Generating New Specialty Patients via Video Marketing EP 155

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[00:00:06] Welcome to another episode of the Patient Convert podcast, I'm joined by my co-host, Justin. Hey, everybody. And our special guest today is Dr. Tim ToStop Dr. Colstrip. Tell our audience a little bit about who you are, what type of surgeon you are, and just a little bit

[00:00:23] About your background. Ok. My name is Tim Colstrip, as you mentioned, and I am a pain focused peripheral nerve surgeon. My training was in originally after medical school, I did a general surgery and trauma surgery residency. Then I did a fellowship in this special peripheral neurosurgery that I do, and I also did a fellowship in hand and microsurgery. So I've done a lot of broad training, but my practice now is 100 percent surgery of the peripheral nerve focusing on pain issues. It's important to make that distinction because there are a lot of quote unquote peripheral neurosurgeons around the country and throughout the world. If you go to any large teaching facility or any large hospital and you've had a laceration to an important peripheral nerve, there will be some quote unquote peripheral neurosurgeon there who will show that back together for you and probably do a great job. The thing about ninety nine point nine ninety nine percent

of peripheral neurosurgeons in the world is that they are really reconstructive peripheral nerve surgeons, and that's in distinction to what I am, which is a pain focused peripheral neurosurgeon. So I focus really just on pain issues that people are having when they're not.

[00:01:35] There hasn't necessarily been an obvious laceration or injury to the peripheral nerve itself. And so there are very few surgeons that do what I do. And so when I see patients who've been the peripheral neurosurgeons are like, Well, why didn't they know how to do this? Because they really do something that's different. It's really a different field of surgery from what I do. I'm here in Las Vegas, Nevada, now and again. My practice is one of percent pain focused peripheral nerve surgery, and that really can encompass pain from head to toe. The peripheral nervous system is a wide ranging system that's everywhere. The nervous system in total is divided into two basic areas. You have your central nervous system, which is the brain and the spinal cord and the nerve roots. But once the nerves leave the skull base or leave the bony spine, they become part of the peripheral nervous system. There's many things that can happen to these nerves direct trauma compression and other things that can cause a lot of pain. And this is unfortunately very poorly recognized.

[00:02:34] Interesting. So how many do what you do?

[00:02:36] But I would say in terms of pain focused peripheral nerve surgeons who devote their practice essentially solely to this type of surgery? There's three of us that's worldwide. Wow. Well, there's some more that do a lot of it, but don't focus solely on it. And so they may not do some procedures or do some types of things that we do, but do a lot of it and you expand it to that group. There's probably another two or three who do a lot of it and then maybe another handful that do some things but focus more on other areas, primarily plastic surgery and cosmetic plastic surgery, because that's their base training. Yeah.

[00:03:15] So there's two or three worldwide that really do what you do. So I'm predicting there's a huge hurdle in your way as far as really explaining or educating not only patients, but other physicians, probably on what makes you different. What makes you successful? Is that

[00:03:33] True? Yeah. I mean, most doctors and obviously laypeople have never even heard of this before. You know, I mean, maybe a couple of years ago, I had a dinner with a spine surgeon here in Las Vegas, and I asked him if he'd ever heard of the superior clinical nurse, which are a group of nerves that can be responsible for a lot of low back pain. And he just looked at me with a blank stare and said, What are those? So, yeah, the real challenge for me has been creating a practice in a field where neither referring physicians or patients have any knowledge that it even exists. So it's been an uphill climb.

[00:04:10] Yeah, absolutely. And that's what I really want to talk about. If you Google Dr. Colstrip, you're going to find a lot of videos and a large following on YouTube. And so I'd love to talk about around that. You really adopted and what I would consider an early adopter of using video as a means to teach and educate and kind of bring patients and referring physicians into the O.R. room. So talk to us a little bit about how you are using video marketing as that conduit to kind of educate really on both ends and grow the practice through that.

