

FROM CUBICLES TO CONTINENTS

*An unconventional autobiography about a
rebel health practitioner and his
low road to the top.*



TED JEDYNAK

It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better.

The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and short-coming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly ...

- Theodore Roosevelt



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To my life partner and business partner,

Dr Lily Jedynek,

I dedicate this book.

Preface

The super-successful are often the questioners who speak out loudly, embrace disruptiveness (as in challenge orthodoxies, suggest alternatives, take risks, adapt and lead), fearlessness and think laterally.

~ Nikki Gemmell

This is not a self-help book for health practitioners.
#noinspomemes
If you're weary of the hype then welcome.

#positivethinkingsucks

There's no need to have a vision, make a fist and say, 'YES.'
Nor will you be told 'anything is possible', 'choose your destiny' and 'change your mindset' because you're smarter than that.

#nocondescendingbollocks

#noplattitudes

#getreal

Of course, a lot is possible in health care (despite a plethora of obstacles, restrictions and draconian regulations).

Service-orientated businesses have opportunities to thrive, now more than ever.

This book aims to contribute to that flourishing.

In fact, this book was written for health practitioners about being a health practitioner, warts and all.

On an important side note, I chatted with my accountant the other day (bring on the booze) and he mentioned something pertinent (and therefore sagely boring) to every working adult.

The accountant said it's usually in our fifties where real gains are made in terms of our superannuation and setting ourselves up for a comfortable retirement.

By then the kids are off our hands, the mortgage is nearly paid off - if not already paid off - and other major expenses are also pretty much handled.

So, if you're not powering into your fifties feeling fit and mentally fresh-ish about your career then it's likely the last quarter of your life isn't going to end well.

#eek

#bummer

This emphasises the magnitude of nurturing your career, keeping in good shape and enjoying a quality lifestyle with your family.

As you're about to read, I've not done these things particularly well.

#doasIsaynotasIdo

Nonetheless, this doesn't mean I can't make your journey easier by offering some battle-weary tips.

Think of it this way: I've expended copious amounts of blood, sweat and tears so you don't have to.

You're welcome.

I've also written about some of my favourite patients because my patients have been at the heart of my journey.

While there are patient stories scattered throughout, you'll find eight more of my favourites at the end of this book. I hope you enjoy these stories as much as I've enjoyed writing them.

Over the years I've read many books and gone to a plethora of workshops and conferences. Because you probably have the same (obsessive) inclination to never stop learning, I've put together a short list of essential reading at the very end of this book. This list informed how Lil and I built our businesses, our teams and our lives.

Having ploughed through thirty plus years as a health practitioner (someone give that guy a medal) and twenty-three years (and counting) as a teacher and mentor, I've experienced more ups and downs than I can count on my fingers, toes and fangs.

While some may tritely call them 'learning opportunities', timely advice would have been welcome.

In fact, a frequent theme in this book is how crippling a lack of good advice can be when it's not available, especially when you're

dangling by a thread over a canyon chock full of snakes, crocodiles and sharks.

But that's Australia, mate. Everything here will kill ya.

Time and time again the health practitioners who really flourish surround themselves with a community of like-minded colleagues and employ other crucial strategies like risk management.

I'll reveal more in this book.

#strippergram

I'll also unearth (with a crowbar in one hand and a beer in the other) how good I was at making mistakes.

Some might call it, 'Running in the wrong direction enthusiastically.'

Luckily, I learnt from my mistakes and started running in the right direction.

#hallelujah

As a health practitioner, fixing the human body is damn complicated.

At times, more art than science is required.

Unavoidably, a minefield of 'grey areas' have to be navigated, which are sometimes as treacherous as the Bermuda Triangle.

When patients' quality of life is at stake, the responsibility is considerable (pressure-cooker career choice right there).

Managing patients and staff can be stressful.

#nokidding

Passions run high among dedicated health practitioners and, unfortunately, this sometimes results in despondency, divisiveness and closed doors.

#toputitdiplomatically

#serenitynow

Feeling a bit jaded, staid or disillusioned is an ongoing challenge. Juggling personal and professional demands is sometimes overwhelming.

Just the idea of having a decent break can feel impossible. Easier to scale Mt Kilimanjaro, right?

Trying to make ends meet can be a hair-pulling constant.

Speaking of hair, I've still got mine, unlike some of my nemeses (you're so vain, I wasn't referring to you).

Keeping up with technology and new treatment options is like running on a treadmill 'til you pass out and need electro-shock therapy. Or should I speak for myself here?

#oversharing

And if you're in private practice, well, you've got your hands full because business is complex and anyone who tells you otherwise wants to sell you something.

#signuphere

I hope you find what I've written an antidote to a plateful – or half a plateful? – of stress and mess.

If you haven't any stress and mess then, clearly, you're dead.

#restinpeace

Wherever you're at in terms of your career, perhaps the words you're about to read will be thought-provoking and even a bit provocative.

Perhaps you'll discover a different perspective.

Perhaps you'll have a good laugh (at my expense) while you read about experiences few practitioners would want to make public.

Whatever the case, may you find this book worthy of your eyeballs.

Thank you for allowing me to climb into your mind for a bit, tell you my story and proffer my two cents worth.

Ultimately, being a health practitioner doesn't have some magic formula or a secret recipe. Succeeding as a health practitioner takes dedication, interpersonal skills as well as treatment skills, hard work, patience, confidence, team effort, effective strategies and buckets of care.

Without question, it's the best job on the planet ... most of the time.

Ted Jedynek

Author's Note

Names have been changed in this book to protect the innocent and not so innocent (especially the confidentiality of my patients).

This book wasn't written with any serious scientific intent whatsoever. No surprises there, right?

Do not pay attention to any advice written within these pages.

Do not try anything at home or in your clinic (especially don't attempt anything while sitting on the loo. I've been there and it aint pretty).

Do not laugh at me. Laugh with me, okay?

Be warned there are swear words, a sex scene, blood and gore.

I'm a podiatrist so please wear surgical gloves at all times.

This is a bedtime story to be read with a mandatory mug of steaming hot chocolate.

In case you read something in this book that makes you think about suing me, please don't. Karma is a bitch.

Chapter One

Failure

*I can accept failure, everyone fails at something. But I can't
accept not trying. - Michael Jordan*

As a university student, back in the early eighties, I spent so much time having fun (partying hard as ‘TJ the DJ’ and also as a drummer in a rock band), I failed and had to repeat the first year.

Obviously, academia wasn’t my strong suit.

And while I worked part-time at McDonalds flipping burgers, my colleagues were having valuable experiences via clinic placements, which would serve them well in the future.

I started in business literally from day one after graduating from university (1982).

#crackers

My pharmacist neighbour, Mr Jackson, had asked if I'd like to set up shop in a spare room, located in his building.

I'd thought sure, why not, how hard can it be?

Industrial Kilburn, north-west of Adelaide (full of railway yards and trucking depots), wasn't an ideal location for a clinic by any stretch. Kilburn had public housing and blue-collar workers. Most of the homes were built post-war in the 1950s. A pub could be found on every corner.

With limited handyman skills, I painted walls, put up shelves and covered the floor with linoleum.

Being extra thrifty I went to the government disposals auction and bought an ancient hydraulic dentist chair. I hired a trailer to drag it across town, installed it and built a platform for the feet.

I cleaned my old fishing tackle box and stored all my consumables and instruments inside it. I figured I could use the box for home visits, too.

Then I hung up my shingle (it was a hard, plastic sign with engraved letters) and donned a shirt, tie and white coat.

Now all I needed were some patients.

That'd be easy, right?

As it so happened, Mr Jackson was well-known in the community and he was happy to refer people.

My first patient was a middle-aged mother who had a corn on her second toe, which was a hammer toe.

I made sure my instruments were properly washed and dried (sterilisation wasn't a thing back then) before getting to work.

Allora.

Everything went well with the corn.

A colleague had kindly helped me with invoicing. He showed me his invoices, modeled on dental invoices (they had a list of item numbers as well as the services provided). It looked professional, or so I thought.

I mocked up my own invoices at the local library and ran off a bunch of photocopies (at the time, personal computers weren't even a twinkle in Steve Job's eye). And now I had my invoicing system.

#voila

My first patient with the hammer toe paid me in cash. I had to duck into my wallet to find the change because I didn't have a cash tin.

I was chuffed to have earned seventeen dollars and I duly gave the patient a receipt.

All was well.

And then, the next day, my first hammer toe patient popped back to see me again with a friend.

I thought, whacko, she's referring friends already.

Not quite.

As it turned out, the hammer toe patient had come straight from her health fund where she'd tried to claim for my consultation. She'd been told that I wasn't recognised by the health fund because I didn't have a 'provider number'.

My response was, 'What's that?'

#oops

A mad flurry of phone calls ensued to find out what a provider number was and how the hell did I get one?

Apparently, it'd take a few weeks of red tape, which meant doing a bit of the old podiatry shuffle when it came to informing patients of the problem.

#doh

Might be fair to say I started from humble beginnings.

I was on a slippery learning curve, steeper than the Big Dipper.

When I saw three or four patients in a session I thought, wow, I was busy. But I had gaps in my appointment book big enough to drive a fleet of buses through.

So, my private practice in Kilburn had to be supplemented with domiciliary services and some locum work.

I got busy quite quickly, juggling, doing everything myself, from preparing instruments to invoicing and collecting fees.

Keeping the accountant happy with my shoe box full of receipts.

Nah, just kidding, I had an expanding, concertina folder.

How impressive is that?

#nope

At this stage, I was a special mix of naïve arrogance.

This was destined to get me into trouble.

More about that later.

In my mind, everything would be fine.

#ignoranceisbliss

I was working for a pittance but that would change, right?

To make matters worse, orthotic therapy (shoe inserts) didn't fix every foot problem, despite being the supposed gold standard of biomechanical foot care in evidence-based medicine.

Some patients would get better but not best.

Other patients didn't improve at all.

In both cases I'd do the usual orthotic modifications (in my own makeshift orthotic lab) and suggest to patients that they give it more time.

When orthotics failed, patients would ask me, 'Isn't there something more you can do?'

What were the alternatives?

I had no idea.

#onetrickpony

There's nothing worse than coming up empty-handed.

Job satisfaction sank.

I turned to conferences and journals but very little skill development or practical stratagems of any sort were mentioned. They certainly weren't taught.

My colleagues didn't seem to be experiencing the same frustrations.

Was it just me?

Was I the only idiot in the room?

Probably.

#facepalm

I was hungry to help patients and to grow as a clinician.

I was also hungry to grow as a business owner.

These deep desires would be the bane and the blessing of my career.



FINAL YEAR PODIATRY STUDENTS UNISA, 1982



GRADUATION 1982 WITH MUM & DAD



Chapter Two

Sinking further

Real knowledge is to know the extent of one's ignorance.

- Confucius

Don F (podiatrist) casually mentioned he was looking to retire and asked if I wanted to buy the business. Don F had an established clinic with full-time work in the salubrious eastern suburb of St Peters, Adelaide.

The clinic itself was about seventy square meters, enough room for a small reception area and three treatment cubicles.

Each cubicle was lined with laminated wood panelling and had a concertina door. The walls only went three quarters of

the way up. At least the single, over-worked air conditioner above the front door had a chance to keep the area ventilated.

Anything said in those cubicles could be heard throughout the clinic.

Out the back was a kitchenette that doubled as an orthotic lab. Stacked in one corner were plastic tubs for foot baths. Don F commenced every general treatment with a sudsy foot soak.

#cringe

Fluoro tube lighting illuminated the clinic and old brown lino, threadbare in places, covered the floor. Vinyl-covered chairs lined the reception area. The clinic had a distinct ‘fifties décor.

It didn’t occur to me to assess the business ‘financials’ such as gross turnover, expenses and profit margins.

More money than I’d ever seen came through the door every day (which wasn’t saying much) and this was how I gauged the health of the business.

Another podiatrist, Bill L, operated his part-time business from the same premises. Don F said it was part of the deal to buy Bill’s business too.

I remember meeting with Bill one day to look at the ‘books’. Bill opened up a hardcover exercise book and on each page was the date and the total amount of fees collected each day.

When I look back on it, I'm struck by how odd it was. It wasn't an official bookkeeping record. It was just words and numbers written on the top line of each page. The rest of the page had a line going through it.

For all I knew Bill had made the entries in blue ballpoint pen yesterday and aged the pages by staining them with tea.

Having no knowledge of how business owners kept their 'books' I just accepted it. It didn't occur to me to verify the authenticity of the ledger. I knew nothing of due diligence.

Bill was legit, right?

I contacted an old school mate who'd become a solicitor and asked him to draw up a contract of sale. As he reviewed the situation he identified I was under no obligation to pay out Bill L's portion of the business sale. This would save me eight grand.

In the mid-eighties, eight grand was a significant amount. You could buy a new family sedan. At the time I was driving an old golden Holden (1972) and a new car would have been Christmas.

Anyway, my old school mate cum solicitor drew up the contract and it was delivered to Don F.

Next thing I knew, Don F's wife, Vera, was on the blower. I'd not had much, if anything, to do with Vera so I was surprised by the call.

Vera was upset to hear I was questioning whether to pay out Bill's side of the business. Her voice kept rising until it choked off completely.

So distraught she couldn't speak, Vera handed the phone over to Don.

Don told me that if I didn't pay out Bill then Don himself would have to, which wasn't part of our handshake agreement.

In principle, I had agreed to purchase Bill's business as part of the deal and I understood how a handshake agreement between gentlemen meant the deal was as good as done.

It would have been poor form to back down.

But what had I shaken hands on? What had I really agreed to purchase when I'd seen nothing to indicate how the purchase price of thirty grand had been decided.

Letting go of the deal entirely could have been a prudent move.

When the bank loan was approved, my father was excited. Having never borrowed money or dealt with a bank before I didn't realise loans weren't always approved.

#doh

I now had a debt of thirty grand, which I thought was tax deductible.

When the accountant told me it wasn't I thought, 'What do you know?'

As it turned out, the goodwill of a business purchase wasn't claimable as a tax deduction.

