Dr Mike T Nelson: [00:00:00] What's going on? It's Dr. Mike T. Nelson here with the Flex a Diet podcast. Your one stop source for all things to increase performance, body comp, more muscle, and do it in a flexible framework, all without destroying your health in the process. Today, I've got my buddy Eric Chesson on the podcast. We're talking about a wide variety of topics here.

But primarily around working with the autism and neurodivergent populations. So Eric has a wonderful certification that teaches trainers exactly how to do that. And even if you don't work with that population I think you'll still learn a bunch of cool tips and tricks here from Eric.

I was able to see Eric in person at a mastermind event. Shout out to my buddy, Cav. What was that? Almost nine days ago now, [00:01:00] I flew back from there to Oklahoma City and we drove back in one day. So my, my brain is still a little bit trying to process everything, but we are back home right now. And we also start off here talking about our history with T Nation.

I first heard of Eric many years ago through Eric Cressey. Eric actually worked at T Nation. And funnily enough, reading. A lot of my articles I published there and he was on the forums a fair amount, so that was pretty fun. We also talked about, gym trends and training observations.

If you could wave your magic wand, what would you change in the gym? And then a little bit about what is autism spectrum and different sensitivities. What are some challenges with it? What are ways that trainers, if they're working with that population can improve their skills? And even just a little bit about sensory motor processing.

And I get to ask him all my crazy [00:02:00] questions that I haven't tested out since I don't work directly with that population. So I think you'll enjoy this conversation here. As always, you can get more information from me by going to my newsletter, go to MikeTNelson. com. There'll be a little tab for newsletter at the top and you'll get a daily information to your inbox directly.

I'll try to make these useful and entertaining and there's no cost so go to the newsletter there that's probably where about 90 percent of my content and goes out exclusively to the newsletter there and Eric has a great certification We'll make sure to link to that and then if you're interested into getting into a state of ketosis Without doing a ketogenic diet check out my friends over at Tecton Ketone Esters I'll put a link down below here.

Full disclosure, I am a scientific advisor and an ambassador for them. What they have [00:03:00] is a very unique ketone ester that can put you into a state of ketosis. So higher levels of ketones within about 10 to 20 minutes, which is pretty cool. Like I've been using these more this past week. In the evening, because I've had a bunch of just busy schedules with deadlines, everything else going on, sometimes recording podcasts and other things later at night.

I don't really want any more caffeine because that's going to mess up my sleep. And I find one or two cans of Tecton is actually super helpful. And there's some very interesting research looking at ketones to be a fuel source, especially under different levels of fatigue, especially cognitive fatigue.

So they use a separate ketone, it's actually the BHB molecule bonded to glycerol. So your body will cleave that, it will separate that ester bond, and then you have BHB, so beta hydroxybutyrate, which is one of the main ketones, and then the glycerol just goes off and gets used. Pretty cool [00:04:00] idea they're the only ones who have that specific molecule also.

So check them out below. And use the code Dr. Mike to get a discount there and enjoy this podcast with my good buddy, Eric from autism fitness.

Dr Mike T Nelson: Cool, man. Good to see you again.

You made it home, obviously.

Eric Chessen: Yeah. It was the first time in a long time. I had such a crappy 2023, 2024 with flights. Every for a stretch, and I haven't been traveling as much as I used to, but for a stretch, every single flight, this is non hyperbolic, every flight that I took had a delay. Like at least 20 minutes, half an hour.

This was the first round trip I've taken in probably a year where not only on time, but 20 minutes early into DC, 20 minutes [00:05:00] early home in Charlotte. It was awesome. Nice. I was thrilled. I was

Dr Mike T Nelson: on American and United and neither one of them fucked up. So I was impressed. Yeah,

Eric Chessen: so Charlotte is a hub for American and generally like their customer service is good, but their flight times, and sometimes they can help it.

Sometimes they can't, but. It was good this time. And I was surprised too back and forth. It was good. It worked.

Dr Mike T Nelson: Yeah, I remember flying out for the Mastermind in April. I had to fly out of Harlingen. It was Harlingen, I think, to, yeah, to Dallas, and then Dallas out. And I'm in Harlingen waiting, I'm like, doo, and they're like the plane's not here yet.

We don't know where the plane is. We found the plane. Oh, there's a mechanical issue. And the plane showed up. And they basically said just everybody bored and talk to the agent in Dallas, if you have issues. And I'm thinking [00:06:00] wait a minute. This, if there's a different flight out of here to get there, I want to know.

So I'm waiting at the counter, get to the counter, tell the guy what's going on. I said am I going to make my flight? He's looks at his watch. He goes, meh. When you get to Dallas run, I think you'll make it. And I'm like, can you look at any other flights or any other options here? And he's Nope.

We're boarding. Get on the plane. What's your sprint time? What? No.

Eric Chessen: Book me on

Dr Mike T Nelson: It's basically, I don't want to deal with you. Just get on the flight and get out of my airport. Yeah.

Eric Chessen: This is

Dr Mike T Nelson: too much thinking. Yeah. Cool. So you're good for an hour or so? Is that right? Yeah,

Eric Chessen: let's do it.

Dr Mike T Nelson: What topic works best for you?

Eric Chessen: Whatever, man, we can go into, the general fitness for the neurodivergent population, but whatever spin you want to take on it from whatever, like perspective, I could go anywhere with it. I think it'd be interesting to start off with kind of the history of the T [00:07:00] nation thing, just because I, the, that it's just it's such a small world and it's so strange.

How everybody, how or where everybody winds up to. So wherever you want to take it I'm happy to do it.

Dr Mike T Nelson: Yeah, that works.

Eric Chessen: Yeah. And then I'm curious. Oh, sorry. Go ahead. Oh, go ahead. I was going to say, I'm very curious from your perspective, with the Carrick Institute about some of the, neurological programs and some of the other really intricate details of neuromuscular processing.

If you want to get into any of that I'm definitely not the expert on it, but I know about it from, clinical practice. So if you're, whatever you want to go into, happy to dive into it.

Dr Mike T Nelson: And just so I know the correct terminology is. Is this still called autism and the neurodivergent is a category or what is the exact breakdown?

Because I hear interchangeable all the time.

Eric Chessen: Yeah. Autism is so neurodivergent is more of the umbrella term that encompasses autism and [00:08:00] I guess ADHD, but neurodivergent is becoming more of the umbrella term. And at the same time, neurodivergent tends to Be more associated with much more independent individuals or like higher functioning.

So much lower support level one autism as opposed to level three.

Dr Mike T Nelson: Okay. Got it. So if I say autism or autistic, that's still, I'm not pissing anybody else off in the entire interview.

Eric Chessen: No, we're all going to piss someone off. Okay.

Dr Mike T Nelson: That's what I figured.

Eric Chessen: Yeah. So only because it's constantly like changing.

Dr Mike T Nelson: Yeah, because when I look at the research, I still see the word, autism, autistic spectrum. Like I, I still see those words used all the time.

Eric Chessen: That was the thing for a while too. Like for a while it was nobody was saying autistic. It was person with autism. And then there are many

people who have been diagnosed later in life who are highly self sufficient who are like, no, I'm an autistic person.

And you're like, okay, I don't know what the fuck to do. [00:09:00] Yeah. Whatever. Taste by taste basis. Great.

Dr Mike T Nelson: Yeah. Cool. All right. I'll do a short pause and here we go. And welcome to the podcast. How's it going, Eric?

Eric Chessen: Good man, happy to be here.

