

[00:00:00] **Dr Mike T Nelson:** 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 performance, add more muscle, improve body composition, do all of it within a flexible framework, and without destroying your health in the process. Today, we've got Dr. Dani LaMartina.

[00:00:26] She is a physical therapist. She has her DPT. She is an IFBB pro and an owner at Paradigm Performance. Make sure to check out all of her wonderful stuff at her website and on her Instagram. Just a ton of really great stuff. In this podcast we talk about a huge amount of different things related to All the ways to enhance your performance, add more muscle, move better.

[00:01:03] Everything from just the systematic viewpoint in coaching, the rise of the specialist versus the generalist, understanding different hierarchies in coaching, how do you navigate boundaries when you're working with clients. I go off on a little bit about functional neurology and safety. The role of PRI in different movement models, how to find a model that is going to be best for you.

[00:01:32] I even talked a little bit about RPR and be activated in terms of movements intrinsic motivation and curiosity, how they are hugely useful for you to keep moving forward in your profession viewpoints from neurology to biomechanical considerations. stress, overtraining, overreaching the role of HRV context, the art of coaching a little bit about client pain points.

[00:02:00] And at the end I even talk about my little story of meeting Dave Tate for the very first time back in, Oh man, was that 2005 I think I'm pretty sure cause I had busted my ankle then and I was on crutches. It was so Dr. Danny is a huge wealth of amazing knowledge, information. And what I really love about her approach is not only is it based in research data and evidence, she works with real clients herself all the time.

[00:02:37] She has achieved very high level performance herself, and it's just awesome to chat with her here for Almost two hours and we probably could have chatted even longer. So make sure to check out all of her wonderful stuff. We'll put links to everything there. She's got a newsletter she just started also.

[00:02:56] And the podcast today is also brought to you by my newsletter. Go to MikeTNelson.com, go to the top, go to newsletter and you'll get the daily update on what's going on. Everything from how to add more muscle, improve body composition, some research review items here and there. and work to try to make these entertaining.

[00:03:18] There's too many newsletters out there that I think have good information, but as much as I love to sit down and read boring, dry research, I find it fascinating. I even get bored at a fair amount of newsletters. So I do my best to try to make mine at least as interesting as possible. Still gets you relevant information.

[00:03:39] It goes out about six times a week. You can check it out at MikeTNelson.com. Go to the top newsletter. and you will be able to get access to it directly. We'll have a link down here below and then also brought to you by my friends over at Tekton. If you've ever wanted to try ketones this is what I would highly recommend.

[00:04:01] The cool part is you don't have to do a ketogenic diet. Each can has about 10 grams of a ketone ester and that will put you in a pretty good state of ketosis within about 10 to 20 minutes. And again, like I said, that's independent of your diet, which is very cool. As we said, I've been down here in South Padre, Texas as of this recording, doing some kiteboarding.

[00:04:24] Jody's had some really good rides. Shout out to my friend Rob for the excellent lessons and instructions there. And I find like the last time I went out for, I don't know, it was like three hours. Like movement wise, I still felt pretty good. But I was making a lot of mental errors at that point and cash and checks.

[00:04:45] I didn't really think my body wanted to cash at that point. What I've noticed is having one or two cans of Tecton, take a break for a little while, get some hydration, usually using element and some water. And it felt pretty good. I am able to go back out and ride for another one or two hours. And it feels like my brain has been refreshed.

[00:05:04] And the cool part is there's not any caffeine in it also. So, as much as I love my coffee and caffeine, it does kind of mess with my sleep if I consume it later in the day. So the nice part here is that it is a non stimulant based beverage. So check them out below. We'll put a link down there. Use the code DRMIKE at checkout.

[00:05:24] We'll save you some cash. Full disclosure, I am a scientific advisor to them and an ambassador. So I do make some money from every purchase, but thank you so much for listening. And without further ado, enjoy this wide ranging conversation with Dr. Danny.

[00:05:45]

[00:05:46] **Dr Mike T Nelson:** I was just thinking about how do you. For coaching and stuff, how do you pull in a systematic viewpoint to look at the person as an athlete, a human organism, instead of, because obviously your formal training is in physical therapy, but you've done a lot of stuff that is outside of that too. So I think it'd be a cool topic to discuss, like how do you set systems up for that?

[00:06:10] How do you Think about it, because I think the fitness world in general is becoming much better at accepting a systems point of view, where I feel like, correct me if I'm wrong, but maybe eight, five, eight years ago, it was what I call like the rise of the specialist. If you only did hands on therapy and did ART, you were like the person.

[00:06:33] Ooh, wow. Or. If you were a top physical therapist and you only worked on right handed pitchers who have Tommy John, and they're like, oh wow, everyone's you're so cool. Where now I feel like it's broadened out a little bit.

[00:06:46] **Dr. Dani LaMartina:** Well, I think I mentioned this word in the talk that I gave the super coach to summit.

[00:06:51] Gosh, it's been a couple of months now the idea of a heterarchy and

[00:06:54] **Dr Mike T Nelson:** yes, I wrote that down. I love that.

[00:06:57] **Dr. Dani LaMartina:** That's not a word that I like came up with. I got that. So when I spoke at Swiss a couple of years ago, I kept viewing what we do or what I do anyway. It's like this constellation where we have these data points and together they have to create a picture of that whole human.

[00:07:10] Right. But I still felt like that was missing an element of depth. That I think really needs to be communicated when we're looking at, the whole person, the idea of a heterarchy is that you've got all these different things that can change in terms of there's a vertical and a horizontal relationship.

[00:07:27] And so that level of interdependence of what's most important can shift, but at the same time, we also know that they're going to relate to each other. And I think that the idea of the hierarchy is really important. And we have to be able to allow the importance of super. I'm sorry to allow the importance of specific.

[00:07:44] Data points or systems to change. So, there might be a period of time where I'm working with someone and we're really, going hard down the the compression expansion model routes, and there's going to be a period of time where that's going to be less important. We need to look more at, some more functional approach things like that.

[00:08:01] But I think that we're going to see the industry shift from being, for a while. Like you said, there was the rise of the specialist. I think now we're going to see. Jack of all trades, master of none is often better than a master of one kind of coming out. And that's ultimately what I, where I think I'm hoping to go.

[00:08:16] And I think that as many places, if you've taken your education to, you've probably realized that you can serve people a lot better by instead of being great at one thing, being really darn good at many, even if it's not the one mastership.

[00:08:30] **Dr Mike T Nelson:** Yeah I agree. And what do you think is the best pathway to get there, both from a.

[00:08:39] Knowing where your boundaries are and also everyone is constricted on time because the reality is to get pretty good at anything, there's no shortcuts. You're just going to have to invest a lot of quality time. If you want to get stronger, you want to add more muscle, whatever it is, like anything you want to achieve at a higher level, you're just.

[00:09:02] Going to have to spend more quality time. It's like, how do you parse that out for someone who's newer and listening to this and they're like, oh, yes, I agree with that. That's cool. I want to go that direction. What would be your advice to them?

[00:09:15] **Dr. Dani LaMartina:** Well, I think that you hit the nail on the head is that it does take time.

[00:09:18] And 1 that I'm seeing right now is I'm seeing. A lot of, I'm going to say, newer grad PTs, like two to three years out, going down the functional route or going, hardcore down. Well, PR, I just got some social media hubbub about that lately that we could talk about. Oh, really?

[00:09:34] **Dr Mike T Nelson:** I don't even know.

[00:09:35] **Dr. Dani LaMartina:** Yeah I've caught on to a whiff of something.

[00:09:37] I'm like, whoa, people got real upset real quickly. But that's an interesting thing we've talked about just with regards to pedagogy, how we teach not only as clinicians and coaches, but even like How do we absorb knowledge as well, but come back to time. I think you hit the nail on the head, but I'm seeing a lot of people come out and forget that no matter how much they show their nose in a book for 2 to 3 years after school.

[00:10:00] There's so much learns that you learn being in a room with people who are much smarter than you and that. Those relationships take time to really build. I think the people who are truly great at. Being that jack of all trades. I think they probably recognize. Very quickly, where the shortcomings are, where they're going to be, and they seek out the masters of that so that, pick up 10 percent of someone's knowledge.

[00:10:27] If I could pick up 10 percent of your knowledge, how much better of a coach would?

[00:10:32] **Dr Mike T Nelson:** Oh, yeah, everyone gets that, everyone.

[00:10:34] **Dr. Dani LaMartina:** Yeah. Yeah. I think unfortunately, people are. Too quick to speak and not quick enough to want to learn with humility. I would love to hear your take on that because I think that you really embodied and walked the walk of someone who's curious and has mastery of that curiosity and still has a degree of autonomy.

[00:10:54] All the things that really drive motivation and passion.

[00:10:58] **Dr Mike T Nelson:** I would say my biggest mistake starting off was Not really knowing where my boundaries were because you look around and you would see people doing things that you thought were incorrect. And so then you were, I was probably too quick to fix a lot of, I would say, mechanical issues that I probably had no business trying to fix.

[00:11:19] The flip side of that was you learn a lot in that process. So my new thought pattern for newer people is the first question I would ask people is. Where is the boundary? Where is the line? And how can I objectively, assess, maybe, or figure out for that person where that line is? So if I look at it from a functional neurology lens.

[00:11:49] Okay, what are the hallmarks that I should know, where I'm not going to mess with this person's eyes, I'm not going to touch their vestibular system, I may not even do hands on work on them, because they may turn into a

melted candle in my living room, and this is going to be really bad. Right, which, some of that may have happened, but we fixed them, they were all good.

[00:12:06] But, and so, I went to a bunch of functional neurology people and asked them and said, Hey, in your experience, because you're dealing with the worst of the worst people, this is, what do you do as your profession? What things do you think are relatively safe and what things could you really mess people up?

[00:12:22] Like, where is that line? So trying to, in my brain, define the boundary for that. first, so I know what sandbox I can play in relatively safe versus, Oh yeah, if they have four concussions and you test for convergence or whatever, again, I'm just making this stuff up. Yeah. They may turn into a pile of poo in front of you.

[00:12:41] Oh, okay, cool. That's good to know. I may not do that particular test then. And if I see X, Y, and Z, Boom. Now I know this is an automatic referral, or if they've got 12 concussions and are symptomatic every time they stand up, yeah, don't see me like go see a freaking professional for crying out loud, or I think that's not a real sexy question, but for me, that's been the most helpful and even looking at blood work, like what are the.

[00:13:10] errors of omission that I don't want to miss. Not so much, is this a level good or bad, is it this pattern like, oops, I missed this pattern, which would have been a referral to see a kidney specialist or liver specialist or whatever. Those are the things I get the most, concerned about. Not necessarily that they're big red flags, but they're the harder things you can't pick out.

[00:13:38] Right. So it's knowing how to know what patterns are what, so if you see on blood work, for example, like these markers are all trending high, but they're not technically high. What pattern does that say? Oh, it says maybe they have some liver dysfunction that you should refer them to or whatever.

[00:13:56] So I think understanding the boundaries of where you can play safely in first, and then as you get better. Expand out those boundaries and have them be more defined. So that way, I think you're more safe. You're helping the people you can help, but you're also referring people out when they need help and not feeling like you have to help everyone just because of your client.

[00:14:22] **Dr. Dani LaMartina:** I think that's a really good way of approaching things where again, I like the way you said that I think hearing you talk about that kind of gets me in the mindset of like, where does it where's the

exchange happening to where it no longer feels like I'm actually able to service them to the best of my ability.

[00:14:38] And I think that most really good coaches are going to have a handle on that. But I think having the boundary of if we're going to make this, some sort of a graph or knowing where that is, you need to know when you're starting to approach that, because that boundary is when you've gone that's the maximum, right?

[00:14:54] Like you still want to stay off of that a little bit, but until you've spoken to someone who knows what that is, it's really hard to create that visual for yourself internally. That's a really good way of saying it.

[00:15:05] **Dr Mike T Nelson:** Yeah. How would you, if someone just knew. How would you recommend they figure out where those boundaries are?

[00:15:12] Would you recommend they do internships, ask questions do you have any thoughts of how they would go about that?

[00:15:20] **Dr. Dani LaMartina:** Well, the hard thing about this too is that we can have an answer, and we have to acknowledge that answer is going to change.

[00:15:25] **Dr Mike T Nelson:** Oh, totally.

[00:15:26] **Dr. Dani LaMartina:** And I think that's probably the hardest thing for me is that, Not the hardest thing.

[00:15:29] One of the challenges I've had is that I think that I'm up at the boundary and it's outside of my capability. And then you realize that being in that world longer, you realize that boundary was too low. And I'd rather obviously have that than too high, but I think earlier when you mentioned, speaking with people who are.

[00:15:46] In the trenches experts, not talking about the influencers or things like that, but people who are actually either treating patients or coaches working within a specific population especially with concussion. I think about someone like, Dylan see who's great at that. Hey, I've got this guy who's got a repeated head trauma.