So, I had a bank debt to pay back with after-tax dollars.

Budgeting and cash flow management took on new meaning.

Plus, I needed to fill a full-time receptionist position.

I had a handwritten list on a small piece of paper that vaguely outlined what the job entailed, which included watering the plants (item number eight).

Jan, a friend of the family, was interested in some part-time work. Also, a friend of a friend, Jean, was available. Jean had worked in an office so I thought she'd know how to answer the phone.

Jan and Jean were nice ladies. What could possibly go wrong?

#problemsolved

Wages were based on the Clerk's Award Rate, established by the relevant authorities. I can't recall offering an employment contract and I think wages were paid via a fortnightly cheque.

We were off and running. Sort of.

It amazed me how much Jan and Jean didn't know about a podiatry practice.

Jean would come into work (Monday, Wednesday and Friday) and complain that Jan hadn't done certain tasks.

Jan would come in (Tuesdays and Thursdays) and complain that Jean hadn't done certain tasks.

Months later, the penny dropped. Someone should tell them what to do and, given it was my business, perhaps it was me who had to do the telling.

I mean, a business doesn't run itself, right?

#eyeroll

Seems like I was constantly saying, 'When this happens, you need to do that.'

This was a bit taxing. I was busy treating patients.

The idea of actually setting time aside to train the reception staff never entered my head.

Money came in, money went out ... what more was there to know?

If I just kept working hard, money would magically sort itself out, wouldn't it?

The shock came when my accountant prepared the first year's financials. Not only did I have to pay tax on the monies earned but I also had to pay provisional tax for the upcoming year.

It hadn't occurred to me to put money aside for these commitments.

In fact, the whole tax bill looked insurmountable.

#drowningindebt

According to my accountant, a solution to this problem would be to form a company.

At the time, podiatrists were prohibited from having an incorporated company. The Chiropody Act stipulated against it.

My accountant was staggered by this archaic regulation, so I decided to do some investigating of my own.

I knew of a colleague whose wife was an accountant. The colleague drove a BMW so I thought he must know something I didn't.

Not a terribly difficult deduction, si?

When I rang him my first question was, 'Are you incorporated?'

To which he replied, 'Ah, hmmm, well, can I call you back?'

#cloakanddagger

#spythriller

Later that evening, he rang me and said, 'Look, you know, this is illegal and anything I tell you I'm going to deny but, yes, I do operate an incorporated company.'

#sworntosecrecy

#caveatsincorporated

I said, 'Hey, how are you getting away with it?'

Apparently, his solicitor was confident a case for discrimination could be argued given other allied health professionals were able to incorporate.

After the conversation I decided to proceed, hoping the transgression would go unnoticed.

#buriedmyheadintheland

About two years later, Board regulations changed to permit incorporation.

Meanwhile, I still had the business purchase loan to repay and also a substantial tax bill to take care of.

I barely made enough to meet these commitments.

I wasn't paying myself a wage.

#goodlord

While I was single and living at home with my parents, I could keep the wolf from the door.

I was about to marry the love of my life, Lil.

Would I be able to buy a home or even rent one?



MEETING LIL MAY 22 1982



WEDDING DAY, MARCH 7 1987



Chapter Three

Dark Clouds

A key ingredient in innovation is the ability to challenge authority and break rules. - Vivek Wadhwa

Let's press the fast forward button and zoom through a couple of years. Yes, there were wedding bells and yes, eventually, there was a house (a modest two bedroom bungalow in need of substantial repairs).

A couple of career highlights had also transpired, having been invited by the Philadelphia College of Podiatric Medicine

to be part of the medical team for the Boston Marathon (where Robert de Castella came a credible fifth) in 1989.

Being a volunteer podiatrist at the Boston Marathon was at once disturbing and delicious, kind of like sitting in a movie theatre watching a shocking documentary while licking the hell out of a Choc Top.

If you don't know what a Choc Top is, you haven't lived.

Bodies were carted in and out of the medical tents on gurneys, similar to a TV episode of M*A*S*H.

A man's voice constantly boomed over the speaker system, 'If they can talk, make them walk. We need the space. More incoming!'

Runners were wrapped in foil sheets and plugged into intravenous drips to help with rehydration. Some runners walked in, emaciated, vague, zombie-like. The physical tolls the race had taken were obviously immense.

Marathon runners' sheer mental discipline and high tolerance to pain astounded me.

I'd never seen so many blood-soaked shoes. Worn out socks had to be cut off bloodied feet. Blackened toenails needed to be removed.

The athletes grunted and groaned.

Surrounded by a sea of bodies, I didn't lift my head for hours.

By the end of the day I was both exhausted and exhilarated.

I'd felt useful, worthwhile, purposeful.

#cuetheviolins

I'd also felt, in that hot, cramped, stuffy tent, deeply privileged to be there, working shoulder to shoulder with a dedicated team of health practitioners.

This alone had been worth the lonely trek to the other side of the world in a metal coffin to encounter complete strangers in a strange land who were just like me.

#teamhug

And these feelings of fulfilment and purpose – to better patients' lives – was to stay with me for the rest of my career.

I also had the opportunity to visit two prominent podiatry clinics in Philadelphia where I was mentored by Dr Rick Jay & Dr Jim Ganley.

Ganley was the perfect grandfather-figure mentor. A gentleman through and through. He was the inventor of the Ganley Splint for paediatric deformities.

Ganley's knowledge was encyclopaedic. In the middle of consulting with a patient he'd tell me about an article he thought I'd find useful. He'd quote the date of the journal and tell me where to find it in his office.

Ganley's office was a library, stuffed with books, piled high with journals.

One particular time I located the journal but not the article. When I showed Ganley the journal he said I had the British edition instead of the American.

Ganley gave advice about the best time to check someone's feet: 'If it's a breech birth and the baby's feet are coming out first, that's a good time.'

At the end of my mentorship with Ganley, we reviewed my experience and I think he sensed there weren't too many revelations for me.

Ganley said, with great warmth and generosity, 'The good thing about that is it helps confirm what you already know.'

He commended me on my effort to be there.

As for Dr Rick Jay, he was a totally different kettle of fish.

#rockstar

Rick Jay parked his BMW 6 Series coupe wherever he wanted. When he dropped me off at the airport he left his car unlocked in a 'no parking' zone. The parking inspectors immediately swooped on him.

Rick Jay was like ppppfffft, don't you know who I am?

Wherever he went, the air parted like the Red Sea.

Rick Jay escorted me to the airport's check in counter and made sure I was all set before saying goodbye. He was a contradictory mixture of thoughtful arrogance.

One of the things I loved about Rick Jay was how he greeted every patient with a handshake. He was warm, polite and charismatic. At times he was verbose and, at other times, quiet, reflective, aloof.

Sometimes he'd stare at me, which made me squirm. I was never quite sure where I stood with him.

I remember Rick Jay looking at his patient list for the morning and seeing a particular patient's name. Rick Jay explained how this patient, on his first visit, had made his dislike of Jewish people obvious (the patient hadn't realised Rick Jay was Jewish).

But when it came to consulting with this patient, Rick Jay had been totally professional. Respectful to a fault. You'd never have known Rick Jay had little time for this patient.

Other opportunities had also come my way.

Back home in Adelaide, I was invited to work part-time at the paediatric clinic at Flinders Medical Centre. This, too, added a new dimension to my career and I thoroughly enjoyed working with kids.

Meanwhile, it was time for my first invitation to a Podiatry Board meeting.

Being ‘invited’ to a Podiatry Board meeting meant you were a very naughty boy.

#notthemessiah

I make light of it but, of course, this was no laughing matter.

The Board held their meetings in a stately office building in the city. It was night time. Winter. The lobby foyer, where I had to wait, was drafty.

Cold air slithered around my ankles.

It was like sitting outside the Principal’s Office, which was a very familiar experience.

#doh

#notagain

#ohdear

The door opened and I was invited into a stuffy room where eight people sat with the Chairman who was positioned at the head of the table.

As soon as I sat down, the Chairman rallied to lead the discussion. He quoted clause number X subclause point Y, which said podiatrists couldn’t advertise or endorse any products.

The Chairman referred to a newsletter I’d posted several months back to my patients. As this was pre-internet days, sending out a newsletter required stuffing A4 paper into

envelopes, licking toxic stamps and popping these bundles of joy into a red post box.

#OT

#manuallabour

In the newsletter, I'd briefly informed my patients about the benefits of Spenco Cushioned Insoles (a product which is still available to this day).

What?

Did someone say cushioned insoles?

I know.

#riveting

#snore

The Chairman shook the piece of paper in his hand as if it were the neck of a snake he wanted to snap. He said my newsletter was the living end.

How dare I flaunt the regulations so blatantly?

I was asked to please explain.

I did my best to explain as all eyes bore a hole through my acrylic jumper.

I wasn't endorsing a product, I was simply educating patients about an option which could be beneficial to them.

Other Board members proceeded to grill me: how long had I been promoting commercial products for? Was I aware a breach of regulations could result in my suspension?

Regulations were there to protect the public and I was disregarding the health and safety of said public.

I didn't know whether to laugh or cry or poop.

It hadn't been my intention to endanger anyone.

Cushioned insoles were pretty stock-standard items in a podiatry clinic.

Could someone asphyxiate themselves with a pair?

Sure, if you smothered them with whipped cream and tried to eat them.

#doh

The Chairman puffed out his chest and reiterated the penalties for breaking the regulations. He said it wasn't their job to determine the regulations but it was their job to ensure members stuck to them.

And they were there, he said, to respond to a complaint they'd received.

Now that was interesting. Who had complained?

Would a patient feel as if my newsletter had endangered their health and safety?

Who would have bothered to read the newsletter anyway?

Wasn't it only good for wiping one's bum with?

Had another podiatrist complained? They'd know whether or not I'd breached regulations.

The implications were disturbing.

During the meeting one of the Board members never met my eye. She sat opposite me looking severe and scrunched. Her hair was tightly pulled back from her face and styled into a bun.

I suspected it was this Board member who'd grouched. I knew where she lived and it wasn't far from my clinic.

In the meeting, this particular Board member levelled her gaze at my chest and blurted, 'You know that your front sign should only be sixty inches and yours is seventy-five?'

Caught off-guard, my mouth dropped open. I didn't know what size my clinic's sign was. Surely Don F. had made it the regulatory size?

Had the Board member gotten out a torch and tape measure in the middle of the night to measure it?

My seventy-five inch sign on the front window of the clinic had to be removed.

I agreed to desist from sending newsletters to my patients.

As it so happened, I'd not planned on sending out another anyway. My Spenco Cushioned Insoles newsletter had been a one hit wonder.

#boxofficeflop

The Board seemed satisfied and I left.

Unexpectedly, a Board member, Brian K, left the meeting with me.

Brian was a senior practitioner and a lecturer.

As we walked outside Brian said, ‘Look, I know that was tough and uncomfortable but the Board needs to be seen to be maintaining its standards. It has to reinforce the rules and regs.’

Brian hinted the meeting had been a bit of overkill.

#nokidding

After the Board meeting I was shaken. My livelihood had been threatened over a piece of paper that had been a waste of a good tree.

It wouldn’t be the last time I sat in front of the Board.



Chapter Four

Moving

*Only those who risk going too far can possibly find out how far
one can go. - T.S. Elliot*

As for the clinic, it needed a new home. After five years in the same tired premises it was time to move. I put in an offer to buy a commercial premises across the road.

It seemed like a good idea.

I approached the bank for a loan. The bank wanted to know how I'd service the loan and I had no idea. Surprisingly, the bank was still willing to finance the deal.

This was the eighties when greed was good, even in conservative Adelaide. Australia's confidence had hit all-time highs after winning the America's Cup yacht race in 1983.

High-profile Australian businessman, Alan Bond, had bankrolled the challenge and succeeded. Bond's conviction of fraud in 1992 and subsequent bankruptcy would rock the nation.

Meanwhile, banks' lending standards were shady at best. Despite getting the green light from the bank, I decided I couldn't afford to service the loan. Besides, the premises needed extensive upgrading which put the whole deal way out of my league.

About six months later, after years of eyeing off a modern building on the adjacent corner, one of the suites became available for lease. The suite was part of a cluster of four, set back from the road. It was something I could afford if I sublet some of the space.

I took out a lease for 2+3+3, which gave me some flexibility.

At least instead of cubicles I now had treatment rooms and space to grow into. Not that I knew how to grow a business as yet but I still had a nagging itch.

#fleas

I wore rollerblades and skated from room to room, up and down the passageway. My mother-in-law made a blue Superman

cape with footprints embroidered on it (which I still have to this day and proudly display at workshops around the world). It became a standard part of my ‘uniform’.

Kids loved the cape and so did the big kids. It put everyone at ease, completely changing the atmosphere of the clinic.

I looked forward to going to work every day just to make patients smile.

#cheesy

I erected a sign in the car park to alert patients as to the location of the front door. Given there were four units and, therefore, four front doors to choose from, a sign was helpful.

About a month later, I received notification from the Board.

My car park signage contravened advertising regulations.

#bloodyhell

I promptly responded, via letter. How could a sign giving directions to a front door, located in a private car park, be remotely considered advertising?

#eyeroll

As it so happened, the advertising guidelines for podiatrists were being reviewed.

To delay having to remove the sign, I continued to argue the Board's assertions via letter (the Board only met once a month).

I waited for the advertising regulations to change.

They did.

#highfive

I moved my makeshift orthotic lab into a small room at the side of the new premises. At this stage I was still making my patients' orthotics.

Psychologists sub-let the upstairs room for consulting.

All seemed to be going reasonably well although it was tricky to tell. I still had no plan and no business acumen. I wasn't running a business because it was running me.

I'd go to work and literally run – or skate, in my case – through the entire day to keep up.

Patients were jammed into the appointment book any which way.

Patients didn't show, cancelled late, or turned up late expecting to be seen.

I remember one patient barrelled through the front door twenty-five minutes late for the second to last appointment of the day expecting to be seen.

The next patient was sitting in the reception area. I was about to take him in for a consult.

The late patient, alerted to the fact she couldn't be seen straightaway, declared she'd wait until my next patient had been seen and then have her consultation.