[00:04:45] Well, in my case in particular, I almost didn't have another option. That's true. When I first came to Las Vegas and opened my practice, I'm in a solo practice. You know, I tried to market the traditional way like every other new surgeon, orthopedic or spine or whatever does when they come into town, whether. They're in solo practice or in a group, and that is going to other doctors offices and trying to meet with them and trying to talk with them. But the problem was is that new knowledge in medicine is very hard to sort of create and disseminate. And there's lots of reasons why doctors they don't have time or if they don't really kind of understand it right away, they just kind of don't want to listen. And so I just found like I was sort of banging my head against the wall, trying to make doctors understand what it is that I did number one and number two, who would be appropriate referral patients to send to me. And part of that is because there's such a lack of understanding of peripheral nerve generally within the medical community. And so for me, it was like, if I'm going to get the message out, I realize that pretty quickly that patients who have these problems get it immediately.

[00:05:56] When you start talking to them about what they're experiencing and what it is, they immediately get it. Whereas you could talk to a doctor who's gone to school forever until you're blue in the face. And they just they either don't care or they just don't pick up

on it. And so I realized I had to sort of take this message directly to patients. And one of the best ways to do that was with video format, because I can show clips of what I'm doing in the O.R., I can explain things and then you can also have patient testimonials, which are probably the most powerful tool. I have to sort of educate other patients who have these problems because, you know, the doctor, you can sit there and use big words and talk to people and it's like, OK, but when somebody who has a problem, see somebody else who had that problem and now has that problem is gone. It's just a very, very powerful medium to convey that message. And really, that's who I want to find is the people that have these problems because they understand it right away. They get it right away and they respond,

[00:06:54] Yeah, absolutely. And and that's what I love is working with you. And even very early on is the process you put in place to really capture the patient testimonial and understanding that how powerful that is is having them do the marketing for you, so to speak as an ambassador and just tell their story. What I love is most physician practices. It's like pulling teeth to get them to adopt that model, and you've gone above and beyond. I think you have like four hundred videos, but what's amazing about that is now any patient of any shape, size, race. I mean, literally everybody can go in and find somebody who has the symptoms that they have, the procedure that you performed on them to fix that and go listen to their story. And that's just so powerful, I think.

[00:07:38] Yeah. And it's really it's amazing for these patients because these problems are so poorly understood by most of the rest of Western medicine. These patients who have been suffering sometimes for years with these problems and who almost always have gone to multiple doctors, and it's like they start to feel like they may be crazy. And actually, many times they've been told that by physicians because the physician doesn't understand what they're looking at, so they'll tell the patient that they're know it's in their head. I saw a lady today with a nerve problem who has been told multiple times that this pain was all on her head and was even committed to like a form of sanatorium or something a psych ward because they told her this pain was in her head. And so these patients, once they see their story or once they hear sort of confirmation about what they're experiencing it just the light bulb goes off and they just understand it immediately. And it's I have patients crying in the office all the time, just from sitting there and listening to them and not telling them that it's in their head or they're not really experiencing what they're experiencing. It's so crazy, actually, how big a population of

people have these kind of problems and how absolutely unrecognized it is within the medical community.

[00:08:56] Yeah, absolutely. And that's what's interesting. We've actually seen something pretty similar with another provider, Dr. Puglisi, that we've worked with for a long time that's very, very specialized and on the infectious disease side, and we use him as well as you as an example, there's a lot of physicians that never go out and start getting in front of the camera and creating content and educating patients because whether it's they don't feel like there's a niche or there's not really an audience. And just like you said, you'd be shocked at how many people are out there that care about it and messaging of all the video you create. I mean, you've become almost like an ambassador for people in severe pain. And not everyone's obviously a fit for what you do, but they feel like you're listening to them and there's a physician that's out there that understands what they're going through.