[00:16:02] It's at six head traumas. He wants to come back to power lifting. He wants to get really strong. What do I need to be watching for with regards to his

metrics and things like that, to make sure. That we're not driving the system down a road that we can't recover from, he'll have answers like that.

[00:16:17] So I think you nailed that. And what's neat is that we'll be able to see what's happening along the way. And so if we know the end point, we don't want to get to, we can identify the trend lines of what it looks like to approach that point. We're continuing to gather data. It's one of those simple things, whether it's client specific or population specific that.

[00:16:36] A lot of coaches say they do, but I don't think they really do. I think they do it quickly at surface level and they don't really step back and say, Hey, what are we looking at here? And I see that in the PT rehab world all the time. And we can, talk about how he or I got like absolutely demolished this week or last week or I don't know in the last few weeks, but people are so quick to look at something at surface level and apply it because it's what the, it's the tool that they have.

[00:17:04] And it often leads people down a not so great route. So I think recently there was something that came out about the right AIC pattern. And if you're familiar with PRI.

[00:17:17] **Dr Mike T Nelson:** Yeah. Explain it for people who are listening or might be like PR who what are you talking about?

[00:17:21] **Dr. Dani LaMartina:** So PRI is a school of thought, and they're not the first ones to go down this road, but they acknowledge that the human body is not symmetrical.

[00:17:27] So we have these neurological preferences that are going to drive some feedback throughout the chains of muscles in our body to help us manage our center of gravity space. There are some key planes that they break that into, and they, it revolves around one chain of muscles called the left AISC, or left AISC.

[00:17:42] Anterior to your chain. And secondary to really organ like our organs are not symmetrical on our body. Our diaphragm is not symmetrical. Even some of the higher functioning neural stuff vision, we have a preference there, a left, right bias. And the net effect of that is that we get an upregulation and certain chains and muscles on our body.

[00:18:00] And so we live with one side a little bit more upregulated than the other side. And so you see people that you get this hip shift and they squat and

they'll notice most people are going to shift into the right hip. There's very, there's a predictable pattern of asymmetry that people like to come into.

[00:18:14] And so, PRI postural restorations, she was not the first to note these, this is a deeply rooted chain that's been in around the osteopathic world for quite a while. And where PRI has come under fire. And again, I don't know everything that happened. I just saw a whole bunch of Instagram blow up and I was like, Whoa,

[00:18:35] **Dr Mike T Nelson:** what

[00:18:36] **Dr. Dani LaMartina:** happened?

[00:18:37] But how do we start on this topic?

[00:18:42] **Dr Mike T Nelson:** You said there's a bunch of stuff going on with PRI and I'm like, Oh, what's going on? You're talking about boundaries.

[00:18:48] **Dr. Dani LaMartina:** That's right. So people, I think they don't get granular enough. They either see where they are in that boundary without thinking about all the things in between.

[00:18:56] And we do that with our retreating models. And so there was a lot of backlash to PRI recently, because coaches are saying that, well, I went down this PRI route and all it did was drive me too far in the other direction. And now I have this weird how this rotation going on and they're basically blaming PRI when what PRI has done is of course, that's an extremist version of the camp.

[00:19:17] I don't know if anyone is going to be a purist of their particular camp. If that's their baby. Right? But where people and coaches go wrong, we could think about 1 camp as a boundary. Where people and coaches go wrong is forgetting the level of granularity that has to happen between where we are and the camp or the boundary itself and how we actually apply those things.

[00:19:37] And I think that's where a lot of Misunderstanding happens about whether it's PRI or compression expansion model FRC or any of the movement based models in the PT world that I live in. Where they live, and I don't think that's all that dissimilar from what we see within the functional health model and the American medical system where things are in a box.

[00:19:57] People are very quick to. Jump into a box because we're shuttled there, whereas a lot of the functional stuff is going to basically what it does is

take this graded exposure and say, okay, well, maybe we're, how are we bought into, a neuro box and we're probably bought into orthopedic box and we're probably bought into.

[00:20:15] Some other box and that ultimately, I think, is what creates the hierarchy. So when it comes to being that jack of all trades, I think really what you're recognizing is the degree of granularity and interconnectedness within that hierarchy of the boundaries that all might comprise. Does that make sense?

[00:20:33] **Dr Mike T Nelson:** Yeah. And do you think if we, and we use PRI as an example, and I like PRI, I took, I'm not very good at it. I took, five of their courses and it was interesting. You're not very good. No, I suck at it. But I realized when I was taking the cervical course with Ron that, I'm not really going to understand this on the level.

[00:20:54] Most of those people in the room are understanding it. But if I can use that to figure out what the principles are, I can look at, and even if I get that through my thick skull, I'm probably better off, but it feels like in fitness, everybody has to take the extreme approach of every model, right? And I feel like that got exacerbated with PRI where you had people leaving going, Oh my God, look at all these lefty.

[00:21:21] I see people running around. Oh. Oh my God, he's going to die. His hips going to shoot right out of his body, and that they went so extreme to people who technically don't have any post injuries, true air quotes, pathologies, or, they're not being seen by a physical therapist that they catastrophized everything to the extreme, because this was all of a sudden their new lens.

[00:21:48] They're seeing the world through. And everyone, like you said, had to fit into that box, whether they truly did or not, and they left all the other principles by the side of the road. I don't know what your thoughts are on that.

[00:22:02] **Dr. Dani LaMartina:** Completely. I don't know if you can see, I'm sitting here writing things down.

[00:22:05] **Dr Mike T Nelson:** Yeah.

[00:22:06] **Dr. Dani LaMartina:** I think that there's ultimately people are looking for answers and people are looking for a solution and see you get a camp and this happens again all the time in fitness. You get someone who's vocal about something. And because they look like they have the answers and

have it figured out. We're so quick to gravitate to someone who looks like they have the answers rather than recognizing.

[00:22:25] Again, the principles and thinking about like how to think. And unfortunately, I think that the chaos of social media has only made that worse. And I think the chaos of social media has really made it hard for great coaches to actually learn to trust themselves to think rather than thinking they have to be, well, this person is really loud.

[00:22:45] They seem to know what they're doing. What are they like? What's their cooling? And ultimately, if we're going to change the landscape of any industry, we talked initially about gut health and functional health. And I think if we're going to approach changing the landscape regarding, for me, the world that I live in training and rehab ultimately comes down to that principles based approach.

[00:23:02] And you almost have to be able to not have, I don't want to say not have skin in the game, but your skin in the game should be for your clients and for your. Principles based system. If that makes sense. Knowing that again, I took peer, I took my first PRI course before I started PT school and that really jacked with how much I wanted to learn in PT school.

[00:23:22] Yeah,

[00:23:23] **Dr Mike T Nelson:** That'll be a kick to the head.

[00:23:25] **Dr. Dani LaMartina:** I'm walking in the dissection like, Ooh, look at the transverse thoracis. And they're like

[00:23:28] **Dr Mike T Nelson:** what are you talking about?

[00:23:30] **Dr. Dani LaMartina:** But it gave me an appreciation for neuro though. Otherwise I probably wouldn't have would have had coming to school. And that has directly influenced substantially how I not only train myself, but like these big guys that are jacked and jacked up from years of training really heavy, like we need to recalibrate that feedback system.

[00:23:51] So how do we do that? Well, gosh, there's an idea called this reference center. Okay. Well, how can we find that in a low threshold opportunity? Great. If I can find that low threshold, what can I do to increase the load? The external load that still allows someone to

[00:24:03] **Dr Mike T Nelson:** find out.

[00:24:04] **Dr. Dani LaMartina:** So I think that ultimately, if we're talking about being a great generalist You really have to know the principles first and foremost.

[00:24:13] And unfortunately, there's so much gosh, there's so much fight for voice right now that I think it makes it hard to really distinguish those. It's something that I, like I struggle with, gosh, I get on and I try to learn and I think I'm gonna learn something. And I realize that I'm just trying to take away from someone who's standing at top of mountain shop who Mount Wow, mountain Top.

[00:24:36] more interested in letting their ego and their pride, let them tell them they're important than they are about communicating information that makes the industry better. So yeah, I think that the principles and honestly, like just learning how to actually think people are scared to think wrong. And I get that.

[00:24:52] I'm sure you've probably wrestled with that at a time or two.

[00:24:54] **Dr Mike T Nelson:** Oh yeah. Yeah. And how do you know when you're wrong and it's even harder if you get into Thinking like a researcher versus a clinician. So I made a post on Facebook on a couple of years ago. I don't really talk about biomechanics or anything on social media.

[00:25:10] Cause it's just a fricking trashman fire and I just don't care. But. I made some comment about manual muscle testing and somebody went back and forth for, I don't know, on the thread and finally at the end he's said something. He's well, don't you know any of the research of manual muscle testing?

[00:25:26] Don't you know, it's not very reliable. And I'm like yeah, actually I've read most of it, but. From a clinical standpoint, if I'm working with someone in person, are you going to wheel a biodex into my living room? What do you propose for your system? And again, there might be better alternatives.

[00:25:45] Great. How would you do this? Like, how would you evaluate the person? And they couldn't give me an answer. They just said, well, you're wrong. And I'm like, I don't know. I might be wrong, whatever. But what. What is the alternative? And again, it's the researcher versus the clinician model. And you know this, right?

[00:26:02] So I'm a clinician and I'm trying to help someone in person or even a coach. Yes. I want to know the research. Yes. I want to know my limits. By the end of the day, does. That person really care about the research? Let's say there's 17 studies that says what we just did shouldn't work. But if it worked, does that person give a shit?

[00:26:21] They don't care at all, right? So I might, and I get in trouble for this, if I believe something helps and it's not a negative, I may placebo the shit out of people in person. Now if I'm doing a research study, I'm going to do everything opposite of that because I want to know the mechanism. I want to know not an individual level, but on a group level is X, Y, or Z true.

[00:26:45] So I want to have randomized control, a sham intervention, all that stuff. But that's to try to determine what direction to go in. I don't view that as the thing that you would do a hundred percent with the person in front of you. Because the person in front of you has so many other variables that you have to sort through.

[00:27:05] **Dr. Dani LaMartina:** But again I'm just going to keep coming back to this idea of a hierarchy. Because those variables in terms of what's important, We can't assume that if we're, well, let's say there are 16 different subsystems within a given part of the body. Let's say we're looking at someone's vision, right? And let's say there are 16 different subsystems.

[00:27:24] That all interacts to have a net effect of whatever's going on with someone's vision and convergence and things like that again I'm talking my out my ass when it comes to the vision stuff.

[00:27:32] **Dr Mike T Nelson:** There's something perfect. Keep going.

[00:27:34] **Dr. Dani LaMartina:** Oh Let's say there are 16 different subsystems, right? We can't know for sure on any given day Which of those subsystems is going to be more important or less important and to recognize how much those subsystems are going to shift.

[00:27:49] So, like you said, the best we can do is the best we can do. And as long as we, as coaches are willing to step back and recalibrate as needed, that's where I think the art of really coaching comes in. And I think it's really important to more coaching, like real people. I've been like hooked on like the neurobiology of thoughts and how that comes out in our body.

[00:28:08] Oh,

[00:28:08] **Dr Mike T Nelson:** yeah, that's crazy path.

[00:28:10] **Dr. Dani LaMartina:** It's wild.

[00:28:11] But even just looking at how, we talk a lot about our OS from like the bioenergetics standpoint, right. And like chemical component, but our thoughts can drive our West development very easily, feelings of shame in particular, drive, like ramp that up.

[00:28:24] Like crazy people feel who have been hurting for a long time and can't do something like help their wife carry the groceries in some shame in there. Probably. So. We can look at so many other subsystems, but at the end of the day we're talking to a human body that's dictated by a human soul and spirit that has a lot.

[00:28:44] There's a lot in there that if we're not looking at this first, I think we're really missing the boat and granted that takes time, right? I don't want to get all woo on someone right off the bat, but I think yeah. That's the gatekeeper that we need to, and probably the first lens that we need to see someone through and recognize that we're not going to get the whole picture right away.

[00:29:05] But it certainly changes how all the other subsystems operate together.

[00:29:11] **Dr Mike T Nelson:** Yeah, so I know, have you ever read is it Bruce Lipton's book? I think it's Biology of Belief. Does that sound correct?

[00:29:17] **Dr. Dani LaMartina:** That sounds, I have not read it, but that sounds amazing. I feel like when you

[00:29:20] **Dr Mike T Nelson:** talk to

[00:29:20] **Dr. Dani LaMartina:** a scholar and be like, Dr.

[00:29:21] Mike, tell me all the books I need to read about this.

[00:29:23] **Dr Mike T Nelson:** I would recommend people read it. It's, I read it years ago when it first came out. And at the time, I was like, Oh man, this guy's a kook. I don't know, this is pretty, I don't know. This is all what, and then, Every year that goes by, I'm more like, I think there's more right than wrong in that book.

