



# The Neuroscience of Communications - Ref190

*with Russ Rosen*

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## TRANSCRIPT

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**Steven Bruce**

We're going to be talking today about the neuroscience of communication. And in the email, which you probably received earlier on, we did say that it was possibly a little bit contentious, a little bit controversial. And I say that because the neuroscience of communication relates not just to our patients, but also to us as practitioners. So we're going to be looking at how the way in which we interact with patients affects them getting the best from our treatment, but perhaps also addressing something which I think I've seen in my osteopathic colleagues, which is our reluctance to accept our own worth and our own reluctance to perhaps get patients in for the treatment that they need. And I remember in college being told, after three treatments, patients would definitely, if they're not better by then you need to refer them on to somebody. And of course, we've had lots of programs in the past about the benefits of maintenance care, and so on. But sometimes, we need to make sure that both we and patients understand that. And I think that will be part of what we're going to be discussing today with my very expert guest, which is Dr. Russ Rosen. Russ is a chiropractor, and is hinting with his shirt that he spent a lot of time living in Hawaii. He's currently in California. And he's an expert on optimal health care systems. Russ, thank you for joining us. I don't know what time of day it is over there. Is it early for you?

**Russ Rosen**

Oh, yes, very early. You'll hear it in my voice.

**Steven Bruce**

Well, it's great to have you with us. And I'm really looking forward to hearing what you have to say. You and I have discussed already that this is perhaps something which is unusual in the British osteopathic world and I can't speak for British chiropractors so much, but I think they'll find it, provided they keep an open mind, I think they'll find what you've got to say very, very useful. What about yourself? How long have you been a chiropractor?

**Russ Rosen**

Oh, gosh. Let me see, graduated in 87, practiced in Maui, Hawaii until 2000. I started doing coaching, coaching and I've been coaching ever since I moved to California about three years ago to help out with the in-laws and can't wait to get back to Hawaii.

**Steven Bruce**

Graduated in 87. So you're practically a colleague of Palmer, aren't you're, really?

**Russ Rosen**

Part of the dinosaurs. Yes.

**Steven Bruce**

I hardly think, having looked into what you do, I hardly think you can be described as a dinosaur because actually your approach to therapy and treatment seems to be quite forward thinking. I mentioned the optimal healthcare, optimal healthcare coaching system. Do you want to tell us a bit more about that?

**Russ Rosen**

Yeah, look, it's a system of coaching practitioners, regardless osteopath, chiropractor, naturopath, medical doctor, functional medicine, it doesn't matter. If their goal is to help their patients resolve their problems, get healthy and stay healthy. I help them do that. And I do it in a way of really bringing the best out of you, versus trying to make you a mini me, you'll never be as good at being me as I am. And I'll never be as good at being used you are. So my job is to bring the best out of you and show you systems that can really help your patients see the value of your care.

**Steven Bruce**

How did you come by these systems?

**Russ Rosen**

School of hard knocks and a lot of study. A lot of study. I ran a very successful practice in Maui, the largest one in Hawaii for many years and a family practice, cash only. And then, I needed to, because of health reasons I needed to stop practice and the only thing I know about is this, so I started coaching and then I started really just studying things like the neuroscience of communications and marketing. I didn't have to do very much marketing at all when I was in practice. It was almost 100% internal referrals. I just got out really started studying more and I've been doing that since 2000. So a while.

**Steven Bruce**

You raised the big ugly word there the M word, marketing and I know that a lot of my colleagues are very resistant to anything that smacks of marketing because I don't know, we just feel that we shouldn't be marketing our services because it smacks of a hard sell. Is that what you're doing? Are you hard selling your services in order to make maximum money out of your clients?