Patients tended to dictate their 'terms of engagement' with the expectation they'd be agreed to. And while we did our best to accommodate patients' schedules, there were limits. As time went on, those limits or boundaries became immutable for reasons of sanity.

When the receptionist said, as per my instructions, that it wasn't possible to see the late patient at 6 p.m. but rescheduling to another day was an option, the patient left the clinic in a huge stink, slamming the front door behind her.

And here's the kicker.

The late patient worked directly across the road from the clinic and had been late, she said, because of traffic.

#eyeroll

Appointment book management was the least of my problems.

If someone had asked me what my gross turnover was per month I'd have shrugged my shoulders.

That's what accountants were for, wasn't it?

Besides, I wanted to help people and that had nothing to do with P&L Statements.

The very thought of eyeballing the P&L made me lose the will to live.

While that sounds overly dramatic, it wasn't far from the truth because, to be honest, I was both ignorant and anxious about finances.

Ignorance fed prickly anxiety, usually at three in the morning.

Every Friday afternoon I'd count the cash that had come through the business before taking it to the bank to deposit.

When the week had been particularly good I'd be so relieved I'd want to launch a thousand ships and dance on the ceiling.

Sometimes I imagined the business crashing down like a house of cards around my ears.

What would happen if, one day, I couldn't work?

What if I couldn't pay the mortgage?

What if I couldn't keep my staff?

What if I'd have to close the clinic?

Sometimes I went on a merry-go-round of misery.

#downer

Wherever I looked there were risks which could amount to instant extinction.

#dodo

Something could always go wrong, things I had zero control over ... more about that later.

Perhaps I'd win the lottery.

Perhaps the daily slog would somehow get easier. Eventually.

When it came to putting up my consulting fees (something I was loathed to do), I was a mess.

If anyone was price sensitive, it wasn't so much my patients or my receptionists.

It was me.

I placed an A4 sign on the front reception counter with the new fees listed.

I'd inform Jan and Jean of the changes.

They'd look at me a little worried.

What were patients going to say?

I didn't know.

I was just as worried.

Would patients think I was money hungry?

Would they say three dollars fifty was a ludicrous price hike and refuse to pay?

Would they return?

I buried myself in the consulting room while my receptionists did the heavy lifting.

Sometimes I'd nervously listen at the consulting room door to hear what patients said when it came to paying the increased fee.

Surprisingly, most didn't make a comment.

Patients booked their next appointment without batting an eyelid.

I felt I'd dodged a bullet.

Until next time, when fees had to be raised again.

More sleepless nights.

I searched for answers to these ongoing problems and went on a tangential path that ended up in La La Land.



Chapter Five

La La Land

*A thousand-mile journey begins with a single step. Then again,
so does falling in a ditch and breaking your neck.*

- Anonymous

In 1991, I went to personal development seminars, seeking the elusive opportunity to grow.

If I couldn't find answers 'out there', perhaps I could find the answers 'in here'.

I needed to fire walk, bungee jump, write out affirmations, visualise success, believe in myself, 'work on' myself, 'love myself' and read inspo books by Tony Robbins.

Then, because I always did things full-tilt, boots and all, I had to listen to inspo tapes by Tony Robbins.

Diligently, I did the visualisations, the affirmations and the required reading.

I held hands and sang, ‘Kumbaya’ in a variety of expensive ‘accelerated learning’ seminars facilitated by Robert Kyosaki from ‘Rich Dad, Poor Dad’ fame.

Rolfing with Barbara Ballbreaker from Boulder, Colorado (her surname wasn’t Ballbreaker, of course) came next.

A series of ten hands-on physical manipulation sessions called ‘the recipe’ saw me reduced to a pile of sodden nappies. Screaming and crying through most of the sessions (which felt like deep sea drilling) was supposedly aligning my ‘energy field’ with Earth’s gravitational field.

#magicbaboola

Ida Rolf’s ‘Structural Integration’ interested me, particularly the idea that gravity tended to shorten connective tissues (fascia) and that Rolfing was a way to lengthen it to facilitate improved movement. The rest of it was probably pseudoscience, even quackery, but I didn’t care.

I went through a second Rolfing series of ‘the recipe’ and cried and screamed some more.

#masochist

I navel-gazed.

Sweated in sweat lodges.

Stepped out of my 'comfort zone' and got deeply, grittily uncomfortable.

#papercuts

I did a lot of happy-clappy cosmic shit and slammed my fist through a block of wood.

Apparently, I was a Taurus with a Taurus Ascendant. My Cancer Moon was in the House of Taurus.

This, in effect, made me a triple Taurean.

As a practical, no-nonsense Taurean, what was I doing messing about in woo woo land with a platoon of loony space cadets?

Clearly, I was desperate.

#spiritualcrisis

I considered powerpoint presentations delivered by upbeat, 'enlightened' presenters who seemed to have life worked out.

I made copious notes.

I bought more tapes and books.

Afterwards, as a certified seminar junkie, I felt invincible.

High on hype, Lil and I bought a new home, leased a new car and knew the money would come.

#commitanditwillcome

I continued to write out a series of positive affirmations and stick them to the dashboard of the car.

Every morning I did the necessary visualisations.

What could possibly go wrong?

One evening, out of the blue, I received a phone call from my mother. She sounded very upset. A series of tests had revealed my father had pancreatic cancer.

No one in the family had predicted a life-threatening diagnosis. When my father had turned yellow we'd thought he was suffering from jaundice. In every other respect, he was fine.

A year later my father had withered away to nothing and died at the age of sixty-two.

Soon afterwards I was diagnosed with Type 1 Diabetes (insulin-dependent) after losing a tremendous amount of weight.

The diabetes diagnosis was both a shock and a relief. I finally knew what the problem was.

Even so, I wasn't exactly prepared to have a condition that'd require constant management for the rest of my life.

I turned into a pin cushion, injecting insulin five - six times a day.

My fingers had to be pricked for blood every three to four hours to measure blood sugar levels (BSL).

If my BSL crashed I'd rarely feel it. I'd perspire, slur my words or seem 'out of it'.

Staff learnt how to read the signs and would tell me to eat some jelly beans.

Sometimes I'd collapse on the floor, injuring my knees or hands or nose.

#faceplant

Hospitalisation was to become a regular occurrence as much as I endeavoured to control my BSL.

In the wee small hours of the night, Lil would wake to find me drenched in perspiration and unresponsive. The ambulance would be called to revive me.

Sometimes I'd be taken to hospital if the reviving took too long.

I endeavoured to carry on at work as if nothing had happened but more often than not I was exhausted.

I had to keep going or everything would be lost.

By this stage the business had grown enough to consider taking on a part-time practitioner.

The new practitioner did bits of everything. It was an ad hoc affair, at best. I felt frustrated when things weren't done as I felt they should be done.

For example, the new practitioner didn't recommend follow up appointments.

Most consultations ended with the stock standard, 'See how you go, if you have any troubles let me know.'

I mentioned to the practitioner, ‘Do you think it might be a good idea to book patients in for follow up appointments?’

The response was, ‘Spose so.’

Nothing changed.

My frustration grew like a steamroller heading full-tilt for the nearest living body.

I did organise a team meeting once, even though you’d hardly call our ramshackle outfit a ‘team’.

On flip chart paper, I outlined what I thought the team should be doing.

Of course, I had no idea how to conduct a team meeting.

I stood before them and told them a thing or two because I had no idea how to be ‘inclusive’, ‘collaborative’ or ‘engaging’.

I remember how, a few days after the meeting, Jan reported talking to her husband, Jack, about what had transpired. Jan must have described the flip chart and paper.

According to Jan, Jack had said, ‘Who does Ted think he is acting like he’s running a corporation?’

Jan’s response was, ‘I think it’s what he wants to do and I think he’s getting some practice now.’

I still didn’t know how to run a business, little only a corporation.

For all the navel gazing I’d done so strenuously, what did I have to show for it?

I didn't feel any better, once the New Age seminar high wore off.

Rumination had slowly seduced me into consuming myself, like Ouroboros devouring its own tail.

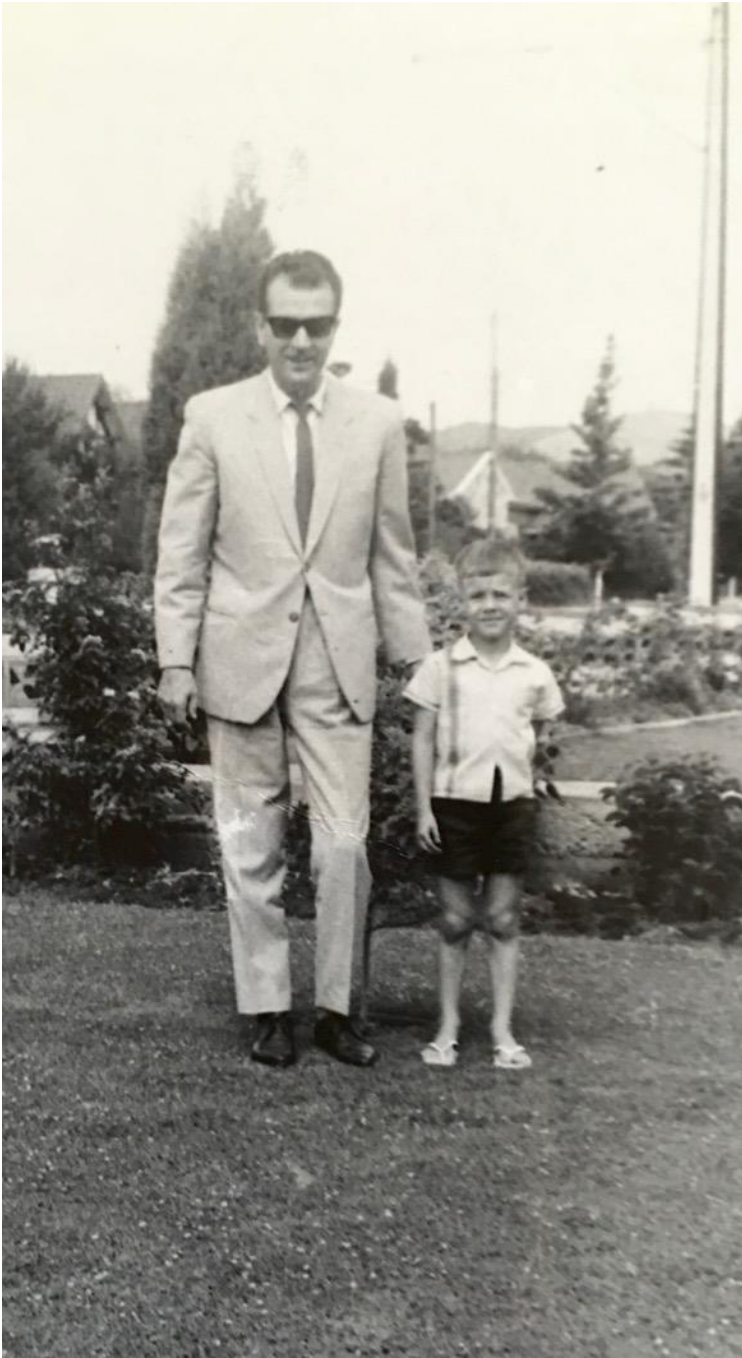
Bills still needed to be paid.

While I should have been taking more action in the world to gain experience and know-how, I'd taken less.

As online marketing legend, Amy Porterfield, insightfully points out, 'Confidence isn't a function of how many affirmations you repeat each morning – but in how many steps you take in the path laid out in front of you.'

The New Age woo woo approach was fundamentally flawed.

I was about to find out how flawed it was.



ME & MY DAD



Chapter Six

Changing the Game

If at first the idea is not absurd, then there is no hope for it.

- Albert Einstein

At this point you might be wondering (or not) why I decided to become a podiatrist. Some of my schoolmates had contemplated a career in health and this made me think I should, too.

My parents encouraged me to pursue a university education. I'd be the first member of our family to venture there. But as to what I should study at university, that was up to me.

When I looked into it, in 1978, podiatry was the only career listed as having more jobs than pods.

One thing I did know about myself, I enjoyed working with people.

I know this sounds sickly cliqued, but I genuinely wanted to help people.

Health + People + Prospects = Podiatry

What could possibly go wrong?

A lot, obviously.

When I look back at this confusing time in my life (aged 16), I drastically needed good sources of guidance to help analyse my capabilities and how to develop them.

I wonder what I'd have done if I'd received constructive, intelligent career advice instead of the vacuum I had to navigate.

What could I have accomplished, contributed?

I'm sometimes disturbed (and a little outraged) by how alone I'd been in the search for a suitable career.

I don't want to come across as feeling sorry for myself.

I do want to highlight how woefully unprepared I was when it came to discovering my own aptitudes and appetites.

I believe this epochal problem ricocheted into my life for decades.

It gnawed, as it does for so many, to this day.

I went forth, unguided and unsupported (for the most part), until I crash landed into 1993 where I distinctly remember hitting a brick wall during one particular consultation.

I'd provided orthotic therapy for two children whose mother was a chiropractor. All seemed to go well until the chiropractor herself came into my clinic with a foot problem.

Alice, the chiropractor, was a delightful woman in her mid-forties. She struggled with heel pain and wanted my advice. I assessed her feet and recommended orthotic therapy.

#ofcourse

Upon hearing this, Alice looked at me a little puzzled and said, 'Why can't you adjust my feet?'

I was a deer caught in headlights.

What did Alice mean by the word, 'adjust'?

What language was that?

Was I supposed to put my hands on her feet and do something?

I'd been taught at university how to massage a foot. At the time, massaging feet seemed pretty cool because it was a great way to get a girlfriend ... so I thought.

#doh

Alice didn't want me to massage her feet. She'd asked me to do something entirely different.

I found myself way over my head, sinking fast.

To save face, I told Alice that there were two options, orthotics or surgery. I recommended orthotic therapy as her best option.

Alice went ahead with orthotic therapy but for me the seeds of doubt had been planted. Alice's request to adjust her feet stayed with me. It kept me awake at night.