Dr Mike T Nelson: Yeah, thank you so much. I know we've had it's been a little while to get you on here and worked out good.

I saw you in Virginia this past, I want to say weekend, but it's actually technically the end of last week. It was

Eric Chessen: actually a week ago.

Dr Mike T Nelson: And we had a good chat about how I originally met you was a referral from Eric Cressy back in, God, that must have been almost 15 plus years ago. And I don't remember what the referral was for, I don't remember.

It was some, anyway. But I remember we had a good discussion over lunch about the old T Nation days. Cause you used to work there back in the day.

Eric Chessen: I did, and originally an avid member of their of their forum stories, [00:10:00] as storied as it may be. And then when you and I met for the first time, Of course the dogs are going at it.

When you and I met the the first time in D. C. about a year ago, You're working on me with the dolphin because I've seen the ratios from jiu jitsu. I'm like, wait, what's your last name again? You're like nelson. Like I know you I've been reading your stuff for years because it comes back to t nation as so many in the industry do But I had read many of your articles and as you mentioned I Was also working that for them for a brief period of time as a You As a forum moderator after having been I guess one of the most interesting characters on their message board for some time, but it was very interesting to be on the inside.

Of something like that. That was really, they were such a force for really good information in the early stages of the internet. I don't [00:11:00] know what era of the internet that's considered, but you think about the fact that the the process of information gathering or mentorship or training in the strength and hypertrophy phase.

In the late 90s and early 2000s, you know where you were getting information from was predominantly like magazines or other guys in the gym And then t nation comes along and I don't know that it will ever get the Credit as far as how much of a substantial influence it was at the time. Oh,

Dr Mike T Nelson: yeah. Yeah.

I mean I remember I had finished seven and a half years of college. I decided I was going to work in the medical tech industry for a while. I had just started going back to school again. I was just taking advanced anatomy and physiology stuff, which. Later I did for a PhD in biomedical engineering, but ended up dropping out to go do [00:12:00] exercise fizz.

But I remember the articles were released every Friday. So I had my lunch period on Friday. We didn't have a gym at the place. And so I would turn in the evening and instead of taking a walk on Fridays, I would print out all the articles in the morning and I'd set them on the side of my desk and I was so excited to get to lunch because I would go to the little, corner of this little hole in the wall, have all my food that was already prepared and I'd have.

All like five or six articles to read. And I just thought that was like the coolest thing ever.

Eric Chessen: I did the same thing. I used to print out. So I originally found them because I was in Manhattan for years and years for undergrad. And then I worked in the city for 20 something years.

And I would go into this for anybody who lived in New York city, if you've gone through Penn station, they used to have these CD magazine stores. And you'd have of course you'd have the. muscle magazines on one shelf and then the shelf right after that, I remember it was like the guns and ammo and then [00:13:00] it was all the x rated magazines in the back, right?

So it was like the vices just kept getting deeper the farther into the recesses of the magazine store you'd go. I remember the hard cover, or the hard copy of the magazine, and it was really cool state of the art, at the time, graphics, and then

they had this website on Teenage, and so I would buy the hard copy of the hard copy of the magazine, and then I discovered the website, and man, when you're, when you were like, 18, 19, 20 years old at the time you're discovering it.

It's this treasure trove of information. I remember doing the same exact thing, like printing out the articles. I can remember where I kept my black stapler under the desk. I would staple them together and I would just read them and I had these dog eared 678 pages stapled together and just go through them and go through them and go through.

I remember, highlighting stuff also. And that, at the time [00:14:00] was, I would consider that like a almost a, at least undergraduate education in strength and conditioning. There, at least from from a text portion.

Dr Mike T Nelson: Oh yeah. I remember seeing like some of Poliquin's early stuff, which I remember him talking about was that I think he was the first person I heard to talk about 10 by three.

I know Chad Waterbury talked a fair amount about it later, five by five. They had the Poliquin principles, which, later you find out. Oh yeah. All this stuff had been done before five by five was probably Bill Starr. And, he just had put all these methods together and put his name on it.

But at the time I was like, oh my god, there's something besides 3x10, I didn't know that. Yeah. Dalorme did 3x10 in the 60s or whatever, it was just, everyone did 3x10 and that's all you did.

Eric Chessen: Wait, we're going less than 10 reps? Yeah, less than 10 reps, what? But, unless you were going to go into some of the academic literature, you were going to go back or you had, halfway decent mentors, that was the only [00:15:00] way you found out about this.

Looked at it as a buffer against fitness, stupidity. Yeah, they were really dumb things and still to this day dumb things going on in the gym. I think overall, and it depends where you go, but I'll see much better stuff in the gym today than you would, 15, 20 years ago, you're always going to have this stupid stuff, but I see much better stuff.

Also and it's funny, sometimes you can tell who people are following or who they're reading, you watch them do two or three sets, you're like, Oh, I know where that's from.

Dr Mike T Nelson: Yeah, what do you, I'd be curious, what do you see in the gym now in terms of trends you would like to change? So if you, we give Eric the magic wand, you can walk into any global gym, and you can be like, all right, bros will no longer do these things.

Eric Chessen: Yeah I think there are three things and I'll use them in a ascending [00:16:00] order of generality, right? Most hyper specific is stupidly heavy hip thrusts. Taking 10 minutes to set up and they're putting like 15 on there and doing four reps and getting half range of motion, like your setup is longer than you, than the three or four sets that you're doing.

The second thing that I see is I, and particularly with. With guys and it then, and the age range doesn't matter. I see guys who are 25 doing it. I see guys who are in their fifties doing it is just using way too heavy a load, way too heavy a load and going half reps or quarter reps or anything.

And they are they're strong, healthy guys, but they'd be a lot stronger and they will be. From a longevity standpoint, a lot healthier if they cut the weight by like anywhere from 25 to 50%. And they're good. So I think going [00:17:00] way too heavy. And the third thing that I see, I almost as a contrast to that is just not using enough intensity.

I go a little bit lighter, but go with, 70 percent more intensity. On that exercise and you'll be good. I think intensity and this even comes back to some of the stuff that I'm writing now about working with the autism population as well. And, intensity being a completely uncharted area of consideration and we can get into that, but for neuropsychological population, just the things that I side eye or the things that I.

I look at when I'm working with my own autism fitness athletes in the gym, we're in a nice boutique, public commercial gym. So I'm looking around, I'm like, okay, this and this. And also I would add to that, I know I said three things, but the fourth is just, A ridiculous amount of variety where someone could co what I've done and it's [00:18:00] made a remarkable difference in my own training is probably the most amount of exercises that I'll do in single session is for, if that, but it's usually between three and four.

Makes a big difference in terms of everything. But I think that I think getting a little loony with variety, but the, when the intensity isn't there, someone's using either too little weight where they're not actually dialed into it, or they're using way too much weight, but you have to find that, that appropriate range.

Dr Mike T Nelson: Yeah, before I left on over down south Padre I was at the gym and I only go to a commercial gym one one day per week, which well, I take that back I was doing more quad day stuff. So it's two days per week, which is the most I've ever been there in the last 10 years And it's completely different time. So it's interesting.

So Monday is bench press day, of course

Eric Chessen: International bench press

Dr Mike T Nelson: international There was a guy who looked like he was doing hip thrust, but his hands were on the bar. [00:19:00] It was a bench press that came down so fast. I literally thought he was going to crack his ribs. And then on the way up, the bar was moving about the same height as his hips.

Like his hips were almost even with the bar by the end.