**Russ Rosen**

Yes, absolutely. Let's rip them up and get the most we can get without helping them. You know marketing really is everything they say and do. When people walk into your office what they see on your wall is marketing. What you say is marketing, again, I was wait listed anywhere from six weeks to three months in advance before you could come in and see me and I did zero marketing, it was all internal referrals. So, that's marketing, the way you communicate with your patients is marketing. The thing is, a lot of us have this feeling, I'm a health care practitioner, chiropractors over there, I'm a doctor, I shouldn't have to market. How are you going to get your message in front of people? In fact, an interesting thing, my mother was very embarrassed, she saw a chiropractor in California doing spinal screening. And she said, I'm so embarrassed for your profession, that you're out at a mall doing these screenings. And then she came into my office. And the truth is, I felt the same. I did one screening. And then she came into my office, and I had a wall, it was about 45 feet long. And it had A4 size or, eight and a half by 11 size testimonials from ceiling to floor. And it all started off with these patients talking about, my digestive problems are better, my years of psoriasis, I wasn't able to get pregnant. And here's my baby. And it all started with I met Russ in a screening. And it's the only one I did. But my mother said, oh, I get it. If you're a medical doctor, they get it, they just come and see you. But if for what you do, they really don't understand what you do. They think you're about neck pain, back pain, headaches, but you're not. Because that wasn't my focus. Mine was health and wellness. I think it's okay to do whatever we need to do to get our message out there. And of course, it should never be hard sell.

**Steven Bruce**

An important point just there. But actually, when people think of marketing, they think of it being adverts in publications, whatever else who emails out and things like that, but you're quite right. Marketing is everything we do to demonstrate to people that we are a valuable service. And of course, if you don't do any of that, you won't get any referrals at all. Because without that marketing, even if it's just the way you talk to the clients in your treatment room, the patient in your treatment room, no one's going to refer us. So tell us how we do it then? We've got 30 minutes.

**Russ Rosen**

Let's get on it. I want to talk about the neuroscience of communications. And really, it's a way to get our patients to really understand what we do so they want what we offer, assuming what we offer is something that can actually help them and I'm just going to assume that that's true. If it weren't true for a particular person, you would let them know. It's really just the neuroscience of communications is a way of communicating with another person, so they actually hear what you have to say. In an average conversation, an average conversation, just for fun, Steven, what percentage do you think the average person hears of what the other person is saying?

**Steven Bruce**

Oh, crikey. What did you say again? Oh, no. It's probably going to be somewhere about 10, 20%.

**Russ Rosen**

Yeah, you're right, it's 25%. Because the rest of the time I'm figuring out, how I'm going to respond, what I'm going to say to you. Boy, that's a handsome man, or boy, she's a pretty woman, I got to pick up eggs on the way home, and then we hear about 25%. My question to you is, if you're talking with a patient of yours, you're trying to help them understand what's going on and how you can help them. What percentage would you like them to hear?

**Steven Bruce**

Well, clearly, you want them to hear everything you say.

**Russ Rosen**

100%. That's what I'm shooting for. And I guarantee you, you can do it. And then in what I'm going to be showing you right now you will see that they can absolutely get 100% of what you're saying, we just need to do it in a different way. We're not trying to manipulate people; we're not trying to get people to do something they don't want to do. It's not a mind meld trip where I can hypnotise people and you know, have them working like that. It's just about helping people understand what we do. So they can say yes, when they want to say yes. Again, we're not trying to make people say yes, when they want to say no, but the truth is, you cause people to say no, who came in wanting to say yes, and I'll prove it to you. Have you ever been with a patient? They seem to be with you. And then all of a sudden you see their eyes glaze over and they start to drool. You ever seen that?

**Steven Bruce**

No, I haven't seen them drooling in my clinic. But yeah, I know what you mean.

**Russ Rosen**

Yeah, eyes glaze over, or they seem to be with you. And then they don't come back to the next visit. Or they're seeming to be under care and really loving the care and then they just don't come back, and they're crickets and you can't get a hold of them. The odds are we caused that because we don't understand the neuroscience of communications.

**Steven Bruce**

I'll tell you what I found. I found this in my show and in colleagues that one of the things we're very fond of saying is, well, let's just see how this goes. So we don't encourage them to come back, we we try and put the onus on them to decide to come back. And I'm not sure that that works for anybody's benefit.

**Russ Rosen**

Especially the patient. I'll tell you what, let's say, gallbladder surgery is three hours, let's wake you up in an hour into it and see how it's going. I mean, if you came to me saying that you had a car problem, would you want me to tell you the truth about what I found going on with the car and what I would recommend to fix it?

**Steven Bruce**

I think I would.