Out of the blue, a colleague told me about a workshop being held in Melbourne. An American DPM had stopped being a surgeon to do this hands-on therapy called, 'Foot Mobilisation'.

I was intrigued. Who'd give up surgery to do some sort of manual therapy?

In my mind, this was the equivalent of abandoning a royal throne to become a lowly servant.

#bizarre

I enrolled in the workshop, not knowing what to expect; half-hoping I'd learn how to 'adjust' a foot, half-hoping I wasn't about to waste a considerable amount of money on a crank.

Allora.

I travelled to Melbourne with Lil and sat at the back of the room with my arms crossed.

Who was this weird, swarthy American dude wearing a gregarious Hawaiian shirt (you know those shirts with the big splashy hibiscuses and tropical foliage) and what was he going to teach me?

I calculated how many hours, minutes, seconds to lunch time.

Would I last the distance?

Could I make a quick exit without being noticed?

Dr Lampell was a graduate of one of America's most prestigious colleges, the California College of Podiatric Medicine. He'd studied for seven years to become a Doctor of Podiatric Medicine. He'd been trained by some of the most impressive pioneering figures of modern podiatry.

'Put all of your preconceived thoughts in a plastic bag and leave them by the door,' Dr Lampell said.

I did so reluctantly.

'You're welcome to pick them up again at the end of the workshop.'

I imagined myself gratefully undoing my huge plastic bag and speedily reloading my thoughts.

Dr Lampell outlined some of his background and professional experience while perspiring under the fluoros. He'd been a successful surgeon who had ended up working closely with chiropractors because of a great interest in their approach.

In essence, he'd become a reflexologist.

#cringe

A volunteer was recruited from the audience and Dr Lampell demonstrated one of his hands-on techniques.

He handled the foot in a way I had never seen before.

When I heard a cracking noise, I thought Dr Lampell had broken something.

What had just happened?

Dr Lampell said, 'The cracking noise helps certain conditions.'

'Here we go,' I thought, 'it's arthritis in the making!'

But Dr Lampell said, 'The noise, which is often referred to as, "cavitation", actually stimulates the joint's oil production, which can in fact help arthritis, not cause arthritis.'

#synovialfluid

Dr Lampell paused to let this information sink in.

I found myself sitting forward, craning my neck, panting.

Okay, not panting. You get the picture.

'The popping sound is not necessary for a successful mobilisation of the joint,' he said. 'Don't fall into the trap of thinking every joint should pop.'

Dr Lampell lumbered around the room some more, laconically stating it was possible to fix bunions, plantar fasciitis and weak ankles through Foot Mobilisation.

Some of what he said flew directly in the face of what I'd been told at university.

You couldn't fix a bunion other than through surgery.

How was Dr Lampell going to straighten a bunion out?

He showed us a bunch of hands on techniques that were designed to change the position of joints so that they could work again as ‘nature intended’.

#eyeroll

For a while I had five right thumbs and five left thumbs when I practiced the techniques on other workshop participants.

I became receptive to the idea that my hands could be useful tools.

Who would have thought?

Perhaps this was what chiropractor Alice had meant when she’d suggested ‘adjusting’ the foot.

During the workshop, Dr Lampell was full of colourful stories (much like his shirts). Apparently, Ringo Starr was one of his clients.

Dr Lampell said he charged one hundred bucks for a Foot Mobilisation session, which apparently took about five minutes. That’s the equivalent of at least two hundred and fifty dollars in today’s terms.

Of course, I thought, that’d work in California but it’d never work here.

Dr Lampell showed some x-rays. Here was the pre-treatment x-ray and here was the post-treatment x-ray.

Dr Lampell waved his hands in front of the x-rays as if conjuring tricks.

I had next to no idea what I was looking at.

Dr Lampell spent a fair bit of time flirting with some of the participants. He chatted about performing reflexology on women's feet while they were giving birth.

It was all quite strange, a little off-beat.

The workshop wasn't close to anything I'd experienced before in terms of professional development.

I couldn't decide if that was a good or bad thing.

I started to think about all the patients who might benefit from Foot Mobilisation Therapy: those patients who hadn't wanted orthotic therapy; patients who hadn't gotten full resolution of symptoms through orthotic therapy; patients who didn't want surgery and needed an alternative; patients with arthritis who were continuously popping pain killers having been told there was nothing more that could be done for them; patients who were dancers, skaters, gymnasts.

More adventures awaited ...



Chapter Seven

Miracle Worker

The man with a new idea is a crank – until the idea succeeds.

- Mark Twain

At the end of each day of Dr Lampell's workshop I'd walk back to the hotel where Lil and I were staying. I'd visualise what I'd learnt, where to put my hands, how to deliver the mobilisation or manipulation.

So engrossed was I in this process I didn't recall where I'd walked or how I'd found the hotel.

I was suddenly there, in the lift, putting the hotel key in the door.

I practiced the Foot Mobilisation techniques on Lil. I thought if I could make a difference to her feet, perhaps there'd be something in this thing.

Fortunately, Lil didn't mind being a guinea pig (not that she had much choice in the matter).

#shelovesmestill

Such was my resolve to master Foot Mobilisation, I returned to my Adelaide clinic determined to practice on every patient no matter what their condition or complaint (bearing in mind the contra-indications, of course).

This meant I ran late.

I carried on regardless, determined to understand the potential Foot Mobilisation offered MSK conditions, osteo-arthritic cases and so much more.

In a matter of days, I turned my clinic into a scientific laboratory of sorts. I experimented and, in the process, was totally transparent with all my patients.

I literally told them that, '... in theory, Foot Mobilisation should work. But you're not a theory so let's trial this treatment for X amount of weeks and then review your progress.'

Patients were highly agreeable to a treatment trial period. Many of them were at the end of their tethers. They'd been on the medical merry-go-round before consulting with me and were willing to give one last treatment option a go.

That meant working on some of the hardest cases in the profession: chronic cases other practitioners threw up their hands about.

And the more other practitioners heard about this, the more chronic, long term cases they sent me.

I didn't mind.

I thought if Foot Mobilisation helped these 'basket-case' patients then I was onto something.

Though I still had to work out what I was on.

#cuethepsycomusic

Then John walked into my clinic.

As soon as John saw me he said, 'I hear you perform miracles.'

I shook John's hand and said I didn't know about that but it looked like he might need one. John's shoes were distorted beyond belief. Walking must have been difficult.

John said, 'I can't keep up with my wife when she shops.'

John winced. It was costing him money.

John said he was prepared to do anything. He'd seen a long line of health practitioners who had given him temporary relief at best. Now he needed a miracle.

We worked out a deal.

If John came into the clinic every day (a frequency of visits I'd never recommended before) for Foot Mobilisation, he'd pay me each week with a bottle of red wine from his cellar.

#donedeal

John's feet were blocks of wood. Every joint was severely restricted. His orthotics from three other health practitioners had accomplished next to nothing.

We worked hard to release John's connective tissues restrictions through Foot Mobilisation and exercise therapy. The going was slow. John's body had gone through a lot during his sixty-four years of hard living.

Eventually John was able to comfortably wear custom-made surgical boots with new orthotics. The transformation was complete. Now John could easily keep up with his wife on their shopping expeditions.

I continued to experiment on all sorts of MSK conditions, got feedback from patients, reflected on that feedback, refined and adjusted my protocols every step of the way.

Good and bad responses to Foot Mobilisation were all useful in terms of understanding the treatment that bit better.

Because I was on a steep learning curve, I chatted with colleagues from different professions to get their take on manual therapies. I expanded on my manual therapy techniques,

developed protocols and linked this to my knowledge of foot biomechanics.

In essence, Foot Mobilisation Therapies (FMT), was born out of a synthesis of manual therapies and podiatry.

As it so happened, physios and other manual therapists didn't know foot biomechanics like podiatrists did and podiatrists didn't have the hands on, manual therapy skill set physios had.

Combining manual therapy skills with a rigorous understanding of foot biomechanics was a match made in heaven.

Of course, my business suffered during this experimental stage. I wasn't willing to charge patients full tote odds for a treatment I wasn't absolutely confident about.

And because I wanted to entice patients to take up FMT, I heavily discounted fees, even to the extent of offering free initial consultations.

While my colleagues powered on financially, riding high on the orthotic therapy wave, I lagged behind.

I continued to lag for at least two years.

Lil wasn't happy about it. The financial strain was considerable.

Why didn't I just stick with orthotic therapy and continue to do what everyone else was doing?

For better or worse, I felt compelled to move forward with FMT.

In truth, I was encouraged by FMT patient outcomes.

At last I had a treatment that I could offer patients when other options had been exhausted.

Plus, I didn't want to do what everyone else was doing.

I had the beat of a different drum running through my veins.

Was this a curse or a blessing?



Chapter Eight

Sounds of Silence

The new idea either finds a champion or it dies. No ordinary involvement with a new idea provides the energy required to cope with the indifference and resistance that change provokes.

- Tom Peters

I was invited to give a presentation about Foot Mobilisation approximately six months after attending Dr Lampell's workshop.

I felt incredibly nervous about the presentation but wanted to share what I'd learnt.

I thought (naively or arrogantly or both) that Foot Mobilisation could offer podiatrists a treatment option that filled in some of the missing pieces in their education.

The response to the presentation was surprising in a number of ways.

Firstly, a lot of podiatrists turned up for the event, completely filling the auditorium.

Secondly, not a pin dropped when I demonstrated a theatrical cuboid manipulation called the 'Black Snake Whip'.

When the 'patient's' cuboid (a volunteer) let out an almighty CRACK! there was an audible gasp from the audience.

Thirdly, the audience had a barrage of questions. I thought this a good sign. I thought I'd planted a seed and got pods thinking.

But, afterwards, a couple of events blind-sided me.

A university lecturer whom I'd greatly admired throughout my undergraduate training came up to me, looked me straight in the eye and told me I was a disgrace to the profession. She was ashamed of me.

I was left speechless. It was an impassioned fistful of anger delivered straight to the gut.

What had I done?

Another member of the Board sidled up to me and told me I was treading on dangerous ground and that I should be careful.

This advice hadn't been delivered out of care or concern.
#cold

Whenever I saw this Board member again in public she'd make a point of passing me with her eyes averted, making a show of heavy sighs of disgust. She'd continue to be a voice of derision throughout the FMT journey, mainly behind my back.

By giving that presentation, I'd done more than put my foot in it.

I was a single practitioner who'd dared to break ranks with the rest of my profession by presenting an alternative to the holy grail of orthotic therapy.

Whatever next?

* * *

On a side note, after the presentation I caught up with some colleagues who had also attended Dr Lampell's Foot Mobilisation workshop in Melbourne.

I was really curious to know what they had done after the workshop and what results they were getting with their patients.

I was so looking forward to exchanging ideas and experiences. I had so many questions to ask them.

But the conversations fell flat.

These colleagues had done very little with their new skills for various reasons. Some hadn't felt confident. Others had been too busy to think about it further.

And there was I thinking they'd be so much more advanced than me.

* * *

I decided it was time to reach out to Dr Lampell. Surely he had the answers I was looking for.

I wrote a letter to the coordinator of Dr Lampell's workshops in Australia.

By this stage, I knew Dr Lampell had left Australia but I had no idea where on earth he was.

It took a month to hear back from Dr Lampell's assistant. She mentioned Dr Lampell was in South America and uncontactable. She was vague about if and when he would be back 'on the grid'.

I wrote another letter asking the assistant to let me know if and when she knew anything more.

I never heard back.

A few months later a colleague mentioned that Dr Lampell had died.

I don't know to this day how reliable this information was. I hoped it wasn't so. I hoped he'd just gone 'off the grid', wearing his Hawaiian shirts, lazing on some island beach, swinging in a hammock, guzzling a cocktail.

However, to me, Dr Lampell was as good as dead as I was never to see or hear of him again.

I was on my own.



ST PETERS CLINIC, 1994



Chapter Nine

Busted

Success is a lousy teacher. It lulls smart people into thinking they know what they're doing. - Bill Gates

In the meantime, my patients kept giving amazing feedback about FMT.

Much of it was unprompted and unexpected.

Patients reported improvements that staggered them and staggered me.

This was the stuff that I'd been taught at university wasn't possible.

Of course, there were probably all sorts of reasons why FMT 'worked', including placebo.

Confirmation bias was probably high for both me and my patients given how invested we were in positive outcomes.

No doubt, between patient and practitioner, interpersonal forces were at play.

Who's to say some other treatment intervention couldn't have been equally, if not more, effective for my patients? Who's to say some patients wouldn't have gotten better all by themselves?

Perhaps I'll never know the answers to these questions.

First-person experience (that of the patient or practitioner), while persuasive, is not necessarily a good indicator of fidelity to the truth.

When we're under the spell of experience, we forget the other possible meaning of 'first person'.

As Kathryn Shultz points out in her book, *Being Wrong: Adventures in the Margin Truth*, "Taken in a difference context – in literature – it means almost the opposite of unassailable authority. It means limited omniscience. It means unreliability. It means subjectivity. It means, quite simply, one person's story." (Pg. 224)

Perhaps I was in denial about FMT to protect myself from discomfort or anxiety or unhappiness.

Perhaps I had to believe in FMT because to not do so meant facing an identity crisis or some such thing.

I like to think I was open to being wrong about FMT but what if I was caught in a tangle of self-deception - keeping a truth from myself that I couldn't bear to know?

Perhaps, in 1994, I was fucking everything up by going down the yellow brick road of FMT.

But the future was uncertain whichever way I looked at it.

Besides, certainty couldn't protect anyone from error.

FMT fell into grey areas when it came to existing research. Not much was out there.

When you don't have many facts to guide your theories, more or less, this becomes dangerous.

'Blind belief' in FMT would have been career suicide.

And while I could inductively posit that a lack of evidence was actually evidence of a lack, this argument could be logically countered: lack of evidence was not evidence of a lack.

Given the professions of physiotherapy, physical therapy, osteopathy, chiropractic and other manual therapy professions, there were great bodies of knowledge to sift through.

Sorting the wheat from the chaff was the hardest task.

Years later, when FMT students asked why I wasn't conducting some sort of double-blind, randomised control trial, I'd respond with the truth.