[00:29:44] And it kinda, I'm just quoting because I might get this wrong. I haven't read it for a while, but it gets into like the epigenetics and what are your thoughts are in the crazy stuff with some epigenetic things that are changes in how your genes are activated by the environment. But some of those epigenetic changes can actually be inheritable for a couple of generations, which is even more.

[00:30:05] Mind blowing to think what your parents did, what your grandparents did. And it's a pretty good day to back this up you can look at the, the Dutch Famine Studies and things like that about kids get reprogrammed certain ways with appetite and weight gain and things like that, but to what you said, just thinking about some of those things may even be subconscious in the person that's in front of you getting help, and if it's subconscious, they don't even know that it's a thing.

[00:30:30] So how do you test it? How do you figure out what that is? And then also, neither one of us are psychologists. So where's the line related to that also and where you're like, woo, yep. You need to go see this other person.

[00:30:43] **Dr. Dani LaMartina:** Yeah, man, I just had a, I have a client. I'm coaching with someone right now.

[00:30:49] I don't know what this person she's been a client of mine for years. Absolutely adore her. And she's had some stuff creep up where I'm like, there is no tool that I can give you. From the training, the PT component side, and there's no tool that this other coach we're working together with can give you from the functional side.

[00:31:05] And that's hard because you can, I would imagine this is how parents feel. I'm not a parent. But I would imagine it's similar where you watch a kid going through something, you see it happening from a mile away, and you're like, oh man, I haven't lived that. I felt that. I hate their feeling that, but I can't make them take that step to get help.

[00:31:26] And that's really hard. And I think ultimately, that's where we as coaches, we do need to just have our own, our boundaries to be able to say I've done all that. I know I can do for this person with my given skill set and even tell that to the client. I'm also a big believer in being very.

[00:31:41] up front about those things. Hey, I would really love to see you in a better place. It really hurts my heart to see you struggling so much. This isn't

something that I can help you with, but I'm going to walk, I'll walk next to you as long as you want me to. And yeah, that is hard for sure.

[00:31:57] **Dr Mike T Nelson:** Yeah. And even, I know you do a fair amount of hands on therapy in person.

[00:32:01] Is that correct? As part of your practice?

[00:32:03] **Dr. Dani LaMartina:** I used to I started getting people better very quickly. And so I needed to have way more clients than I could market to. And so I ended up going all online. I had a lot of online work already, and then we moved out of state. And so now the only in person work I do is occasionally on some of the best bodybuilders in the world, which is

[00:32:21] **Dr Mike T Nelson:** awesome.

[00:32:22] Yeah. Yeah, and so you have experience doing it and if anyone has done it long enough you will have people that have traumatic releases for whatever reason and it is if someone's watching it and they don't know what's going on it is creaky to see but what's cool is it's almost like The body's way of processing the emotion tied to the movement, right?

[00:32:49] So one of the things I got from Doug Heal is he's the mind is in the body and the body is in the mind. And it's an interesting thing how people a lot of times have to have that as one of the things right before they get dramatically better is what I've noticed. That we can't separate that whole psychology from it, even when we're just doing a movement only based therapy that's always there and at some point has to be dealt with in some manner.

[00:33:19] **Dr. Dani LaMartina:** I'm a fan of, I just want to pick your brain and hear all the stories of things you've seen.

[00:33:23] **Dr Mike T Nelson:** I said a lot of crazy shit.

[00:33:25] **Dr. Dani LaMartina:** No, and I'm like, I want to know how you've seen all the things that you've seen, and like, How you've gone down these rabbit holes. There are not many people who are going to talk about the role of epigenetics and movement.

[00:33:35] And yet those things are definitely related.

[00:33:41] **Dr Mike T Nelson:** Oh yeah.

[00:33:42] **Dr. Dani LaMartina:** Through that behavioral component, how did you, so like, how did you start making these connections?

[00:33:47] **Dr Mike T Nelson:** Just by doing stuff and basically trying to fix myself. Cause I was such a trash bin fire, more than anything else. The movement stuff I, so I initially did a system called Z health many years ago through Dr.

[00:33:58] Which was great. This is back in the early two thousands and that's what kind of got me into more of the neurology type side. And it was good. I'm like, super glad I did it. It was one of the first, master trainers through them and did most of their coursework. And the thing that I didn't like though, at the end was it felt like what we were talking about that some of the practitioners there didn't know where their boundaries were and the boundary wasn't really made explicit, but it was So, some of the visual work, so I have my right eye sits up and out, so I have a vertical and horizontal deviation in my right eye compared to my left eye.

[00:34:34] And so what happens is I don't see in binocular, cause the eyes are offset a little bit, so they go to the back of the brain, they create an image. The images now in my brain are offset, so for when I was a kid I used to see in double vision. But when you interact with your environment, proprioceptively you know what's a fake image and what's a real image, because you can't grab the fake image.

[00:34:55] So your brain will learn what's real and what's not real. To the brain's solution, which is fascinating, is you'll do very heavy visual suppression. So I can see fine out of my left eye, I can see fine out of my right eye, but they don't necessarily work all that well together, although they're a lot better now than they used to be.

[00:35:13] So the brain's solution to not seeing double vision is to drop one of the images from the eye. So the two images go to the back of the brain, they're offset, the brain's Oh my god, seeing in double vision, this is horrible, I don't want to do this. So I'm just going to ignore, I'm going to wipe out one of the images.

[00:35:30] So I'm going to drop from binocular to monocular. Yay, we solved the problem, we don't see in double vision anymore. But you walk around in a 3D world. So seeing a monocular has some issues. So when I was doing some of the Z health training, they were, doing all the standard, sports vision testing stuff.

[00:35:48] And of course, everyone's Hey, look, you got to test this guy's eyes. They're so crazy. And so everyone like, day two is like testing my eyes and by noon, I was just completely fried. I went and got like a 32 ounce thing of coffee. I could have taken a nap in the corner like that. If anyone's ever had I call it a high neurologic fatigue, like you just did a lot of low rep stuff.

[00:36:11] You just beat yourself up where you feel just tired. Like you got hit by a truck, but you have no doms. You have no muscle soreness. You have no joint soreness. Like you feel you're not sick. Like it, it's a weird type thing. So fast forward, as I'm going through the system, we did some hands on stuff through that.

[00:36:31] So I started doing some hands on therapy on different people. And the things that I walked away from it was, I probably spent two years of doing hands on therapy, but never bothered to check if it stood within someone standing up and walking around the table and lying back down. Because I was a wizard, I did, everything to work fine on the table.

[00:36:48] But people kept showing up again. I was like, hey, wait a minute. Didn't we fix you? Like, why are you coming back again? And what I realized was, some of the hands on work I had done didn't even stand up to gravity. And I was like, oh shit. So then I started getting crazy and testing everything. And so if you ever go down the path of muscle testing everything, you see some weird shit.

[00:37:13] And I was like, okay, so how many things affect this? And you get into turning lights on and off and opening windows and all sorts of weird woo shit. And what you realize pretty fast is that for some things, not all things, almost anything will affect anything. And then I realized, okay, so if I'm testing something, I have to be very specific, even down to the words I use, a placement of my hands to try to eliminate variables And then I also need to test it, shocker, in the real world.

[00:37:42] What happens when they go under load? What happens when this person is going to go back and pull a heavy deadlift? If it doesn't hold up under friggin gravity walking around the table, I'm basically not helping anyone. And so I spent another year trying to figure out, what can I do that'll withhold under load?

[00:37:58] Because that's what these people were going back to do. And long story short, I couldn't find anything that would hold. So I literally stopped doing

all, Hands on work for probably six years and I just said that it's all bullshit. It doesn't do anything doesn't work

[00:38:12] **Dr. Dani LaMartina:** But yeah, I would run into people

[00:38:14] **Dr Mike T Nelson:** That

[00:38:15] **Dr. Dani LaMartina:** probably didn't make you feel great professionally like No, I felt horrible.

[00:38:18] Nothing's working. What do I do?

[00:38:20] **Dr Mike T Nelson:** Yeah. But I kept running into people who were like, Oh yeah, I do hands on therapy and it's great. And you read, Charlie Francis's stuff from Speed Trap and all the work that he did. And I kept thinking, I'm like, well, there has to be something here. All these smart people, someone's, figured this out.

[00:38:35] And so it was probably maybe six or seven years ago, Cal Dietz from University of Minnesota. I was doing my PhD there. Comes to me and he goes, Hey man, you got this guy from South Africa. He's coming in to do this cert. 1, 500. You got to go, man. You got to go. I'm like, what are you talking about?

[00:38:50] Like some guy you're coming from South Africa. You want a college student right now? I got a dick for money. Like you want me to pay 1, 500 for a certification? He's yeah. And I'm like, if it was anyone else on the planet, I'd be like, you get lost. I, give me your testimonials or whatever. But I'm like, okay, man.

[00:39:06] Okay. Whatever. And so it turns out that was Doug Keel who did the activated training. And, even after the first day of it, I was yeah, I don't know, whatever, and on the last day he did some stuff with my eyes and I went from, being able to catch a ball that was moving, but it was very difficult to seeing all the letters on a ball come in and spontaneously moving and catching it.

[00:39:31] And I was like, Whoa, that was crazy. My HRV went up by 15 points overnight, stayed that way for two weeks. Wow. And I was like, Oh shit. And what I realized through all that stuff was, shocker. I had more of a neurologic restriction that basically meant you could do all the hands on therapy you wanted on me.

[00:39:53] And my nervous system's just F you, get lost. This doesn't make any sense. But once you address, in my case, eye position and specific things with. The hands on therapy, then everything, starts to work. And the first question I asked Cal was, okay. So after day one, I'm like, those basically like hands on work you're putting in and I'm like, does any of this shit hold under any pressure?

[00:40:15] And he's yes. And I'm like, what? You don't weigh. And he's yeah, we tested it. We had this guy in the forest play, squatting 500 pounds. And we did it on him. And I still didn't really believe him. So I just went and got like 30 athletes over 30 days. Just started testing people, put them in the garage gym beforehand, took them out, put them in after, and for whatever reason, I'm like, holy shit.

[00:40:34] Like it does seem to stick under load. I was like, wow, that's fascinating. Now, if you ask me why that system sticks under load and other ones, don't. I don't really know. I have some theories. But yeah, so along the way started doing that stuff. And as when you get a little bit better at one area, you get the more and more difficult people because all the people who are train wrecks go to all their friends who are even a bigger train wreck.

[00:41:00] Oh man. I saw Danny was great. She fixed me of all the shit that I was working on. Like you gotta go see her. It's amazing. And so the progression you get is. Like the worst of the worst. Yeah. And you keep going down that path and you see a bunch of crazy shit.

[00:41:16] **Dr. Dani LaMartina:** Yeah it's super interesting.

[00:41:18] I'm not gonna lie. Part of me loves being fully remote, or largely remote. Another part of me feels really hamstrung by it because it's so different. I have a lot of times I'm like, man, literally, if I could get my hands on this person super easy fix.

[00:41:36] **Dr. Mike T Nelson:** Oh yeah. Yeah.

[00:41:38] **Dr. Dani LaMartina:** I don't know. Like I'm not a great manual therapist.

[00:41:40] That was never my strong suit. My love was always like, I love the nerdy shit. I love it. But I'm not that person who like, you go to school and Oh, you gotta be a little palpate this, that, and the other. And it has to be like, just right. And I'm like, okay, well, we know that's not

[00:41:52] **Dr Mike T Nelson:** happening,

[00:41:53] **Dr. Dani LaMartina:** but thanks.

[00:41:54] Gosh that's super interesting though. So how different is RPR from truly, or I'm sorry, be activated from truly RPR.

[00:42:05] **Dr Mike T Nelson:** They're actually the, there's the same yet different. Yeah. So the deal

[00:42:11] **Dr. Dani LaMartina:** is that one is a very peeled back, almost cheap and commoditized version of the other

[00:42:18] **Dr Mike T Nelson:** kind of, so I did all my training through dog.

[00:42:21] Obviously I teach for RPR on occasion and I've known Cal for years. So the deal was that Cal saw through found dog through Chris Corfas originally in Illinois. So Chris Corfas was sprint coaching all these high school kids and seeing like these crazy numbers. And what's cool about sprinting is, everything's timed.

[00:42:40] So you can look up to see is this coach legit or not? And you can see that he's not recruiting high school athletes. Like he's just getting whoever shows up and, doing really well with them. So Cal talked to him. He's yeah, I work with, this guy from South Africa. Cal brings him in to do the cert that I was at, right after the cert, Cal and Chris and JL at the time went to Doug and said, Hey, we want to teach this, but we want to teach this to personal trainers.

[00:43:08] And the agreement was, and still is, Doug will take the medical model, which has physical therapists, chiropractors, that type of thing. And then now Cal and Chris Corfas will teach it as RPR, but it'll be more as a practical thing for coaches and trainers. And if you've ever met Doug and Cal, you probably can't find anyone that has two polar opposite personalities and thought patterns either.