Eric Chessen: It

Dr Mike T Nelson: was very bizarre. And then you look across the other way and the guy's still using the 35 pound dumbbells for a bench press for the past three years. And it looks like he's gonna take a nap on the bench between each rep, and then, Oh, he's gonna go sit on the peck deck like a stuffed animal for five more rounds.

It's just like the amount of either, Too much load or the intensity if you were to draw a line like doesn't really go up or down at all there's no almost Contrast between someone doing a working set versus resting and not that you have to take everything to absolute You know raise mike menser's ghost from the dead and go beyond failure and everything or whatever But I don't know.

It's just [00:20:00] weird like You don't see much intensity, either, which I would agree with you on that.

Eric Chessen: You want are you breathing heavy at the end of the set? It's a working set, it's your first or second working set. Are you breathing heavy at the end of it? No? Okay, probably want to add intensity to it.

My wife makes fun of me too, because I, So we have a garage gym here and then the only other commercial gym where I don't train at the place where I work with my autism fitness athletes just because I can't deal. But when we're

out on the coast of North Carolina, we train at this place. Shout out to a tops of barbell, which is basically a bodybuilding gym.

There's competitive bodybuilders, everybody there's really see everybody. Black shorts, black hoodie on. It's perfect. Nobody's talking. Everybody's just training. So she makes fun of me because she's trained in a lot of different commercial gyms from New York sports club to Equinox.

And so she makes fun of me cause I don't have a long history of training myself in commercial gyms. It's yeah, [00:21:00] you should see some of what's out there. And so I'm, I'm very much in a bubble. I'm either in my garage gym training by myself on my stuff. We're in, this super professional, everybody's really serious and they know what they're doing.

Jim. I still I still understand that I don't see the worst of what's out there.

Dr Mike T Nelson: Yeah, I have another role that. If somebody talks to me, I will not wear that t shirt again. So I was in a hurry the other day. And normally I find if you were, black metal shirts and the more you can't read the band's lettering on the shirt, the scarier it looks like the less people are going to talk to you.

And I was in a hurry yesterday, threw in a different t shirt and the guy was super nice. He was just asking me about my shoes or whatever. But it was as he's moving a bench by like almost in the middle of my set and I thought he was like something Happened he dropped the bench on his toe or whatever I had my headphones on and he just wanted to talk about my shoes, which is fine He was super cool about it, but I'm just [00:22:00] like oh Yep, not wearing this shirt anymore.

Again, back to the death metal shirts.

Eric Chessen: Yeah, it's a fascinating topic. What are the rules of engagement in the gym? If you're asking someone a legitimate question, not like a, someone hitting on someone else. What are the rules of engagement? Cause every once in a while in the other gym I'll say to someone, Oh, like that, I, This guy had just impeccable bench press form the other week.

And he was coming off to say he was putting his weights away. I said, Hey man, and everybody's wearing it. So they have to pull it out. I'm like that bench press looked awesome. You're controlling that. And he's Oh, thank you. I've been working with a coach and something. So I, I. But it's also it's a fascinating

foray into the social dynamics of lifters, because some people it's do not talk to them, but you have to know the approachability.

Oh,

Dr Mike T Nelson: yeah.

Eric Chessen: Someone's powerlifting, you do not talk to them at all. Someone who's taking two minutes rest in between, and they're just meandering through the [00:23:00] gym, okay, but It gets nuanced. It's fascinating. If someone is getting, really off topic, then it's okay.

I've got this next set. To do also,

Dr Mike T Nelson: Time and place. Yeah. Like my buddy, Ryan shout out. We stayed at his place when we were briefly in Austin. And I often joke because I felt so honored when we were in Costa Rica, we were running a study down there that I got to train with them at the same time, which he doesn't let anyone really train with them at all.

Cause it's just, but at the same point, like I knew we could, we chat a little bit between sets or whatever. It wasn't anything major, but I could tell when he was getting ready to do a heavy deadlift that I wasn't. I wasn't going to say shit. You know what I mean? It's just you can tell when someone's getting ready to do something and they don't have to get all crazy or look weird, but you can tell they're like trying to concentrate.

They have the weight in their hand. They're walking up to the bar. It's that's not the best time to ask him anything. It was like, if they're walking the water fountain or something like that, or, the gym I go to now, I've been there probably maybe for four or [00:24:00] five years. There's still like a handful of guys who you see who like lift pretty intelligently and made pretty good progress.

I don't think I've ever said four words to him. You just pass and you just do

Eric Chessen: it's the nod of acknowledgement. It's Hey, I know. And that nod, it's funny. I'm thinking about some of the coincidence or the correlation with the athletes that with my, with my autism athletes also, but those nonverbal communications or the power of verbal communications Are so important also, the nod is a big the nod says a lot of stuff If someone just completed a beautiful set of squats and they turn around you just give them the nod like they know

what one of the This is so off topic, but I once read this interview with Steve Buscemi, the actor, and he lives in New York City.

And he was saying that sometimes people will recognize, he knows that they recognize him on the street and they'll just give him a nod. [00:25:00] And he knows just by the nod that it's a big Lebowski thing because he's been in dozens and dozens of films. Great roles, but he was saying yes, some people not and I know it's like the Lebowski now that's not a I'm paraphrasing, but it's so interesting how things can be conveyed like that.

And it's either the nod or sometimes it's the chin up, which is a, they're both different forms of nodding, but one is more forehead down. One is more chin up. I don't know. I don't know. Now I'm going to have to think about that if I'm giving someone the, I think the chin up is more of an acknowledgement and the forehead down is.

either reverence or it's more it's more of the that, that was a good job.

Dr Mike T Nelson: Or if you see like the chatty Kathy of the gym and you see them coming your way and you just totally look away and don't look at them, whatever [00:26:00] you do, you just don't look at it.

Eric Chessen: That's the beauty of having a phone.

You can always. Yeah, look down at the phone. I don't know. Did you So I until very recently and i'm fine with admitting this. I have no problem for the longest time I was just still using my old. Ipod When I was training, that's what I that's where I had all my music and then finally I broke down and said, okay I'm, just going to use my phone but now it's You It's we, I also use, so I use the the RP hypertrophy app.

Oh,

Dr Mike T Nelson: nice. I love, yeah. I got out to Dr. Mike and Nick and those guys.

Eric Chessen: Yeah, I love the app, but it's only been in the last, I don't know, I guess two years that I've had my phone with me when I train. And so sometimes, in between sets, I'm looking at Instagram or I'm answering a message. I'm like, this I would have never done.

even three years ago. [00:27:00]

Dr Mike T Nelson: Oh yeah.

Eric Chessen: Four years ago. So I think it's introduced something completely different. Now, you go into a gym and everybody's on their phone and maybe they're on their training app or maybe they're going through music or maybe, if you see them for five minutes, they're definitely not on their training app.

Dr Mike T Nelson: No, I'm one of those weirdos where I got my, so this is my old one. Yeah. I have little notebooks like this that for years. Oh yeah. Here's my other one from this past year that I write stuff down by paper because it's just so much faster. I can flip back, especially traveling a lot. Like now I've been in the same gym sometimes even in April and November where we're traveling.

I can look back to the same gym, the same time period and see, because the equipment's a little bit different or, whatever. And. Most of the time, I will try to have the podcast or music usually downloaded, and then I'll try to go offline, where I won't have to listen to anything. The only thing that annoys me about that is I sound like an old man ranting here.

I have a [00:28:00] subscription to SiriusXM, and so I like listening to liquid metal. And unfortunately, I don't think you can download the live show. So that's my only little pet peeve, but most of the time I try turbo

Eric Chessen: is great.

