, . So I hung up

Two minutes later he call you hanging up on me for, I'm like, who is this? I'm like, is this Dave? And then I'm thinking, my buddies don't know who Louis Simmons are. I mean outside of the industry. So I'm like, oh my God. I asked him, why are you calling me? Yeah. He's I hear you do some really cool stuff.

And I, oh, and it was just awesome. There's a, at the time he was 64 years old. Yeah. He's I want, I wanna meet you. I want you to work on me. I want you to talk to me about what you know. I'm like, holy shit. That's why he's good. That's why he was great. , he didn't care. He listened to anybody.

[00:10:42] **Dr Mike T Nelson:** Yeah. And that's the same stories I heard too, was that Louie maybe didn't agree with a lot of people, but he always gave them the time of day and listened to 'em. Like even people who were, not really accomplished anything. Like he always seemed at least my perception was that he was pretty adamant about what he found works, but yet he was not closed minded at the same time.

think the outward appearance would be that this is the only way that works, and I think he was very staunch about what works for his methods. But people I know who talked to him said he was actually very open-minded and definitely was intent of listening and asked them intelligent questions about what was going.

[00:11:17] **Dan Fichter:** Yeah, and you'd appreciate this story and you might have heard it already when he was up here, we were working on him and he goes, for me to pay you back. He goes let me show you some stuff. I said, oh, that'd be awesome. So he goes, all right who's your best athlete in here?

So I call one of our, I'll never forget it, Dom DeLucia was in their training, he was a running back at Harvard at the time. And he goes, I'm gonna show you guys how to drag sleds. So we go out in the parking lot, we hook up sleds to him, and Louie's let me do it. I'll show you how to do it. So he's pulling the sled and as he's walking or pulling it, he's going, this is how you do it.

And I videoed him doing it and I go back and I'm watching the video cuz I can't wait to post it on anything that we have because of my keys. In our parking lot, . So as I'm watching the video, he's walking or pulling same arm, same leg. When he is walking, he doesn't have. A normal bi people gate.

It was alarming. So I'm like, Louie, this is really what you want. And he's yes, and I'm videoing He does it again. I bet he doesn't know he is doing it. No. I go, we have an issue here, . I just figured it out. I said, come on in here. So we go inside and he's what? What are you doing? I made him stand against the wall in March in extreme slow for two minutes.

Alright. So he does that. He goes, what the hell is this? I, so I showed him on the video. He didn't believe me. Yeah. He looked, but he's a bilateral creature.

That's what he did. He pow He just squatted. And he benched. Yeah. So I, that was his exercise. When he went back to his gym, he called me a couple weeks later and he goes, you're not gonna believe this shit

I put 20 pounds on my bench press. I'm like, yeah, I don't give a shit, but that's awesome. Lloyd great. Yeah. He's I think it's your stupid exercise. I was doing . Ok, whatever. But it was a remarkable, and I've been showing that video clip. Of him doing that. And people don't realize that's the unintended consequences sometimes of lifting weights in that world.

[00:13:13] **Dr Mike T Nelson:** Kinda, do you have any early videos of him doing it? Do you know if it was the way he always was or if it changed to be that way

[00:13:21] **Dan Fichter:** over time? I think all I can tell you is the video that I have. He was doing it. Yeah. Yeah. And I asked him to do it again, and he did it the same way. So I would imagine that's the way he was doing it.

Now, it could have changed maybe his injury, or those extreme motor patterns pushed him into that that deficit and gate. But it was eye-opening and he had no idea. No idea. So Matt, when he started to march on the wall, he was lifting same arms, same leg. I go, Louie, yeah. Stop it. He's stop what whatcha talking about?

I'm like, stay on. Ok. Okay. He had a really think about it. It wasn't reflexive anymore. So to me, That, that type of lifting deadens your nervous system, it shuts down your natural bipedal locomotion tendencies.

[00:14:08] **Dr Mike T Nelson:** Yeah. And then you have the confounding factor of, people like myself and other people who don't have some of those inherent patterns that you're paradoxically, no matter how much you suck, drawn to bilateral stuff, I can hold onto and move.

Because for my case, catching a ball, all that stuff, especially early on, was almost impossible. But if I hold onto something, I'm only using proprioception and I feel more secure. Like I can do something at that point. Yep. You kinda have this convergence. People being attracted to that.

And then you've got the thing probably making the deficit that they have worse at the same

[00:14:47] **Dan Fichter:** time. Yes. That's interesting that you say this. You were finding ways to create stability for yourself. Oh, a hundred percent. Reduce the threat, basically. That, that's, yeah. To me, that's all training is can you find ways to reduce threat and move without compensatory patterns?

It's, that's it. There's nothing more than that.

[00:15:05] **Dr Mike T Nelson:** Explain that a little bit more if that's a new statement for people listening in.

[00:15:08] **Dan Fichter:** Yeah. So every, like for people who follow me I talk about neurology all the time and how yeah. It's, it, but that's movement. So movement is brain generated.

It, there's nothing else other than that. The, from a bone structure standpoint and a muscular standpoint, everything is controlled by the brain. So most people are practicing neurology. They just have no idea they're doing it right. So I believe that. The brain has these perceived threats. And Sean Sherman in his square one system, I don't know if you've heard of Sean, right?

, he talks about this all the time. That each step that you take, there's going to be a perceived threat by a joint intolerant of load. So it's going to come have a pattern associated with that. If you find that pattern and you correct it, you'll move I call it cleaner. You're not gonna ever move without a compensatory pattern.

, it's always gonna be there. We're not perfect, but you're gonna move in a freer way. You're gonna be fluid, be stronger fluid. Yeah. You're gonna move in a way that your muscles were designed to move. To me, getting strong is, it's easy. Being able to move fluidly is. So if you start to understand movement and gait, and that's what we're hardwired for, I think training takes a different look,

[00:16:31] **Dr Mike T Nelson:** to be honest with you.

And is, especially for training athletes where you have a ramification to making their movement patterns worse, right? If you're a power lifter, you could probably get by and sure may not be the most effective way to do it, but you're looking at output on a bar and a bilateral exercise.

Squat, bench, deadlift. Yep. But if you're an athlete, like we've all seen examples of athletes that have worked with, whoever coach, and they brag



about, oh look, they've added 200 pounds to their squat, but yet their next season sometimes was worse. And again, you've got right complicated things if you're looking at football and hockey and everything else.

But a lot of times I think the assumption is if they just get stronger, they'll be better. That's true if they're very weak. But at some point, if you get stronger, your squad goes from three 15 to 4 75, but you move worse, you probably became a worse athlete, not a better athlete.

[00:17:27] **Dan Fichter:** That, that's exactly right.

We spend the world of training in the voluntary movement aspect. We spend very little time in the reflexive part, which is more important in sport, in gate, in movement than anything. Training things like the vestibular system, the visual system, the proprioceptive system, how they all integrate together.

I think that's where if we're movement coaches, I think that's where we gotta be. And I'm not saying we don't, some people have taken the squat and got da I don't do that. We squat and we bench, we do all those things, but we also understand the consequences that come along with it, right?