I was no academic.

Research wasn't my thing and I wasn't about to devote years of my life to it.

I thought if manual therapy was good enough for physiotherapists (safety in numbers), then it was good enough for me.

Yes, there were obvious differences between feet and other parts of the body but the basic principles were the same.

Connective tissue restrictions were real, according to the research of the day.

To paraphrase Davis' Law: 'Connective tissues always adapt to their shortest functional length.'

This statement had great significance for FMT and many soft tissue injuries, including Plantar Heel Pain (formerly known as, 'Plantar Fasciitis').

Foot Mobilisation wasn't new. It'd been around since Egyptian times and, more recently, a well-known pioneer of manipulative physio, Geoff D. Maitland, had written a tome about peripheral manipulation.

This would become every manipulative physios' bible.

Okay, so just because Foot Mobilisation had been around a long time didn't prove it was efficacious, or did it?

Perhaps that's worth exploring in another book.

Far from feeling any sense of heightened adamancy or even evangelism about FMT as time went on, I teetered on the edge of doubt.

But perhaps I could still be committed to an idea in spite of doubt?

When I chatted with some physio mates over a coffee or a beer and discussed the adverse reaction some podiatrists had to manual therapy, they wondered WTF?

Like, what was the problem?

They laughed, not out of spite, but out of sheer incredulity.

But then they considered it a boon if podiatrists were reluctant to take up manual therapies. Less competition for them.

What I was deeply interested in was whether foot biomechanics (specifically joint function) could be altered by FMT or whether a device like an orthotic was the only option (as I'd been taught at university to believe).

In clinic, I began to order pre- and post-x-rays for all FMT patients to better understand what was structurally going on.

After another long bout of study, I developed efficient ways to measure foot x-rays from numerous tomes on the subject.

X-ray exactitude in terms of replicability was also problematic so I undertook extensive training with a local radiology clinic who were keen to develop their staff.

We took out the moving parts and finely honed the process so that patients could be x-rayed and assessed and compared with a high degree of accuracy.

This teaching process with radiographers was a huge undertaking but, I figured, if it was beneficial to patient outcomes then it had to be done.

Some patients were concerned about radiation and needed to be assured that having their feet x-rayed was the equivalent of flying in an airplane for an hour.

I ploughed forward.

Did it matter if some members of my profession didn't think well of me?

What counted the most were my patients' results.

Slowly, ever so slowly, my biomechanical practice grew because happy patients referred friends and family members to me.

And because patients reported to their GPs and other allied health professionals, they became strong referrers as well.

By the way, word of mouth is a boon for business. Who needs to know much about marketing when your patients can do the leg work for you?

While some business advisors bang on about ‘patient experiences’ and ‘welcome mats’ for the front door, getting the clinical results your patients need beats tea and sympathy by a country mile.

Nothing against a good cuppa, mind you.

Get great patient outcomes and you’re on a winning wicket, not only in terms of job fulfilment, but also for your business.

It’s simple but not always easy.

I had to employ a technician, Tim, to take over my orthotic lab because I no longer had the time to make my patients’ orthotics.

Tim was a top bloke. A surfing dude. He had an easy smile and a conscientious, upbeat attitude. He learned the ropes in record speed and began making quality orthotics exactly to my specifications.

Such was the volume of biomechanical patients, I decided to sell off my general treatment business. This effectively meant dividing the business up.

A buyer for the practice came along soon after I made the decision.

About twelve months into the FMT journey, I was approached by a small team of curious podiatrists to teach them FMT.

I was more than happy to.

I wondered if other podiatrists would like to learn?

They did.

This is how my long teaching career began in 1995.

Eventually I sold the orthotic lab to the tech, Tim, and continued to get my patients' orthotics made through him. This gave Tim an opportunity to take on orthotic work from other podiatrists and his business quickly grew.

But my relationship with Tim would go south.

And the road ahead was about to get even rockier.

One fateful morning on our Adelaide Hills property, I had an altercation with a chain saw that wouldn't start.

The unusual movement + speed to work the rip cord, the angle of my spine (a crouched position), the muscle power required, the repetitions, which needed more fingers and toes than I could count, added up to a herniated disc.

#ohthepain

For the first time in my life I found myself in a chiropractor's clinic.

I sat in the waiting room as a stream of patients – more patients than a small clinic should be able to contain – came in and out the front door. How many chiropractors were back there in the rooms cracking backs?

I imagined at least three.

I watched each patient cheerily hand over their credit card to the receptionist who was too busy to scratch herself.

I thought the credit card machine would overheat and explode.

What was going on here?

How could such an obscure clinic, located in a tiny town, have so many patients?

How did they even know the clinic was there?

It was set back from the road.

Blink and you'd miss it.

I mean, this boggled my mind.

More patients barreled through the clinic in the space of fifteen minutes than I'd see in one afternoon.

Eventually the chiropractor emerged.

Alone.

I followed the chiropractor into a tiny back room. The cubicles reminded me of my first clinic in St Peters. Laminated walls, linoleum on the floor. A weary air conditioner huffing and puffing over the back door.

There was nothing in the least glamorous about these rooms and the young chiropractor himself was upbeat but unremarkable.

To be honest, I'd always been skeptical about chiropractic. I knew very little about it. I was kinda curious but at this point in my life, all I wanted was my spine fixed.

Of course, a herniated disc had its challenges. I didn't have an easy time of it.

The following year I went surfing and had to be removed from the beach via an ambulance. Back to the chiropractor.

A year after that I innocuously sneezed on the loo while we were holidaying in Melbourne and injured my spine. The rest of that trip was spent flat on my back in bed chewing down painkillers.

Back to the chiropractor.

Between the chiropractor, the physio and yoga, I managed the problem. But it was tricky when my own work as a FMT practitioner was highly physical. Many a day I'd work in pain.

This pain forced me to become ultra-ergonomic.

I invested in chiropractic drop tables which could be raised and lowered to the right heights. The drop pieces themselves made much lighter work of FMT.

As a result, I became much speedier at delivering the FMT protocols I'd developed.

And without having to move much, or generate much force, I could use body position and surface anatomy precision to

deliver a premium service to my patients while expending minimal energy.

#silverlining

At this time, my reputation as a teacher grew to the point where I was regularly getting requests to travel interstate.

We toured Melbourne, Sydney, Brisbane, other parts of Queensland and then headed to Perth.

FMT students' successes were awesome to hear about.

So many more patients than I could possibly help in my lifetime now had FMT available to them.

And while this was all well and good and wonderful, juggling two separate and equally demanding entities as a health practitioner and a teacher (and the large amount of logistics involved), was exhausting.

I'd travel to teach and return to a backlog of patients.

I'd work to the last minute in the clinic before hopping on a plane to teach.

This went on for years.

If we took holidays it was only for a week. And by the time I got to have that holiday I was already ill with the flu or a stomach ulcer or some other bug.

My GP kept frowning over my blood pressure and cholesterol readings.

Lil kept worrying about how hard I was working.

And I tried not to think too much about it.
Because, exhaustion aside, I loved it all.



Chapter Ten

Sydney

Exploration is really the essence of the human spirit.

- Frank Borman

Sally was the patient who really sold FMT to me.
Prior to Sally I'd been fairly committed to FMT.
But after Sally, I was committed to FMT heart and soul.

By this time, 1998, we'd been living and working in Sydney for two years. We'd sold the practice in Adelaide and headed for the Big Smoke because it called.

Because I wanted a new challenge.

Because I thought there was something more.

In conservative Adelaide where the economy was slow and the population low compared to other Australian cities on the east coast, a lot of businesses tended to struggle.

If you succeeded in business in Adelaide, as folklore purported, you could succeed anywhere.

I wanted to find out if this were true. I wanted to put FMT to the test in a different marketplace.

Would it work as effectively somewhere else in Australia as well as it worked in conservative Adelaide?

Sydney was nothing like Adelaide.

Nothing.

In Sydney, space was an absolute premium.

This gave me the opportunity to adapt FMT and create different systems in order to deliver an efficient and effective service.

We ran one of the part-time clinics in the downstairs living area of our two-storey townhouse, which was located east of Sydney (Woollahra) in a small commercial strip.

On the opposite side of the road lived former Prime Minister of Australia, Paul Keating and radio legend, John Laws. It wasn't uncommon to find a famous Australian actor in the local café, bar or newsagent.

On Saturday mornings, a stream of people would walk past our Queen Street terrace on their way to buy newspapers

and have coffees. Out of the blue I thought, why not set up FMT on the front verandah?

The front verandah was little more than six metres wide and about two meters deep, enough space to put a massage treatment table and chairs for patients to sit on while they waited for their treatment.

The morning was gorgeous. More people than usual passed by. Sure enough, many stopped to watch and ask questions. They'd chat with the waiting patients. Everyone enjoyed it.

Until a tall, burly chap barreled up to me and loudly demanded, 'What's going on here?'

Everyone froze, including me.

As best I could I explained.

'Can you fix my wife's foot problem?' the man asked.

'I'd have to assess her feet to find out,' I said.

'She's been to see so many specialists and none of the idiots have helped her.'

I told the man to go inside the terrace where Lil was answering the phone and managing the appointment book.

Sure enough, a week later, the wife came to see me. She apologised for her husband's abruptness. He was a country boy, a polo player and fed up with her foot problems (as was she).

We made those unusual Saturday morning sessions a regular gig when weather permitted. Patients affectionately coined them, 'Patio Podiatry' or 'Footpath Footcare'.

It was in our Queen Street home where Sally came to consult with me one rainy afternoon.

Sally was a tall, striking woman in her early fifties with long dark hair streaked with white.

In the initial consultation, she told me she'd been a Martha Graham dancer and her feet were her primary mode of transport.

Sally said, 'I used to walk everywhere but now I can barely hobble to the post box at the end of my driveway.'

Sally's eyes began to water. Her bottom lip trembled.

I gently placed a box of tissues in front of her.

'I've seen absolutely everyone about this problem,' she said, taking a handful of tissues and dabbing her cheeks. 'I've been through the mill.'

My left hand rested on a thick file of x-rays, surgeon's reports and practitioner assessments Sally had brought with her. Anyone who had consulted a battalion of health professionals needed, at the very least, a long holiday to recover.

'The last thing I want is surgery,' she said, looking me straight in the eye. 'My mother's surgery was a complete bungle. She hasn't been right since.'

Sally passed a hand through her mane of wavy hair.

‘I hear you perform miracles,’ she said, straightening in her chair. ‘Can you work a miracle on me? You’re my last resort.’

I reviewed Sally’s x-rays, did a clinical evaluation and mapped out my treatment recommendations.

With significant arthritic degeneration in the big toe joints of her feet, I told Sally to anticipate gradual change.

‘You might be a little slower than other cases I’ve treated,’ I said. ‘But I’m confident I can help you.’

Sally didn’t jump for joy as I expected. She took a fist full of tissues and cried.

‘You’ve answered my prayers but I have to go overseas for three months,’ she explained, wiping her cheeks. ‘I’ll have to see you when I get back.’

I wished Sally a good trip thinking I probably wouldn’t see her again. Three months was a long time. She had time to reconsider her options.

But true to her word, Sally reappeared three months later. She wholeheartedly embraced the treatment and applied herself with diligence and discipline to every exercise I gave her.

Sally always arrived early to every appointment and would perceptively talk about her progress with other patients in the waiting room. Sally’s vibrant personality lit up rooms, cleared a

dreary atmosphere in seconds and brought great gusts of fresh air.

As Sally lay on the table for a FMT treatment, she'd relax, close her eyes and go silent. And in the silence, I sensed how attentively she followed every move I made as I gently mobilised and manipulated her feet.

No other patient had such a respectful – almost reverential – mindfulness during a treatment.

No other patient seemed to squeeze every morsel of experience out of FMT.

Time seemed to stand still.

Sally's progress was nothing short of remarkable.

Sally's ability to walk the sort of distances she enjoyed returned. Her husband was also pleased and impressed that they could go walking together again. Sally and her husband lost a significant amount of weight.

At her first follow up review, Sally arrived for her appointment early. Instead of overhearing her cheery chat with other patients in the waiting room, she was quiet for the first time ever.

I started to get worried. What if things weren't going well for her?

Fifteen minutes later I directed Sally into the consulting room. I began by asking her questions about her progress. To my great alarm, tears welled up in Sally's eyes.

‘Thank you,’ she said. ‘I have my life back.’



SYDNEY, 1998

Chapter Eleven

Homeward Bound

*Been beat up and battered 'round
Been sent up and I've been shot down ...
- Traveling Wilburys*

After three years in Sydney I had a midlife crisis of sorts.
It came over me like a dark cloud.

I felt dispirited and confused.

In essence, Sydney wasn't the place for me and Lil felt much the same way.

Perhaps at heart we were small town people.

We missed our property in the Adelaide Hills which we'd rented out. Space, fresh air, parking ... compared to Sydney, Adelaide was an oasis of sanity.

In Sydney, stepping out the front door was a sensory onslaught. A restless, relentless churn.

Long queues, car parking shortages and traffic jams absorbed time and money like a sponge.

Once the excitement of moving to a new city had worn off, I began to feel all out of sync. It was so subtle, so gradual, I hardly noticed it. Most of the time I felt on-edge and this underlying stress took a toll.

I also felt I'd reached some sort of plateau with FMT and it was hard to see a way forward.

Sure, I could have kept going the same way, divided between two part-time practices.

But I felt like a caged animal, pacing to and fro. Seriously stuck.

#betweenarockandahardplace

We'd had our car stolen because the townhouse rental only had off-street parking. And while Sydney's public transport was good, we felt as if we were living in a goldfish bowl without a car to get us out of the city when we needed a break.

We also missed one of our dogs who had become extremely ill from a tick bite. We'd had to ship Annie home to

Adelaide because the vet said another bite would definitely kill her. We missed her.

We also missed family and friends in Adelaide.

Plus, the owners wanted to move back into the Sydney townhouse rental and that meant not only relocating the clinic but also relocating our home base.

If we couldn't find another property to accommodate these two tasks, we'd face a very steep, scary rent hike.