**Russ Rosen**

Of course, you would in any other profession. But with us, we have this back of the bus mentality, we don't want to just tell them the truth. We don't want to just be honest with them, here's what I see going on, these are the things I think I could do for you. And then let them make a choice. And in fact, in my world, we're going to find out what they want in relationship to what we can truly do for them and show them how to have it. And this is a key piece of the puzzle, I'm not going to find out what they want, show them how to have it, I have neck pain, well, let me crack your neck. And if it feels better, that's great. Well, there's a whole underlying issue going on there, I'm going to find out what they want in relationship with what I can truly do for them. I can do much more than just help this feel better. I could help resolve the problem, I could help give lifestyle advice, I could help, what if this is caused by a nutritional deficiency? What if it's caused by a structural issue? What if this is caused because they have a dropped arch? I mean, I'm going to find out the truth about what's going on with them and how I can really help them. And then I'm going to show them how I can do it. And they're going to either want it or not. And they'll say, I have this right here. I'll give you a link later on. And I'll give you this you can get a hold of this and print it out. But it's, you know, negative 10 is near death. You know, you know it, because you're in a hospice care, thank God, most people that see us right there, zero with comfort, I feel good, but I'm not functioning at my optimum. All the tests that you do show that things aren't working right. But they feel all right. And then there's you as healthy as you can be, things are functioning at their optimum. So through my process, I'm going to get them to understand the truth about where they're at, I'm actually going to ask them, where do you think you're at? Where would you like to get to? How would we know we got there? How long do you think it would take to get there? If we do it right, they're going to be telling you a pretty substantial chunk of time, assuming it's really something they have going on, it's going to take time. But the reality is, healing takes time. How motivated are you to get there? What would you hope for if you got there? What kind of changes might you need to make? Look, someone's got lower back pain, and

they're 700 pounds overweight? Might they need to lose weight if they actually wanted to resolve their problem? And are you doing them any good? Are you doing them a disservice if you don't talk to them about that?

**Steven Bruce**

I noticed a lot of what you just said is asking the patient what they expect to achieve from your treatment. So instead of telling them, I think this will take 12 months, 12 weeks, three sessions or whatever, you're asking them how long they think it would take them to get to their optimal performance. Is that a key part of this?

**Russ Rosen**

Yeah, good for you for noticing that. So in that case, let's dive right into the neuroscience of communications. In the neuroscience of communications, here's what it comes down to. We've got our reptilian brain; the reptilian brain is all about filtering information. It filters, 94 to 98% of all information coming into us. And it's all about survival, food biting, and fornication probably not a good thing to do with our patients. Definitely not good for the registration boards. But the reptilian brain is filtering information. And if I can't get my information past the reptilian brain, it won't make it to the neocortex for thinking, reasoning, and problem solving. And I want my information to get past the reptilian brain to the neocortex for thinking, reasoning and problem solving. And if it makes sense, the things that we discuss, it will drop right into their limbic system as a new belief system. So I want them to take my information on as a new belief system that I can help them in this particular way. Does that make sense so far?

**Steven Bruce**

Absolutely. Yeah.

**Russ Rosen**

Okay. The other part of the brain we need to look at is the amygdala. Now the amygdala is fight or flight. And that's about fear and unfortunately, chiropractors, I happen to be one, are famous for using scare tactics, for using fear with people and it's just no way to spend our life but it also, from the neuroscience of communication, it's not ethical. I mean, I just hate every aspect of it. I'm kind of famous in our world for care versus scare, disempower people, don't try and use fear or manipulation. Love these people enough and tell them the truth. But here's a question. I want you to imagine, Steven, you are back in the day, you're in class, right now you're listening to me. And you're also daydreaming. In my world, I'm thinking man, the North Shore is going off. I'd like to be surfing. What I'm hearing the teacher say is wah, wah, wah. Surf would be great. And that would be on the test. Wait, what will be on the test? So here's my question to you. When you were daydreaming, and you were hearing, wah, wah, wah, do you now have access to that information that they were just talking to you about?

**Steven Bruce**

Not readily.

**Russ Rosen**

Yeah, nowhere. I mean, you could go get someone else's notes. But I'm saying did your neocortex think reason and problem solve? Not at all, it never heard it. Because 94 to 98% of all information is getting

stopped at the reptilian brain. It's not making it to the neocortex, and therefore it can't drop in as a new belief system. Right? All buying decisions come from the limbic system. They don't come from thinking, reasoning and problem solving. We think it does. But if you study it, it doesn't. So, what percentage of your information do you want to get past their reptilian brain?

**Steven Bruce**

Again, all of it.

**Russ Rosen**

100%. And I want to get into the neocortex, for what reason?

**Steven Bruce**

So they can think about it, process it, imagine what it would be like if everything were good, and then, as you said, translate that into a desire to achieve that goal.

