

Marketing Edge

As a very gifted surgeon and friend of mine once light heartedly quipped and I quote, “To cut is to cure”. My initial response was then and continues to be with admiration for both his conviction to his role as a healer and equally the confidence of his skills. Please take a moment and reflect as a therapist how this statement strikes you?

As you ponder the breath of this statement and as you consider the context of this discussion: **Marketing Edge**, I would ask you two further questions:

1. What level of truth is there to his claim?
2. Comparatively, let’s say with a Rotator Cuff repair, what degree of conviction and resultant confidence do you have in your role as a healer?

From my perspective and likely to all of you it is obvious we as therapist are not equipped skill wise to repair a tear. Thus, if it weren’t for gifted surgeons there would be no cure, yet how many of us have the conviction and confidence to say if it weren’t for our knowledge and skills there would be no cure.

For clarification in this example let’s define the term cured as: **Restored full functional capacity with optimal biomechanics**. In reality while a patient will remember both their surgeon and their therapist, their understanding of a favorable outcome or “cure” will be how well they can move their arm, and does it hurt to do so. So, while we can keep going in circles, we recognize it takes both a competent surgeon and a competent therapist to arrive at a cure for what is ailing these potential patients.

“Potential” patients was specifically chosen as an adjective because while evidence exists that surgeons recognize our professional role in fulfilling the needs of their patients beyond a successful repair. What still exists as a variable is whom will they elect to refer to. It is my pitch to you as reimbursement dollars are pinched that the preferred therapist of choice going forward will be based on the following criteria:

1. Is able to approach a prospective surgeon and say I can acutely protect your repairs and at the same time insure enhanced healing through the preservation of motion.
2. Is able to approach a prospective surgeon and say pendulums are not only any longer necessary they are not in your best interest of fulfilling a favorable outcome
3. Is able to support a **meaningful** Home Exercise Program allowing a patient to extend their allowable visits through their full recommended duration of care, thus devoting their essential visits to the essential skills and knowledge of a therapist, while performing the majority of therapist instructed exercises at home.
4. Is able to not only heal the post-surgical presentation but the pre-surgical presentation as well (as highlighted below).
5. By fulfilling 1 through 4 is able to demonstrate both cost conscious and superior functional capacity outcomes over the competition.

Begin boosting your conviction and appropriately equip your confidence (Marketing Edge) by:

- Viewing our video library
- Purchasing today - direct from our purchase page and receive no cost shipping
- Utilizing the further resources within our support page and in particular the enclosed **Surgeon Specific Marketing Flyer: Optimizing Outcomes of Rotator Cuff Repairs**.

My belief is if we remind ourselves of our integral role of true healing, we should without hesitation be able knock down any barriers we historically have perceived to be impeding the delivery of our integral services.

Achieving Optimally Successful Surgical Outcomes Through Restoration of Movement Health

Pre-Surgical Presentation versus Post-Surgical Presentation

In all indicated surgical cases, the capacities of a skilled surgeon provide the most essential component for the greatest healing to occur. This is never more evident than an associated non-operative capacity, leaving a person's structural tissues unstable/ susceptible to further decline ultimately with a potential spiraling level of one's overall well-being.

However, from the perspective of an optimal surgical condition, both in terms of tissue integrity and the procedural execution, what of the pre-surgical presentation remains a concern post-surgically? In other words what might contribute to an apparently flawless case, ultimately presenting in a pseudo - "surgical failure"? While it is certainly recognized in the immediate days and weeks following a surgical procedure, addressing acutely the anticipated physiological concerns such as incision healing, swelling and pain management, concurrent with mobility recovery and restoration of function are both critical and essential components of a rehabilitation protocol. But what of the pre-surgical presentation remains a potential concern?

In a non-medical analogy, I explain to patients in rationale for addressing their surgical procedure from a whole-body perspective, that to get the most of the new tires on their car it is an accepted standard to insure their car is also optimally aligned. With respect to historical micro-traumas accumulatively leading to the requirement of a Rotator Cuff Repair or Total Joint Arthroplasty it is imperative to also recognize the co-existing deterioration of one's movement health. Despite the surgical procedure ultimately being instrumental in restoring health potential to a dynamic system, multiple impairments supporting mechanical pathology potentially persist in the form of:

- a) Postural imbalances
- b) Pain avoidance motor memory – Compensatory movement patterns
- c) Kinetic chain joint mobility restraints ("above and below" the involved joint system)
- d) Motor imbalances (inhibition and atrophy to hyper-tonicity)
- e) Soft tissue adaptive shortening

Integrating the resolution of the remaining pre-surgical pathological impairments post-surgically fulfills both the optimal healing capacity for your patients and is a value-added message of your medical services.