Lil and I had to choose: make a bigger commitment to Sydney in terms of home and work or return to Adelaide.

Unfortunately, we had no clinic in Adelaide to move back to as we'd sold it three years prior thinking Sydney was where we wanted to be.

To return to Adelaide meant starting again from scratch.

Why hadn't we thought of a contingency plan before the shit hit the fan?

#doh

We received a phone call from the rental agent who was managing our Adelaide Hills property. The tenants wanted to break the lease and leave earlier.

What did we think?

We hastily sold both Sydney clinics, packed the kitchen sink and left Sydney.

On the whole, the experience had been a rollercoaster ride.

We felt a bit shattered.

We may not have been in the best shape to make big decisions.

Maybe a holiday would have been a better option. Get a clear head. Seek advice, but from whom?

I couldn't help wondering if we'd missed an opportunity to capitalise on what we'd accomplished in Sydney. Perhaps we should have made a gutsier move in the Big Smoke.

But what? How?

We settled into our Adelaide Hills home, a little worse for wear. The rentees had left us with fist-sized holes in the wall, wrecked fences and water-damaged wooden floorboards.

We'd no money for repairs.

Months later a debt collector knocked on our door looking for the rentees. We had no forwarding address. They'd disappeared into thin air still owing us two month's rent.

In order to get a new business underway, we hastily located a room to rent in a chiropractor's clinic.

Things stuttered for a while and gradually began to flow again.

Yes, there was a helluva lot of work ahead of us building up another business but we were used to that.

Our feet were back in familiar territory.

What happened next was a period of my life I'd rather forget.



ME & ANNIE @ HOME IN THE ADELAIDE HILLS (1988 – 2003)



Chapter Twelve

Betrayal

It's easier to forgive an enemy than to forgive a friend.

- William Blake

In the beginning, it was a bed of roses.

In 2000, renting a room in a chiropractic clinic turned out to be a good move.

The chiropractor – let's call him Steven – had an established practice and he was happy to refer patients with MSK foot conditions to me.

I was happy to refer patients with hip and spinal problems to him.

As such, we rubbed each other's backs.

#boomboom

Steven's referrals definitely gave my practice the leg up.

#eyeroll

Word of mouth spread again.

Within twelve months we were pretty much on track.

In the process, we became fast friends with Steven, his wife and family. We blithely interlocked friendship with business and, while that was great on the surface, it proved a recipe for disaster down the track.

Of course, you hear all the time how business partnerships go south. But Steven and I weren't in partnership together. We weren't exactly anything and this grey area would become equally fraught.

You see, between Steven and I nothing was written on paper. We'd no formal lease agreement and no explicit understanding (verbal or otherwise) who the patients 'belonged to' when Steven referred them to me and I referred them to him.

Many patients had consulted with both of us and we shared their case files between us.

Some patients' case files ended up in my filing cabinet and some ended up in Steven's filing cabinet.

We didn't think anything of it.

Perhaps it's more accurate to say, I didn't think anything of it. I continued to pay rent for the room, as agreed, and went about my business.

As it turned out, Steven must have been quietly thinking about it. He mentioned how he and his wife wanted to move to a bigger home and renovate. This would cost a motza and Steven wanted to increase his hours.

But something else was troubling Steven and as much as I'd try to pry him open about it, he was closed like a clam.

I wondered if I'd done something to upset him.

I was prone to putting my foot in things.

#sorrynotsorry

Then, out of the blue, we received a fax at home the day before we were due to leave for a week teaching in Queensland.

The timing couldn't have been worse.

Steven's fax said I had a week to move out of the clinic.

WTF?

My life went SPLAT!

We tried to get in touch with Steven but he wouldn't answer his phone. He'd known we were about to go to Queensland.

Why had he decided to do this now?

What was he thinking?

What had we done to upset him?

What choice did we have?

Could anything be salvaged from this situation?

We immediately cancelled our trip to Queensland. We incurred heavy flight and accommodation expenses and upset a lot of health practitioners who were expecting us to teach them FMT.

We spent hours sorting out refunds.

After a sleepless night, I showed up at the clinic the next morning but the doors were locked.

The locks had been changed.

When I went back to the clinic during consulting hours to confront Steven, he was defensive. He had patients. He couldn't talk. He demanded I leave the premises.

When I returned to the clinic the next day, Steven had hired a burly guard to stand at the front door to prevent me from entering.

#wow

#screwed

Could a friendship go more pear-shaped?

To cut a long story short, I was out on my ass with no clinic and no patients.

To this day I can only speculate about this devastating situation and consider the legalities that should have been in place to prevent such events.

Steven and I haven't spoken since.

#noshit

I learnt invaluable lessons from this catastrophe, as I'm sure you can appreciate.

This crisis caused me to run down the road from our home in the Adelaide Hills screaming and crying.

The cows watched me, chewing their cud. The birds tweeted. The world kept on spinning while I spewed my guts.

I felt completely and utterly betrayed by someone I'd considered a close friend.

From this pivotal time, I decided two things:

1. Never again would I not have complete control over every aspect of the business and,
2. I desperately needed a mentor.

It was time to crawl out from under a pile of mess and stress and head for what was to become the best, most terrifying, part of my career.



Chapter Thirteen

Foot & Leg Centre

Great mentorship is priceless.

- Lailah Gifty Akita

By 2002 I had a mentor, a business premises purchased and the beginnings of a new clinic.

To cut another long story short, the mentor had put me onto his bank manager. Fortunately, the banks were in a lending mood at the time.

We bought a building with no deposit and no ability to pay back the loan.

A wonky business plan was all we had to bless ourselves with.

#unbelievable

On paper, it looked like financial suicide.

In reality, it probably was.

Do you think my blood pressure went through the roof?

Was I was sleeping at night?

My butt was on the line big time.

If this venture didn't work we'd lose everything. We'd probably have to declare ourselves bankrupt and sell our home.

It was literally do or die.

We did what we knew how to do: we worked harder than ever.

On top of the home mortgage, the business mortgage and all the usual bills, we also had to pay the mentor two thousand dollars a month.

We didn't have two thousand dollars a month, full stop.

What little business acumen we had, we poured into this new clinic - our first dedicated FMT site, The Foot & Leg Centre, North Adelaide.

Such was the rush to get the clinic open and the pressure to start earning an income, we spent all of two days getting it ready for the handful of patients I had at the time.

We literally collected the keys on a Friday and opened the doors on a Monday.

Over those two days, I removed various cupboards and shelving, patched and painted walls. Lil drove around town like a mad thing, buying furniture, loading it up in the ute and delivering it to the clinic.

As we didn't have time to organise a reception desk to be custom built (a process that takes at least six weeks), we used one of our desks from home.

The appointment book was literally pages of photocopies stapled together.

By the end of the weekend we were too exhausted from running around like headless chooks to even speak to each other.

On opening day, the front sign was delivered. With no time left to do anything about it, the sign listed against the front of the building.

Such was the panic of the deadline, we forgot to buy pencils so Lil had to write appointments into the book with pen. We had no business cards or brochures but we were upright and running on adrenalin.

We hired staff and Lil trained them.

We worked from 7.00 am to 11.30 pm., on the business and in the business.

We worked so hard we returned to our home in the Adelaide Hills in time to collapse on the bed.

We knew pretty damn quickly such a pace was necessary but unsustainable.

To survive this intense time, we decided to live in the clinic.

Fortunately, the clinic had one unused room with an adjacent bathroom. It also had a rudimentary kitchen and laundry. It was crazy but we could survive.

We moved our two dogs and two cats into the spare room. We squeezed our bed in there along with a makeshift clothes rack.

At night, the cats were let out of the bedroom to roam around the clinic. During the day, the dogs lived outside in the clinic's back courtyard while the cats stayed in the bedroom. It was a case of musical pets.

As for the patients, they were none the wiser.

As for the staff, they knew about the situation, of course.

In fact, such was the lack of space in the clinic, Lil had to conduct a staff recruitment interview in the bedroom.

#awkward

As it so happened, Lil recruited a superstar and the story was written into the clinic's history books. We still laugh about it to this day with our fabulous Emma.

We now had control.

We knew what we were doing. Sort of.

We had dedicated, hardworking staff.

We had a mentor who was proving to be a good guide and coach, despite not having any background in healthcare. He was a successful businessman in the flower-selling industry.

#gofigure

We had business systems, thanks to an E-Myth consultant I'd contracted some years back.

We served our patients to the very best of our ability.

We refined business systems from top to toe and created new ones.

We trained our staff every week until they knew their roles like the back of their hands.

We worked on one of the most crucial aspects of the business.

Culture.

To quote Jungle Book and Rudyard Kipling:

'For the strength of the Pack is the Wolf, and the strength of the Wolf is the Pack.'

Patients raved. They loved the energy. They wanted to work at the clinic. They wished their own staff were as organised and as caring.

As a team, we were finely tuned and moving mountains.

And miraculously, Lil and I still had each other.

We ploughed forward until Lil became ill.

And it was this illness that would turn our business into a booming success because of a single, million dollar idea.



CELEBRATING MY 40TH BIRTHDAY WITH PATIENTS & FAMILY
AT THE NEWLY FOUNDED F&LC. MY MOTHER SITS TO MY
LEFT, MY OLDER SISTER (BELINDA) TO THE RIGHT & MY
YOUNGER SISTER (KRYSTYNA) STANDS BEHIND US HOLDING
HER DAUGHTER (GEORGIA).



Chapter Fourteen

Seeing the Light

Doing business without advertising is like winking at a girl in the dark. You know what you are doing, but nobody else does.

- Stuart Henderson Britt

Lil lay in bed, exhausted with the flu. She'd not read a newspaper for over a year and it was the only thing she felt like doing.

While reviewing some business stats in an adjoining room, I heard Lil let out a mighty, 'Bloody hell!'

Compelled into the bedroom I saw that Lil's colour was way up. Her index finger was stabbing the newspaper.

By the time I reached the bed Lil was surely having a fit.

‘How can this happen?’ Lil blurted out. ‘Here’s this unqualified nobody placing large ads in the newspaper about biomechanical foot problems. Why aren’t we doing this?’

Now this question made me step back.

I’d never thought about putting an advertisement in the paper.

I didn’t even know whether podiatrists were allowed to.

As it turned out, podiatrists were permitted to place ads in newspapers. And, at the time, the profession’s rules and regs around such things were relatively straightforward.

But soon after we began an ad campaign, the rules and regs quickly changed to strangle opportunities for effective marketing.

While unqualified, snake oil salesmen could advertise however they pleased - make unproven claims, promise miraculous results, flaunt the testimonials of raving fans - qualified health practitioners were severely hamstrung.

It was another thing about the profession that baffled me.

On her sickbed, Lil thought about what the advertisement should say. She thought of a killer headline.

By the end of the day, she’d worked it out.

We managed to secure the very same page, size and position of the advertisement Lil had seen in the newspaper during her illness.

We forked out a considerable amount of money, held our breaths and waited.

The ad made the clinic's phones ring off the hook for a solid forty-eight hours.

And it would do so, whenever we ran the ad, for the next two years.

Not bad for someone who knew nothing about marketing.

This unbridled success set Lil in motion as a copywriter.

Having always loved words, Lil embraced the power of the written word and for the next six years wrote and released ads and editorials for the business.

She also wrote monthly newsletters for Foot & Leg's patients. She wrote procedure manuals for all staff members, with Emma's help. She created new systems for the business and recorded them.

These written documents were to become the backbone of the business. Her advertising success was the lifeblood.

We hired more staff, opened another Foot & Leg Centre (located south of Adelaide) and really hit our straps.

Had we finally put a whole lot of struggle, strife and stress behind us?

By this stage (2007) we'd moved out of the clinic (which needed the spare room to expand into) and settled into having a bit of a life at our Adelaide Hills home.

We didn't know ourselves.

We actually had the weekends to enjoy.

We even scheduled monthly 'Wellness Days' where we dropped everything to go to the movies or go for a long drive.

We could almost say that the hard, emotionally intense haul to get here was worth it.

Then we won the Telstra Business Awards.

We celebrated hard with the team.

We felt triumphant.

Recognition, at last.

The judges, who'd looked at every aspect of the business (including the financials) said the key reason for the win was our professional and yet highly personalised approach to health care.

They'd never seen a more organized business.

We were efficient as well as warm and welcoming at all times.

#bravo

However, just as we were taking off our dancing shoes and breathing a big sigh of relief, disaster struck again.



Chapter Fifteen

Dependent

You never know what worse luck your bad luck has saved you from. - Cormac McCarthy, No Country for Old Men

Ending up in hospital with a spine fractured in three places was not the sort of situation anyone would ever want to be in.

#bigtimebummer

In fact, one of my vertebrae had been so badly crushed it looked like I'd fallen from a great height via a parachute accident.

I'd tell people it was wild sex gone wrong.

#sexscene

#swingingfromchandeliers

#cannedlaughter

In reality, the cause was far less spicy but equally excruciating.

And while I had exorbitant income protection and various insurances in place to ease some of the financial strain, all did not go to plan.

#again

The true cause of the spinal fractures - eventually discovered after much hand wringing and head scratching by a team of specialists - was diabetes.

Yes, diabetes.

Low blood sugar had initiated a massive seizure resulting in a fractured spine.

#unbelievable

To make matters worse, my income protection insurance and business expenses insurance had been capped when I was diagnosed with diabetes in 1992.

In the ensuing years, the insurance coverage rose according to CPI but didn't reflect my increased income, increased staff of six or increased business expenses.

In other words, I wouldn't be compensated in a way that came close to meeting my 2008 financial responsibilities, business or personal.

#doublebummer

As I lay in hospital staring at the ceiling, I once again felt my world had fallen apart.

I was literally incapacitated.

So much for having control.

As the primary income earner in the business, the health of the business relied heavily on my ability to work.

Now what would happen?

When would I be able to return to work?

Doctors speculated whether I'd ever be able to drive a car again.

I could hardly move my legs without extreme pain.

I chugged down strong pain killers and prayed for a miracle.

For twelve days, I lay in that hospital bed and had a good long think about myself, the business and how this mess could be salvaged.