**Russ Rosen**

That's it. So how do we keep the reptilian brain's attention? How do we get the reptilian brain to listen and pay attention and send the information? Oh, here's the key, ready? We have to quit speaking from our neocortex to their neocortex. We have to stop trying to educate them, we have to stop trying to say, here's my information that I want to teach you. I want to teach you about Andrew Still, I want to teach you about DD Palmer. I want to teach you about osteopathy. I want to teach you about chiropractic. I want to teach you about naturopathy. They don't care. Steven, what do they care about?

**Steven Bruce**

They care about getting better. They care about getting better, primarily about being out of pain.

**Russ Rosen**

Yeah, what's their favorite subject on the planet?

**Steven Bruce**

Their pain?

**Russ Rosen**

Yeah, I'm gonna suggest them. And whether in your office it's them and their pain, but their favourite subject on the planet, everybody's is them.

**Steven Bruce**

There's one exception to that. I've been told by Claire, my wife, who treats a lot of horses that if you're treating horses, that is the favourite subject of all horse owners, they don't want to talk about anything other than their own horse, to the exclusion of themselves.

**Russ Rosen**

Fair enough, fair enough. So that's something that excites them. So if I want my information to get sent past your reptilian brain, I can use food, fight, and fornication, not a good idea. Or I can make my



information new, novel and exciting. The way I make it new novel and exciting is to make it about them, I literally am going to draw their story out of them. So I'm going to draw their story out of them. I'm going to take my story and apply my story to their story. It will go past the reptilian brain, the neocortex, it'll drop right in the limbic system as a new belief system, but I have to quit trying to educate and speaking from the neocortex to the neocortex and start speaking to the reptilian brain.

**Steven Bruce**

In your practice then, well, when I was at college, we were always told, you know, have your model skeleton, and say, this is where it is. And that red bulging thing that is the problem with your spine, and that's what's causing all these horrible symptoms. And this is what I'm going to do because this will work by this, this, and this method, do you not do that at all with your patients?

**Russ Rosen**

Absolutely need to do that. But that's my story, but I have to apply it to your story. I have to apply it to your story. Let me show you how. So what I'm going to do, the way to get the reptilian brain to send the information into the neocortex. And again, I'm going to teach him everything I need to teach him, but I'm going to apply it to their story. That's the difference. And the way we do it is by doing two things, one, we use Socratic questions. And two, we use stories and metaphors. Socratic questions. Steven, what's your last name?

**Steven Bruce**

Bruce.

**Russ Rosen**

Did you already know that?

**Steven Bruce**

Yeah, I did.

**Russ Rosen**

You did. There wasn't anything new?

**Steven Bruce**

That's true.

**Russ Rosen**

No. Okay. Here's a Socratic question. That was an informational question. A Socratic question is, what do you think brought this on in the first place? Why don't you think this is getting better? Right? That's when you literally will see them do this, they'll go, well, I guess, they'll look up. They're literally sending the information past the reptilian brain to the neocortex for thinking, reasoning, and problem solving. And that's what we need to do. In my consultation, which we'll jump into in just a second, it's a series of questions. I'm not lecturing, it's a series of questions. I know what I'm trying to accomplish. As soon as I accomplish it, I move on. So we're going to ask Socratic questions. And we're going to use stories and metaphors. When I use any kind of metaphor. Let me ask you a question, if you were a video game



player, and you took your present video game, and you played it on your 1990 computer with a Pentium one processor, how would that work?

**Steven Bruce**

I doubt that it would work at all.

**Russ Rosen**

It wouldn't work at all. So listen with what's going on with your health right now. It's kind of like a Pentium one processor. I'd like to level up, I'd like to upgrade that system, I'd like to help you get healthier, so you can resolve your problems. And let's take it from a Pentium to a Pentium four. When I connect it to something they already know to be true, it literally surpasses the reptilian brain, it goes right into a very quick thought of, well, that makes sense. And it drops into the limbic system as a new belief system. So I'm going to use Socratic questions, and only use stories and metaphors. So far, so good?

**Steven Bruce**

Yeah, absolutely.

**Russ Rosen**

Let's look at a consultation. Now.

**Steven Bruce**

Just before you do that. Some time ago, we were talking about conversations with patients. And I had an observation in from Claire, who says that many years ago, she saw a practitioner for treatment herself. And he told her to call him and let him know how she got on after the treatment. And she said she desperately needed more help but was too scared to call the expert to make another appointment. She was expecting that he'd have told her to come back if he thought she needed it. And eventually she went somewhere else, which is just backing up what you were saying earlier on.