[00:43:35] It's if you take a course from Doug, you will get what you need to do, and you'll understand the points. But you'll probably get 80 percent philosophy in the process, right? Which really appeals to some people. They want to know the system. They want to know how it works and how it was thought of. And what are the lines and boundaries?

[00:43:53] If you take it like from Cal or Chris, it's like, all right, you got this point. You glue test him here. You push here and then you poke him here. And I look at that. It's amazing. Ah, next one. It's very methodical, like boom. Which some people really like, and other people are like wait, back up, I'm still on like point one, you're on point four now, what's going on?

[00:44:12] Heh, though it's very Older different ways of teaching.

[00:44:18] **Dr. Dani LaMartina:** I love the idea of like just breaking down pedagogy and how we teach I think that's a really big determinant in how well A concept or school thought is received and i'll just use like bill's model as a great

[00:44:29] **Dr Mike T Nelson:** example.

[00:44:30] **Dr. Dani LaMartina:** You know You listen to someone like bill teach.

[00:44:33] I love all the nerdy stuff But sometimes I'm like, wait, where did I get lost? Because I feel like there's something I'm supposed to know that I don't know. And then you've got other people who try to teach that model. And then the person I think does the best with teaching that model is someone like Zach.

[00:44:48] Oh, I love Zach. He's awesome. He's so great. Right.

[00:44:53] **Dr Mike T Nelson:** Yeah.

[00:44:53] **Dr. Dani LaMartina:** He really promotes an environment of actually breaking down for the intent of helping people rather than reproducing, regurgitating, reproducing a model. I think that ultimately, one thing I've really noticed in the last couple years is when it comes down to teaching, you can tell the people who really want to help people learn, like yourself and like Zach, and then people who want to take something they've learned and make money with it.

[00:45:15] And there's no, yeah, right. But there's

[00:45:17] **Dr Mike T Nelson:** no, it's not a bad

[00:45:18] **Dr. Dani LaMartina:** thing, but it's definitely different from someone who wants to change the way that we think and raise us all up together. Hey, let's raise the floor a little bit. That's different. And I think that,

yeah, someone's personality comes out very much in how they teach and the pedagogy and how they get people involved.

[00:45:33] And it's something that I've just really, I don't know if it's just because I've thought a lot about more about teaching lately, but it's something I've really had my intent up about is you can pick up pretty quickly who, who's really out to actually help move the industry forward and who's, Out to make a name.

[00:45:50] **Dr Mike T Nelson:** Yeah, I feel like in fitness. It's somebody also said like even with academics like being a professor It's probably a job that still has a high I don't know if rating is the right word, but most people would be like, oh you're professor. Oh, wow It's still like this high pedestal thing But the pay is usually pretty shitty and hours and everything are pretty bad.

[00:46:13] But the perception is it's all very high. And again, I'm not saying that this is a good or bad. I feel like in fitness teaching for a system or presenting a conference is this kind of viewed as like this high thing. But if that's all you do, not the pay isn't as great as what people think. I think there's more of a perceptive high value than what there is.

[00:46:39] And again, I like doing both those things. I do them. I think they're wonderful, but there's this kind of, I think, weird perception of what it is versus the reality, maybe.

[00:46:48] **Dr. Dani LaMartina:** For sure, I think more I'm thinking of is in my world, I'm watching people try to create an online certification or course or something like that.

[00:47:00] And they do it in a way that makes you feel like, and it's great marketing. They do it in a way that makes you feel like. You're missing out on the secrets.

[00:47:07] **Dr Mike T Nelson:** Oh yeah. They have the answer and you don't know it.

[00:47:09] **Dr. Dani LaMartina:** Exactly. Let me make you less dumb. Hey, let me teach you how to think about these things. I'm not going to give you some sort of like a decision tree rubric.

[00:47:19] That's not going to help you. But people want the decision tree, unfortunately. And I think that's where we run into the same problems that we

were talking about earlier with how do we find the boundary boundaries and the less granular nuance we can be. I think that's really where A lot of the issues come up

[00:47:36] **Dr Mike T Nelson:** when you're teaching.

[00:47:37] How do you determine that? Cause that's one thing I struggle with is it was up to me only. I would just teach theory and let people figure out how to apply it themselves. But what I've noticed is I can get away doing that in person because I can change. How close I put the dots, but I still want them to connect the dots.

[00:48:02] But if I'm designing a course online, I don't have that feedback and I don't have that luxury of doing that, but I still don't want it to be, here's your protocol, your algorithm from one through 47, just follow this and everything will be great. Because it's impossible that's going to solve everything.

[00:48:22] So how do you find that balance of teaching them kind of the philosophy, but yet you want to make sure that it is at some level practical so they can go out and start doing things in a better way?

[00:48:32] **Dr. Dani LaMartina:** I think this is something I really struggle with. And I think the first thing that I've had to realize is that I'm going to be wrong and I'm going to be wrong a lot and I'm not going to try to be wrong.

[00:48:43] But gosh, if I was wrong three years ago, three year future me is looking back at current me and saying, Hey sis, you're probably wrong about a couple of things. So I think a lot of times just recognizing that our job is not necessarily to teach someone how to find the one singular right answer, because again, there are way too many systems at play.

[00:49:03] For us to have the ego to say we control. But I think again, coming back to the principles and to then recognizing I'll very often provide cases or ideas that are completely opposing and just show the nuance of how we apply the principles and things like that. But honestly, this is something I really wrestle with.

[00:49:20] This is something that has made me put pause and developing a lot of the educational content. I want to because the ones that are put out right now, it's a course with a framework of If this, then this, and this, and what I've realized is that the people that find me that are ultra jacked up and they're like, we want to be jacked.

[00:49:38] We want to be strong. We want to not hurt. We want to move well. They don't fit. Like they find me because that easy system filtered them out. So they like put them into my system, which is well, that stuff didn't work. So what do we do with that? Well, we know the principles are true. First principles are always true.

[00:49:55] How do we apply that? So when you figure out how you do that, let me know.

[00:50:01] **Dr Mike T Nelson:** Yeah,

[00:50:03] **Dr. Dani LaMartina:** that's what's caused me to put pause on a lot of the stuff I want to develop.

[00:50:06] **Dr Mike T Nelson:** The only thing I've figured out the best I've come up with so far, which took me a long time to figure out. So when I was putting the flexed I'd start together, that was the biggest problem I had was okay.

[00:50:17] I'd put out a lot of educational content. Great. But I very much wanted it to be a system, but I did not want it to be, if this, do this, I didn't want like the engineering 87 checkpoint flow charts thing, but I also knew from some other systems I was involved with, if you only really taught theory and the reality, they could start at any entry point.

[00:50:39] People almost didn't do any action because they weren't told start here. So it was this weird opposing paradox of philosophy, but yet how do you make it specific? Because at the end of the day, I want people to take action on it and get better and learn through practice. So what I came up with is I just did a continuing series.

[00:51:00] That is the big picture. So these eight interventions, what is the big picture that ties all of these eight things together? So with the FlexDiet Cert, it's flexible dieting and metabolic flexibility. If it's the PhysFlex Cert, it's the, four regulators of homeostasis. So those are your big picture of, The thing that's overarching all of it, like the 30, 000 foot view.

[00:51:20] And then with each intervention, let's say protein was number one in the flex diet cert. I said, okay, what is my bikes? I've done way too much engineering. What are my constraints? Right? So if you told me like, Hey, give me, let's give a class, a lecture for four hours on protein. Cool, man. That's easy.

If you said, okay, now you've only have 40 minutes to teach all these personal trainers, everything they need about protein.

[00:51:42] Ooh, 20 minutes. Oh shit. Like when you compress it, it gets harder, but almost more valuable for the end user. So I said, okay, my constraint is I have one hour to tell you about all the details. That's it. Because if I can't fill it within that hour, I need to either simplify it or move it down or do you do something?

[00:52:03] Because at the end of the day, no, one's going to sit through a 400 hour course. So I go to frigging college if you want to do that. But then I said, okay, I'm going to have five explicit action items at the end, and the system will tell you, but the client sitting in front of you, which one of those action items is the best starting point.

[00:52:19] So within that, you'll know the big picture or the theory. You'll know the details, but you'll also have somewhat of an algorithm and an explicit starting point for each one so that you don't get confused about what action to do, because, as otherwise you'll get, like for protein, now we get crazy emails of, oh, is it 30 grams or 40 grams?

[00:52:40] I don't know. I heard 30 grams wasn't quite enough because, you didn't, you're losing thresholds, not enough essential amino acids. And if you're using a vegan protein and, all this stuff, where I said, okay, any protein source, just give them 40 grams, start there. Oh, okay. So.

[00:52:54] I don't know if it's the best idea. You're more than willing to steal that if you want, but that was the best compromise I could come up with of making sure that it is an actual legit system, making sure they understand the theory, making sure they know some of the details, but yet also making it explicit enough that they know the starting point and they know how to walk through each one of them.

[00:53:15] **Dr. Dani LaMartina:** Well, I think you hit on a core thing there and that when people. Generally, when there's inaction, it's because people don't know that next step. It's very, really actually lazy. It's fairly because they don't want to take the next step. They just don't know what it is.

[00:53:28] **Dr Mike T Nelson:** Yeah, especially when

[00:53:29] **Dr. Dani LaMartina:** it comes to educational content.

[00:53:31] So by giving that direct action path. We see the other clients all the time, right? Like they say, coach, how do I do blank? Okay. Well, let's start here. And that is coaching.

[00:53:41] **Dr Mike T Nelson:** Yeah. Yeah.

[00:53:43] **Dr. Dani LaMartina:** Really well said.

[00:53:45] **Dr Mike T Nelson:** Yeah. If someone is looking for educational materials, how, any tips on if, how they would know if they like more of the philosophy or the kind of XYZ just do this and how would you have them match up themselves with an instructor, right?

[00:54:01] So even if I go back to the PRI example, like I was sitting in there and. I felt like the courses I took, everyone wanted to know the algorithm. And I felt like depending upon the instructor, they were trying to tell you the algorithm, but they were really trying to tell you the principle. I felt like there was this almost a little bit of a mismatch where, again, this is my impression that Ron was trying to explain from his brain, how stuff is all fitting together, but people wanted to know, Oh, if it's a left AIC, what do I do?

[00:54:33] You know what I mean? And there was the direction, but I felt like the. Algorithms that kind of fell out of that were because of that's what people wanted. Again, this is just my impression.

[00:54:46] **Dr. Dani LaMartina:** No, that, that makes a lot of sense. So the first course that I sat through, I was an aid at this time.

[00:54:52] I was like 22, just graduated college. And I sat through Ron teaching one of the early iterations of the circle course.

[00:54:59] **Dr Mike T Nelson:** Oh, that was your first one.

[00:55:00] **Dr. Dani LaMartina:** That was my first one. And I didn't even pay to attend. It was just like, At that time, it was not common for aids to want to sit in. So my boss at the time, I was like, Hey I'm seeing a lot of these cool neuro things.

[00:55:12] I worked in other clinics before there were shitty PT clinics. I was convinced I didn't want to be a PT started working in a clinic that used some of the PRI stuff. Anyway and now that I'm thinking about it, there were definitely

clinicians who, rather than trying to hear what Ron was saying, We're just saying, okay, so what do I do?

[00:55:32] **Dr Mike T Nelson:** Yeah. Yeah.

[00:55:33] **Dr. Dani LaMartina:** It's very, it's so common. I think you probably run into this when you're coaching clients too. It's we're telling you what to do. I need you to slow down and hang with me. And I think that again people want answers. And I think it's similar to when someone is like frustrated that they're not, Who they want to be 10 years from now.

[00:55:52] And it's well, yeah, you got 10 years to develop into that. It takes that time. It takes that struggle, takes those decisions. But with regards to the original question, like, how do we know what we're like, how do we find what we're drawn to? I use a lot of Hulk Hogan memes and people think that it's just Oh, I'm like my thing.

[00:56:09] But there's a reason for that. And Hulk criticized wrestlers at one point because he felt like after a while, it was like, It was robotic people doing what they were told instead of having any kind of heart behind it. And I forget what the exact quote was, but it was very much along the lines of you could tell he really freaking just loved exploring wrestling.

[00:56:30] And I think that's the same thing, at least in fitness that I see is people are looking to be told what to do rather than just finding something they love and like really getting after it. And maybe it's a certain philosophy, maybe it's a certain like type of training. I just frigging love being.

[00:56:47] Strong and jacked and being a big nerd and breaking myself so that I can fix it. I said, I love that shit. And so, that, that's how I got to where I am right now as a professional where people ask me all the time Oh, how did you get into working with no power lifters and bodybuilders.