When my mentor visited me in hospital, all I could do was feebly wave my hands about and blabber about the issues at hand.

He stood at the side of the bed, looking at me, listening.

Eventually he reached over and held my hands down.

I fell silent.

He said we'd find a way through this, wished me a speedy recovery and left.

As I was bedbound, I was highly dependent on the nursing staff to help me in every respect. You can imagine the bodily functions I needed assistance with.

And while the nursing staff were marvelous, friendly, positive, it didn't assuage the embarrassment I felt about my incapacitation.

Once home from the hospital, via ambulance, I had to have special equipment to manage using the loo and the shower.

We had to hire a hospital bed which could be raised and lowered. It had metal sides so I wouldn't fall out.

Rehab would take twelve months.

I'd be able to do 'light duties' at about the six to eight month mark, but forget about returning to work for the rest of 2008.

It was still questionable whether I'd be well enough to ever return to FMT.

For the next three months, I mainly focused on getting as physically mobile as possible, going to rehab (physio, swimming, massage, exercise therapy) and walking up and down the passage at home.

Lil followed me every step of the way, ready to catch me as I teetered around the house. I don't know whether Lil could have caught me but I think she'd have broken the fall somehow,

even if it had meant her body was the buffer between me and the floor.

The other priority was shoring up the business so it could at least keep its doors open.

Staff took on extra hours and patients were notified.

Emma, yet again, proved a godsend. With her at the helm, the chaos was tamed.

The business limped on but the strain was considerable for the entire team.

At about this point the opportunity arose to take on a new practitioner to replace me in the clinic.

As well as I could I trained the practitioner from my sick bed.

Other practitioners pitched in.

The new practitioner slotted into the team and after three months of intense training was gradually taking a substantial role in the business.

Six months after the diabetic seizure we were beginning to breathe again.

At this point, I did do various light duties, managing the business with Lil's continued support.

We'd limped over a major hurdle.

Of course, the business had suffered a severe financial blow and it wasn't firing as it had before the diabetic seizure.

But the doors were still open and I was now back in the driver's seat, not physically the same as I was, but better than I thought I would be.

By now, certain lumbar vertebrae (L2, L3 and L4) had fused and this meant limited movement. I was permanently not quite straight and bending forward for any length of time became tiring.

At least I could drive the car.

Lil and I now fully appreciated how crucial it was to have the business independent of me as the main income generator. We'd effectively changed this situation to the extent that I was no longer a practitioner.

This meant I didn't need to juggle as many moving parts.

Two podiatrists from London were about to arrive in Adelaide to train with me. Somehow, they'd heard about the Foot & Leg Centre via the internet and had requested an exclusive FMT training.

I was incredibly excited about this new opportunity.

The day before our UK visitors were due, our newest practitioner asked to speak with me. Of course, I was available.

The practitioner delivered the news that he was leaving the clinic. He said he'd decided podiatry wasn't for him and he wanted to be a firefighter. He said he'd leave in two weeks, as his contract stipulated.

It didn't seem to matter to this practitioner that he was leaving me in the lurch. A huge amount of time and energy had been invested in him by all members of the Foot & Leg team. He didn't even enquire as to my health.

He was out of there.

We wondered, yet again, how to salvage this situation. I'd have to take on the practitioner role pronto.

Two steps forward, one step back.

Or was it two steps back, one step forward?

Whatever it was, I was back to working hard with a dodgy spine, an ailing bank account and a limping business.

We decided to sell our home in the Adelaide Hills.

Downsizing relieved the financial pressure a bit.

We moved into a cottage next door to the North Adelaide business. It was tremendously convenient.

And for a while it looked like the ship was out of turbulent waters, yet again.

Or was it ...



OUR HOME & GARDEN IN THE ADELAIDE HILLS, 1992 – 2008



OVERLOOKING OUR HERITAGE STONE BARNHOUSE (C.1856)



‘FARMER TED’ WITH MY MOTHER, ANNIE (DOG) & A
NEIGHBOUR’S HANDY UTE, 1999



Chapter Sixteen

Rumours

Always remember ... rumours are carried by haters, spread by fools and accepted by idiots. - Ziad K. Abdelnour

‘You know,’ Tina said, leaning forward to almost whisper. ‘I saw another podiatrist before coming here.’

‘So why have you come to see me?’ I asked.

‘My problem is still there,’ Tina said, widening her eyes.

‘Ah.’

Tina squirmed in her chair. ‘I asked my previous podiatrist what he thought of the work you do.’

Tina hesitated. 'He said that a few exercises wouldn't change anything.'

'You've come to see me anyway?' I said, amused.

'A work colleague recommended you,' Tina said. 'I tend to make up my own mind about things anyway.'

Tina relaxed back into her chair.

'Let me address what your previous podiatrist said to you about the work we do here,' I said. 'Foot Mobilisation is a gentle, hands on approach, combined with specific exercises to strengthen, stretch and stabilise the feet. This combination gives the body the best opportunity to heal itself.'

Tina nodded. 'My podiatrist also said you were expensive so I asked a friend what it had cost her and it was very reasonable.'

'We pride ourselves on keeping our fees as accessible to as many people as possible,' I said. 'If you have Medical Benefits you can claim on the treatment you receive here.'

Tina nodded again.

'There was one other thing the podiatrist said. I thought it was a bit spiteful.' Tina grimaced. 'It made me wonder if there was some sort of professional jealousy...'

'Don't feel obligated to tell me anything that makes you uncomfortable,' I said.

‘Well,’ Tina wrung her hands. ‘He said you had to be a good salesman to flog your treatment.’

It was all I could do not to burst out laughing.

I couldn’t imagine earning a living as a podiatrist for thirty years if I’d had to ‘flog’ my treatment.

‘It seems to me,’ I said to Tina, composing myself as quickly as possible, ‘your previous podiatrist must think the public quite gullible.’

‘It crossed my mind,’ Tina said.

‘People are often skeptical but they literally vote with their feet,’ I said.

Tina laughed. ‘I feel better already for getting that off my chest.’

‘Well,’ I said. ‘Let’s put it behind us now and concentrate on fixing your feet.’

Tina nodded and removed her shoes. ‘My feet haven’t been a problem until recently.’

As soon as I saw Tina’s feet I said, ‘Tina, your feet are “Pes Pancakus”.’

Tina looked at me quizzically.

‘Your feet look as flat as a pancake,’ I said.

Tina laughed. ‘They really are, aren’t they?’

‘People can go through their entire lifetime and never have a problem with their flat feet,’ I said. ‘However, for others it can be problematic.’

‘How come?’ Tina asked.

‘It’s because the term “flat feet” just describes their appearance and not their function. It’s like noses,’ I said. ‘Some people have big noses, some people have small noses. As long as the nose works, the appearance is inconsequential.’

Tina nodded, listening intently.

‘So, for you to have a recent problem, it probably means there’s been a change in the function of your feet.’

‘I told the other podiatrist that!’ Tina said. ‘About three years ago I had a fall in the supermarket and my ankle got twisted. Everything healed up okay and I had a bit of physio. Things seemed fine for about two years but then gradually this nagging, achy feeling got worse, especially when I went for long walks. And it was in the foot that had the ankle sprain.’

‘Aha,’ I said. ‘Ankle sprains can cause a shift or a displacement in the joint structure and even though all of the surrounding tissues have healed and repaired you may still be compensating mechanically. If so, it’s just a matter of time before some sort of symptom or complaint occurs.’

‘Well, to give the previous podiatrist credit,’ Tina said. ‘He did order an x-ray but there was nothing wrong with it.’

‘That’s probably correct if the radiologist and podiatrist were looking for some type of damage, injury or pathological process,’ I said. ‘Very few podiatrists assess x-rays for biomechanical integrity.’

Tina frowned. ‘I knew something was wrong but when the x-ray said there was nothing wrong ... I thought I must have been imagining things. But the pain persisted and I didn’t know what else to do until Maureen told me about you.’

‘Okay, let’s examine things from a different perspective and see if we can put all the pieces of this puzzle together,’ I said.

Tina sighed. ‘So, you really think you can change my flat feet?’

‘Tina, you’ve inherited a foot type with a low arch profile,’ I said. ‘That’s yours to keep forever. What I’m interested in is how the joints and mechanical structures are functioning. We can’t change your inherited foot type but I reckon we could make them work much more efficiently.’

Tina looked relieved. ‘Thank goodness.’

A few months into Foot Mobilisation Therapy, Tina told me this story.

‘My front porch was very dusty and when I went to clean it I could see all these mysterious footprints,’ she said. ‘I thought a stranger must have been walking around barefoot. Someone with a well-arched foot.’

Tina paused. ‘Then I went to have a shower and when I walked out of the bathroom I looked down and there were the same shaped wet footprints. It took me a moment to put two and two together.’

Tina laughed.

‘They were *my* footprints.’

* * *

Rumours had spread within the profession that I was ‘anti’ orthotic therapy.

This was significant because many podiatrists were heavily invested in orthotic therapy.

It was their bread and butter.

I didn’t get bitter and twisted about these stupid insinuations, but in all honesty, this had the effect of reducing my feelings of allegiance with the profession.

A letter from the Podiatry Association requested my attendance at their next meeting.

Apparently, they’d received complaints. I was accused of ‘denigrating the profession’.

The association furnished me with photocopies of my advertising, informing me this was the source of the complaints.

I dutifully attended the meeting.

The Association councilors sat around a big table. Each councilor had photocopies in front of them. Some of the print was highlighted in yellow.

The councilors put forward the complaint. I asked how many podiatrists had complained in order to get a sense of scale.

The Chairman was vague, saying there were 'a couple'.

'So, I'm here because of one, maybe two, complaints?'

A lot of eyes didn't meet mine.

'It's our job to respond to any complaints we receive,' the Chairman said.

'Have I broken any rules or regs with my advertising?' I asked.

'No,' the Chairman said.

'So, what's the problem?' I asked.

'Denigrating the profession is a serious accusation,' the Chairman said.

'Does the Association think I'm denigrating the profession?' I asked.

Silence.

'You can be struck from the Association as a result,' the Chairman said.

'Because of one complaint?' I asked.

Silence.

‘As far as I can see, this advertising informs the public of an alternative treatment option to orthotic therapy,’ I said. ‘How is this denigrating the profession?’

‘We’ll consider our position,’ the Chairman said, clearing his throat. ‘We wanted you to have the opportunity to respond to the complaint in person.’

I thanked them and left, wondering what would happen next.

Was groupthink alive and well in the profession?

Groupthink, according to Kathryn Shultz, ‘typically leads to the incomplete or inaccurate assessment of information, the failure to consider other possible options, a tendency to make rash decisions, and the refusal to reevaluate or alter those decisions once they’ve been made.’ (Pg. 152)

As a result, external opposition – especially opposition that’s perceived as threatening or insulting – tends to make ‘groupthinkers’ dig their heels in even more.

Disagreement had to be squashed from within.

And I was seen as the source of disagreement.

#scapegoat

#offwithhishead

This is what happened next ...

One month later I received a letter from the Podiatry Association informing me I'd no longer be a member of the association for a period of twelve months.

I was still permitted to be a podiatrist.

My membership to the community of believers had been suspended.

#excommunicated

It was a slap in the face with a wet fish.

Another issue loomed ...

Each time I went to pick up the orthotics I'd ordered via Tim and his lab, Tim was more and more distant.

Gone was the easy camaraderie which had once been a big part of our friendship.

One particular day, I couldn't stand it any longer. I asked Tim what was wrong. Had I offended him in some way?

At first Tim was reluctant to say. He half-heartedly claimed there was nothing wrong.

I enquired further, pointing out how uncomfortable it had become between us.

Tim fessed up. He said, 'Some podiatrists aren't happy that you're a client of mine. They're thinking about going elsewhere to get their orthotics made.'

I said I was very sorry to hear this. I had no idea. 'Why are they so upset?'

‘They think you’re going to put them out of business,’
Tim said. ‘I think you’re going to put me out of business.’

#bombshell

WTF?

I told Tim this was far from my intention and, surely, far
from anything sane.

FMT offered an alternative to orthotic therapy but more
often than not it was used in conjunction with orthotic therapy.

Hence my continued need of Tim’s services.

Tim was family and I’d always been an advocate of his
business.

Besides, his business had once upon a time started out as
mine.

Tim still looked agitated. I could tell there was more.

Tim lowered his eyes. ‘You should get your orthotics
made somewhere else.’

These words pushed me back on my heels.

I could weather rumours but this was a blow to the gut.

Of course, I could get my patients’ orthotics made
elsewhere but I’d always felt loyal to Tim.

I opened my mouth in the hope of changing Tim’s mind
but, clearly, Tim’s mind was made up.

With a heavy heart, I extended my hand. Tim shook it.

I left.

I wouldn't see Tim again for ten years.

His business continued to boom.



Chapter Seventeen

Tide Turning

*Never give up, for that is just the place and time that the tide
will turn. - Harriet Beecher Stowe*

‘C ompared to your peers, you’re way off the chart,’
Dennis said, referring to the volume of x-rays I’d
ordered for my patients over the last seven years.

Dennis was the investigating medical officer from the
Health Insurance Commission (HIC),

‘What peers are you referring to?’ I asked.

‘Other podiatrists, of course,’ he said.

I said, 'Other podiatrists don't do what I do so how can you compare me with them? You're comparing apples with oranges.'

'What do you mean, "other podiatrists don't do what you do?"' Dennis was puzzled.

I outlined the basis of Foot Mobilisation Therapy and my methods for assessment, treatment and monitoring of my patients.

Keeping patients' names confidential, I showed Dennis a variety of x-rays.

Dennis scrutinised all of them.

I could see the cogs in his mind whirring.

Dennis was a doctor who understood joint deterioration and anti-inflammatory medication. He agreed, x-rays could help detect joint deterioration before it became too chronic to do anything about it.

'Early detection is crucial,' I said.

Dennis nodded. 'Your approach is very interesting.'

He went on to ask, 'How many people would actually consult a health professional just for preventative advice?'

'Nine out of ten people come to me because they're experiencing pain,' I said. 'Pain is a great motivator, especially when it stops people from doing what they love to do.'