[00:09:41] Yeah, I mean, part of the reason I got into it again, like I said, is necessity is the mother of learning. And it's like I wasn't comfortable doing it at first. And I think also maybe traditionally in medicine, it's been looked down on to sort of quote unquote advertise like this. I mean, unless you're a cosmetic plastic surgeon, it's sort of like been viewed as sort of gauche to be out there and doing this kind of thing. But I. Think, you know, that's old thinking, and this is clearly the way to communicate patient with patients in twenty twenty one. So for people that are that have some kind of a message to get out, I'd say just get in front of the camera and get comfortable because it doesn't take that long. If you have somebody good who's editing the videos, then you can just start talking. And even if you kind of sound like an idiot to yourself, don't make you look good in the final cut. So, very true.

[00:10:30] Yeah, absolutely. So I love that you just said that because a lot of the doctors I talked to or are nervous about videos. So your video production obviously is to educate physicians and patients to talk about what you know best. So a lot of doctors feel imposter syndrome or they feel like I don't know what I'm going to talk about, but I've noticed that if I get some of my physicians to just talk about a certain surgery procedure or symptom, they just go. And so I told them, like, that's what we need to focus on. So with all that being said, when you're producing your videos, you do what

you do best. As far as shooting the camera, talking about what you know, and then you get the help that you need without it being a huge production to get it.

[00:11:10] I mean, I have somebody who's very good that does my videos for me, and she'll just ask me questions. It's just like we're having a conversation. And then she puts it all together and makes it look professional. So you don't have to worry if you like, mispronounce a word or you say something you didn't mean to or whatever. It's just the flow of a conversation, but she can cut that up and splice it together and make a really great video at the end of the day. So I'm done. Yeah, so you have to worry about that. It'll look good, right?

[00:11:37] It's not going on Oprah or anything. I feel like a lot of people overthink it. And with that being said, we talked about patient testimonials on video, too, and that's a little difficult. I know a lot of practices. Health care systems have difficulty capturing those patient testimonials on video. So what are some tips you have for some physicians listening?

[00:11:57] Well, one thing I did was was just sort of create a little studio in my office. So one of the rooms in my office, I love it. I dedicated it to which it's not complicated, just a little bit of basic lighting and a background and a stool for the patient to sit on. So patients that are local or within driving distance of Las Vegas can come in. And the person that I have working with me to create these videos will interview them, and I don't even have to be there for that. So she just schedules that and has them do that. The majority of my patients, however, from out of state or out of country. And so we've also developed just a method that a patient can film their own testimonial just with an iPhone, and it works out very well. Actually, most patients are happy to do that. Oh, it's great.

[00:12:42] I love that because it really does come down to and it's the same thing. Even with like reviews and reputation, generation is people are like, Well, if I ask, I could expose myself negative. And it's like unhappy people are always going to kind of figure out a way to voice unhappiness, but it's honestly the happy people that you have to work hard to capture their story. But it starts with simply asking them and then making it easy for them to deliver that. And if you do that, nine out of 10 times patients are going to be more than happy to tell their story.

[00:13:10] Yeah, maintain ask. It's really easy for me because I think part of it is these patients have suffered so long and have been so frustrated about finding an answer that when they finally find me and I'm able to relieve them of their pain, they almost become evangelized like because they don't. A lot of them don't want or want to do whatever they can to prevent another person from going through what they did. So they really feel motivated to try and do whatever, and that may be a patient testimonial. I have I have other patients who set up Facebook groups that they run just to try and gather these people from the four corners of the Earth. That's amazing and give them some instruction about where to go and what to do for these kind of problems. And so if you're doing good work and you're really helping patients, they're usually happy to reciprocate with something as simple as a patient testimonial.

[00:14:04] Yeah, absolutely. Talk to me a little bit about, I know you talked about kind of film and surgeries and all that, but there's still not a lot of people that are out there doing that. So talk to me a little bit about kind of behind the scenes, so to speak. As far as how that works. You have somebody holding the camera like, what does that work like a process of showing off kind of the and the consent and the consent side.