Dr Mike T Nelson: Turbo is great. They got a bunch of great stations. But then I try not to look at my phone again and just turn all notifications, turn everything off.

And in a perfect world, I'd say probably 80 percent of the time I just go into offline mode. The other best thing I bought was. I don't know if I have them here, but the two years ago, I broke down and bought a pair of the bigger, the Bluetooth, the wireless headphones

Eric Chessen: because

Dr Mike T Nelson: for years I would just rip out like these small ones that never stay in.

So I had the old school, like like nineties, Sony Walkman type things that would get all disgusting with the cord and then I'd have to run the cord through the

shirt. And then when I started using my phone for it, I'd put it in my pocket and it would fall out and rip the cord end out.

And yeah, I wish I would've gone to just. wireless headphones way sooner.

Eric Chessen: I [00:29:00] actually like the the jawbone ones. Cause I don't like anything in my ears and it always falls out. So I like the ones that, that fit over. I also like to be to be aware of what's going on, like ambient noise going, someone's going to, drop a plate on their toe or something like I, I like being aware of what else what else is going on.

And just some of the studies that have come out about the long term effects of earbuds or having anything in your ear, dialed up to a certain amount, but I'd just rather not. And I've never found it comfortable and and I wouldn't say hypersensitive, but I'm sensitive enough that I don't like anything in my ear.

Dr Mike T Nelson: Yeah. And related to that with the population you work with, so obviously you're working with, people with autism, you have a certification for it. Yeah. I guess the question I have is at first. Do you think autism is more of a spectrum? I'm assuming you would agree. Yeah. And then I feel like I have some clients, maybe not so much currently, but definitely in the past, who I [00:30:00] feel like had more autism tendencies from being not ADHD, but being very sensitive to certain things.

And I didn't notice this until more when I was training in person.

Eric Chessen: Yeah. So

Dr Mike T Nelson: what are your thoughts about a spectrum? And then At the very end, can you just have people who maybe aren't even on the spectrum, but are just like you said, very hypersensitive to specific things. Like I would notice equipment selection, like if the music would change, like sometimes hearing different things and not so much that.

It would be distracted, but it was always very repeatable. Like after a while with certain clients, like I knew exactly what would distract them or set them off. And it was always almost the same thing all the time, but it was not the same thing forever.

Eric Chessen: Yeah. It is a spectrum.

What's. Become one of the most fascinating and I think, to an extent also frustrating and I can qualify those things if needed about the [00:31:00] autism spectrum is it's definitely broadened both from the diagnostic criteria, and you can go through the whole thing. But basically, There were essentially two categories 20 years ago or 30 years ago where it's like high functioning autism and then and Asperger's and then, low functioning autism.

And there are problems, not just from a semantic standpoint with those because they really don't give enough information to be useful or meaningful. And now in the DSM four or five. I think it's five with the text revision. Now there are three levels of autism. You have level one, level two.

So at level one, someone, he needs a little bit of support. And then you have at level three, someone who needs almost full time, waking support. And so you still need a certain cutoff. If there, if this is a, diagnosable condition, then you still need a certain cutoff and you can say someone in the realm of [00:32:00] the neurotypical human being people have sensitivities.

If you look at t shirts, how many people have sensitivities to the tags to the point where, you know, how many of your shirts still have tags anymore? Cause everybody hates them, but not liking a tag in your shirt does not qualify you as autistic. And one of the So I had a classmate in graduate school years ago, and she said to I, this is when I first started working with the population.

And she said, you know what, there's going to come a time where P where people self identify as autistic. Cause it's going to be like the trendy thing to do. I'm like, get the hell out of here. Like she was right. Like she called it, Oh, maybe 15 years before. I don't know how, but she said, yeah, it's going to be this.

And. Through social media, I think you've some people who are definitely late, later diagnosed [00:33:00] or haven't been formally diagnosed, but are, definitely recognize themselves as autistic. And then you have, the individuals who have profound autism who clearly meet all of the criteria.

So I think that there are definitely sensitivities and there's a spectrum, but. It's become broader, but you still need to say, okay, at some point you have a neurotypical person who has certain predilections and certain sensitivities, but they definitely don't qualify as being neurodivergent because if you don't at some point qualify the definition, then it's everything and nothing at the same.

It's like core training. It's everything and nothing at the same time. So yeah there's definitely a spectrum. One of the most interesting things that has happened in my career or my practice over the past couple of years, and it's [00:34:00] especially occurring over Instagram is I have individuals reach out to me and say, Hey, I'm 43 and I just got diagnosed or I'm 52 and I haven't formally gotten diagnosed, but I know, or I've just started seeing a new therapist and they finally diagnosed me.

And it's interesting. And I think it, it becomes so personalized because some people will say, Oh, I hate the diagnosis because of the stigmatization. And then I get people who, I love being diagnosed because finally all of these different things make sense to me also. So anything else, you have to take it on a, on an individual basis.

So you have to take. the general practices, and then you have to individualize them in as much as, okay, great, you're, okay, you're autistic, or you're self identified, or you've been diagnosed, all right, what do you need? That's that is the follow up question. It's what do you need?

Someone with profound autism needs a lot. They need behavior [00:35:00] support, and they need activity of daily living training, and they need, support in hygiene and toilet training and all these other things. They need that support. Someone who is more self sufficient, then the question becomes, okay you're, you die, self diagnosed, or you got a late life or midlife diagnosis.

Okay, great. What do you need? That's the question that I've had people say I'm autistic. Now what? I don't know. Now what do you need, what do you need?

Dr Mike T Nelson: Yeah, it seems as the outside looking in almost like it's a, I don't know if trendy is the right word, but I think everybody wants to put themselves in a category. If you have something wrong, you want to go to a doctor to tell you what it is. Even if they could probably cure it, you'd still want to know what is it? It's unacceptable. You're like we're not sure, but we can get rid of it. Oh no, I need to know what it is, but we can get rid of it.

No, I don't worry, but I want to know what it is.

Eric Chessen: Yeah, absolutely. Which is interesting that there it's almost paradoxical because [00:36:00] oftentimes, when you, when there's something. going on and you want to know, okay, has this happened before? Have other people experienced this? Are there people who are, who have expertise in it?

What is this thing? And then there's also the individualization. Like I, I want to be a part of this and I'm also an individual. So you want to be a part of a group because it lends towards a greater understanding of this, compartmentalized dynamic or thing of which you are a part. And then the label thing gets interesting.

I think often, and this is with anything, when you start categorically defining yourself as just that label, it is a depersonalization because there's probably something going on where there's an issue with other things in that person's life. Like people who look at political polarization. I identify [00:37:00] as this.

Okay, great, but who are you? Because that's just a laundry list of Things of different, political or social viewpoints. Who are as a person? And I don't think this necessarily happens a lot with autism, but I, you have to figure out where the line is between a sense of belonging and then the act of escapism.

Okay, I'm gonna identify with this group because this way I don't have to work on some things or, take accountability in my own life. I'm certainly not suggesting that happens in autism, but when everybody, when anybody is hyper identifying with a particular group, then the question is, okay, great.

You're with this group now separately. What about you?

Dr Mike T Nelson: Do you think some of that comes down to. Awareness and even like you said, what is your need like wanting to change? So I can think of a few [00:38:00] friends like who yeah again They may or may not have a formal diagnosis, but you see Patterns and they're all pretty high functioning and one of my friends in particular Realized the tendencies that he had but he was very cognizant about changing it, you know to the point where i've known him for 15 years He's still the same person, but his interactions with other people and other situations is way better.