[00:57:03] How did you find what you love? And I was like, I don't know. I just realized I was doing it. I was doing it all along. And I think there are like, yeah. There are key pillars to having intrinsic motivation. Ultimately, that intrinsic motivation is what I think drives us to want to learn, whether it's from a certain resource or a certain methodology or a certain person.

[00:57:22] I want to say it's you would probably know better than I would. There's like creativity, autonomy, mastery, purpose, and there's one other.

[00:57:35] **Dr Mike T Nelson:** You'll think of it.

[00:57:36] **Dr. Dani LaMartina:** I'll think of it later. It's a word that I was listening to a TED talk on this actually, and it's a word I've never heard of, and I was like, Oh, interesting.

[00:57:43] But I think that curiosity is the biggest one that people underplay. And that intrinsic motivation where we're quick to think about, autonomy purpose and figure out what the other one is, but we forget about curiosity. And that curiosity is ultimately, I think what people, what gets people really passionate to pursue what they want to pursue.

[00:58:03] **Dr Mike T Nelson:** Yeah. I've heard that for a long time. Pyrene, that's what people look at is curiosity and willing to learn, because, bigger gyms, whether if they have a system, if you go in as a trainer, you're basically going to be doing their system, and they're like, we can teach you our system, but if you're not really that interested in it and you're not really that curious, you don't really want to help people, then you can't really teach you those things.

[00:58:28] You have to want to do those things, which I would agree with. Yeah.

[00:58:34] **Dr. Dani LaMartina:** Yeah, absolutely. Absolutely.

[00:58:37] **Dr Mike T Nelson:** You actually should do maybe you already did this. Do you have a, like a series of philosophy by Hulk Hogan? I think that'd be pretty cool.

[00:58:44] **Dr. Dani LaMartina:** I know, but that's a great idea. I think that'd be great.

[00:58:50] **Dr Mike T Nelson:** Yeah, I bet you could find like a bunch of really good quotes.

[00:58:55] **Dr. Dani LaMartina:** Probably.

[00:58:57] **Dr Mike T Nelson:** I'm guessing here, but I bet you could.

[00:59:00] **Dr. Dani LaMartina:** I just, that's how I feel. Even when we think about our original discussion of having this kind of interdisciplinary role between PT and functional health and bodybuilding and powerlifting, and there are a lot of different hats that I wear.

[00:59:14] Like how do you do those things? And you gotta love it. You really do. And it's cheap to say. It's hard to live in a way because it really does become, this with as many, rabbit trails as you've gone down, it becomes a labor of love where you wake up at three and you're like, God, why, like, why is it, this happens?

[00:59:32] Why when I lay on my left side, am I getting right sided tinnitus, yet my jaw shifted to the right instead of left? And you don't think of, you don't think that way. You think about those things unless you really love it. And it's obsession and it's weird. And I don't think there's anything wrong if you don't have that.

[00:59:48] But I also don't think as many people have that as they think they do. I'm obsessed, but

[00:59:55] **Dr Mike T Nelson:** yeah. And if you can find areas where those people hang out, like just go to more of those areas. Like I remember going to the, it was at central Virginia performance seminar J Mayo years ago. And we stayed in the, he had this thing where he might still have it, where they could, you could stay in the dorms there overnight for 40 bucks.

[01:00:17] It was like during the summer when the college wasn't being used. So that night we had we may have allegedly a K got wheeled in somewhere into the dormitory area. And I remember at. God, it was probably like two in the morning after several beers, a friend of mine is like doing PRI on me out in the hallway with my legs, sticking up and all this stuff.

[01:00:38] And we're in the back, we got kicked out of the hallways. So we went into the men's bathroom at three in the morning, like Calgary and shit

[01:00:45] **Dr. Dani LaMartina:** on the air. No,

[01:00:49] **Dr Mike T Nelson:** we're doing that luckily in the hallway. I wasn't going to lay down in the bathroom, but the hallway was okay at that point. But I was just like, Oh, this is pretty cool.

[01:00:57] Like you would have to be very passionate to be testing someone else at two in the morning when you could just go to bed. One, you wouldn't show up to this conference too. You wouldn't be out here doing this. And it was nice. Cause you realize Oh, there's other weirdos like me in the world.

[01:01:11] That's pretty cool. I'm not the only weirdo.

[01:01:15] **Dr. Dani LaMartina:** Our community is something that is, is really understated to something I'm learning a lot lately. Like we got on our mastermind call this week and I was having one of those days where I just felt like the life had been sucked out of me

[01:01:30] **Dr Mike T Nelson:** and,

[01:01:30] **Dr. Dani LaMartina:** Like we all have them.

[01:01:31] I was like,

[01:01:31] **Dr Mike T Nelson:** why

[01:01:33] **Dr. Dani LaMartina:** am I here? What am I doing? Am I going anywhere? Am I doing the right thing? Should I just quit and start over doing something else? And, things that you think when you're 15 years in and wonder if you've made any dent in going anywhere. Oh,

[01:01:44] **Dr Mike T Nelson:** totally. I still think about that on many days.

[01:01:47] **Dr. Dani LaMartina:** And then I think you get in a room with other people who are, as Weirdly obsessed with whatever it is they're do, they're doing, even if it's something totally different, you're always like, you know what? No, I'm gonna be alright. And I think, the community aspect of that is, is huge. It's something that I really, I talk about epigenetics and thoughts.

[01:02:09] That's been something that's really been close to me this year is breaking a lot of those ideas that have been so, so deeply instilled in my brain. How hard it is to pluck those things out and get them out of there. It's a lot of work. And even like the role of the vision system in that for people is wild too.

[01:02:29] So when you tested me way back when,

[01:02:31] **Dr Mike T Nelson:** yeah, that's right. At the bar. Yeah, exactly. Here we are again. It was out of the

[01:02:35] **Dr. Dani LaMartina:** bar. I'm like, yo, Mike, can you Oh my God. That's it's pretty fascinating. Body is just, I think that's been the hardest thing for me to really embrace as a coach this year is I feel like I'm meeting so many people who are so much smarter than I am.

[01:02:49] And it's been hard for me to figure out. When I see people like you who are at the top of the mountain, I'm like, how am I going to move forward? And like, how do I get to that spot? And also not, devalue where I am as a coach right now. And I think a lot of coaches listening to this are probably in a similar state to where I am, where they hear people who are brilliant at what they do and have really thrown themselves in their career and the education and, all like the nerdy rabbit trails, and we wouldn't think to even ask the questions about, and you wonder is there anything I can do to really help my clients right now?

[01:03:22] And I hate the phrase. All you have to do is be one step ahead. I hate that. I think that's cop out, but I do think it's really important to remember that because our boundaries of what we know are expanding so quickly where I am right now. May have been what I would have considered, that edge of the boundary 10 years ago.

[01:03:43] And I think that, that was true for anyone. So if you're like me and you've been coaching, I've been coaching a long time, I've been coaching since 2010, this is 2024.

[01:03:51] **Dr Mike T Nelson:** Yeah, that's a long time.

[01:03:52] **Dr. Dani LaMartina:** So yeah, it's not, I'm not like a newbie coach. I think I'm older than people probably think I am.

[01:03:57] But it can be very humbling at times to recognize how much deeper the rabbit holes can get and wonder, how you can still lead people from point A to point B because ultimately this, that's what we do is we lead and preparing ourselves for that can be challenging when we don't feel ready.

[01:04:14] **Dr Mike T Nelson:** Yeah. But I think it's, the thing I've realized is it's also never ending. Like when I started my PhD, which I did later in life, I thought, oh, okay, I got seven years to figure this out. And Ooh, I'll learn a lot about exercise fizzle, which I did. But then you quickly realize that your research to do your thesis is only on one small area.

[01:04:34] It's only like in this tiny little area. And then you finish it, you get them all published, you get your studies published, and then you realize, Oh, wow, I have 50 more questions now in that area. I remember having this conversation with Cal at one point saying, we're like, yeah, do you ever realize like the more stuff you learn, the more stuff you realize you don't know.

[01:04:55] And I'm like, yeah, and like 20 years, like we'll know comparatively nothing at all. We'll just be idiots, because it's just, it's never ending. And you have to at some point, just be comfortable with never being able to figure it out, which is also what makes it interesting because if we had all the answers now, it'd be boring and no one would be interested in it either.

[01:05:16] **Dr. Dani LaMartina:** I find a lot of freedom in that I find a lot of freedom in recognizing that we're never going to have it figured out. I collect a lot of clients who have come from working with coaches who have claimed to have it all, figured out and, that's their method and their step and their decision tree and all of that.

[01:05:30] And I think that not having it figured out, quite frankly, is my superpower because I'm not married to any one particular, All right. way of doing things. I'm much more interested in, okay, well, what do we know? Is there something that I'm missing here? And again, like having the curiosity to say, wait there's another player in this equation, what's going on, start doing, I'm down the rabbit holes.

[01:05:49] But I think there's a lot of freedom in not knowing the answers too. And I think that's ultimately what keeps things fun, right? Like how cool is it that we sit here and learn about how the human body functions, like how this thing that we live in, like, how does this work?

[01:06:03] **Dr Mike T Nelson:** Yeah. And I think that's.

[01:06:04] Okay. The biggest thing, I don't know if I got this from Doug or Cal or Tom Myers, I think it was probably Tom that we're doing hands on stuff. I used to get super worried that I wouldn't be able to help the person with the thing that we're doing. So I would get all their information ahead of time at some time in early on.

[01:06:21] I would even do an hour call with them. I'd have all my little notes of okay. And then test this and test that. And what I realized was, huh? Yeah. I think I did was doing people a disservice because I had already talked about boxes. I already had boxed them into what I thought was going to be the answer.

[01:06:41] And rarely was that ever the answer. And I think it was Tom or someone who said, just make sure you're in a good state. Make sure all you can promise that person is, Hey, I will do the best I can during this period of time to

figure out what do you have going on? He's that's. Literally, that's all you can do.

[01:06:59] And like, when you're in that state, you will then see things and be able to figure out things that you would not have seen otherwise, because you're more open to what's actually going on and trying to just follow the data as it shows up. And it's okay if you're not even a hundred percent sure what to do next.

[01:07:20] Like I remember one client in particular. Looking at him going, I have no freaking idea what to even test on this guy next. And so I said, okay I just want you to sit there, sit on your hands and just want to take some, just take some deep breaths, and I'm sitting there looking at him going, I don't know what the fuck I'm doing.

[01:07:42] I'm like trying to think of something and I'm like, it's okay. Just stay cool. Let's say, and all of a sudden I'm like, oh, I should test this. I'm like, oh, okay. Now we're going to try this thing or that thing. But it's just trying to stay in the moment and figuring out that you'll probably figure out the next thing to test.

[01:07:57] And at the end of the day, like all you can do is promise a person that you're going to do the best you can within the certain circumstances. And, if you, that's all you can do, that's all you can do, and in some way, that's a freeing thing with clients of, Hey, We're going to try our best.

[01:08:10] I have experience working with this. We've seen this thing before. I feel pretty confident. We can probably help you with it, nobody can absolutely a hundred percent guarantee that because of there's so many variables and other things too.

[01:08:23] **Dr. Dani LaMartina:** I think like the client being in a state where they can hear that too, is really important.

[01:08:29] And there are some things that we can do to facilitate that. The thing that, gosh, when I was working in another person's clinic, every time I, I always made a note, this is a habit that I just. It was one of my non negotiables, but before I walked into a room with a patient, every time I had to like, check my state, how am I walking into

[01:08:47] **Dr Mike T Nelson:** this?

[01:08:48] **Dr. Dani LaMartina:** Because the attitude that I walk into this room with is going to determine a lot more than just the first 30 seconds, not first 30 seconds, everything else. And I think I've gotten a little bit lazy with that since coming online, because now it's I click my record the loom and I set myself up before the loom and I'm naturally very introverted.

[01:09:04] So for me to get on a camera and be like, Hey. You're amazing. Great job this week. Even if someone is crushing it, that's hard for me. But I think getting in the habit of checking our state makes a big difference. And it's interesting too. I've even realized how we show up on social media determines the state that our clients will approach us in.

[01:09:22] And that was something I didn't really fully appreciate until this year where I came off the Olympia stage last year and I am hardly trained this year. I had some other health issues popped off. There's she's a lot and I'm feeling a lot better now, which is great. And again, I'm working with Austin and he's been probably the best coach I have ever worked with.

[01:09:41] Not just because of his mastery, but well, yes, the mastery, but also how he communicates, which is a part of that. It's just phenomenal. But I realized that over that year, when I stopped showing up. And this is complete contrast to last year. What was like, I was crushing it. I was an Olympia prep. I was, like killing my training.

[01:09:59] I was shredded year round. It was like, I started to notice my clients started to show up with me differently. And I was like, man, I need to check out into the room. And sometimes not entering the room is. Just as powerful as coming in negatively. So that's something that I've just thought about lately again, because the world that I work in right now is online.