[00:14:25] So my video production person typically takes care of that for me. Like in my practice, I often will ask patients if they want me to take a video for them to see, and they're always like, Yeah, that'd be cool. I'm in almost every day now. I don't want to see that. And so there's just a release form that you can have people sign. And I mean, there's lots of ways to do that. And then in terms of video that is taken in the O.R. setting, I sort of do two things. I have a professional production crew and that'll come in and take B-roll footage that you can put in with the testimonials. Just make it a richer visual experience. Yeah. And then for the actual surgery itself, it's not that high tech I. Just use my iPhone, you put an extra glove on, you put a blue towel around in case you touch anything, so it stays sterile, and iPhone technology is great nowadays. They have a feature where the lights stay on. I'm often operating sort of in a to a relatively small incision and often in a deep hole. So you need some sort of light source right on the camera. And so the new the newer iPhones do that great and they take great images. I rarely have any kind of significant bleeding, so the tissue planes all look great. And so you can take really nice videos. And I just take my own video intra operatively, and I can do that once or several times just by taking the glove on and off. And I have the people

that are in the O.R. there will fire up the iPhone. And, you know, I take my videos and they put it back, so it's playing music in between.

[00:15:52] That's excellent. And I love that because we even spoke recently at a conference about like the content creation process. And that was the big one of the big things we focused on is positions time, especially if you're a surgical physician, is so incredibly valuable that you got to make it this easy. And what's in your pocket in an iPhone, especially a new one shoots 4K video so you don't need to just use your phone.

[00:16:13] And you can see it's super easy doing larger things like an orthopedic surgeon, maybe through a larger incision or something that's a little bit easier. There's also some great options for things you can wear on your head in terms of cameras and stuff, but I just find the iPhone so simple and user friendly that that's just what I do.

[00:16:32] Yeah, and I love how you talked about the iPhone because there are two aspects you can have a professional crew come in or videographer, or you can use your iPhone. And we keep saying that the whole idea here is we're just filming physicians, being physicians. We're not making physicians actors. We're not giving them scripts. You guys are teachers by nature, and it's just really kind of having someone capture these moments. You don't have to be anyone but yourself. So I really like how you mentioned both sides with that filming. Yeah, you considered in this day of age of video, especially with social media.

[00:17:05] Live video I've never done live. Video Are you referring specifically to the OR?

[00:17:11] Well, I mean, really,

[00:17:13] Facebook lives like you've done

[00:17:15] Sometimes. Instagram?

[00:17:17] No, I've done a lot of Facebook likes and those are I mean, they were live at the time. I did them, and now they're just up on YouTube or other platforms on my website and stuff that they can be reviewed. And but yeah, I do that in the O.R.. It would

be a little bit tedious because there's many parts of the operation that aren't that glamorous. You know, the exposure may take forty five minutes or an hour to get to where you're actually doing the heart of the operation and closing the wound is sort of like, ho hum. So I usually just take pieces of video that I either document unusual anatomy or the heart of the operation, et cetera. And like I say, most of the time I do that is for the patients. But you can always take that video and put it into an instructional video or a patient testimonial. And you know, I narrate during the time I'm taking it so for the patient's benefit, explaining what I'm showing them. But that can. The soundtrack can always be separated from the video and and other things can be put in when you're when you're having your key person or whoever your marketing person put the video together for you. So it's really a versatile that way.

[00:18:20] Yeah, absolutely. So talk to us a little bit before we wrap up and everything you talked a lot about. Obviously, what you do, the type of patients that you see, but who out there, and that's what's great is you really I mean, there's so few of you, you're one of three, as you mentioned, more than likely in the entire country. So you can really bring in patients from anywhere and often do so talk on both sides. What types of physicians that are out there seeing patients could be a really good fit to refer to you. And then if there's a patient out there listening to the podcast that is having pain symptoms, who would be an opportune kind of fit to have a conversation with you to get help?