But if you talk to him, it's something that he knows he has to do. It's not something that comes to him as a reaction, right? It's still a very kind of conscious thing. And I have other people that I've met where you're like, Holy crap, you definitely seem like you're on the spectrum and you have no idea at all.

Yeah. You can't figure out why these patterns keep showing up all the time, which again, we all have these tendencies and it goes back to, I think, wanting to [00:39:00] figure out, if they give me a label or something, then maybe I

know what direction to go. But like you said, I think it depends on what do you need and what do you want to change?

What is the reason for it?

Eric Chessen: Yeah, I, it gets into some intricacies and the thing I think of first is, you have the individual and then you have the individual in society and then you have how the individual interacts, with other people. For example, you can have, and this is certainly not, something that is limited to the neurodivergent population, but you have someone who's Oh, I hate to shower.

I never want to, I never want to shower. I was like, all right that's your autonomous choice. But at the same time, it's going to create some problems for you interacting with other people as well. Now, if you have someone who is neurodivergent and is also consciously making that decision, then the question is, okay, is someone who, cares about them going to say, Hey, this is something that you might want [00:40:00] to might want to consider because even though they're aware of it, they may not be aware of that impact.

And then you have someone who's diagnosed at level two or level three autism, who May we, we may not know, but they may not be conscious of the fact that, showering and bathing and hygiene is is essential for, health and also interacting in a positive way with society. And I've certainly worked with some of those individuals in that case.

Then it becomes more of a responsibility of, the caretakers in, in a, in an ethical and caring way. to implement that type of programming into that person's life. It, it depends on the individual, but then there are also certain life skills and then you get the meme ification of everything, where someone says, for example Oh, my, my, [00:41:00] Autistic child or, I my, my autistic kid or teen, they're an individual and like everything, of course it's hyperbolic because it's social media, but, oh, whatever they do, it's fine.

Like unconditionally, whatever they do is fine. It's yeah. What if they take all their clothes off and run out into the street? Cause that's a thing. So you have this constant back and forth and interplay between the individual and then society. And then also, I think it comes down to respecting Someone as a human being like if I'm if I care about I've had plenty of athletes where they're in the Bathroom after a session or something and I see them washing their hands and I'm like no Like we're gonna work on hand washing, right now also the, those kinds of, and I've worked in programs also where that is actually something that we're working on is that handwashing.

That health and hygiene and interaction component is really important as well. Something that we take for granted, I think in the neurotypical population, and to say that we don't [00:42:00] respect. Different populations enough, but okay, that's fine. It's not fine and we can do something about it.

But that's where, ethical practice comes in. Also what does this person need? What do they want? And how do we balance that out as well? It even in terms of like scope of practice still,

Dr Mike T Nelson: if someone has more of the higher needs, is it generally harder for them to, I would say, maybe learn new things?

Or is there something going on where the it's harder for them to just get the necessary inputs? So it's not necessarily a brain plasticity or changing. It's maybe they're just not seeing the world the same way we see the world. So it's not an inability to change. It's they just don't, they don't have the input maybe, or they're not getting the sensory input to realize, Hey, maybe washing my hands.

Oh, my hands are dirty. Like it just doesn't register. Oh [00:43:00] yeah.

Eric Chessen: Yeah. Yeah. I think all of the above.

Dr Mike T Nelson: Yeah. Yeah. It's probably never that easy. Yeah.

Eric Chessen: It's. It's the perception of the world. It is the sensory motor processing. It is the cognitive functioning. It's the neuromuscular functioning.

A lot of what I work on with more of my high support athletes is eccentric control in like really profound difficulty controlling that, that eccentric range of motion. And even that, sometimes it's difficult to tell. So for example, the so the methodology that I developed for the, for the adaptive certification in my practice is called the PAC profile.

So physical, adaptive, and cognitive. So if we're taking something like a squat, a lot of the athletes that I've worked with over the past two decades, if I demonstrate a squat for them and it, [00:44:00] we always start off with a box. So we're squatting to a, plyo box or a bench. And I demonstrate the squat.

And what they do is they're like, they just dropped down and then they bounce back up and they're using the momentum or they're going really quickly. So a couple things that we have to, that we have to figure out are, okay, number one,

is it predominantly physical? Is this a neuromuscular or even just a muscular thing?

Do they not have the strength and motor control to control that, that descent in this, into the squat? And you could say, fine, it clearly looks like they just, because they're detrained or they've never. done this exercise before, you're going to have some type of strength and motor deficit. But hold on, because what if they do potentially have that capability of slowing down the motion, but they are not sufficiently motivated to do this squat, so they want to do it as quickly as possible, because to them, the squat isn't.[00:45:00]

It isn't serving any secondary purpose. Okay, I'm doing this thing so that I don't have to do this thing anymore. Great. Now you have someone because they are hypo motivated, they're going to do it as quickly as possible so that they don't have to do it anymore. So now I have to figure out as a coach, okay, is this more physical?

Is it more adaptive? Or the third, is it more cognitive? Is it an understanding of the expectation for performance? Is it the lack of being able to discriminate the difference between slow and fast? And so a lot of it for the autism population comes back to fill, what I think about my role sometimes is I am building in meaning For things that are otherwise completely abstract.

Because the question of like you or I walk into a gym and we're like, yeah, I'm [00:46:00] training well, if it's Monday, we're obviously benching, no, I'm training legs today, or I'm, hyper specific I'm training predominantly quads today, whatever. There are really three way. There are three reasons why anybody strength trends, right?

It's body comp. Lose fat, gain muscle. It's sports performance, right? And I'm not saying these don't overlap too. Yeah. Yeah. Anybody who's training for sports performance wants to look good too. Or it's like daily skills, right? I don't want to have back pain when I pick up my kid. I don't want to, that kind of thing.

Or I want to, I don't want to huff and puff when I go up and down the stairs, all that stuff. So those are the three minutes. I see those as the three quintessential reasons why why people strength train, right? Now you have. one of my athletes, one of my mid to higher support athletes. And oftentimes I don't have any good indicator that they have any idea why they're in the gym, this environment, this person, these movement patterns.

So [00:47:00] what I have to start doing by way of a lot of the positive behavior support is I have to build, I have to scaffold everything with the meaning that they don't have, because to them, they don't know. I'm just having them do this thing this many times and then they're done doing that thing. All right, and that's the the abstraction issue.

And it's a big one too. You can't bypass that and say we're just getting, you want to, you want anybody you're working with to be an active participant in what you're doing. I want them to have some sense of enjoyment too, but oftentimes that's going to be built along the way, because initially it's okay, I'm going to do this until you tell me I don't have to do it anymore.

And then I'm going to take a break.

Dr Mike T Nelson: Yeah, no that's very good. I like the layout of that. If. If it's the first case, so it's more of a, let's say neuromuscular type thing. Have you played with a, I'm just thinking about ways to increase more proprioception. Have you seen like the ARX machine where it's like [00:48:00] a hydraulic type machine you're pushing against?

So imagine like a leg press,

Eric Chessen: but

Dr Mike T Nelson: you can set the machine to move at whatever rate

Eric Chessen: and it

Dr Mike T Nelson: has a force plate in it that tells you how much you're outputting. Yeah. You could do like a six second eccentric where it's coming down. But you can program the range of motion it's gonna do. I'm just curious if you did something like a heavy eccentric, but there it's a very safe range of motion.

Would that be better for someone because they would get more feedback or not? Is it not, or maybe there's something else going on if they just have more on the neuromuscular side?