So we have to be able to train around those things, through those things and with those things to be able to become better movers or else, just like you said, your bench press will go up 200 pounds, but how's that gonna help you be a better football player? I, and I think that's where all these systems like R P R and all these systems that are identifying different sensory inputs are coming to light now and people think is unbelievable

[00:18:24] **Dr Mike T Nelson:** and it is.

Yeah. I'm always amazed. I think it was my buddy Adam from the KE Institute who said this once that. If you think about pure sensory information from movement, that movement in general would be expected to be incredibly painful. Yes. But the brain has an IY effect and it knows it's quote unquote in a safe environment.

So the highest level movement is also unconscious and has very little feedback associated with it because those inhibitory circuits are actually running a fair amount. So good movement in general isn't very painful, where if you have something that goes wrong your threat gets elevated, now your brain starts interpreting those nociceptive signals as painful that oh, we might potentially damage the system.

So let's start, shutting this output.

[00:19:19] **Dan Fichter:** Right now, imagine if we can harness what you just said and increase performance by utilizing that part of the P M R F that you're talking about, that part of the reticular formation that is sending those pain inhibitory signals. That's a way to pinpoint where to start with an injured athlete or an athlete that's showing signs of a cerebellar deficit or a vestibular deficit in their gait pattern.

We're so driven mechanically by, oh, this foot's turned in, or this foot's turned out. That might not even be a biomechanical issue That could be a neural problem.

[00:19:53] **Dr Mike T Nelson:** And so how would you start to do that then? If you've got someone who, let's say you do a lift, their gait gets worse, right?

So you're using gait. A rough way to equate the lift. I did this early on after doing some Z-Health stuff where Yep. In a commercial gym, I would just tell clients they thought I was some weirdo that made 'em drink water all the time and would provide 'em water , because I'd send 'em to the water fountain, I'd watch 'em walk in between stuff because I didn't want 'em to know what I was doing.

And a lot of times they come back and they're like, oh, are you gonna do a more bench rest? I'm like, no, let's go do this thing over

[00:20:24] **Dan Fichter:** here now. . . Yep. I think training is just merging that data and figuring out how they're moving, how they're completing the tasks that you're giving them and what the patterns associated with that might be on a neurological standpoint.

If they're having problems let's just take the squat cuz everybody talks about the squat. If they're having some type of issue in the squat. , how do we know that it, people go, oh it's a hip impingement, or they don't have the, what happens if a, it's a sac problem in the vestibular system, right?

And the translate going up and down is a bother to them. Have we ever evaluated that? When we're going up and down quickly and focus on an object, can we actually see that object? Or is it getting blurry? Being able to look at things that way instead of just the biomechanical all, we're gonna lift your heels, or we're gonna turn one foot out and we're gonna try to buy that range of motion.

Let's see how we work from a neural mechanical lens.

[00:21:20] **Dr Mike T Nelson:** So how would you differentiate then? And again I got this from my buddy Adam again teaches the pain reci course for the Keg Institute, which I'm biased toward,

[00:21:27] **Dan Fichter:** but, and I've taken that too. That's, it's

[00:21:29] **Dr Mike T Nelson:** fantastic. Yeah. Shout out to Adam Fick.

He's awesome. Oh, yes. It's a neuro biomechanical model, right? It, because you've got these two worlds of, you've got all the neurology people over here, not all of 'em, but some of 'em are like, oh, it's only neurology. And you've got the biomechanics people that are like it's only the tissue and all the other structures.

And what you're saying is it's both right. And I think the default is that we're always taught, and I know I was taught this for years, it has to be just the biomechanics. Oh, their Achilles are short, or their hip is impinged or acetabular, blah, blah, blah. So do this and move that.

And I agree with what you're saying is that, Maybe that's not it at all. Like maybe there's a neurologic thing going on that's driving them to move that way. So how would you differentiate those two to try to pull them

[00:22:17] **Dan Fichter:** apart? I think you have to test it cuz if you don't test it, you don't know. And everybody it's funny I've got this reputation where if I, I give this neat exercise to somebody and all of a sudden they're out of pain. Yeah. , you know how many times I've given a neat exercise and somebody goes, it still hurts. Oh yeah. So I have to go to another, something else

Absolutely. So now as you do that a hundred times your process of, oh, that didn't work. I know right where to go now. Yeah. So you develop these tools for your toolbox that some are neurologically based and some are biomechanically based. I don't like corrective exercises, but some of them work, but a lot of 'em don't work because it's a neurologically driven issue and you ain't changing it if it's that.

So I think, like you mentioned, go get a drink of water watching gait. I think it's a window into somebody's brain. I really do that in the eyes. Tell the story of what's going on in your brain. And I think on a performance standpoint, I don't

think anybody's taken it into, I think you can hit home runs with neurology because I come from a biomechanical background.

So now seeing this, I'm like, holy cow. There's a whole different world out there. And there's a lot of smart dudes, professor Kerik, he talks, it's like he's speaking Latin. Oh yeah. It's ridiculous. And even at those guys are at a different level. I just am lucky that I'm involved with some athletes that you can get some profound changes pretty quickly.

When you're working with the

[00:23:48] **Dr Mike T Nelson:** inputs. So if someone comes in and let's say they're a high school athlete, what are some of the things you would look at? Because you, I can make an argument that some of the elite, elite level athletes I've tested one of 'em was at, you probably know James Jim Snyder.

He had one of the top NHL guys at the time who was number one in the N H L for deflecting pucks from mid-air into the net. This guy was insane. Like we tried to find any errors in his systems and we're both watching him, we're doing all these eye stuff and vestibular stuff, and we saw his eyes kind of skip.

And then I went back to do that same movement again and he had already corrected for it, completely unconscious. I looked at Jim, who was standing behind me and I'm like, did you see that? He's yeah. Holy shit. . Yeah. So I think some of the, my elite level athletes are doing a lot of it. Correct. But some newer athletes, how would you screen them or look at them or what are things like they walk into your facility, like what would you do with them?

[00:24:52] **Dan Fichter:** You just said it. They walk into the facility, so as soon as somebody walks in and it's a, usually a dad walking in with his son. I'm watching them walk in. That's part of the evaluation process. When we practice football and I'm watching my guys run, I'm looking at we gotta add this, we gotta add that, or we need to do this.

So our training becomes very. It's it's funny cuz when you see it one day it looks like one program. The next day it looks like another program. And I'm attacking what I see each day because each day your neurology changes. , although subtle, it'll change and like the great ones will correct themselves.

Are we dealing with Sir Beller based issue? Are we dealing with a vestibular based issue? A visual issue. The guy out of Cincinnati Clark, is that his name? Joe

[00:25:36] **Dr Mike T Nelson:** Clark. Oh yeah.

[00:25:38] **Dan Fichter:** Awesome dude. How about that guy with peripheral and oof. Yeah. And convergence. And even Matt Bole, who he teaches the pastology course.

, he talks about the convergence of the eyes and. Dr. Clark talks about periphery, right? So two brilliant guys talking about it, both talking about getting better, but Matt's we need to be able to converge here all the way, not where people think they just read from. So that's been awesome to hear that side of his journey with Dr.

Brico. And then you hear Clark talk about the peripheral and concussions. And so you it's a huge part of your, it has to be a huge part of your training. If you, if people who've never heard neurology, heard of Dr. Clark speak, they'd be like, what am I missing? Yeah, , why am I, oh my gosh. So I feel like I'm a bridge there.