[00:18:58] So my model is either you or someone you know has a peripheral nerve problem, and that's almost true. Like as we were talking before the podcast, you know? Absolutely. Yeah, yeah. Basically, if you have chronic pain that's developed after some kind of traumatic injury or surgical procedure, you should consider it a peripheral nerve problem until proven proven. Otherwise, these patients are so ubiquitous throughout the system in terms of somebody who may have peripheral neuropathy. I mean, that's 30 million patients in the US right there. So virtually any physician who wants to take the time to think about these problems and pick up on it is a good referral physician because these patients are in everybody's clinic. Mm hmm. Specifically good referral sources, though it would be orthopedic surgeons and spine surgeons, because the nature of what they do, there's going to be a high number of patients who have these types of problems coexisting. Or it's just the nature of surgery and peripheral nerves literally integrate everything. So if you cut the skin, the chances of ending up. It's a

peripheral nerve problem, no matter how technically perfect you did, your orthopedic operation or your spine operation is still significant, and that doesn't mean that you, as the spine surgeon or the orthopedic surgeon, did anything wrong. You may have performed as a technically spectacular operation, but these problems just sometimes occur. So and I will say that spine guys and orthopedic guys are probably some of the best referral surgeons because they're not really interested in dealing with chronic pain problems after they've done that surgery, which don't seem directly related to what they did. So if they x rayed the fusion and everything looks solid, they're like, well, you know, off to pain management.

[00:20:39] But almost certainly that's a person who has some kind of a peripheral nerve problem. Same with orthopedic surgeons. You know, anybody who does trauma, the same type of trauma mechanisms that can break bones certainly put peripheral nerves at increased risk of developing issues as well. And so the way that medicine should really think about chronic pain know as long as you're not dealing with like irritable bowel syndrome or something. But for most chronic pain, especially in the setting of a prior trauma or a surgical procedure, the first thing that these patients should do is have a comprehensive peripheral nerve evaluation, rather than just being shuffled off to the graveyard of pain management to languish forever. Because, to be honest, pain management physicians don't understand the peripheral nervous system all that well, either. I mean, they're honest. It's a pain management practice. They're not necessarily trying to get rid of the pain as the first line. They're trying to manage it. They do some great things with spine pain, but for most peripheral nerve problems, they don't really have a detailed enough understanding of the anatomy to even diagnose the underlying cause of the problem. And that's the really critical thing is that no doctors are trained well enough to understand peripheral nerve anatomy to really be able to recognize and diagnose these problems when they see them. It's a really intimate understanding of peripheral nerve anatomy is like the Rosetta Stone to unlocking chronic pain and without it, chronic pain. This remains as black box. It's very confusing to doctors, and so they just want that patient out of their office because they don't know how to help them. And it's just kind of a waste of their time.

[00:22:16] And that's a shame for the patient, too. On the other side, like you said, that just ends up dealing with that for a lifetime. And that's there's a lot of issues that come along with that, obviously.

[00:22:25] Yeah, unfortunately, we do not have good medication to treat peripheral nerve pain, even medications like gabapentin and Lyrica. Those really do better at treating centralized pain pain that is perceived because of a process in the central nervous system for a peripheral nerve that's compressed or there's a painful neuroma. The second scar tissue? These medications are uniformly ineffective that really reducing the level of the patient's pain. And that's saying the same thing goes with all the narcotics. So I was going to say, unfortunately for these narcotics, yes, unfortunately for these patients, because most of the doctors are seeing don't know what else to do. They get put on all these medications. So they're dealing with all the side effects of these medications and still suffering from severe neuropathic pain because it's not, well, relieve, but these types of meds.

[00:23:16] Yeah, it's a shame. It's a shame. It's not easier to connect and educate. Yeah. Well, I work a lot with Physician liaison and a lot of Physician liaison, so I'm not sure how familiar you are with that term. Nobody ever is, but they essentially represent physicians, surgeons and hospitals. They're not employed by pharmaceutical companies and they do not sell anything. They're just there to build relationships between providers or or make things easier or build value. And I know a lot of them listening represent a lot of spine surgeons and authors. So it may be something to consider too. And getting connected. And what advice would you have for somebody trying to build that relationship with you from an orthopedic or spine surgeon that is not the actual surgeon coming in your practice, it's their physician liaison.