Eric Chessen: I don't know. I think it, it would be fascinating and it's not something, that's one of the areas I have not I've not entered, but I would definitely be interested in doing something like that.

So much of my career was on And when I started out, I was doing predominantly like in home work with a lot of my athletes. So I had to be super low tech. [00:49:00]

Dr Mike T Nelson: Yeah. Yeah.

Eric Chessen: And so what I found was that I needed to figure out ways to modify a lot of these fundamental movement patterns. So how do I take a squat?

Or an overhead press or push up or, a band row only because I didn't have, a cable row is always going to be whether you're using a cable stack or an anchor or anything else is always going to be superior to a band row. But when I'm working in someone's home, I don't have the luxury.

of of a cable stack, most of the time. So I had to go super low tech and super portable. So a lot of the protocols that I developed were out of necessity and okay, what could you do out of, a mesh training bag, with a couple of soft dumbbells and some sand bells and medicine balls too.

What I found most of the time specifically with, Our like compound movements, pressing, squatting, pulling was supporting the athlete from the physical perspective meant one of three things, either we [00:50:00] were going to modify it by reducing range of motion on something like a squat or push up and gradually building up the range of motion, too, because we don't want to live in limited range of motion or providing some type of supportive prompt, like just a mirror prompt, standing in front of athlete, raising our, raising my arms up as they were raising their arms up.

That would help with something like range of motion, but not necessarily going to help with something like motor control, where we want them to do a two or three second eccentric and then a more powerful controlled concentric. And the other thing is, I think you had mentioned earlier that the whole proprioception.

thing also like proprioception or kinesthetic awareness. As you get away from from center line, it becomes more, this is one of the things that I think is one of the. most profoundly interesting areas of study with respective [00:51:00] movement for the autism population. As you go more distal to proximal, like you're moving the extremities out, the motor control starts going all over the place for a lot of athletes.

So what's going on And this is not, it's my area of interest, but definitely not my area of expertise. What's going on from a neuromuscular perspective, where as

that, as the arm is moving away from the body or the leg is moving away from the body, what is going on where that signal is starting to get in highly technical terms, starting to get scrambled a little bit.

And the athlete has a great reduction in motor control, because I've seen that throughout my career with a variety of different athletes. What I find really compelling is it doesn't always, it's not always the the highest support athlete, my athletes who need a lot of one to one support and my athletes [00:52:00] who, coming to the gym independently and are talking the entire time, sometimes I see the same motor control issues.

Between those two athletes also. So it's not always an issue of cognitive capability. I think there's that separation of cognitive processing, and then neuromuscular processing.

Dr Mike T Nelson: Yeah. Related to that. Do you think There's changes in the way they're getting vestibular information and visual information that causes a breakdown of them trying to assemble those movement maps of the combination of eye movement, vestibular movement and proprioception to know where their body is in space to move from one point to the next.

Eric Chessen: Yeah, absolutely. A lot of individuals on the autism spectrum have profound difficulty with direct eye contact, so I've learned, and that was something that, that I changed years ago, because, you change with good science and good practice, what eye contact was a big deal when I, in the [00:53:00] first couple of years of my career.

And then as we started, learning more that, the field progressed, it was like, nah, you know what, for a lot of individuals, it's almost, Painful to make that direct on eye contact. So an individual looking at me peripherally if they're picking up as much as they can of what I'm doing, I'm demonstrating like a band row or a cable row or whatever.

They're side eyeing me, but they can pick up a lot more information peripherally than they can directly or they'll talk to me and they'll be looking up in the air. So really I'm looking at it. Performance based, okay? They're looking at me from the side, but they can see everything that they need to see.

And then I think, again, there is a distinction between the, what the visual processing and then the kinesthetic performance, because they could. Yeah, this is all theoretical because I don't know what's going on in their head. They could

[00:54:00] see me perfectly clearly watch what I'm doing and then attempt to to imitate it.

And it still breaks down in performance simply because they don't have that neuromuscular control. So at any point in that chain of, okay, they're watching. They're paying attention, they understand, they have the, video of what I was doing, playing in their head, and it still breaks down. So where do I go from there?

Dr Mike T Nelson: Yeah. And correct me if I'm wrong, I think the ability to focus is not necessarily just limited to human faces. It's pretty much any sort of objects. Is that correct? So it's more of a, I. Yeah. Okay. Thank you. focusing, processing, not I guess lack of a better word of fear of looking at people or looking at faces or anything like that, correct?

Eric Chessen: Yeah it's tracking and to bring it back to something we were talking about earlier, it's, sensory it's stimuli. So if looking at something, head on and directly [00:55:00] is overstimulating, then, you turn to the side because now I'm getting, I can't do this a hundred percent.

But I'm good if I get like 30 percent and this way it's not overwhelming so I can get more information. So it's a it's a compensation, but at the same time it's a a valuable and definitely a workable compensation.

Dr Mike T Nelson: Is it better sometimes then because the, if they're getting too much information, is it better, for example, if you just Described an exercise and told them to close their eyes like if you cut some of their visual or they cut some of their inputs, or, for example, have them put earplugs in.

So they're not hearing you, but you just demonstrate what to do. If you purposely limit some of their inputs, does that. increase the clarity of how they could replicate it or not? Does it make sense?

Eric Chessen: Yeah. Oh yeah, [00:56:00] absolutely. It's an, it's a great question. So what I have found, so I've had athletes who have noise sensitivities too.

And I think we were talking about headphones earlier. Some of my athletes will wear, noise canceling headphones and it does wonders for them as well. The visual component, cutting out the visual component is difficult and a lot of Again, some of the some of the athletes that I work with who would be

diagnosed, level two or level three who need a high amount of support, even if I said close your eyes, they may not necessarily be able to to do that.

Sure. Or to appreciate it. So I have a general practice. And this is something that we teach a lot like this is. Over and over and over again in the certification called label, demo, do, and cue. So the process is we label the exercise. So we tell the athlete, okay, we're doing a band row.

I'm going to go first and [00:57:00] then you'll go right after. So the labeling is just to give them the name of the exercise so that we have continuity of, okay, now they have a They're developing a working knowledge of what the name of this exercise is so that they can replicate it or memorize it at some point.

And then the demonstration, the biggest mistake that can be made, I think with, this is true with the neurotypical population, but so much more so important with the autism and neurodivergent population is overcoaching. And overcoaching to over explaining stuff. Like I hear stuff like, okay, you're going to do a band row.

So first, what I need you to do is grab the band handles with your hands and then you're going to back up and then you're going to, and then you're going to root your feet and then you're going to look right ahead and pull your shoulders back and just oh

No. That the label demo do in queue is the antidote.

Yep. To overcoaching because okay, just demonstrate the exercise. You can go [00:58:00] slowly, give them the visual component. And then the do and Q is as soon as you demonstrate it, do five reps, eight reps, whatever, hand it over to them and see what they can do. If they can't do that, it's unlikely in, in my experience that they're going to be able to replicate it at, perfect, perfect form using the term perfect as in, appreciably good.

They're going to replicate what you, yeah, exactly. Okay, great. Now I've seen what they can do. So I have a baseline. How do I need to modify this? Do I need to provide some physical guidance? Do I, am I just doing, some, visual cueing? What do I need to do here in order to support this athlete doing the exercise?

Not perfectly, but to the best of their current ability level. So that's how I figure out, okay, this is my process. for assessing the athlete with any one particular exercise without over explaining it to them because as soon as I can get them to

[00:59:00] do it to be in a situation where they're comfortable in doing some variation of it, then I can do my job and say, okay, we need to modify this.