**Russ Rosen**

Look, again, you know, your car is is burping and farting. It's not doing well. Why don't you go away and come back, if it's a problem, it's a problem. You came to see me, you want help. Let me tell you the truth about what's going on in relationship with what I can do for you. It's I mean, it's just, it's crazy that we do this stuff.

**Steven Bruce**

Sorry, and Johanna, you were asking what the word that was being used was. It is Socratic, relating, of course to Socrates, in terms of the questioning style that Russ was talking about.

**Russ Rosen**

Exactly. So let's take a look in and, just for fun, I'm going to give you a link at the end, this right here, and it'll also give you some other stuff. Tonight, maybe you guys will be asleep. But I am starting a five-day challenge. It's the only one I've ever done. It's probably the only one I'll ever do. It happens to start tonight. So I'll be working late, you guys will be asleep. But if you want to get me, have me teach you the entire consultation and examination, you can join this five-day challenge, it'll be recorded. So you can go in

there and do it on your own. It'll be up for 36 hours, and there'll be a link that you can go to. We're going to touch on it right now. But literally, it's several hours, I can't do it all right now. But I just want you to understand the neuroscience of communication. So we've all heard that when you start to talk with somebody, it's a good idea to build rapport. We've all heard that before, right? From the neuroscience of communications, why would we want to build rapport? Any idea?

**Steven Bruce**

We need to encourage trust.

**Russ Rosen**

Yep. And what happens if we don't have trust?

**Steven Bruce**

Well, two things happen. First of all, your patient is not going to want to see you again. But also, if there isn't any trust, even if they do see you, your outcomes are likely to be considerably less successful.

**Russ Rosen**

All that. And they're probably not going to follow your recommendations because they don't trust you. When human beings meet each other, we sniff each other under the tail and we're checking friend or foe. We have to help them understand that we're safe, that we're friend, not foe. I'm not saying be their friend. I'm just saying they need to trust us. Great. So we teach and again, tonight I'll be teaching you exactly how to do that. The next thing we want to do is relieve concerns and fears. Now, the amygdala, fight or flight Has anyone ever come to see you as an osteopath with anxiety or fear?

**Steven Bruce**

Yeah.

**Russ Rosen**

Absolutely all the time. If they're stuck in their amygdala, they can't send the information past the reptilian brain to the neocortex for thinking reasoning and problem solving, they'll never understand what we do because they can't hear us. All they're hearing is wah, wah, wah. So, does it make sense to relieve their concerns and fears? Yes, it takes 30 seconds. Now, the thing I want to dive into here is something I have yet to hear anyone teach before, or anyone has heard of that I've talked to. So I really want to share this and go into great detail. The next thing I do after I build rapport and relieve concerns and fears is I want to find out in the consultation, why my patient is actually here. I know that sounds crazy, because they wrote down on their form that they have low back pain. But the truth of the matter is, my experience tells me nobody is here because of pain. And I know that sounds crazy. But they're not here because of pain. They're here because of loss or potential fear of loss. That's why they're here, people walk around in pain all the time, they don't do anything about it. So it's this loss or potential fear of loss, how it's affecting them, how they're afraid it's going to affect them, we have to help them understand that we really understand what's going on, we need to really understand what's going on. And I don't want it to take 45 minutes, I want it to take a couple of minutes, I don't want it to take a long time. So I just want to pump playing darts, I want to hit both sides. I just want to hit both sides. Here's how we go ahead and do it. The first thing I'm going to do is, I'm going to summarise your history. I'm going to say, Steven, I understand

it, I've read your form, I understand you have neck pain going down your right arm, I know you've got this and that I know you're concerned about losing your job, blah, blah, blah, please tell me more about it. Now, the reason why I'm summarising it for you is, this is all it takes to shut the reptilian brain down and quit sending up information. You spend 15 minutes filling out a form in great detail, right? And I came in and said, great, Steven, good to meet you, what's going on? And your internal dialogue says, are you kidding? I spent 15 minutes writing this down. You didn't even read it. Bah, bah, bah, bah, bah, and I'm not paying attention. And now I can't hear what you're saying. So we need to summarise what I've seen. And I can promise it will deliver because most practitioners don't even do that. Right. Now once I've done that. There are three possible answers. So Steven, I understand what's going on. Please tell me more about it. When we think this stuff through. We don't get caught back on our heels. We know exactly how to talk with them and how to hit bull's eyes. The only three possible answers are diagnosis or lack of diagnosis, pain, or how does it affect your life. That's it. I'm never going to say Steven, I understand you have neck pain going into shoulder, I know you're concerned about losing your job. Tell me more about it. And Steven responds blue Corvette. It's never going to happen. These are the only three possible things that he will ever say diagnosis, lack of diagnosis, pain, and how does it affect your life?