[01:10:20] So, just interesting. Things I don't think that I'm alone in that. We, if I were to, follow someone on the internet, right? Let's say I followed you all over Instagram and Facebook and looked at all, all the things you did. And that was the only contact I had with you. And today was our first conversation.

[01:10:39] I'd probably show up differently than knowing you a little bit more. That's interesting. So I think we as coaches, we, as educators, we as healthcare professionals, we can do a lot to help change the state of the people that we work with, knowing that even those like virtual points of contact are very powerful, even if they're not like direct,

[01:11:04] **Dr Mike T Nelson:** yeah.

[01:11:05] That's one thing I've tried to get better at is doing more voice notes and doing things like that too, because it's, yeah, excuse me. It gets to be easy to be very robotic. And I know I tend to think sometimes too algorithmic. So even, most of my clients are actually female, which is hilarious.

[01:11:23] Cause I write to like dude bros and they're like forties and fifties and like 70 percent of my clients are female, which is funny. So even sometimes I will preface things and say I know this sounds like a very much male engineering statement, but. You didn't gain three pounds of fat. It's mostly water whatever the thing is it's going on.

[01:11:41] So trying to even preface statements that, could be taken as offensive because of the state they're in, which is, totally understandable.

[01:11:52] **Dr. Dani LaMartina:** Yeah it's funny. I coach more men than women.

[01:11:55] **Dr Mike T Nelson:** Oh, interesting.

[01:11:56] **Dr. Dani LaMartina:** I love coaching, anyone, but I tend to just. Really love coaching men, and I don't know if that's because I have heard there's some sort of a gender bias and coaching Those part.

[01:12:09] I don't know if it's that way in every Sport or every realm but at least in the physical sports that I'm in less with Health care and probably less within the educational world, but within the coaching world that I see, man I tend to see a lot more gender bias there, which is weird because I would expect it to be the opposite.

[01:12:32] **Dr Mike T Nelson:** Yeah,

[01:12:32] **Dr. Dani LaMartina:** that comes down to message too.

[01:12:35] **Dr Mike T Nelson:** Yeah. Question is we wrap up a little bit. Oh, I didn't mean to cut you off. You had something to add to that.

[01:12:43] **Dr. Dani LaMartina:** I'm not gonna lie. I'm like, I came into this today and I was like, God, I hope I have anything to learn. It's just one of those.

[01:12:49] **Dr Mike T Nelson:** No, it was good. How as an online trainer, who is a physical therapist, who still works with a lot of high level athletes, this is probably a whole nother podcast, but how.

[01:13:01] Give me like your mindset or kind of your philosophy about how do you determine movement things? So I had this call today with a guy who was great when he was asking me, he's well, what do you do for online movement stuff? And my short answer was, I don't know, I tried a whole bunch of stuff, I had whole systems for a while.

[01:13:21] Now I just film their top three movement goals, do a couple other basic checks, what's their history, and I call it good, and we figure it out on the fly. Which I know isn't very practical. Sexy, but all the systems I had didn't really give me the answers I wanted. And a lot of times it was difficult when something was long and complicated, even if you did a step by step video to get the person on the other side, to follow it the way that you wanted, because it's a one way communication thing.

[01:13:49] **Dr. Dani LaMartina:** I want to make sure that I'm hearing you and understand. Are you speaking with regards to like a multi step kind of fine tune corrective, something like PRIS, for example, or are you, so I have some context.

[01:14:02] **Dr Mike T Nelson:** Yeah, no, not necessarily. Like just, so you've worked with a lot of people who have performance goals, but have a lot of movement issues.

[01:14:09] Do you have a set thing of. FMS or PRI or a system that you've derived that you look at this and this Or is it like a individual thing? What is your thought process because you're not there with them in person. It's an online thing

[01:14:27] **Dr. Dani LaMartina:** So I do a ton of video analysis and I think the longest loom video i've made for someone I think at one point I made a 44 minute loom video.

[01:14:36] **Dr Mike T Nelson:** Oh, wow

[01:14:37] **Dr. Dani LaMartina:** Yeah. So when I say I'm a little brain dead by the end of the day, it's usually when I filmed a couple of those and I'm like, well, if we're talking about, connected tissue yielding and the central orientation there's a lot of education that comes in a way. So usually what I look at is I look at where someone's starting.

[01:14:51] I have a movement like a playlist of tests that I run them through, but I've got a pretty good idea of where they're going to be. Am I looking for all of

those tests to clear? Nope. Because at the end of the day, I think one of the things that I've seen very often, especially again, the people that come to me generally have a history of very heavy, hard, persistent training.

[01:15:10] So we get a lot of changes in not only muscle orientation being concentric and eccentric, but even in the connective tissue being just so much less viable. So how much change am I going to get in some of these guys? Some of them I get a lot. Others, I'm like, we'll see, but it does help me be smart with how we go about, deconstructing where they want to be to where they are now.

[01:15:32] I am probably the worst physical therapist on the planet, because I am so okay with making exchanges of things they love, even if they're not. A great movement for them to do.

[01:15:46] **Dr Mike T Nelson:** But that's also being a realist.

[01:15:50] **Dr. Dani LaMartina:** My training. Right. And if someone was dating, you're never going to deadlift again. I'd be like, well, you're fired.

[01:15:56] Well, I was told that I was like, let me find a way. I know I'm missing some tendons, but I'm going to, and I got stronger than I've ever been.

[01:16:07] So I, I tend to operate on a system of high exchange versus high support is

[01:16:12] I have like my whole framework that I use. Right. And this is something I could probably teach about because it's just, to me, it's based more on principle. And then philosophy, and then there are probably a couple actions you could take after that, but you make those decisions by 1st, understanding these couple of things.

[01:16:27] So I've got a couple of different lenses that I've been my guys to having the hierarchy is 1 of them. Structural bias is 1 of the others. And really recognizing what someone's pain point is. Is going to be one of the others and that essentially is going to calibrate how aggressive or how conservative are going to be with progression and regression models.

[01:16:47] So if someone's pain point is that he can't squat 700 pounds. Versus someone's pain point is he just wants to be able to pick up his kid. I'm going to calibrate progression models a little differently there. They may still have the same range of motion test. They still may be both squatting 400 right now.

[01:17:04] They may start from a similar baseline, but I'll calibrate that differently. From there, my goal is always to look at where is their, Where's their threshold above which they have pain and where is their baseline that they're living in and I'm going to do what I can to create a system of exchanges that lowers the baseline.

[01:17:26] So they've got greater clearance before they get to their threshold. And find a way to increase that threshold, so they have a higher ceiling before they start to tip over that, things feel like they're blowing up point. Now, we've got things like range of motion testing functional testing.

[01:17:39] We've got all kinds of stuff. We can look at. Which of those is going to create a bigger change in their current state in terms of their baseline is going to be pretty individual, but I'm probably going to be very intelligent on which variables I push a little bit more in terms of that high exchange, meaning something that might.

[01:18:01] Tip them up towards their baseline versus something that's a high support and allows them to lower their baseline and probably raise their threshold a little bit. So, for a lot of the guys that I look at, my system is mostly based on a series of exchanges, making sure that we're getting a picture really of, I don't want to say a, I don't want to say a chessboard, but making sure we're getting a picture of where the data points fall, or maybe the pieces of the puzzle, we're not going to have every single piece. But we need to know where they're falling before we start trying to put that back together.

[01:18:34] So I don't know if that helps at all, but I've got movement screens and then just based on their history and things like that, of course. That's going to help me determine where I start them and how I communicate with them, how I communicate with them is generally I think the biggest thing that sets them up for success.

[01:18:48] I know if I nail someone's like initial call with them and you know this too you communicate the expectations. I, to me, even if I miss if I miss big from a technical standpoint, it's okay. It's not good, but it's easier to figure out, okay, well, I made the best decisions.

[01:19:05] I thought I could, those were not the right decisions, but we can reroute this very quickly. Yeah, so from a movement standpoint, and from the coaching standpoint with that, I probably get a little bit pickier than many people with their movements. Things I look at often are even in the guys that are doing some variation of the pulling movement.

[01:19:27] What portion of their hand they have the strongest. Like for receptive grip on really pinky heavy is going to tell me a little bit more about their directional preference and bias on one side versus the other some of that is going to come into neurology and go, okay, well, if that's the case, is that a referencing issue?

[01:19:42] Is that a biomechanical range of motion issue? Why is that a bias there? Is it more neural? Is it more, obviously there's a neural component, but can we clean it up using just mechanics? My hope is always to go just mechanics, but if I see someone like, the pattern recognition, when there's going to be a neuro component, you have to go after and that just comes with time

[01:20:01] **Dr Mike T Nelson:** and that's cool.

[01:20:02] I, I think of that as like the physiologic headroom, which shows up in every system or your buffer zone, right? If those things are squished together. Like you don't have much room, like you move wrong or you do something weird. It's you're going to pay a price where if you have a big sort of buffer zone for better or worse, you can get away with it again.

[01:20:25] Doesn't mean you want to live there all the time, but you're not going to pay as much of a consequence acutely.

[01:20:31] **Dr. Dani LaMartina:** Well, I think even sometimes as coaches I don't know if you ever do this, but if I know I have a big buffer zone with someone and I feel like they're safe enough, I'm gonna throw a wrench in the system to see how they respond.

[01:20:41] **Dr Mike T Nelson:** Oh, yeah, 100%.

[01:20:42] **Dr. Dani LaMartina:** I think it's important to be able to do that. We have to know how shit hits the fan, if it hits the fan. And if we can do it almost in a controlled environment, obviously there are other systems at play there too, like if in the mechanical world, if we give someone, I don't know, a task that has a higher demand than what they should be doing right now, they're going to handle that differently than if they've been neurologically prepared for that task.

[01:21:07] But I definitely, I like throwing a wrench in the system once I have the buffers in. I think it's important actually, partially because it gives them the experience of like things didn't go perfectly, but it definitely wasn't, it definitely wasn't bad. And we got out of it in a day. So efficacy there too.

[01:21:26] **Dr Mike T Nelson:** And with high level athletes, Austin might even said this on the podcast, which I agree with that. You're in essence trying to take and build a race car and then you're going to break the race car. Right. You're probably going to break it to some degree, all high level competitors. And then the goal is, can we put it back together a little bit better and can we make you a little bit more robust for the following year?

[01:21:53] Whether that's. American NFL physique, athlete, powerlifter, CrossFit athlete, whatever. And I love the eustress distress models. What I use personally. So eustress stress, you can generally recover from that's going to be vast. Majority of their training. We want you to come in, feel pretty good performance, et cetera.

[01:22:11] But there are going to be either distress days or distress competition days where the only thing that matters right now is performance. And yes, your risk of breaking shit is going to be a lot higher, but this is what you signed up. This is what you want to do. There we go.

[01:22:26] **Dr. Dani LaMartina:** That race car analogy that I mean, especially in the world of bodybuilding.

[01:22:31] That's

[01:22:32] **Dr Mike T Nelson:** Oh, yeah.

[01:22:33] **Dr. Dani LaMartina:** I'm not gonna lie. That was something for a long time. I thought people were being too conservative on. And now it's taken me literally almost a year to recover from a year of a very poorly handled contest. It's yeah, it's something that I think more people need to be paying attention to.

[01:22:52] And I think there's going to be a huge shift in the industry. At some point, I think it's going to need to swing back the other direction. But I think that's also something that a great coach is going to know how to do well, right? Like a great coach is going to know how and when to, play things conservatively versus when to push the envelope a little bit more.

[01:23:08] And again, circling back to the start of the conversation today is like, you get people who are so married to the camps and the method and the flow chart that they forget how to think. And I think that's probably the biggest thing that we as coaches need to do better with is just learning to think better and think differently.

[01:23:28] **Dr Mike T Nelson:** Yeah, and the hard part with, excuse me, especially with cost and, I've seen this happen with physique prep, unfortunately, probably the worst is that I've often joked that human systems are associated with every bad engineering word. They're chaotic and isotropic. They're nonlinear. And human brain just thinks linear, right?

[01:23:47] So you think that you're accumulating all these costs and yeah, I know I feel like shit, but I've only gotten, two more weeks to go and I'm gonna do this and do that. And it's almost, I don't want to say impossible, but very difficult. To see a non linear cost on the back end of that as you're going up to it.

[01:24:05] Do you know what I mean? The assumption is, oh, okay, these last 16 weeks were horrible. It may take me four or eight weeks, to to get back where I've seen a few people, even with Frank, overtraining syndrome, like that were, Legit not competitive for three years, and did they encounter a lot of stress?

[01:24:22] Do they have a bunch of shit happen? Yes, but it wasn't that much more than what they did before. Do you know what I mean? There's this point where you hit the curve and the curve just goes like that and when you're right on that inflection point It's almost impossible to tell where you're at and especially without good coaching and I think of like Good coaching is trying to tell you, okay, we have all these signs.