Like I'm a person who's not very smart, but I've listened to a lot of smart people talk about it and I patched it together to, to figure out a way to do it.

[00:26:44] **Dr Mike T Nelson:** But how I think about it, if you. So I look at principles, right? So if you look at the body, and like you were saying, it's mainly driven by threat.

So if we want to reduce threat, we can increase performance. And if your eyes can't converge and you've got an object coming towards your face, that's probably gonna be pretty threatening, right? Because you're not gonna know exactly where that thing is in space. Consequently, if you're a football player and you've got stuff going around in the periphery and you've got humans running at mass speed from quote your blindside, or right out of your vision, you could then also argue the same thing.

That peripheral vision there is gonna be prevention, incredibly important from concussion to prevent you from concussion or to just do those slight movements at the last minute to try to reduce the amount of force. So I think even though they're looking at it from different areas, to me they're addressing almost the same issue with two different things.

[00:27:39] **Dan Fichter:** A hundred percent. But if you've never had the opportunity to listen to both of them, talk about it, , you'd be like, wow, I just missed a lot. There's a whole system based off convergence. There's a whole

system based off your periphery. So that's why I tell people, don't get married to a system.

Don't get married to it. There, there's so much out there that you close yourself off to when you say, Nope. This is the end all, be all. There isn't an end all, be all. We know nothing. But like when you were talking about convergence three and four cranial nerve three and four you might have a flexor tone issue.

Forget the ability to convert. You might have a flexor tone issue. Again, that's an, a whole nother rabbit hole to go down, are people need to start talking about muscle tone, not just being able to stretch muscles or this muscle's hurt. What's the tone of your muscle based off of your brainstem?

And when you can start regulating things like that or giving yourself a little bit more on one end than the other, from flexor extensor, you can start to really change the way

[00:28:40] **Dr Mike T Nelson:** people move. So would you be looking at, or one thing I do is look at reoccurring patterns, especially, let's just say your right trap is tight all the time.

, and you were doing a squat exercise like, that to me sounds a little bit more precarious than if you were doing a clean pull. I'm doing an exercise where that muscle's not directly targeted versus I am targeting it. Or I also look at left side versus right side. Oh yeah. My right trap is always tight.

My left one isn't. And you can look at their sport and other things like that, but I try to look at what are the reoccurring patterns and then does that match to the movements they're doing? If it doesn't, Now, I'm trying to think. It's more on the neurology side, some type of weird compensation that's going on that keeps, that their body has to feel safe in that position for some reason.

That's driving them that direction.

[00:29:36] **Dan Fichter:** And that's the magic behind it. And you need to know what you're looking at, right? So if you're, I got right trap pain. Oh, but my right knee, it was two weeks ago, was my right knee and then it was my right ankle. Oh, you got all right side pain. To me, that's a pm r f issue.

That's something going on. Anytime there's pain, it's a pmm r f issue, but it, now you start to zero in on what system you are going to attack. And then again, if

you're wrong, it's okay. You didn't hurt anybody. It's moving on to the next thing. But absolutely right trap pain when you're squatting, that is bizarre.

It's a compensation, right? Something's happening. Something's getting twisted. We do these things in Pastology where, you know, you, he. Matt he's great with this. And it was Dr. Brico who created it. They do a modified Romberg's test. I think I showed it at the clinic where, if you're getting this type of action going opposite, it's a coordination thing.

If you are getting this type of action together, it's an I issue and, and it, you can start to zero in on what sensory inputs are clouded and where you might wanna start working to get a result. So we do that in our weight room. We'll take a pre-test before the kids come in and we'll say, okay, if you have this type of issue, this is what we're gonna do today.

Cuz I'm not good enough to make it. I can't take each kid and do, yeah. You know exactly what they need. So we'll group 'em all. They'll test themselves. What'd you have? I had this coach. I had this coach. I had this coach. Okay, here's what we're doing. Here's your answer today for that deficit.

[00:31:11] **Dr Mike T Nelson:** And can you explain the test for people who are not familiar with it? Yeah. Ron

[00:31:15] **Dan Fichter:** Bird's test are just standing with their feet together. They're gonna hold their fingers out directly in front of 'em. And you are gonna stand in front of them and put, I don't know if they can. Oh boy. Now I'm starting to move.

Funny. Ooh,

[00:31:27] **Dr Mike T Nelson:** that was weird. I got my,

[00:31:28] **Dan Fichter:** there's two of you. No, there's three of you. And my fingers are going back and forth. I look like I'm dancing.

[00:31:34] **Dr Mike T Nelson:** Yeah. That was a visual issue in and of itself. .

[00:31:38] **Dan Fichter:** So I'd be standing like this. My hands are firmly against my chest creating stability. And I'm gonna hold my fingers right here.

You're gonna put your fingers out towards me. Close your eyes. So they should be matched on my fingers. Close your eyes. And here we go. Are we swaying

body-wise where there could be a vestibular issue? Are we turning when the eyes are closing? We're pushing a certain way with our eyes. Are we moving?

Different ways in a coordination issue. So each one of those results will give me an idea of where to go with a neurological based intervention.

[00:32:16] **Dr Mike T Nelson:** Yeah. How I explain to clients is imagine you've got a race car and you've got like the front suspension arm kind of Ben, or you've got a delay in your steering wheel.

If you have a really good driver, you can make up for those deficits. But they're always doing these tugging at it, tugging, and they're doing these corrections all the time, versus if you give them a better car that doesn't have those weird things in it. They're gonna be able to drive better.

Like your performance is gonna be better. So it doesn't mean that you can't hit higher levels of performance with compensations going on, but if you remove them from the system, you can get to the next level even

[00:32:54] **Dan Fichter:** faster. I agree with that a hundred percent. But I would like to add that when you start to change that car, sometimes it drives slower.

Yes. Sometimes no. You can screw it up too. . Oh it drives slower because you've never moved like that before, so you're like, whoa. So the br that's a threat to the brain. It's a new path. It's a new neural. Yeah. So sometimes it looks like, Ooh, I was stronger. Ooh, I ran faster. And then over time it goes backwards a little bit before it can ultimately go beyond it where it's ever been.

And from a biomechanical standpoint, sometimes that happens. I've fixed people's bench presses where I go, this is the position you need to be in. And they're 50 pounds weaker. And they're going, that's terrible. I no. Just stay with it, train with it and see what happens. And then all of a sudden they're 50 pounds stronger than they ever were, yeah.

[00:33:42] **Dr Mike T Nelson:** It's sometimes, and I've had that experience too, doing some, clinical neurology work with Dr. Schmo here in the Twin Cities. Yes. I've done several sessions with him. Did the whole one week intensive, and not all the time, but even after some of the single office visits, it's a weird sensation to feel that if you were judging all my motor outputs and strength and coordination, you'd be like, what did he do?



He screwed you up. But at the same time, when you've done stuff long enough, like it felt better even though the output wasn't there. If that makes sense. So I, it certainly does. I knew I was going in the right direction, and it was just like your brain got scrambled into the better direction, but you just feel like.

Like a baby deer trying to walk around again for a little while. Yep. You're not really sure what's going on. It feels better, you know you're going in the right direction, but your output is depressed for a period of time. Absolutely.