[00:24:00] Well, if it's their physician liaison, I mean, you can just keep it real simple. If you have a patient who's let's say you're a physician liaison for a spine surgeon, OK, just keep it simple. One guy who does spine surgery. Any patient that they operate on or any patient that comes to them that has pain in the back or radiating down the leg, or whatever the typical symptoms for which they would be sent to the spine surgeon in the first place. But let's say imaging shows no real reason for this pain. That person is a peripheral nerve patient, almost certainly. Now, let's say they end up having some kind of spine procedure, some kind of operation. If the patient is not 100 percent better and still has significant pain in the low back or rating down the leg or whatever the case may be, and the spine surgeon is happy with with what's been done. So we're sure that there's no indication that the problem is still in the spine. And that's also a peripheral

nerve patient. So essentially anybody who has these symptoms but is not a candidate for spine surgery because. There's no, you know, the spine surgeon can't find a lesion that makes sense or as somebody who's had spine surgery but essentially is not better. Those are great people to refer to a peripheral nerve surgeon like myself. There's actually a term for this in the medical literature, it's called failed spine surgery syndrome.

[00:25:21] I mean, it's that common that there's pretty large body of literature, medical literature out there that sort of describes this. But you know, it's always sort of like they don't really know what's going on. I always say, like when somebody like a spine surgery patient sort of will fall into one of four categories, and only the first category is somebody who will really be better from spine surgery alone. Now, I think probably the first category encompasses the majority of patients, thankfully, but these categories would be the first. One would be somebody who just has a spine problem and they have spine surgery and they're going to do great. The second category would be somebody who has a spine problem. A true spine problem. And a true coexisting peripheral nerve problem. And that can happen pretty frequently. So they're going to get spine surgery and they're they're going to be maybe partially better, but they're still going to have likely a significant problem. So overall, their quality of life may not be that much better. Also, in the setting of an existing peripheral nerve problem, the trauma from the spine surgery, just the cutting and inflammation and swelling can actually make the peripheral nerve problem much worse. So they may actually, on balance feel worse after the spine surgery. Even the spine problem has been corrected. The third type of person is somebody who just starts out with a spine problem.

[00:26:38] But as a result of the spine surgery, there's a peripheral nerve complication and superior colonial nerves are an excellent example of this, where these are little bundles of nerves that pass over the posterior iliac crest just above the level of the AC joint. If you do any kind of low lumbar spine surgery and four or five or L5 S1 fusion, these nerves are at significant risk of developing a compression or mechanical pinching. And then afterwards, you're going to have this chronic low back pain that doesn't make sense. So that's the that's the third group is somebody who starts out with a spine problem but ends up with a peripheral nerve problem, and they're not going to be happy either. Then the last group is somebody who only has a peripheral nerve problem but is thought to have a spine problem. So they get a spine surgery and they're not going to be better or they're going to be worse as well. So I think the reason that spine surgery

sort of enjoys a rough reputation amongst the medical community is that there's so many times where people have spine surgery and they're not better or they're worse, and nobody knows why. So it's like, it's kind of like this crapshoot where, hey, sometimes you might do great and sometimes you might not be better, and then people have a hard time sort of giving an explanation for that.

[00:27:44] That's really interesting. And then it comes back, like you said on the spine surgeon who could have done a technically perfect spine surgery that needed to be done, but it's not going to alleviate the actual pain the patient's feeling.