**Steven Bruce**

I think the sound quality is a little bit dodgy there. Could you just run through the three things again, diagnosis, lack of diagnosis...?

**Russ Rosen**

Diagnosis or lack of diagnosis, pain, and how does it affect their life?

**Steven Bruce**

Good, thank you.

**Russ Rosen**

You will do two things every single time they stop a paragraph. Every time they say something and stop, you're going to acknowledge or commiserate. In other words, be a human being first and a practitioner second. And then you're going to connect the dots for them and make the picture bigger, where you're going to apply your story to their story, because you're drawing their story out of them, I'm asking you, Steven, I know you have this going on. Tell me more about it. Now Steven is telling me about his aches and his pains in his problems and how it's affecting them. And is he engaged? Yes. Is he sending information to the neocortex? Yes, he is because he's talking about his favourite subject. All I have to do is take my information, connect the dots and apply it to his information. And I'm home. Steven, does that make sense so far?

**Steven Bruce**

Certainly does.

**Russ Rosen**

Here's how we do it. Let's assume somebody is talking about diagnosis or lack of diagnosis. Here's what it sounds like. Steven, I know you get neck pain going down your arm, I know you're concerned about losing your job. Tell me more about it. Listen, I got to tell you, I'm so frustrated. I have seen several

different doctors, several different types of practitioners. I've seen medical doctors, osteopaths, I've seen naturopaths. I've seen chiropractors, I'm taking this medication and that pill and I've got this cottonmouth and then just got an erectile dysfunction. And I don't know what's going on, I'm so frustrated. Now, if you then say, great, so show me where that hurts. That doesn't work. Right? It doesn't work for them. I have to, number one, acknowledge or commiserate. Steven, if I just told you that I'm so frustrated, I've tried all these things, nothing is working. How would you acknowledge or commiserate?

**Steven Bruce**

Me, I'd have to say, how that must be very frustrating for them, I'd have to acknowledge the fact that, you know, I understand that they need that diagnosis, or at least a provisional diagnosis.

**Russ Rosen**

That's it. That's all there is to it. I'm so sorry, you've had to go through that. Right, you start talking about their pain, there's one of those ones, where the history goes on and on. And they keep complaining, they keep moaning because you never heard them. Their spouse doesn't hear them, their friends don't hear them. All you had to do was acknowledge it and say, I'm so sorry, that must be terrible. Now I'm going to apply my story. Here's my story to your story. Steven, I got to tell you, probably eight out of 10. people that come and see me are just like you. They're frustrated. They've seen tons of doctors and practitioners and they've not got results. Let's see if you and I can look through a different pair of lenses today and see if we can find something that's really going on to help you resolve this problem. And if not, I promise you, I'll do what I can to get someone that can help you. Does that sound fair to you? And that's it. That's all they need to hear. And now we can move on. I don't need 45 minutes of whining. I just need to understand how to get to the bull's eye. So far, so good. Now, the second thing they might say is, I have pain, they're going to tell you about their symptoms, here's what it's going to sound like. Or, or, or, that's what it's going to sound like. And we all know how to handle that. I am so sorry. You're going through or, or, or and then it's, we call it OPQRSTP and I know you guys have a different version, I apologise. But when did it start? What makes it better? Where does it go? You know, blah, blah, blah, you just have that conversation with him. You've done it a million times. Now, 70, 80% of the time what you're actually going to hear is this, I have this pain every time I blank, I have this pain, and now I can't blank, I have this pain, and I'm afraid I won't be able to blank. What do they want to talk about? Do they want to talk about their pain?

**Steven Bruce**

Well, I'm guessing they want to know that they're going to be able to do whatever it is.