[00:34:40] **Dan Fichter:** You're grooving your path. It's a new path. Yeah. Yeah, I think that's well said.

And that happens. It doesn't happen a ton, but it does happen. Yeah. Or you're fatiguing, you're fueled out because of the stress you're putting on your eyes, the stress you're putting on. That can definitely happen, and, I can't tell you how many times, we have some of our kids do eye exercises and holy shit.

You're like, whoa, what's the matter? Oh gosh. I got nothing. We've exceeded the limit, . It's time to go home.

[00:35:08] **Dr Mike T Nelson:** Yeah. The first time I ran into that was years ago. I did some training through Dr. Cobb ZHealth and did the rest phase, which was a sports division phase. Yep. And I have my right eye that's up and out.

It's vertical and horizontal deviation. So I currently don't see real well in 3d cuz the images go to the back of the brain. They're split. And so I'll Do you have an exo

[00:35:27] **Dan Fichter:** you have an ex sofa, Oreo

[00:35:28] **Dr Mike T Nelson:** or? Yeah, I have both actually. Okay. . And so the images are too far apart. So when I was a kid, I saw in Double vision all the time.

And the brain solution is to suppress one of the images. Yep. So that you drop from binocular to monocular. Correct.

[00:35:42] **Dan Fichter:** So I can, so convergence exercises you, you can't do I

[00:35:46] **Dr Mike T Nelson:** can do 'em now, but I couldn't before. Okay. Yeah. I couldn't do anything before. But the funny part is I didn't, at the time when I was a 24, 25, at the time, I didn't know any of this.

Because I'd gone to the doctor, blah, blah blah. Learned to drive, scared the piss outta my parents just thought I sucked playing balls. I thought it was normal for kids to be a horrible athlete and just balls hit 'em in the face. Like I just thought, eh, some kids suck. That's just what happens.

So I go to the training and they start, testing different aspects of visual stuff. And then everyone's whoa, check this guy's stuff out. It's so crazy. So everyone in the class is coming over testing me because I've got all these like crazy ass responses. And by day two, I remember walking in, I slept 12 hours that night.

, I got like the biggest coffee I could find, drank that. I could have taken a nap in the corner like I was I dunno, CS fatigue is the word tried, but like you just feel toasted. You don't have muscle soreness, you have no joint soreness. You just feel like you got hit by a Mack truck. Yeah. And it's a weird

It's a weird sensation . Yeah.

[00:36:49] **Dan Fichter:** Did you have Dr. Cobb work on you? Oh yeah.

[00:36:52] **Dr Mike T Nelson:** That's awesome. Yeah. Yeah. And he was like, oh. And then he starts asking me questions, what was growing up, what was going on? I said, oh, when I was a kid I had a, lazy eye, I had a strabismus. He's oh, okay.

And that's when I realized, and I go home and I told my parents this. My parents are like, oh yeah, we brought you to the eye doctor when you were four. And they had this little dog at the end. And then they hold it up and they go how many of these do you see? I guess I told my parents two, but only one of them's.

Because when you interact with your environment, your brain learns what's a real image and what's a false image. So for a while I saw double vision, but I knew what was a real versus a false image. What's that? And shortly after that, I just had a suppression of it. What's

[00:37:36] **Dan Fichter:** that test called? Like a

[00:37:37] **Dr Mike T Nelson:** brat string or that kind of stuff?

No, it's

[00:37:39] **Dan Fichter:** not the brat string. It's to test to see if you have binocular vision. Oh, what the hell? Oh, it's got the pictures on there that if you see 'em, you're seeing in 3d not, yeah. Oh shit. What is it called?

[00:37:52] **Dr Mike T Nelson:** You'll think of it. Yeah, there's

[00:37:55] **Dan Fichter:** some stuff with that. Like a Lang test. The Lang test.

[00:37:57] **Dr Mike T Nelson:** Yeah.

There's some stuff with that, with lines and stuff.

[00:38:00] **Dan Fichter:** And the Lang test, it's got the animals, the house and the, and you gotta, do you see these three things? No, I don't see any of them. Okay. You need to go to the optometrist, .

[00:38:10] **Dr Mike T Nelson:** Yeah. And the short version is they just patched, quote unquote The good eye made my lazy eye work, and then my eyes tracked normal and they said, oh, you're good.

And I went back to my optometrist like when I'm 25, I've done the Z-health training. I'm like, Hey man. I'm like, how did it you test to see if I can see in binocular vision all the time, right? He's yeah. I'm like, there's no way I could have passed any of those tests. He's no, you failed them every time,

And I said thank you and why did you tell me about this? He's I don't know. Did you wanna work on it? I said, yeah, but I probably need to find, a behavioral optometrist or, this is before I learned about right neuro functional neurology. And he is oh, I'm a behavioral optometrist.

And I'm like, you are? I said, why did ever mention this? And so he is make another appointment, come back. We'll try some stuff. I'm like, okay. And so he just puts you in front of a computer and has you like line up these images and then uses like up to a 10 degree prism, to try to Yeah, just move the visual image.

And I couldn't do that at all. And he is just ah, I don't know what to do with you. It's so bad we can't do anything. And I said what should I do? He's I can give you a surgery consult. I'm like, okay. I said you could maybe pull the muscles to

have my eyes aligned, but that doesn't mean my brain is gonna take the image, does it?

He's maybe. I'm like, what's, thanks? What's the percentage that this is effective? He's maybe 20 to 30%. I'm like, that sounds horrible. Like you gave me a referral for something that might be 20%. That's a surgical procedure. So I was not happy with it. .

[00:39:38] **Dan Fichter:** Yeah. And I'm paying you

[00:39:40] **Dr Mike T Nelson:** holy crap. Yeah.

And I'm paying you. Wow. That was pretty wild. Wow. So one of the things I even do now with clients is on my little intake form, it's Do you play ball sports like, and even I've had in my living room just take a ball. Yep. Put little letters on it and throw it so it doesn't spin, and be like, okay, catch the ball.

Track it into your hand and tell me the letter or the. Yep. You'd be amazed, like how many adults, have a very difficult time doing that. Like more than you would think. Have you

[00:40:08] **Dan Fichter:** heard that program? Val Vista? I have not. It's a ball balance visual, whatever. But it's, the guy created this whole curriculum around bouncing balls, catching 'em, hand-eye coordination.

It's fantastic. It's Bella. B a l v i s, Bella Vista. Okay. I'll have to check that out. Yeah, look it up. He's, he, it's crazy. But I've used a lot of that stuff with some of our co we do it in our individual practices for some of our wide receivers. , we'll take tennis balls and we're constantly catching, rotate.

So the one time on Monday night football, one guy was doing that and my kids are text messaging me. Coach, we've that all the time. We've been doing that for years. I'm okay guys. But yeah, from a. Standpoint of being able to just have the hand eye co people don't realize that gives you mobility. Oh yeah.

And the brain gives you stability. So these things that we work on balance wise, hand eye coordination, foot coordination, these things are important for us to be good movers. Forget stretching your hamstrings. It's incredible. You wanna increase your shoulder flexing, learn how to juggle .

[00:41:20] **Dr Mike T Nelson:** Yes. Yeah. That was one of the things I ended up doing.