[01:24:47] Yeah, you've redlined the car to like the max you want. And the engine may blow up next. Right. But there's never one indicator that's going to tell you that either. It's always these algorithm, things, algorithm, things you're looking at, multiple costs, things. So it's,

[01:25:04] **Dr. Dani LaMartina:** athlete has to be coachable through that too,

[01:25:06] **Dr Mike T Nelson:** right.

[01:25:06] And the athlete has to listen. And I understand if you're highly competitive, Most of the time you're like, I don't care. I just need to do well in this thing and I'll pay for the cost later. And

[01:25:15] **Dr. Dani LaMartina:** I was having seizures every week, eight weeks out from the Olympia, twice a week, starting at five weeks out.

[01:25:22] **Dr Mike T Nelson:** Oh, wow.

[01:25:24] **Dr. Dani LaMartina:** And even at that point, I was still, headstrong enough to be like, nope, I need to finish this. I need to put through, I need to finish it. Like I'm never going to have another Olympia again. And it's okay, well let me just limit myself while I'm at it. So it's definitely hard as an athlete because you were taught to endure suffering.

[01:25:41] Like we're taught where things are being hard. Right. And so it's really hard. And you're in it to know if you're like, okay, am I just being a wuss or do I really need to be done now? And I think that's a line that especially. Female competitors have a much harder time telling I look at my husband who also competes and I'm pretty sure, like he says he does not handle stress as well as I do, but I think it's the opposite.

[01:26:07] And I'd be really curious I would love to get a case study of both him and I give it to you and have you like evaluate that from like a stress tolerance perspective.

[01:26:15] **Dr Mike T Nelson:** Oh, that'd be fun.

[01:26:16] **Dr. Dani LaMartina:** Because acutely things will bother him more, but over time, all that stuff accumulates, and I would crash.

[01:26:27] **Dr Mike T Nelson:** So

[01:26:27] **Dr. Dani LaMartina:** I'll get these upticks, but he's so low key most of the time, and I'm the opposite. And I don't know how much of that is gender related, I don't know how much of that is psyche related, and just our thought patterns, our personalities coming into that. That would be Fascinated to see how all of those things build into that.

[01:26:47] Could we predict that inflection point upon new return? We'll call it that

[01:26:51] **Dr Mike T Nelson:** point.

[01:26:52] **Dr. Dani LaMartina:** We never want to be at.

[01:26:55] **Dr Mike T Nelson:** So what was

[01:26:55] **Dr. Dani LaMartina:** the difference from the guys that guys or gals, excuse me, that hit that wall and were like non competitive for three years versus those that were able to come back a little bit sooner.

[01:27:06] Is there anything that you could really put.

[01:27:09] **Dr Mike T Nelson:** Not really, because the two cases I had, which I believe were Frank overtraining syndrome, I got after the fact. Because no one else could help them. And one poor competitor, she could not even walk down the stairs to her home gym without basically fainting.

[01:27:30] She was so shut down that like the thought of even exercise or taking a step towards something that was associated with exercise, you just completely wipe her out entirely. So there was like, you talked about a neuro component also, because if you think about your physiology survival base so she went through a lot of stress, a lot of high things, most of it happened in that same gym.

[01:27:55] She's training at home. Her brain's Hey, last time you went down here, all this horrible shit happened. So don't do that again because it thinks that some injury, something's going to happen. So we had to do a whole bunch of stuff with different neurology. I got to test her in person stuff with walking, like changing her environments, changing her inputs, basically changing everything we could so that she could not associate.

[01:28:20] The stressor is the same and then slowly building her back up, but it took a long time for her even just to walk down her stairs to do a light session in her gym. Like the first time was literally like, can you walk down to your gym and walk back up the stairs? Don't even exercise. Then it's Can you hang out in your gym?

[01:28:39] It's just a stress exposure model. Can you don't even exercise just do some deep breathing, watch your heart rate, let me know your HRV the next day, right? Just basically almost like exposure type therapy over time. Once he was able to handle a little bit more stressors, we had, built their system back up.

[01:28:54] So

[01:28:55] **Dr. Dani LaMartina:** I think that's super interesting. I think people experience that very often on a small scale. The narrative again in the world that I live in being, you just got to work harder.

[01:29:06] **Dr Mike T Nelson:** Yeah.

[01:29:07] **Dr. Dani LaMartina:** Yeah. Try harder. It solves

[01:29:08] **Dr Mike T Nelson:** everything.

[01:29:10] **Dr. Dani LaMartina:** If you're a pro bodybuilder who gets paid, makes your living, you work out a couple hours a day.

[01:29:15] And then after that chill, but for people who have, again, like the total allostatic load of maybe they have an overnight shift, they've got kids, they're married. They've got other family things going on. I had so many of them that I realized have this element of they're like ashamed that they don't want to train.

[01:29:29] And I'm like, bro, can you just pause for a second and look at the things that are on your plate? And tell me. Yeah. If you get a little stressed, even just thinking about looking at it, I'm like, yeah, I really do. And I'm like, you think Nick Walker has that going on and it just breaks my heart that we've probably both worked those people who like drive to the parking lot.

[01:29:51] And I've been this person. I drive to the parking lot in the gym. I'm like, I just don't psychologically feel like I haven't, a walk in there today.

[01:29:58] **Dr Mike T Nelson:** Yeah.

[01:29:58] **Dr. Dani LaMartina:** Drive 35 minutes back home.

[01:30:00] **Dr Mike T Nelson:** Yeah.

[01:30:01] **Dr. Dani LaMartina:** I think that's way more common than people think. And I really hope that someone listening hears that's not abnormal, there's nothing wrong with you.

[01:30:10] There's a reason that your brain has made that adaptation and that's okay.

[01:30:16] **Dr Mike T Nelson:** Oh yeah, and that's the one thing I like about using heart rate variability is it's a good marker for total stress on your nervous system. Even if you don't know what those stressors are. Like I've, cause people send me wonderful emails of You've been measuring HRV on yourself for 11 years, don't you know what's going on with your body?

[01:30:35] Why are you still measuring HRV? And I'm like, Most of the time I Most of the time I do, but, I got this from Simon at iFleet, There's enough of those times that show up, Where I don't know what the stressor is, But my HRV

is low enough day and retesting that I know now that there's something going on.

[01:30:55] Even if I don't know what it is, and you can check, aura, temp rate, respiratory rate, there's things you can cross check, you can cross check performance, heart rate, whatever. But if you do all those things You look at enough data. I'm like, okay, I'm going to chill out today a little bit, or I'm going to do an easy aerobic session or, whatever, because something's going on.

[01:31:14] I don't know what it is, but I'm going to listen to my body. I'm going to play the long game. And then, usually one or two days later, you figure out what it was like, the craziest one I ever had was I went to a conference stayed in a new Airbnb, went to the conference all day, which was great.

[01:31:31] Didn't go out at night. There was nothing going on. It was only like four people at the conference, went back, slept, did work. It was great. Every day I got up, my HRV was just like lower, dropped by 30 points. By the time I left on day three. And I'm like, what the hell? This makes no sense.

[01:31:47] I get home. Boom. Everything's back to normal instantly. And usually after travel, after a conference, a meeting, it's usually a little bit low for a day or two. And it was like a week later, I figured out, I'm like, you know what? That place did smell really moldy and musty. And it had never been rented before.

[01:32:04] I looked at all the reviews. I was the first person to rent it. And I think there was probably some mold or something that I just didn't like in the area that was just, triggering me, which was weird. But you'll find weird stuff like that or a psychological thing that bothered you more than you realized.

[01:32:20] So it's nice to have some of those little cross checks of yeah, I don't drive the car off the road over here, stay on the road. I

[01:32:26] **Dr. Dani LaMartina:** think it's good to, especially if it's something you can trust to look at the data. Cause sometimes, and I'm sure again, you've got people who over fixate on their data.

[01:32:34] **Dr Mike T Nelson:** Oh, a hundred percent. And

[01:32:35] **Dr. Dani LaMartina:** you're like, please let's just chill out right now. You're going to be more stressed watching yourself, like staring as you watch your HRV.

[01:32:43] **Dr Mike T Nelson:** Oh yeah.

[01:32:43] **Dr. Dani LaMartina:** No, chill out. You're okay. Yeah. Yeah. Definitely going to be careful with that.

[01:32:48] **Dr Mike T Nelson:** Yeah. And that's, again, let's do the, whether it's movement, whether it's HRV, whether it's whatever that to me is still the art of coaching.

[01:32:55] Right. Cause I'm sure you'll have clients do some movement that if you posted that video online, people would be like, Oh, why are you having them do that? That looks horrible. But if you don't know the reason that they're doing it and you don't understand the context, then it doesn't make sense. Like I've often joked that if I put up a video of someone doing a good morning, and I tell you, this is their back squat, you're going to be like, that's the worst back squat I've ever seen in my life.

[01:33:21] But if I tell you they're doing a good morning, you're like, Oh, okay. It's cool. It was the same movement, but the context and the intention were different, even though it's the same video doing the same thing,

[01:33:33] **Dr. Dani LaMartina:** yeah, honestly, I think that's why I, you just nailed it. That's why I hesitate to put so much of what I do out there.

[01:33:39] A couple of the mentors who are like there's no other PT that we've spoken with that thinks the way that you do about movement and how we go about programming. Why do you not put it out there more? And it's because I think about the guys who sit there yelling from, their little podium, this camp is terrible.

[01:33:53] And I hate to say it. I think sometimes I'm more afraid of them. Call me out, even though my conviction would stand that I am. Yeah. Wow. I need to put more content out.

[01:34:04] **Dr Mike T Nelson:** Yeah. I have those guys. They normally don't do anything anyway. Usually the people who are like the loudest are the people who just sit in their mom's basement and yell at people and do nothing.

[01:34:13] Especially in the biomechanics realm. Oh my god, that's such a shit show.

[01:34:17] **Dr. Dani LaMartina:** I just opted

[01:34:18] **Dr Mike T Nelson:** out of all that stuff.

[01:34:19] **Dr. Dani LaMartina:** And I'm at the point too where it's do I know all of it? No, but how much more about biomechanics do I need to learn like? If I spend another 15 hours in the next three days learning about that, how much more is that really going to enhance what I give people a little bit versus if I start to think about, okay, well, what are some tangible ways I can start looking at things like HRV?

[01:34:40] When is that relevant? How can I start using that, new metric to provide a different data set? How much more valuable is that? A lot. So I think for the people too, who are like, how do I get to be that like jack of all trades is like recognizing when to just let it lie and start looking at something else.

[01:34:56] And when is the time spent, is it worth the squeeze?

[01:35:00] **Dr Mike T Nelson:** Yeah, I do have to say, correct me if I'm wrong, but I think Elite FCS put out a video of you working with Justin Harris there, correcting his movements and a bunch of stuff, correct? Did I make that up in my brain? I believe I saw that.

[01:35:14] **Dr. Dani LaMartina:** Maybe. So we went in 2022.

[01:35:17] **Dr Mike T Nelson:** Yeah. It was a while ago.

[01:35:19] **Dr. Dani LaMartina:** Yeah. And there was a lot more that I wanted to do on that day. I love

[01:35:23] **Dr Mike T Nelson:** that video. It was great.

[01:35:24] **Dr. Dani LaMartina:** There's, I watch people like that lift and I'm like, bro, do you know how much more Jack I could get you? Do you have any idea how much more Jack I can get you? But they're like, no, I've been doing it this way.

[01:35:32] And I'm like, all right, if you don't want to get more Jack, that's fine. I'll go work with someone else that does. But yeah,

[01:35:37] **Dr Mike T Nelson:** Justin's so funny. He's well, I don't know. I was bent, was he doing Yates Rose at 405 or whatever? I'm going, Oh my God. So nuts.

[01:35:44] **Dr. Dani LaMartina:** Yeah. Just casually throws four or five plates.

[01:35:47] Yeah,

[01:35:48] **Dr Mike T Nelson:** he's oh, this is part of my warm ups,

[01:35:49] **Dr. Dani LaMartina:** it's interesting too, because, so him and my husband, Dave, are a lot alike and that they can get away with Training really heavy all the time. And it never bothers them, but they're like two out of a hundred people who can. And so they set the standard of what people think they should be able to do.

[01:36:03] Meanwhile, the 98 of the rest of us are like, what's wrong with me, but I can't train like Justin and Dave. And those are the people that I talk to. They feel like a sense of shame about the gym. And I'm like, bro, there's so much more that you can do that they cannot too. So it's always interesting to me to look at The people that we idolize in the strength and bodybuilding world.

[01:36:21] And just how much different their makeup is. Even just from a structural bias standpoint you're familiar enough with that model, right? Dave's put together to be a high force human. Justin's put together to be a high force production human.

[01:36:33] **Dr Mike T Nelson:** Oh God. Yeah. Did you see the size of Justin's hands?

[01:36:36] And his wrists are bigger than my freaking biceps.