**Russ Rosen**

Right, that's it. They want to talk about blank. Think about your favourite sport, your favorite activity, you know, I'm telling you, God, you know, without surfing I feel like killing myself, right? I've gone from five days a week, down to two days a week, I used to go for three-hour sessions, I'm down to 20 minutes, I can't go out with my kids anymore. And you start talking about their low back pain. They don't care about their low back pain; they care about their low back pain in relationship to surf. So we need to talk to them about surf, I promise you, this is how it works. Because that's their story. So if I draw your story out, I can now apply my story to your story. So again, I understand you have this going on, tell me more about it. And they say well, I have this going on, and it's really affecting my search. So they're going to talk to you

about work, play or home. Those are the only possibilities work, play or home. And home is family, time, chores, and sleep. What you're going to do every single time they finish a paragraph is you're going to acknowledge or commiserate. And then you're going to connect the dots. Make the picture bigger and teach your story. Steven, as far as the spine goes, the skeleton, I'll be teaching my story, but in relationship to you and your surf. Now you're listening. So when I do it, I have to do it on a continuum. I have to look at performance, less than, and quit. Let's look at performance, work, play and home. Let's take a roofer. Tell me three things a roofer does.

**Steven Bruce**

Climbs ladders, lays tiles, carries tiles around.

**Russ Rosen**

Yeah, you're going up and down ladders, you're carrying tiles, you're bending over all day long. So if I start off saying how's it affecting your work? The most common answer from a man is, I can handle it. Where do you go from there? Nowhere. But if I say so you're going up and down ladders, you're carrying tiles, you're laying tiles, you're bending over and when you've got this low back pain, how is that affecting you? I can talk to him about the performance of the job. Right? And then I can move to, are you having to take more breaks, are you not able to get as much done, are you wiped out by the end of the day, and I go from performance to less. Have you missed work? Are you concerned about having to miss work? Have you had to quit work? Are you concerned if it progresses you're going to have to quit work. Now, am I trying to make a mountain out of a molehill? Not at all. Am I trying to scare them or manipulate them? No, I'm trying to draw their story out of them of what their truth is. So if somebody were to say, oh, yeah, no, it's really not affecting me at all. I just wrote that down. Once I felt a twinge. Would I now say, are you concerned about having to work less? No. Would I say, are you are you afraid of losing your job? No, I would then just go the other way and say, well, clearly, you're not here because of how the lower back is affecting your work. Why are you here? And the next words out of their mouth, or why they're actually here. But if we look at work, play and home, work, let's say swing and hammer, play, let's say swinging a golf club. Tell me, what would be performance if you were speaking to a golfer?

**Steven Bruce**

Hit the ball at least as effectively as he has done in the past, or she has done in the past, as accurately without any discomfort.

**Russ Rosen**

That's it. Talk to me about your short game, your long game, your score. Your enjoyment. How is that affecting all of that? Are you having to take more breaks? Are you not able to walk? Are you having to be in the car? Are you having to miss some? Are you concerned if it progressively worsens, you'd have to quit? I don't care if you're swinging a hammer, swinging a golf club or swinging a grandchild. It's all the same story, right? My story is this. The odds are if someone has a problem that they come to see me with and they don't get it resolved, the odds are it will progressively worsen. My experience, 61 years in the game is time and gravity are not on my side. If they just get it feeling better, if they take a Panadol, they take an aspirin, and it feels better. Did it resolve the problem? No. So if they come to see me, and they actually want to get healthy and resolve their problem versus just feeling better, then I need to help them understand the importance of actually resolving this. And if I don't do it for them, the odds are, it's