And I have my go to modifications for this particular exercise, but I need to figure that out. The only way I can figure it out is by having them do some variation of the exercise.

Dr Mike T Nelson: Got it. Last couple of questions on the movement stuff, because I'm always fascinated about the principles that we know of good and better movement.

In my experience, tend to still apply to other disease states and I always think of everything like a spectrum, right? You have like maybe chronic pain on one end and like high level athletics on the other end. Like it's almost impossible to be in the highest expression of your athletic ability if you're in pain.

Therefore, it's a spectrum, do you use any internal versus external cues? Does that matter? And then a follow up to that is [01:00:00] There's a system where you can put little whole little lasers and put them on different joints And they have a target and you basically tell the people they do this for a lot for physical therapy rehab You can use an external cue I did one so for some neck rehab like I had a little laser on my head I had to rotate my head left and right but I would see the laser go Like this because of my head's actually doing this, but I think i'm rotating.

I'm I was doing more of that Yeah. But to see the visual representation of that, I was then able to correct for it much faster by using that as like an external frame of reference.

Eric Chessen: Yeah. I think it would be hyper dependent on the individual and a lot of it comes down to one of the biggest challenges across the board, and I hear about this from a lot of.

Highly independent and very capable individuals who have been diagnosed on the spectrum. These are some conversations that I have a lot of issues with. abstract [01:01:00] thoughts or things that are not very literal. So for example, some of the reason that I don't like using a lot of verbal cueing with my athlete is analogous language usually lands flat.

So if I just, if I say to my athlete, run as fast as a cheetah, not that I have my athletes do a lot of running, just say just for the sake of the analogy or or push this like it's a fireball that like that, like this is lost is not, is going to get lost.

I would think that there is a certain small percentage of the population as with the neurotypical population that would respond well to that. But if you have an individual who has such little kinesthetic awareness that you know, if you point a laser somewhere, they're going to have difficulty tracking it.

And they have they have such difficulty even identifying their own movement. You can [01:02:00] say point to your knee and they have difficulty with that, which is more about the, the labeling and the memorization. But I think that along this, the way that I, the way that I visualize it. is, you have all these doors in a row and it's okay, is this door open for this type of intervention?

Yes. Okay, great. So we can get here, but now we have this door. It's okay, we can't get past. This, this steel door here just by, by way of some of the challenges either cognitively or neuromuscularly too. So I think in some case I think it would be a highly interesting experiment, but you'd have to be eager.

Very selective with the individuals, especially if you've, a lot of the athletes that I work with are prone to dysregulation, so they'll get very easily distracted or either [01:03:00] internal states or external stimuli. Either light or sound or something is going on internally and they need to self regulate.

So if I'm trying to set up a situation in which I want an athlete to focus more, and I need that extra, 8, 10, 15 seconds of setup time in order to get them to to focus on a laser on a wall or somewhere else I oftentimes don't have that luxury. And then secondarily to that, Now I have to build in a training protocol to get that athlete to focus on the laser in order to, so it almost messes up your test because you're teaching them to take the test so that then you can use the test to augment the training.

So it winds up getting sticky.

Dr Mike T Nelson: Yeah. That's what I didn't know. And I've never tried this. Yeah. On one half of my brain, it was like. Maybe you could give a more literal cue of hold the laser point at target, but then you're integrating more [01:04:00] information and you're assuming that you're, for example, your visual platform is stable and you're expecting them to do almost like a higher level stimulus at the same time.

So that may actually go the wrong direction.

Eric Chessen: Oh, yeah, absolutely. I have learned that. The more intricate and detailed the plan or the intervention, the more subject it is to failure. That's why

I take a very, like an Occam's razor approach to everything. Like I just want the simplest and most effective way.

To get an athlete to squat or to press or to do a push up. And sometimes the questions that I get are, Oh what about some of the, corrective strategies for this? Or what about putting a band around their ankles? And what about. I don't deal in what about this, what about, I'll answer those questions, but it's no, I want them to squat, so I'm just gonna, I'm just gonna reduce the range of motion, because the other issue that [01:05:00] is that is often at odds with development or performance of anything for the autism population is generalization.

Like how do you develop a skill in one setting, whether it's. Socialization and communication or whether it's a a skill of daily living, how do you take that developing in one environment and one situation and utilize that in a variety of different situations, ultimately, That's what I'm trying to do with exercise.

Like it's not about, for my athletes, it's not predominantly about body composition or sports performance, or it's about activities of daily living and making sure that this individual is safer and more effective in their daily life.

Dr Mike T Nelson: Yeah, so like in the sports world we would call that transfer, right?

Because you don't want someone to just be amazing at doing squats. Now you want them to okay Can you take that skill into your life? Does that help an activity a daily living, interactions, etc [01:06:00] and a little bit I know about the autism spectrum is it seems like the transfer component is very difficult.

It seems to be very hyper domain, literal specific for whatever reason.

Eric Chessen: Yeah. Yeah, absolutely. And that's one of the big components of like early intervention. I don't typically work with younger individuals. My age range for my own one to one practices, teens and adults, even into, geriatric, but a lot of the early intervention with speech and O.

T. and behavior therapy and and then a little later physical therapy is generalizing the, it, developing a skill in one setting, but then having it show up in different settings because that's where it actually has value. Someone being able to say, hi, my name is from across the table.

Yeah, great. But we want someone to be able to execute that in the real world. And strength training is no different. I'm, I don't want someone to be better at squatting for the sake of being better at squatting, unless they're a power lifter, which obviously [01:07:00] not working with. But I want them to squat soon.

They're safer and more effective in their daily life. And that's where. Again, this whole idea of meaning, making it meaningful for them also, because they're not coming to me for body comp for the most part every once in a while, but. Or sports performance, like, all right what are the conditions and what are the variables that I need to take into consideration to, to help this individual perform at the best possible level in whatever they need to do on a daily basis, both, proactively and preventatively.

Dr Mike T Nelson: Yeah, one of the other kind of pretty crazy thoughts I had on that was that on Certain type of psychedelics you can almost get synesthesia where you've got different parts of your brain overlap and you can Some people have it naturally. There's a fair amount of artists that have it naturally So one of the guys I follow I used to be in a band called strapping young lad Devin Townsend He's had it since he was a [01:08:00] kid so to him, like music is very different than other people because of that.

And I've wondered if that sometimes psychedelics like DMT, ayahuasca can do that. I may have experienced that in Costa Rica, which is pretty wild. And so my thought was. Those properties, if you gave someone on the spectrum, say ayahuasca, and I'm not saying people should run out and do this.

One, I think that would be utterly terrifying for those people.

Eric Chessen: Most likely.

Dr Mike T Nelson: And two, would it even work? And I found some studies from like the 60s and 70s that they did just that. Back when they didn't have to

Eric Chessen: worry about IRBs. Back

Dr Mike T Nelson: when IRB wasn't really a concern. And unfortunately the results were very inconclusive.

The studies were not well controlled. There's a whole bunch of issues with ethics aside, methodology, et cetera, but it doesn't make me wonder like in the future if we can isolate more of the compound of the specific thing we're looking for, especially with more early [01:09:00] intervention, are there ways

maybe even biochemically we could, start to increase that ability of the brain to do some of those type of transfer type functions maybe in, in things outside of just sensory input too.

Eric Chessen: I would preface it by saying that's well outside the scope of anything that you

Dr Mike T Nelson: could

Eric Chessen: think of as a premise. That's fascinating. Yeah, I don't know where you'd even begin with that. I, there, there are parents out there who have had a lot of success With certain cannabinoids as far as sleep regulation.