[01:36:39] **Dr. Dani LaMartina:** I know it's like the size of my neck.

[01:36:41] **Dr Mike T Nelson:** Yeah. It's bro,

[01:36:44] **Dr. Dani LaMartina:** sturdy. And I think that unfortunately, Whether it's, strength and power training, or even like flexibility training, the people who put out the most content are generally people who are structurally more biased to be great at that thing.

[01:37:00] That's where middle of the road are now comparing ourselves to these other people. Well, I should be doing what they're doing. And it creates a different narrative within whether it's YouTube or Instagram or anything else, any place that we learn a new skill that is like physicality based, I think.

[01:37:16] **Dr Mike T Nelson:** Yeah, but people don't want to take, and I love Ed Cone. He's awesome. If you look at Ed Cone structure and you said, God, please make a guy who is structurally one of the best powerlifters on the planet, they'd look like fricking Ed Cone, like he's got like just the perfect symmetry. And that's not to say he didn't work hard.

[01:37:33] Obviously he did. He went up through several weight classes, but. If you take someone who doesn't look like that at all, you take like an NBA basketball player, bro, you're probably not going to be an elite power lifter, right? There's some limitations to structure that's just physics, but nobody wants to acknowledge that.

[01:37:53] And that's not to say that people can't get better from where they start either, but people want to take Ed Cohen's training. He's got a lot of great principles. If we stay on the principles, we stay on the philosophy. Perfect. But you can't expect that your program would look exactly like what he did either, or Justin's training or your husband's training.

[01:38:10] **Dr. Dani LaMartina:** Well, I think that's the principle of exchange though. So just from a structural bias standpoint, am I put together for power lifting? No, not at all. But I became top 10 in the world all time. And there is a high exchange with that. Was that worth it? To me at the time. Yeah.

[01:38:32] **Dr Mike T Nelson:** Yeah. Yeah.

[01:38:35] **Dr. Dani LaMartina:** But I think that's where, at least the people that I work with, if they're like, want to train like Justin or Dave, I'm like, great, we can do that.

[01:38:42] Here's what you can expect.

[01:38:44] **Dr Mike T Nelson:** Yeah. Here's the cost.

[01:38:45] **Dr. Dani LaMartina:** Here's the cost. I will help you mitigate that as best I can with the currency that we have to get a favorable exchange rate in that market, but I need you to know what that market looks like before we jump into it. And so the principle of exchange, I think, is 1 of the things that when you catch people who've been training for a long time, someone who's been training like Dave and Justin for 10 years, if they're not put together trying to intercept someone at that point, that's really where you start to see the cost of those exchanges and figuring out how to unwind that now is hard, especially if you still want training. I think someone where I'm at right now from a training

standpoint would be looked at as you probably shouldn't be trained with any sort of meaningful load and should be looking a lot more like gradient creation elastic properties, visible elasticity, all the things that we want to look at to create that three dimensional helical system.

[01:39:35] But I want to

[01:39:36] **Dr Mike T Nelson:** Yeah,

[01:39:38] **Dr. Dani LaMartina:** and heavy. So that's I think where it's interesting to, honestly, that's where my, like the thought that I had about, like, how do we calibrate these exchanges come up? And that's where I like, we were talking about the movement system. That's how a lot of that came up was where do I expect to get change and recognizing, If it's not going to be there, do I have other KPIs I can go off of and what's a non negotiable KPI.

[01:39:59] So another client I have right now wants to lift and wanted to, Jack strongly and healthy, but after years of playing college sports, recognize that he doesn't have it anymore. Or he felt like he didn't have it anymore. And we got to a point where he had a specific KPI that now I know that if we come back to that idea of what's that threshold that we were talking about, how did you phrase it?

[01:40:21] **Dr Mike T Nelson:** I call it like a buffer zone or physiologic headroom.

[01:40:24] **Dr. Dani LaMartina:** So once we have that headroom great, he has that headroom. So now I can use that KPI to determine his baseline and know how we change that for the negative. Was that too much of an exchange or too little of an exchange training stuff, coaching people?

[01:40:40] **Dr Mike T Nelson:** Yeah, I have a little phrase. It's. I call like specific training that the physiologic effect times the psychological effect for the specific training effect, meaning that you probably don't want to be too far in either end of the spectrum. So if you're on the more, the physiologic side, that's probably more performance based, probably not as close to fatigue.

[01:41:05] You're trying to. Your state should be pretty well regulated. If you look at Olympic weightlifters, things like that pretty even, but you also find people who only want to exercise because it's the only thing that makes them feel good. They're super biased on the psychological portion, which is fine.

[01:41:24] But they also, I think, have to realize they're giving something up on the physical side, meaning you're probably not going to reach your maximum hypertrophy. You're probably not going to reach your highest level of performance. And that's fine if that's what you understand. But to me, it seems like everybody wants to have both at a high level.

[01:41:45] And again, it's like the trade off of finding where that cost associated is. Maybe you're a freak and you can train like a mad person and still see performance gains from it. Those people do exist a hundred percent, but they're freaks. They're not normal. That's not the normal person walking around.

[01:42:01] And if you are always training to fix your state. In my opinion, you're going to give up some of the adaptations associated because they're not going to be best designed to get you the effect that you're looking for.

[01:42:16] **Dr. Dani LaMartina:** I, if, yeah, everything you just said, there was so much that could be unpacked in that, I think a lot of the people that I work with need to realize that they're doing too much. I, is that the same for you? Yeah. Doing way too much. Yeah.

[01:42:30] **Dr Mike T Nelson:** I have some clients who are doing too much, but it's at the expense of the quality of the output.

[01:42:36] Like I used to work with a fair amount of CrossFit people. And like the first thing I would do day one, we are measuring the output on everything. I go, Oh, what about this? You can still do med cons. All your med cons now are timed. I want to know exactly what your volume was during that med con and we'll calculate a density for it.

[01:42:52] If you're not improving, which you just came to me because you're not improving, I can guarantee that all your outputs are going down, but you don't know it. So the first thing is we have to make you aware of this. You get to decide how much of a priority this is. And then we're going to monitor all your outputs until they go up.

[01:43:11] And shocker. Most of them don't have a good enough aerobic base. They're just MedCon themselves to death and they have to go do cardio.

[01:43:20] **Dr. Dani LaMartina:** God, man, there's so much that I want to learn from you. Dr. Mike, again you have put so much time into truly being a master of many. And there's, there, there are so few people.

[01:43:30] That truly a dumb not it's well, for the kind

[01:43:33] **Dr Mike T Nelson:** words. It's just hiring a lot of

[01:43:35] **Dr. Dani LaMartina:** clients

[01:43:35] **Dr Mike T Nelson:** and screwing up a lot too, because with the CrossFit person, like I was like, Oh, we did a VO two max test and your VO two max is good, but not that good. I'm like, let me guess you're getting beat on longer Metcons.

[01:43:51] They're like, how did you know? Cause you're a real big base compared to the people you're competing against sucks. Like you're just not going to be able to have that level of, sustained output. So yeah.

[01:44:02] **Dr. Dani LaMartina:** Yeah.

[01:44:05] **Dr Mike T Nelson:** Cool. Well, where can people learn more about you? All the wonderful things you have. I heard a rumor.

[01:44:09] You may have a certification at some point next year. I know you work with clients online, so tell us where we can find you.

[01:44:16] **Dr. Dani LaMartina:** You can find me on on Instagram at Danny LaMartina DPT or at [paradigm performance. com](http://paradigmperformance.com) or email me at Danny at [paradigm performance. com](http://paradigmperformance.com).

[01:44:28] **Dr Mike T Nelson:** Awesome. And I know you were on table talk with Dave Tate a couple of times now, correct?

[01:44:32] You had a new one that came out about six weeks ago, four weeks ago now.

[01:44:36] **Dr. Dani LaMartina:** Yeah. We stayed way more psychological than I was prepared for. I came into the talk and I'm like, cool. It's like training and rehab and

[01:44:42] And we sat there and talked about like he kept asking me this question and the answer that I had was way too raw and vulnerable for me to really share with people.

[01:44:49] So I just like talking circles full time is great, but Dave is good at catching people on those moments.

[01:44:55] **Dr Mike T Nelson:** Oh, Dave's awesome. I love listening to Dave because he's just such a nice human being and has so much experience. Yeah.

[01:45:03] **Dr. Dani LaMartina:** It's like disarming because you almost feel like when he looks at you, he's got x ray goggles of who you are as a human, like he's just, he's so good at reading people.

[01:45:11] So I'm always, I love being around Dave and I've known him for about 10 years now and it's been really fun just to have his influence on, he was the first person that. Told me to go independent. He really pulled me into this realm of strength and PT and all of that. So he's been hugely career pivoting for me in a lot of ways.

[01:45:30] **Dr Mike T Nelson:** Yeah, my quick Dave Tate story. The first time I ever met him was 2005. I went to the, I was at the test fest seminar. My buddy Phil was putting on and I was just, did not want to be around people. Super introverted. I think I threw up in the bathroom three times that weekend did not want to, I wanted to be there, but I was just like a frigging like nervous wreck and I get on the elevator and I wrote up with Dave Tate.

[01:45:55] And I'm like, Oh my God, it's Dave Tate. I feel like I have to say something, but I don't know what to say. I just said, Oh, you're Dave Tate. Right. And he's yep. I said, Oh, I bought one of your racks. I like your stuff. He's Oh, cool. Thank you. I was like, that was our conversation. I was just

[01:46:10] **Dr. Dani LaMartina:** like, Oh, and he probably just made you feel like really at ease.

[01:46:15] And you're like, Oh God, it's Dave. Oh, no,

[01:46:16] **Dr Mike T Nelson:** he was super nice. Like very disarming. And I'm just like,

[01:46:19] **Dr. Dani LaMartina:** Oh, It's really cool. So branch Warren is another one of those guys that like totally had that like celebrity effect and then you meet him and you're like the coolest person.

[01:46:29] **Dr Mike T Nelson:** I've heard he's super laid back.

[01:46:30] I've never met him, but I've heard he's like just pretty chill, dude.

[01:46:33] **Dr. Dani LaMartina:** Unless yeah, he's

[01:46:36] **Dr Mike T Nelson:** Not training wise, but just hanging out.

[01:46:38] **Dr. Dani LaMartina:** I've had the privilege of training, training with him. And it's awesome. He's a phenomenal human being. He like scoops him back together after I got off stage at the Olympia last year too.

[01:46:49] He's cool. He's awesome. Awesome guy.

[01:46:52] **Dr Mike T Nelson:** Yeah. He's another one of those people. I just love watching his training videos. Cause he's such a freak, it's just like that. That's just another level.

[01:47:00] **Dr. Dani LaMartina:** Yeah, absolutely. Absolutely.

[01:47:03] **Dr Mike T Nelson:** Cool. We'll put all the notes in there. I definitely recommend people to check out all your stuff and thank you so much for all of your time here today.

[01:47:10] We really appreciate it.

[01:47:12] **Dr. Dani LaMartina:** Yeah. Thanks for having me on. Thanks for letting me learn from you too. I've had about a billion questions I could ask you.

[01:47:16] **Dr Mike T Nelson:** No, yeah, no, no worries. I appreciate it. Thank you so much.

[01:47:19]

[01:47:20] **Dr Mike T Nelson:** Thank you so much for listening to the podcast. Huge thanks to Dr. Danny for coming on the podcast. I always love listening to her stuff. Highly encourage you to check out all of her wonderful stuff on her website, Instagram. She's got a newsletter. She'll have a lot more information coming out. I know she's hard at work on courses and everything else, so please make sure to check out all of her wonderful stuff there.

[01:47:46] Super excited to see her and a bunch of other friends again in Reston, Virginia coming up here in December. So that'll be awesome. I'll be

flying out from Austin most likely and then flying back to Oklahoma City. So we're making our way back home here from South Padre, Texas. And while we're down here in South Padre, Texas, I did have more of my favorite ketones shipped to me down here.

[01:48:08] I was able to share a bunch with other kiteboarders down here, which has been great. And check them out below. They are my favorite ketone drink by far. Again, I am a scientific advisor to them and an ambassador, so that is my disclosure on that. And use the code Dr. Mike at checkout. Thank you so much for listening.

[01:48:32] Huge. Thanks again, Dr. Danny. If you enjoyed this podcast, please leave us whatever reviews you feel is important and stars subscribe, hit the like button, all that wonderful stuff that helps us out with the old algorithm as the podcast space is becoming more and more crowded. Which is great.

[01:48:52] I love having more information. But it does make it a little bit more crowded. So any of those things you do helps us a ton in getting better distribution to the podcast, which helps us continue to get guests and to get even more guests. So thank you so much. Really appreciate it. Have a wonderful day.

[01:49:12] Talk to you next week

[01:49:14] What do you suppose they call that? A novelty act? I don't know, but it wasn't too bad. Well, that's a novelty.

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