going to progressively worsen over time. Now am I going to tell them, subluxation, the silent killer, you don't get that taken care of, you're going to die, and so will your next five generations. Not at all, I'm just going to have a conversation and find out what their truth is, right? So eventually, I can stroke my goatee. And if you do end up working with me, everyone, women included, have to grow goatees so that you can stroke your goatee, and say, so then, Steven, if I understand it correctly, you don't just want to get feeling better so you can work again, you'd like to resolve this once and for all. So you can continue to work, is that true? I promise you 100% of the time, they'll go like this. You know that is true, I really would like to get this thing resolved. And I do want to continue to work or golf or whatever that is. And I all I did was I drew their story out of them. I applied my story to their story. And it made it into the limbic system, eight ball corner pocket, off of the side, but I promise you, if you just go in and teach them and educate them and tell them about Still or Palmer or your technique group, they don't care. And they stop listening, just for fun. And I know that this is going to be offensive. I'm just saying, ahead of time. I know this can be offensive. I have doctors that I work with. And it doesn't matter what profession you are. My job is to help you find your truth of what you would recommend for someone you love. So when it comes to see you who you love, it's your spouse, it's a family member and they said I have all the money in the world. I have complete trust in you. I have this problem. I want to get as much resolution as possible. I don't want this to hound me as I age. What would you recommend for me? I asked my people that I work with all the time, and they'll tell me, well, this is what I would recommend. This is what I would do. And then I say, well, what do you tell your patients when they come in? And they go, oh, well, I tell them this. I tell them well, come back. We'll see how that feels. In my world, and I get this is offensive, that is malpractice. You are not serving your patient. When I asked them why they do that, it's because they're afraid to tell them the truth. Because they think that that person will think you're all about the money or you're trying to rip them off. I don't want you ever to do anything unethical, I don't ever want you to say, you know, you need this care plan when you only think they need this care plan. But you need to tell them the truth. And they want the truth. And they deserve the truth. You just need to learn how to say it in a way that they can hear it. I was recently working with a lady who has no degree at all other than health coach. And she was doing a cellular toxicity program for people with epigenetic testing, and nutritional recommendations. And I asked her, I said, she came to me and said, I'm about to go under. I've literally sold two programs in two years, for under \$1,000. And I can't do this anymore. And I said, okay, if I came to see you and I have these things going on, what would you actually recommend for me? And she said, this is what I'd recommend. I said, how much would that cost? And she said, that would be between eight and \$12,000. And she literally shook. That's it, but I could never tell anyone that. I could never tell anyone that's what they would need. Why? Do you believe in what you do? And she goes, yes. And I said, well, what kind of people can you help? And she said, people with serious problems, autoimmune diseases, that kind of thing. I can really help change people's lives; I can save their lives. And I said, you don't think that's worth eight to \$12,000? And she said, I actually do, I just, I couldn't do it. So we walked through the program, she learned how to communicate. By the end of the program, she was able to go in and she sells eight to \$12,000 programs and her testimonials are people crying, thanking her for saving their lives. Right. So I've just thrown it out, tell the truth, the whole truth and nothing but the truth with absolutely no charge. But learn how to do it in a way that works, which is the neuroscience of communications.



**Steven Bruce**

Russ, we're almost exactly out of time. We've had a couple of observations in here. Bob says he likes your approach. It all makes sense. Nick has asked, why on earth should a patient centered approach be offensive, but I think I get what you mean when you said that earlier on.

**Russ Rosen**

I don't think they find this approach offensive. But I thought that you guys would find it offensive if I told you that if you're not telling people the truth of what they need, that you're doing malpractice, that's offensive.

**Steven Bruce**

No I think, I thoroughly agree with what you're saying. Our reluctance to tell the truth in some occasions, because we're worried about charging patients extra money, is probably misguided and we should be giving them an informed choice. So they know what to expect. And they can take a decision on whether it's worth the money for them. I've got some other saying, blimey, get you back at some point, we're going to share a link in a moment to your websites, aren't we? Justin will put that up and let me know when he's done that. Just as a quick reflection, Pip, right at the beginning, Pip says that she wrote a thesis in her degree course about nonverbal communication with respect to osteopathy and found that there was a very strong influence on the positive view of the patient's experience. If the practitioner subtly copies their nonverbal communication, sitting postures and things like that, as well, of course, as echoing what they say and making sure that they trust you for that reason. Joe has asked for info on the five-day challenge. I presume that Justin will probably be putting this up now. That's the link that you shared with us, isn't it? [OHCsystem.com/APM](http://OHCsystem.com/APM), which will be up on the screen. And Paul is saying, this is what should be taught at college. We've had 400 people learning from you so far, actually, well over 400 people learning from you this afternoon, Russ, so hopefully there will be a bit of interest in what you have to say.

**Russ Rosen**

Yeah, beautiful. Thank you. I was very excited to be able to share this information with you. It's my passion. And I hope it helps.

**Steven Bruce**

Well, I mean, personally, I'll come on the course provided you hold it in Hawaii.

**Russ Rosen**

I can't wait to get back.

**Steven Bruce**

Russ, thank you so much for your time today. And I'm sure you and I will speak again in the future about this and other matters. And I hope you get some attention for the course that you're running, your five-day challenge. No doubt you'll let me know.

**Russ Rosen**

Thank you, Steven, to all of you much love and aloha. Bye.



**Steven Bruce**

Aloha back. That's it for today.