It took me three months to teach myself how to juggle cuz I'm like, I am. Yep. Either gonna try to figure out how to be very functional with binocular vision until I can figure out binocular, which I figured was a higher rating. But yeah, that took forever. And now it's like I can teach most people.

30 minutes maybe. Yeah. It's, if you know the system to do it shouldn't be that hard. Like you said, you can get a lot of mileage just from doing that. Especially people doing a lot of computer work. Their eyes just get Yeah. Fixated in one area the whole time.

[00:41:59] **Dan Fichter:** I gotta tell you, if I'm standing all day or whatever and I have back pain, I'll juggle, I'll do something to get my motor coordination back.

And also that, that tactile acuity. In your hands, in your feet. We have no idea sometimes that we have no sensation in any of those places yet. We wanna move them. I

[00:42:18] **Dr Mike T Nelson:** Do you do any balance work? I've got like a, what is it called here? A swell trainer, but it's basically for surfing.

So it's a board. You're balancing back and forth on a little tube. Yeah. What are your thoughts on balance

[00:42:31] **Dan Fichter:** training? No I would in general would say, I would say on solid ground and moving my head into different positions would be my balance training. Being on one foot on solid ground, being able to get my head in different positions where I might not feel comfortable.

I do think that stuff from a rehabilitative standpoint has some merit. But I don't normally put it in the weight room. Just cuz I have, I'm afraid someone's gonna slip and kill themselves. Yeah. .

[00:42:52] **Dr Mike T Nelson:** Yeah, I would agree. Most of the literature shows. It just doesn't seem to transfer very well.

Yeah. For strength and conditioning type purposes

[00:43:00] **Dan Fichter:** right now, if you're trying to get if you're trying to, I love perturbation. I love hitting somebody and making them respond back and challenging 'em that way. I do think our eyes and our feet play more of a role in

our upright posture than our vestibular system does because we're not moving at the point.

I do a lot with the eyes and the feet.

[00:43:20] **Dr Mike T Nelson:** It'd be some other examples you do with eyes and feet.

[00:43:22] **Dan Fichter:** It depends. So we will work convergence, we will work

[00:43:26] **Dr Mike T Nelson:** divergence, like pencil pushup

[00:43:28] **Dan Fichter:** type stuff. Yep. We'll work psychotic movement. When we're going near to far, we will do a lot of tactile stuff with the feet.

Lot of stuff. Look, we have those neuros spike balls. Do I have one here where they're It's got the prong ends. It's hard. Oh, nice. It's not soft. Hold on. I have one in my refrigerator. I keep

So we have about a couple hundred of these in the gym. Oh, nice. And it's really, it's hard, right? It's not one of those squishy ones. You get on Amazon and you rub a foot on there and then you rub the other foot and there's a difference. To me that's a tactile issue. Wow. We gotta get on that foot and we gotta wake it up a little bit.

So the first thing I'll do with our quarterbacks is I'll have them find out what hand is more sensitive as they're going around. And we do it one at a time so the brain can figure. Which one of it we don't do it like this. Yeah. So this is in our weight room. This, if I'm ever working with somebody, I always have one of these always.

Yeah. And we'll do our kale deets and Chris Corpus iso foot exercises. Cause I believe you do have to have strong feet. And we'll make sure that our feet can absorb energy, right? So we're constantly dropping off of things in different foot positions to make sure. Cuz that's what we do.

We fall out of the sky and we land. If we wanna run fast, we ricochet off the ground. So you gotta build bodies like that.

[00:45:02] **Dr Mike T Nelson:** And quick question, why do you keep 'em in the fridge of the freezer?

[00:45:06] **Dan Fichter:** Because, oh, the freezer. I'm sorry. Did I say fridge?

[00:45:08] **Dr Mike T Nelson:** Oh, freezer. But why did you keep em in the freezer? Because it makes em hard.

It makes '

[00:45:12] **Dan Fichter:** em harder. Oh, okay. . They get, because no matter. If they're out in the regular temperature, you can displace them a little bit. Okay. Like this one right now, it's frozen. I can't it hurts like hell. It's like a starfish. Yeah.

[00:45:24] **Dr Mike T Nelson:** Yeah. Looks like

[00:45:25] **Dan Fichter:** a sea. It's a starfish. It's nothing like what people show me.

Oh, I have one of those. Then I go here, grab this . But it's amazing what it does for shoulder health. It's incredible. Because that tactile sensation from birth was the first thing that did this to feed yourself. Sure. So if we stimulate that, it's amazing the range of motion

[00:45:46] **Dr Mike T Nelson:** you get. So could you extend that to grip strength as related to shoulder range of motion then?

[00:45:54] **Dan Fichter:** I think it's more of a tactile than it's a muscular, but I'm sure there is a correlation. I know

[00:45:59] **Dr Mike T Nelson:** there's more appropriate based,

[00:46:01] **Dan Fichter:** Yes.

[00:46:02] **Dr Mike T Nelson:** Tactile feeling. You get more knowing where the

[00:46:04] **Dan Fichter:** shoulder is, and I would separate proprioception and tactile. Okay. Yeah. I

[00:46:10] **Dr Mike T Nelson:** would. Nice. So that'd be another reason not to wear gloves in the gym, right?

Correct. .

[00:46:17] **Dan Fichter:** Correct. Correct. And that would be one of the reasons why if you did wear gloves in the gym, one hand will be different than the other. When you rub this thing, one hand will feel, oh, this hurts, this one not so much cuz that's the compensatory pattern your brain developed and now we gotta get it back in this hand.

And then you will see some type of performance increase. I'm not sure what it's gonna be, but it'll be something you'll move better.

[00:46:42] **Dr Mike T Nelson:** Do you extend that to, I think Adam might have talked about this in the course mapping tactile feel where you'll poke someone and you'll be like, okay, now move your hand to where you think, yes, I just touched you.

And they're like, absolutely. Like you're poking their elbow and they're like pointing to their shoulder and stuff. .

[00:47:00] **Dan Fichter:** Yeah. To, to me that's proprioceptive awareness and mapping your brain. Yeah. I, that's a big part of injuries. Absolutely.

[00:47:07] **Dr Mike T Nelson:** Yeah. Because I've noticed that on a few people where they're like, ah, my left arm is painful, and you realize it's have no idea where their left arm is.

Like they, they even that amount of minimal input is their brain is no clue where that thing is .

[00:47:21] **Dan Fichter:** And then you have those two point discrimination tests you have there. There's a lot of different things you could do with tactile stuff and vibrational sense and but yeah, I love playing around with balance work, with stimulation going contralateral, right?

So if I'm balancing on my right leg, I'm doing some type of vibrational stimulatory in my left because of the gate pattern. Yeah. And just because ev all that sensory information's gonna wind up in my contralateral brain, which in term reflexively fires, yeah, the kids would be like, why am I doing this with my left hand?

Just quiet and do it. , you're on your right leg.



[00:47:57] **Dr Mike T Nelson:** Do you do a lot of demos and testing to get buy-in from your athletes sometimes? Or how do you get them to buy into

[00:48:03] **Dan Fichter:** the system? I do, I'll do a few tests that I know will kind, they'll be like, what? And then I know I got 'em. And then so we'll layer it in.