[00:27:54] Yeah, it doesn't matter how brilliant you are as a spine surgeon, the patient you're operating on has a peripheral nerve problem as the source of their pain. That's going to be one hundred percent failure of your spine surgery. Just in terms of like, the patient will be happy because they still have the pain. Even though you did a brilliant spine procedure that wasn't the source of the problem, but because doctors are so for lack of a better term ignorant about peripheral nerves with spine surgeons, they're almost comfortable in that ignorance. In terms of they can't even imagine something else being the source of the problem. So they're just like, they'll be like, Well, I don't really see an obvious problem, so come back to me when you can't stand it and then we'll operate or they're like, you know, they just go ahead and operate. And it's like, because they don't, they have this huge blind spot called the peripheral nervous system that they're never thinking about for the most part. And so they just go ahead and operate. And then everybody is confused as to why this person is so much worse after a spine surgery that technically went perfectly.

[00:28:50] Interesting. Well, as we kind of wrap up, I want to make sure obviously in the show notes we'll have it. But how can patients and physicians find you online? What's your website? Obviously, we'll have the YouTube, all of that.

[00:29:02] Yeah, I mean, I think my YouTube channel is Tim tells me that my website is Nevada nerve surgery, dawg. And for anybody, any patient who wants to see if they have some kind of problem, I can help them with. My process typically starts out with a remote evaluation, and that starts off with them sending an email to patients at Tulsa, MD. And I'll do this for anybody who wants to send me an email, and this is all done free of charge at this point, and I'll typically read this summary. I give them instructions about

how to write a summary above their pain because because it's not actually that intuitive a thing to do if you've never done it. Yeah, but I try and give them good instructions so that they can give me good information, which helps me to understand their problem and with peripheral nerve problems. It's so anatomy based, it's like a jigsaw puzzle. So if you have pain in a certain area and you can be articulate about describing that. So the more detail you can give me, I can often make these diagnoses just by reading the patient's summary because specific. Nerves go to specific places, so if you have pain in that specific place, it's most likely Nerve X, and so I'll read the patient's summary.

[00:30:12] Then sometimes I ask for more information. My office will go back and forth with them. We can get remote, we can get MRI done. Mri is done. Sometimes diagnostic injections done close to where the patient lives. We sort of built up a network of people who are capable of doing these diagnostic injections in places that are capable of performing MRI neuro Griffey's, which is a good way to look at the nerves in the pelvis better than just a regular MRI. And so we try and get all this done, sort of where the patient is local. And then if it looks like something that I can help them with, then I'll have them come to Las Vegas and perform a comprehensive peripheral nerve evaluation. And depending on how clear things are at that point or how clear it is before they even come here, I may offer them surgery and an evaluation one trip or we may say evaluation only, and then they'll go back home and then we might have some more work to do. And then once things are once the diagnosis is is solid and confirmed and they'll come back for surgery at a second time. Excellent.

[00:31:08] We highly recommend anybody that's out there that's dealing with pain like Dr. ToStop said. Is is reach out well. Dr. Tostart, thank you. I know you're a super busy surgeons to thank you for coming on and talking to us about not only the unique approach you have and what you do and all the patients that you help, but also how you're implementing video to do so. And thank you for being a longstanding client of ours too. I think you may be the first client actually that we've had on the podcast, so I appreciate you coming on.

[00:31:34] Not sure? Yeah, I would just say, like, you know, I really appreciate what you guys are doing my practice team because it has made a big difference. I mean, there's the videos and all that that you can produce. But if these aren't indexed and linked to searches and all this stuff, all the magic that you guys do, then it's kind of like screaming

into the void. You can have all these great content, but if people can't find it because it's not linked to specific search words and all that, and I've noticed that since I started to work with you guys, that I'm getting a lot more traffic through that kind of medium. So I appreciate it. So thank you, Justin and Kelly.

[00:32:06] Yeah, for sure. Well, thank you. I appreciate that. Thank you, Dr. Drillship. Again and again, we will have all of this information that he went over so you guys can get in contact with him up on the website and the show notes, and I appreciate you coming on.

[00:32:17] Thank you. All right. Take care, guys.

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