Dr Mike T Nelson: Yeah, I've seen

Eric Chessen: that. Yeah. Yeah. I, and a lot when other things, even like melatonin have failed, it's definitely not my area. Start the proposal to any university. I'd like to read that over. Hey, here's what we want to [01:10:00] do. We'll take 20 neurodivergent teenagers

Dr Mike T Nelson: and yeah, because I did a, I think it was a meta analysis of this for the Kehrig Institute.

I'd have to remember if it was this year or last year. They all tend to run together. And they did talk about some of those early studies that were done. And yeah, they couldn't really make head heads or tails out of them. But the fact that they actually did those studies, I was both horrified and intrigued at the same time.

Eric Chessen: Looking at they shouldn't have done this, but let me see what the abstract has to say and the conclusion, yeah, I think also it'd be so difficult, even from the, coming into the conclusions, if you have an individual who is. Nonverbal or Right. Or predominantly non verbal. Like, how do you What are your mechanisms for feedback?

And consent and, all those things.

Dr Mike T Nelson: And even evaluating what they're going through. Like, all the signs we normally use to see [01:11:00] Sure. distress everything else, like you can't necessarily just apply them, to determine what's going on,

Eric Chessen: and knowing, in this, firsthand from, I, I've worked with a lot of individuals who have had psychopharmacological intervention also, and particularly some of the SSRIs and even some of the anti psychotics and granted they've gotten, much better as the science and the pharmacology has developed, but there are a lot of, of drugs where the interactions are very unpredictable with the autism and sometimes they can they can interact in the exact opposite way as their intent as well.

So you also have different brain chemistry to consider as well.

Dr Mike T Nelson: Yeah. Last question. I'll ask you a little bit more about your sir to make have you give us all the info on it. Okay. Yeah, it's again probably a little bit outside your wheelhouse But I know if I [01:12:00] don't ask someone's gonna be like you didn't ask him about this Like it appears correct me if I'm wrong that the rates of autism are going up So one is that true and two?

Do you think the rates are actually going up or the other argument is that we've just gotten much better at diagnosing it So now we're discovering more people, that the actual number of cases isn't really increasing. And if it is increasing, any thoughts as to why there may be an increase?

Eric Chessen: Yeah, I think, and, prefacing it by saying the epidemiological side is not my expertise.

Are the rates increasing? Absolutely. Is it predominantly because of broadened diagnosis? I, absolutely. And it's interesting because some of that is, is some of it, the diagnostic criteria has broadened because we have more individuals who are older, thirties, forties, fifties who are being diagnosed and more [01:13:00] women as well because autism often presents differently.

We're learning much more about this now in females than it does in males. So there's that. And then. Then there's also a percentage increase in the fact that there are more children being early diagnosed, early diagnosed at two and a half, three, whereas normally, in the past it was like four or five.

That definitely. And then, There's this other x factor that accounts for, percentage increase that is not necessarily directly correlated with broadened diagnosis and what that is. It's so difficult to tell. And the genetic research is still very much, it's certainly increased exponentially, but it's still in its infancy also.

And then, looking at different environmental aspects also, but, we're exposed to some of you, you look at, Environmental insults like, [01:14:00] plastics and

PCBs and is it this? Is it that? And there's there've been so many more things that have been ruled out, everything from like power lines to for a while they were looking at rates of, I think it was, fevers in women who are pregnant.

And some of these things come up as Oh, this is. This is promising as far as the research and there's just no, we have, we didn't disprove the null hypothesis. So a lot of the environmental the potential environmental factors are so difficult to study. And there's still very much the research itself is still so new.

That's difficult to tell. Is there an increase? Yes, absolutely. Is it predominantly because of broadened diagnostic criteria? Yes. Is there another factor to that where there are, more births per hundred of infants who have autism? Yeah, I think so.

Dr Mike T Nelson: Yeah. And that's so far outside my wheelhouse, but like you said, It's also one of those things that is so hard to [01:15:00] study, whether it's this food dye or this compound or in this particular time in this area, like the amount of factors you would have to systematically go through to try to, like you said, create the null hypothesis, to try to have bowling pins to knock them down one by one is never ending

Eric Chessen: in vivo too.

It's okay, what are you going to say? Okay. We're going to take Okay, we've taken, this plastic out of the environment. Great. You're going to have to take it out and then test again, 20 years or whatever it's half life is, how long does that take to biodegrade, to biodegrade?

Oh, 150 years. Great. We'll do this in 150 years. Here we go. Part of it is just that with environmental factors, their environmental factors, and it's near impossible to control for.

Dr Mike T Nelson: Yeah. Awesome. Thank you so much. I really appreciate it. And where can people find out more about the wonderful certification you have?

Eric Chessen: At autism fitness. com and then hit me up on Instagram, the [01:16:00] autism fitness, same thing on YouTube. I put up a lot of content, both of my athletes and then, strategies that can work in fitness and adapted PE settings.

Dr Mike T Nelson: And is the certification, is it all online? Do they need to go somewhere?

Do they need to have certain enrollment periods? How does that work?

Eric Chessen: Great question. So the certification is partially online. So it's 15 plus hours of online coursework. And then I do a full day hands on practical. I, if someone wants to take it with me here in Charlotte, they can do that. They can do it virtually.

I have master coaches who teach it virtually. both in this country and I have a master coach in Croatia who's teaching in Eastern Europe now. And then I also do closed group seminars for the certification also for schools and different organizations. So all of that stuff is you can find on the website or just reach out to me, eric at autismfitness.

com.

Dr Mike T Nelson: Cool, and the website again is autismfitness. com, correct? Yep. Cool, man. Thank you so much. I really appreciate it, and thank you for entertaining all my whack a doo questions and everything [01:17:00] there, and I appreciate it.

Eric Chessen: Great question. I'm glad after, 20 something years of being on the periphery together we get to do this.

Dr Mike T Nelson: Yeah, that was great. Thank you so much, man. I really appreciate it.

Eric Chessen: Yeah, me too.

Dr Mike T Nelson: Thank you.

Dr Mike T Nelson: Thank you so much for listening to the podcast. Really appreciate it. Huge. Thanks to Eric for being on the podcast and sharing all of his wisdom here. If you are working with the autism population or you have any interest in it please make sure to check out his certification.

I've known Eric for quite a while now. Love all the stuff that he's doing with that. So I want to make sure to get the word out for everyone there. And if you're interested in trying ketones, check out my friends over at Tecton Ketone Esters. They'll have a link down below. A full disclosure. I am a scientific advisor to them and an ambassador.

Which is cool because I get to see a lot of really cool stuff behind the scenes and a lot of studies Which will hopefully be made public this [01:18:00] year With some really cool effects. I can't talk about yet, but hopefully we'll be able to Very soon. So check them out use the code. Dr. Mike to save some dinero Thank you so much for listening to the podcast really appreciate it.

We've got a bunch more guests coming up here this year and into next year. I think you will really enjoy it. And if you have any questions for the podcast or people you want to see, there's a contact form on the website you can use. Please share the podcast with anyone you think may be interested. Helps us grow our audience to get into more ear holes and spread good information.

If you 30 seconds, you can leave us a short review or even a thumbs up or download. Subscribe all that great stuff really helps us with distribution. Thank you so much. Really appreciate it Talk to all of you next week

There's something wrong with this hearing aid. Yeah, what's wrong? I can't hear [01:19:00] with it. Oh, no wonder. It's too far away.

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