We'll do it slowly. But we stack things and that's all we do. We just stack sensory inputs. And sometimes you hit home runs and sometimes you file tip a few and you just move forward. It, there's no wrong. We just merge that data and then what's happening is if something's cloudy, there's a threat there and they're gonna work it out.

And if you work those threats out, you're just gonna be better, gives you more

[00:48:38] **Dr Mike T Nelson:** options. Is there things you would stay away from just because in your experience, The potential downside may be too high compared to the upside or is most of the things you're doing. The downside is, eh, it may just not really work but after

[00:48:55] **Dan Fichter:** going through the pastology course and hearing Matt talk about it, I'm gonna spend a lot less time converging my eyes on people I don't know are binocular.

Cause that's an issue.

[00:49:07] **Dr Mike T Nelson:** Say that again. So you're gonna spend less time converging on people who do not have binocular?

[00:49:11] **Dan Fichter:** Yeah. That's an issue if you are doing that, and I don't think anybody ever talks about

[00:49:16] **Dr Mike T Nelson:** that . Explain that a little bit more. I have an idea, but

[00:49:20] **Dan Fichter:** I, and this is Matt talking in class about converging the eyes is, it's a, it's an awful strain on the eye.

And if you are not, if you are not binocular, and if you fail that lang test, it's not that you can get stuck in those positions, but you can really be cross-eyed. And it could hurt you. And you have that's a above my pay grade thing. You gotta go see an eye doctor and your eye doctor.

Not the regular eye doctors.

[00:49:52] **Dr Mike T Nelson:** Yeah. Yeah. So in my case, doing a lot of convergence work. Probably not the best idea. Yeah. Because I found a lot of times I can do it now, but early on, like it screwed me up. Absolutely. Leave. When I started testing visual stuff at the time, some of the systems I learned was like, ah, you can't really make anyone worse at this stuff.

And I'm like, yes you can. Oh yeah, you can . Yes you can. I really messed myself up when I was doing it.

[00:50:18] **Dan Fichter:** That, and that's a, and I had never heard that before. And I'm like, two years ago when I was talking to Matt, he's it's a big deal. You have to know that going in. And he goes, and if you look out there and all these people who are promoting it, you gotta be careful.

Yeah. And I'm like, Ooh. That's interesting.

[00:50:37] **Dr Mike T Nelson:** Yeah, that's kinda why I ask because over time you figure out what systems are. It's like one of the things I like about R P R in general, unless you're a complete numb nuts, you generally won't make anyone worse unless you start getting into specific eye testing and stuff.

You may not get a response, but it seems like the downside is rather mitigated and there's just more of a potential upside. Yep. I've noticed with some specific visual drills, sometimes vestibular, depending on what's going on with people, if you don't know what you're doing and you're not testing in a progressive manner, you may jump from here to here and that may not be good for them at all.

[00:51:16] **Dan Fichter:** Absolutely. Abso I, and I've learned that through just training systems in general. Yes. I'll give you, I'll give you an example. So really prominent Power Five School Kid Herz is hamstring. Get a call from their strength coach. He's gotta play. All right. Lemme see him go through a whole bunch of stuff.

That's all right. Here's the deal. I think I can fix him, but he ain't gonna play the next week. So they're like, okay, whatever. Yeah. Uhhuh, , , . I, you ain't gonna fix him. Okay. So we fix them, get a call on, they play on Saturday. I get a call on Saturday night, did you watch the game? I'm like, yeah, I watched the game.

Did you see that kid run? I'm like, yeah, I saw him running. He goes, he hit higher on his G P S than he ever has in his life, and he's coming off a hamstring injury. I'm like, great. Where is he right now? I don't know. He is probably out partying. We just blah, blah, blah. He played no cricket. Okay. So on Sunday you better call him.

He ain't getting outta bed. , he's not prepared for that. We gave him what he wanted, but it wasn't what he was prepared for. And he said, Monday they call me back and they're like, holy shit, he's a mess. You guys sent him out this weekend, like I told you, he's that's all right. We wanted him for this game.

I said, okay. And now he's gonna be out for a couple weeks. You can expediate that, but if you're not prepared for it, that's a problem.

[00:52:40] **Dr Mike T Nelson:** Yeah. The one, one of the case, I think of that, I did that with someone, she, I don't know how she found my name years ago. She was the, there's two people they send to Australia for the marathon run in the Olympics, and she was one of the two people.

Long story short, she had pain in her big toe where she could not roll all the way up on her big toe without just excruciating nine out of 10 pain. Yep. Her best friend had surgery, never ran competitively again. She saw everyone in her country, blah, blah, blah. Ends up at my door. And so we do a whole bunch of stuff and I said, have you had imaging?

Is there anything wrong with your toe? No imaging, everything is fine. It shouldn't be an issue. And her opposite thumb, she couldn't do this. She literally could not. I said, okay, I want you to just do this. Just entertain me and do this with your thumb. And she's staring at her thumb like she's trying to burn holes in it.

And she, so we had to take her other hand and, 20 minutes of getting her to do this with her thumb rolls all the way up on her right. Big toe, no pain. So I said, great. I said, you have your qualifier. It's less than 10 days. Your times with pain were good enough. So don't worry for God's sake, don't do anything crazy.

Like your gait is so much better. You could see your go all the way into hip extension. Yeah. But just take it easy. You're on your taper because again, same thing. You just activated a lot of stuff that she hasn't used. The amount of doms, the amount of pain, a lot of kind of that kinda stuff she can get if she goes crazy, pretty high.

I said, okay, great d. Calls back three days later, Hey, can I come see you? I think I ripped my hamstrings. I'm like, oh my God, what happened? Yep. And she's I had imaging, everything is fine. But her hamstrings were just like the worst doms she's ever had. And I asked her, I said what did you do?

She's felt so good. I started doing hill repeats. I'm like, did your coach tell you to do? Hell repeats. She's no, I'm like, your qualifying race doesn't even have hills in it, does it? She's no, . And she just made her hamstrings so ungodly sore. I said, don't do anything, do some regenerative type stuff.

Luckily she ran and qualified and ended up doing, quite well. But the same thing. It's the weirdest thing because you know what could potentially happen. And you also know that they feel so good. They're probably gonna go do some stupid shit that they they should, shouldn't do.

Yep,

[00:54:57] **Dan Fichter:** absolutely. And then you, yeah. Then you get to the point where, In these hamstring rehab cases that you get a guy who gets up to speed and, he stops real quick. Oh, I tore my hamstring again. No, you didn't. That's scar tissue. , you've never hit those speeds. So you've had it capped off.

You've finally got to that speed and you're just ripping through a little scar tissue. It could bleed out a little bit, whatever, but it ain't, it's healed. And it, that's a whole mental thing. Cause people won't get to that point. Yeah. But yeah. Yep. Crazy stuff. Yeah. We gotta talk about cold stuff now.

[00:55:31] **Dr Mike T Nelson:** Yes. Good transition. You had mentioned , you had done some crazy cold stuff. So tell us about that.

[00:55:38] **Dan Fichter:** I did, I'm a Dr. Jack Cruz fan. Okay. That's where I've read, that's where I've researched. So I used to live on the lake and I would go in there every morning and I, what I did was I didn't lift for the amount of time that I was doing cold.

I got ripped. Really? I need

[00:55:58] **Dr Mike T Nelson:** ripped. And over what period of time? Like you're doing this for how many days? I, no,

[00:56:02] **Dan Fichter:** over about three, four weeks. I didn't left three, four weeks. Wow. And I gotta tell you, went right back on with a two and a quarter

bench press test and was as strong, if not stronger, huh? Yeah. So figure that one out

[00:56:15] **Dr Mike T Nelson:** now.

How cold was this lake? I gotta imagine It's stupid. Cold. 48. Okay. 48. Not too bad. That's cold. It's not horrible. No. So how long were you in there for?

[00:56:25] **Dan Fichter:** It depends. Each day was different. Some days I could stand it and I'd be in there for a while. Yeah. 15, 20 minutes. Some days I'm like, oh, I can't deal with it today.

So I'd be in there quick, in and out. But it was whole

[00:56:37] **Dr Mike T Nelson:** body. Five minutes, 10 minutes?

Yeah.

[00:56:39] **Dan Fichter:** Five minutes, 10 minutes. I don't think it was anything less than five minutes. Yeah. Okay. But yeah, I then I would sit nice. I would do a lot of spot ice treatment where like in between our football sessions, all the coaches would be eating lunch and I'd take bags of ice out of the training room and stick 'em on my stomach and just, what the hell are you doing?

But that's Zel. That's freezing the fat. That's what you do. I was ripped.

[00:57:03] **Dr Mike T Nelson:** So were you at the point where you were shivering and feeling pretty miserable? Yes. Yeah. Yes. Yeah, I, yeah, cuz I looked at most of the literature, surprisingly for fat loss. Not super impressive, but the only stuff that does show it may be possible.

Pretty much all the cases was horrible and the people were shivering, .

[00:57:27] **Dan Fichter:** I do think shivering creates I don't know if it creates muscle growth, but it certainly creates your muscles contracting as if they were being trained with no body on again, off again. Yeah. It's the satory.

, I gotta tell you, Mike, I got ripped. I was ripped. So Dr. Jack Cruz will always say, you ever hear a polar bear? See a polar bear? Come on a hibernation. They're freaking jacked. Yeah. Tim was blacks, they have no body fat. Yeah. And then they eat their berries in the summer and they get fat again.

And he believes that. And I gotta tell you, there's a lot of merit to it that we're not designed to eat that kind of food based off of where we are and what's available to us. And I believe that .

[00:58:14] **Dr Mike T Nelson:** So how would you change your nutrition related to what you've learned?

[00:58:17] **Dan Fichter:** I would eat what's available at the latitude and longitude.

I'm living.

[00:58:23] **Dr Mike T Nelson:** Okay. So more locally, in paral

[00:58:25] **Dan Fichter:** things. Yeah. So if I was going to eat fruit in the fall, it's gonna be an apple, it's gonna be something that I can get around here. Not shipped in from

[00:58:35] **Dr Mike T Nelson:** Florida, so not lots of pineapples. Yeah. . Yeah. Which I love. You're in

[00:58:41] **Dan Fichter:** New York, , right? There's nothing like, what do you eat?

Weeds off the ground That snow's not on it. . But that was his philosophy and it makes a lot of sense.

[00:58:53] **Dr Mike T Nelson:** Yeah. I may have to try the colder stuff again. Like the coldest I've gone is right now, today it's set at 38 degrees. , and I've noticed once you get below around 42, 43, and I've gone colder than that, It all just feels really stupid cold.

If you stuck me in there and said it's 36 or it's 40 degrees. You can't, I don't think I could tell any damn difference. It, it's like I could between 43 and 48 though, ,

[00:59:18] **Dan Fichter:** it's like a good glass of wine. Once you have that really good glass of wine and you have one or two of 'em, you're like, oh, this is really good wine.

Then you have shitty wine. It's tastes the same. Can't tell. Yeah. But I do that, I do cold water and then I do I'll show you. Yeah.

a million dive reflex. I put my face in cold water every single morning and hold my breath. Yeah.

[00:59:49] **Dr Mike T Nelson:** Yep. And then, and as a goal to get more of just the front part of the face, the trigeminal nerve, that type of stuff. Correct?

[00:59:57] **Dan Fichter:** Yep. Absolutely. Yep. And then I hold my breath until I feel threatened and then, That's it.

Make sure your skin look good, too.

[01:00:06] **Dr Mike T Nelson:** Oh, nice. There you go. I gotta definitely do that. .

[01:00:08] **Dan Fichter:** Yeah, so I do this all the time when I am in between not wanting to run cold water on my back in those showers, I'll do that.

[01:00:19] **Dr Mike T Nelson:** What are your thoughts about doing that after intense exercise?

[01:00:24] **Dan Fichter:** I don't see, that's where I don't think, I don't think it speeds recovery.

I just think it's better in general for your health. , forget the recovery part of it. It helps you recover from the localized inflammation that you have in your whole body. Not a specific, oh, my knee is sore, so I'm gonna sit in cold. It'd probably make it worse, to be honest with you.

But I just think I feel the best when I'm taking Cold Bath, when I'm sitting in a lake, when I'm. When I was in the best shape of my life, that's what I was doing.

[01:00:56] **Dr Mike T Nelson:** Have you noticed when your nervous system feels better, the cold is more tolerable?

[01:01:03] **Dan Fichter:** Whew. I'm trying to buy into that, but it's cold as shit all the time.

Like when it, yeah, when

[01:01:09] **Dr Mike T Nelson:** that water shifts. Once you get into it, at first it always sucks. The first few minutes you get in, it just, it's does,

[01:01:15] **Dan Fichter:** yeah. , there's nothing I can, but you do get used to feeling shitty. Yes, you do in there, but when you get out, you feel incredible. Yeah. Incredible.

Yeah. And

[01:01:26] **Dr Mike T Nelson:** positive. Yeah. I was just gonna say I, those I've changed. My morning routine, right before Covid happened, I was lucky. I already had bought the freezer. I had planned to do this for quite a while and I figured, hey, I'm not going anywhere. I'm not traveling, I'm not teaching hell, I'm not even leaving my house.

So I said, I'll just do my cardiovascular training. I'll do cold water immersion in the morning. Yep. Did that six days a week for God, probably a year and a half. Started at just 50 degrees, walked my way all the way down to 42 degrees for five to eight minutes, pretty easily. And body count wise, I didn't notice a huge difference per se.

But I got out before I was shivering, so I didn't really push the duration that much. But what I found was the two things that kind of surprised me, one, like energy levels in the morning were definitely much better and more even. Like you felt really good once you get out, epinephrine, norepinephrine, et cetera.

And the other part I thought you ah, man, after doing this for most days, for a year and a half, adaptation, all this stuff, , like getting into cold water in the morning, it'll be easy. And that hesitation before you get in, like never went away. No. Like the right before you get in, there's that hardwired part of your lizard brain that's , never.

You're a dumb ass. What are you doing? This is stupid .

[01:02:39] **Dan Fichter:** A hundred percent. Did you sleep

[01:02:41] **Dr Mike T Nelson:** better? I did notice a huge difference, to be honest. I was doing it primarily in the morning.

[01:02:46] **Dan Fichter:** . I think when I'm cold adapting, I see, I think I sleep better in general, whether I'm doing it Interesting morning or night.



Yeah. And I started, I've started a couple weeks ago doing this at night. The, this. Yeah. So we'll see. We'll see. I don't normally have a sleep issue, so it's hard to tell. But I do think when I was cold adapting in the lake, I slept way better. Which to me is the key to life. If you can sleep.

Oh yeah. If your sleep is fucked up, it's, yeah, that's a problem. That's a problem. I don't care what, it's a problem. ,

[01:03:21] **Dr Mike T Nelson:** last question we'll wrap up okay. How close do you think humans can get to hibernation at night for better recovery and sleep?

[01:03:32] **Dan Fichter:** How cold can we get? Yeah. The colder we can get, the more towards hibernation.

Our natural. That's what we do. That's what we're, that's who we are. It's humans. We should be hibernating .

[01:03:47] **Dr Mike T Nelson:** So do you use any like systems to cool your mattress or anything like that? Or you just use cooler? No,

[01:03:53] **Dan Fichter:** I know Chris and Cal do. I just make it cold. Yeah. . I can't afford that stuff, but I would definitely experiment.

If anybody's listening to this podcast and they wanna send me some stuff, I'll do it. I'll do

[01:04:06] **Dr Mike T Nelson:** anything. Yeah, I've played around with it. And full disclosure, I don't have any disclosures with the chili pad right now. I paid for my own monies, but they're super interesting. I have their ER system and most times, unless I'm cutting my calories, I can't get it cold enough.

So when I first got it, I took the thing and I put it at 55 degrees. . And I found over time, if the room temp is below 65, I can get it cool enough where I can wake up a little bit cold. And if my calories are lowered. But if my calories were higher and the room temp was above 65, I couldn't quite get it cold enough.

They have a new system now. My buddy, I was talking to Andy Galpin about this and he said that, yeah, he woke up just freezing cold because they put much bigger condenser, just a bigger system on it. It's overdesigned. And I was talking to the founders at the Neural sports conference last weekend. And so I was running all my crazy hibernation ideas past them.

And so they have a new AI system where they put a sensor in the bed and the sensor communicates with, whatever database they use every minute. And so what it's actually doing is it's driving your temperature as low as it goes, but it's watching your heart rate your H R V and your movement, and it's trying to wait until you hit deep sleep.

Because the thing I was trying to do is if it's too cold, you can't go to sleep. And at some point, if it gets way too cold, you'll wake up from sleep. But if you can hit the point where you're already in deep sleep, you can actually drive temperature pretty low because your body has less sensation at that point.

And so I was explaining this to them, they're like, yeah, that's exactly what they do. So they wait for you to hit. That's awesome. Deep sleep. And then they drop the temp as low as it'll go, look at your body movement, H R V, make sure you're not stressed. And they'll iterate and find that lowest point. And then the second half of the night, which is more REM sleep, they'll slowly increase the temp a little bit to allow more REM sleep.

And then you can increase the temp to have you wake up in the morning. Wow. I was like, whoa. That's so cool. That is cool. .

[01:06:11] **Dan Fichter:** That is cool. Holy cow. Yeah, it is cool.

[01:06:16] **Dr Mike T Nelson:** So I'm, at some point I'll get one, but I'm super excited to, cuz to me that makes sense, right? Sure it does. You want it to be cold, but if you're too cold, you wake up, you're, it's threat.

Uncomfortable. It's a threat.

[01:06:27] **Dan Fichter:** Exactly. , right? It's go back to that. You can reduce that threat. And if it's like being under it's like being under anesthesia. Yes. So if I can get, let's do it. Get me cold and then right before I wake up don't they make you cold in the, when you're sitting in an operating room.

[01:06:41] **Dr Mike T Nelson:** Oh, operating time. Operating rooms are always cold. Yeah. Yeah. Yeah. Cool man. Thank you so much for all your time and sharing all your knowledge. Knowledge. I appreciate it. This has been awesome. It was working. Can people, Find out more about you if they wanna learn from you. Where do they go? Oh, wanna

[01:06:57] **Dan Fichter:** get fast.org is our website and we started a Paton page where I get on and I baffle.

Oh, great. I talk a little bit about what our system is, who I've learned from, why we do what we do. And it's been great. We get each month more and more people are joining and it, it gives a chance for those people to ask questions that, they see a picture on Instagram of something, what we're doing, and I try to explain it.

So we're gonna talk a little bit about the vestibular system. I'm gonna do that talk here in a little bit. And just give 'em basic facts of what we're looking at, what we do, how we utilize it in our training, and it's

[01:07:31] **Dr Mike T Nelson:** been fun. That's awesome. I would highly encourage people to check that out.

One of the best pieces of advice I ever got from someone was, is. Just look for weird people who get results . I was like, oh. Cause he is they're probably not doing the norm. And if they can demonstrate that they're getting legitimate results from it, which again, not a lot of people can, then by definition they're doing something correct.

So I always think of you and Kyle and Corpus, like you're all the weird people who are getting like, really cool results. So that's awesome. .

[01:08:02] **Dan Fichter:** It's fun and also, guys like you start talking, we, you gotta be willing to learn. Oh yeah. It's never, I love it.

Yeah. I was listening to you talk, you were on somebody's podcast or they were on, you guys were talking cold thermogenesis stuff. I don't know who that was, but that was fascinating. It's awesome. It's good stuff.

[01:08:23] **Dr Mike T Nelson:** Yeah. And it's with physiology, like it's just never ending, right? Yeah. We're looking at neurology, metabolism, whatever.

It's I. I can spend the rest of my life trying to learn this stuff and I'm barely covering Tiny percent starts.

[01:08:35] **Dan Fichter:** Yeah. Jack Crew starts talking and my head starts going, , the pento phosphate pathway. The, he's out of his mind, but he's brilliant. He's brilliant. But I appreciate it, buddy.

[01:08:53] **Dr Mike T Nelson:** I just separate that from what they're teaching. Because sometimes it might be, right on track sometimes, eh, maybe not. But again, like we go back to testing, we talked about, I can go back and take a

concept and I can test it and see hey, oh wow that was wacky, but that worked or Yeah, I don't know about that.

That didn't seem to do anything. And where do people find your

[01:09:12] **Dan Fichter:** Patreon? You can go right on our website and link it up to it. And your website is, wanna get fast? W A N A Get fast.org.

[01:09:21] **Dr Mike T Nelson:** [Wannagetfast.org](http://Wannagetfast.org). You got it. Thank you so much, Dan. I really appreciate it. This was awesome. Thanks brother.

Thank you so much. Good to talk to you again. Good to see you. Yeah, good to see you. \

[01:09:33] **Dr Mike T Nelson:** Thank you so much for listening to the podcast. As always really appreciate it. If you are a coach and wanna learn some cool methods a or you're just super fascinated about this stuff check out Dan Victor's stuff on his Patreon. As he mentioned, we'll link to his website and everything below, so you can go huge. Thanks to Dan for coming down to the podcast. I know he is extremely busy and it's always wonderful to sit down and talk shop with him, and I'm glad you guys got to listen in on this conversation and learn from him. Also, if you want more information from me, you can go to [miketnelson.com](http://miketnelson.com) and sign up to the newsletter.

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Really appreciate it. Thanks to Dan as always. Make sure to check his stuff out. We'll talk to all of you next week.