While Dennis seemed to understand my treatment approach, he later referred his investigation to his superiors.

A review was recommended in twelve months.

At our next review meeting, I presented more before and after treatment x-rays. I pointed out to Dennis the improvement in the joint space, demonstrating a restoration of the cartilage lining. It was a clear sign of the reversal of arthritic change in joints.

Dennis stared at the x-rays, chewing his bottom lip.

‘You mean ... ?’ Dennis shook his head, lost for words.

Eventually he said, ‘Are you sure these x-rays are of the same person?’

I nodded. ‘Absolutely.’

‘How old is this patient?’ Dennis asked, referring to the most recent x-ray results I’d shown him.

‘Seventy years of age,’ I said.

Dennis’s eyes popped. ‘You’re kidding me?’

I shook my head.

Dennis stood very still, trying to get his head around what he was seeing. ‘This is amazing.’

I showed Dennis more x-rays.

‘So...’ Dennis scratched his head. ‘What other treatments did these patients have?’

‘None,’ I said. ‘This was achieved through Foot Mobilisation.’

Silence.

‘Universities teach us that once arthritis starts you can’t undo it,’ Dennis said.

‘This is true to a point,’ I said. ‘Stop degeneration before that point and the deterioration can be halted and even reversed.’

‘But ...’ Dennis fought the evidence before his very own eyes.

‘I’ve never heard of this sort of treatment or seen these sorts of results ... ever,’ he said.

‘I suppose this is why you’re investigating me,’ I said.

‘I can certainly see why you’re excited about your work,’ Dennis said. ‘You’re very passionate about what you do and rightly so.’

The HIC investigation was closed.

HAPPY SNAPS @ FMT WORKSHOPS IN AUSTRALIA





Chapter Eighteen

Continents

*There are no secrets to success. It is the result of preparation,
hard work and learning from failure. - Colin Powell*

The UK pods who'd flown all the way to Adelaide to train in FMT got me thinking. Perhaps there were more international health practitioners looking for FMT.

About a year later I had a peer-reviewed article about Foot Mobilisation published in a reputable UK podiatry journal. The upshot was an email inbox flooded with requests to teach in the UK.

Lil and I looked at each other and decided to take a punt. We'd go to the UK for a whirlwind teaching tour lasting three weeks.

It was all we could afford in terms of time away from the clinic.

The logistics were complex, both online and offline.

The financial investment was significant.

We had to book flights, hire conference rooms and portable massage tables. We had to pay for advertising space to market the live workshops in relevant journals and online forums.

In 2010, we set off abroad. Enrolments into the FMT workshops were strong. We returned home heartened by how enthusiastically we'd been received.

By 2011, the demand escalated and a request came through to travel to Canada to train podiatrists and physical therapists there. We did another tour of the UK and included Canada.

Despite being jetlagged, stressed and over-worked for most of the trip, it was another triumph.

Demand in Australia and now overseas continued to skyrocket from podiatrists, physiotherapists, physical therapists, chiropractors, osteopaths, personal trainers and remedial therapists.

We recruited another Foot & Leg Centre practitioner and, in 2012, I officially retired as a health practitioner.

We managed and directed the Foot & Leg Centres and focused on meeting the demand for FMT training.

We received requests to teach in Germany, Portugal and Italy so we took off for a mighty three months, the longest time we'd ever been away from the business since its inception in 2002.

I enjoyed an amazing fiftieth birthday in Rome with friends and family.

Lil and I also celebrated our twenty-fifth wedding anniversary.

The remainder of 2012 was spent at the Queensland University of Technology as Visiting Consultant to the musculoskeletal specialist clinic.

The invitation to teach at QUT came from Associate Professor Lloyd Reed.

Lloyd was one of the podiatrists who attended Dr Lampell's FMT course but didn't carry on with it.

Lloyd saw the value of FMT but his academic commitments meant he didn't have the time to invest to create an FMT protocol.

Given I'd achieved this, Lloyd wondered if I'd be interested in teaching it to the final year students?

Would I be willing to be a consultant in the MSK Specialist clinic to teach students how to treat ‘real world’ patients using the manual therapies modalities I’d mastered?

I jumped at the opportunity.

A former FMT student and lecturer at QUT, Aaron Wholohan, had become a PhD candidate.

We collaborated to undertake a FMT research project using the computerized treadmills and force plates in the university.

I was thrilled to be able to contribute to a researcher and a research project involving FMT.

My role at QUT also introduced me to other leading researchers, Professor Scott Wearing and Dr Steven Urry.

For a non-academic, I loved everything about QUT.

It was another experience I consider a career highlight.

* * *

Anyone who does things differently to the norm in clinical practice is bound to raise some eyebrows, especially in such a highly regulated line of work as health care.

The way we ran the Foot and Leg Centres was unheard of in the podiatry profession and it caught the attention of the Podiatry Board.

It wasn't long before the Board invited me along to another meeting to respond to their queries.

Lil and I were keen to present a clear account of the clinic.

We carefully prepared for the meeting.

At the Board meeting I did my best to explain both the rationale and mechanics of how our clinic worked but, due to its unconventionality, there were still a few blank faces across the table by the end of the meeting.

So, I extended an invitation to each member of the Board to come and visit the clinic while it was open so that those who wanted to could see for themselves how it worked.

Besides, sitting around a table, talking in terms of abstract concepts, wasn't going to satisfy them.

Seeing it for themselves hopefully would.

Eventually two members of the Board, as well as the Head of the Podiatry Department (UniSA), agreed to visit the clinic.

I was excited.

I relished the opportunity.

At the clinic, Board members sat in on consultations, interacted with patients and staff, and viewed a considerable number of before and after treatment x-rays.

They acknowledged I was operating in a different paradigm to traditional podiatrists but they grasped the clinic's key aims and objectives.

Everything was deemed above-board and the public was considered safe.

The Foot & Leg Centres (F&LC) had met stringent regulations with flying colours.

By this stage, F&LC was also an in-house consultancy and training ground for health practitioners from around the world. Practitioners (new and old) would come, experience the Centre in full swing and get their own hands on hundreds of feet over the course of one or two weeks.

Visiting health practitioners frequently commented how different F&LC was to anything they'd ever seen. Many looked like deer caught in headlights after their first days with us. But the cogs would always be whirring as to how they could apply what they were experiencing into their own clinics.

And plenty of dedicated health practitioners went on to do just that. Many engaged me as a consultant so that they could integrate FMT into their own clinics.

Some practitioners used FMT as a vehicle to build their existing businesses.

Others used FMT as a way to build completely new businesses.

Some used FMT as a way to go from being an employee to self-employed.

Stale careers were re-invigorated.

I watched practitioners' lights switch on as missing pieces of the assessment and treatment puzzle fell into place.

#wow

Now, back to the continental journey ...



LIL & I CELEBRATING MY 50TH BIRTHDAY ROME, 2012



FMT WORKSHOP ITALY, 2017



FMT WORKSHOP GERMANY, 2017



Chapter Nineteen

Parting of the Ways

I was motivated to be different in part because I was different.

- Donna Brazile

By 2015, frequent requests from all around the world to teach continued to flood the email inbox.

And while we were thrilled by this response, we were also getting a little weary of the hard work required to keep up with the demands of managing and directing clinics as well as travelling and teaching nationally and internationally.

Something had to change.

We began to look at the online world as an education platform.

Why not get the internet to do some of the hard yards for us by putting course content online?

It proved a gangbuster idea.

Health practitioners were ready for it.

What's not to love about learning whenever you wanted to in the comfort of your own home? No time away from the clinic. No time away from family. No flight or accommodation expenses.

Of course, it took a great deal of time and money to learn about digital technologies.

And for a while there, the workload was huge.

Not only learning about tech stuff but also constructing the courses and trainings.

Plus, the work involved in creating vlogs to keep a hungry FMT following happy.

And then the social media machine also needed cranking.

We were spinning more plates than we could possibly manage.

Having two full-time jobs was bone-crushing.

The lifestyle we'd briefly enjoyed slipped away again.

It was time to sell the Foot & Leg Centre businesses and the associated real estate and sail into the sunset doing what we absolutely loved.

#allora

It came to pass in December, 2016.

Thirty-four years as a clinic owner was over.

#epic

But before then, I was called to the Board for one final showdown, May 30th, 2016.

Issues had been brewing for months. It concerned our advertising strategy which had been focused on educating the public about FMT as an alternative to surgery.

This was part of a three-pronged marketing strategy we'd developed over the years. It'd involved targeting adults with MSK foot problems who wanted to avoid drugs, surgery and orthotics. This was our niche.

In our advertising, we quoted research about unhappy patient outcomes to strengthen our case for avoiding surgery.

We also endeavoured to educate the public about the risks of surgery as well as the financial costs of having it and then recovering from it.

Plus, the problem could eventually return, despite the surgery.

Or surgical complications could result – like scarring – which tended to be as debilitating as the original problem.

Unfortunately, our clinics had been frequented by many patients with devastating post-surgery issues, many of which were untreatable.

Our underlying message was this: surgery should be the last resort. Alternatives should be exhausted before going under the knife.

We thought it important to inform the public.

Sure, it was a marketing strategy aimed at benefitting our businesses but this fact didn't change the facts about surgery.

Wouldn't any good surgeon agree with us?

I received a letter about complaints the Board had received from Podiatric Surgeons regarding our advertising.

As a result, the Board was considering whether our advertising had contravened Rule 19 (b) of the Constitution of the Association. This had something to do with 'dishonourable practices' and 'conduct derogatory to the profession'.

The letter also mentioned, '... suspension or termination of membership or other censure ...'

I responded to the letter.

The Board requested a special meeting.

I agreed to attend.

As it so happened, two members of the Board were Podiatric Surgeons.

On arrival, I requested the meeting be voice-recorded on my smart phone as I didn't want to forget what was discussed. Every word was crucial.

Board members asked me to leave the room as they considered my request.

When I returned to the meeting they said I could record the meeting as long as they received a copy.

I agreed.

The Chairman of the Board wanted me to desist from quoting research about surgical outcomes.

I said I had already desisted after a phone call from one of the Board members (in 2015) who had recommended I do so.

The Board members had no record of this conversation.

I produced my records and the subsequent advertising changes to prove my claim.

At the meeting, I was told an investigating committee had been set up to monitor our advertising. Apparently, this committee had provided a final report to the Board.

I asked to see the report.

A Board member responded with, 'No.'

No explanation of the report was offered.

I concluded there was no report.

The Board members proceeded to go through our advertising in a random manner, offering their opinions, shuffling photocopied papers.

No advertising guidelines had been breached.

Not one single reference to podiatrists' work was denigrating in nature.

No reference was made to surgery being ineffective.

Board members speculated I'd be in deep shit if orthopedic surgeons weighed in on the issues at hand.

Board members attacked FMT as an alternative to surgery and asked for the research supporting the claim.

I provided it.

The Board requested I desist from referring to conservative alternatives to surgery in our advertising.

Soon after attending the meeting, I sent the Board a letter. I counteracted their assertions in writing and stated how unsupportive the experience had been.

By muzzling our advertising, the public lost out on hearing about conservative alternatives to surgery.

Authority won. A hollow victory if ever there was one.

I ended the letter to the Board stating I found it untenable to remain an active, contributing member of the Association.

#divorce

I carried on with facilitating the special manual therapies interest group which met once a month at F&LC. This group had commenced earlier in 2015, at the request of the Association. I had agreed to do it, free of charge.

In 2017, I was approached by the national association to present webinars on a variety of subjects. I was willing to donate my time and energy to these events, which had record-breaking attendances.

At the time of writing this chapter I'm teaching at a summer school in Italy.

#nohardfeelings



SOME OF OUR AMAZING F&LC TEAM
PARTYING TOGETHER, 2016



SCHEMING WITH WONDERFUL JESSIE WHO WORKED @ F&LC
(2007-2012) UNTIL GETTING MARRIED & MOVING BACK TO NZ.
PIC TAKEN IN AUCKLAND, 2018



WITH WORLD CHAMPION CYCLIST, CADEL EVANS, AFTER
FIXING HIS FEET, 2016.
PICTURED WITH ADMIN LEGEND EMMA



WITH FMT ROCKSTAR & BIZ MOGUL,
DANIEL FITZPATRICK, 2017

MORE FMT WORKSHOP FUN.



DINNER WITH GREAT CANADIAN FRIENDS AND FMT
STUDENTS, TORONTO 2012.



Chapter Twenty

Leadership

Followers want to be taken care of. Leaders want to take care of others. We can all be leaders. – Simon Sinek

Leadership is scarce because few people are willing to go through the discomfort required to lead. This scarcity makes leadership valuable ... It's uncomfortable to stand up in front of strangers. It's uncomfortable to propose an idea that might fail. It's uncomfortable to challenge the status quo. It's uncomfortable to resist the urge to settle. When you identify the discomfort, you've found the place where a leader is needed. If you're not uncomfortable in your work as a leader, it's almost

certain you're not reaching your potential as a leader.

- Seth Godin

I've not always been in a good place when it's come to caring about patients.

It's something I'm not proud about.

A colleague happened to highlight the challenges as I was writing this chapter. Her story was timely.

Dedicated, hardworking health practitioner, Carol, lived in a small town where bumping into patients was a daily, sometimes hourly, occurrence. Most of the time this was fine, but occasionally it wore a bit thin.

One night, after a long day in her clinic consulting, Carol suggested to her partner (another health practitioner) they get out of town to have a night to themselves. They'd go somewhere isolated to avoid encountering a patient.

As it so happened, Carol and her partner did run into a patient who took it upon herself to sit with them, uninvited, to tell them about her health problems.

For the entire evening.

As you can no doubt imagine, the night was ruined.

I've heard of health practitioners who invariably get cornered at BBQs or parties and are subsequently bled for

information, even to the point of giving free consultations on their day off.

Sometimes health practitioners are contacted out of hours for emergencies. On these occasions, most practitioners are more than happy to help in any way they can.

On the whole, health practitioners are the most generous, accommodating, compassionate people on the planet.

Once I was caught off-guard when a patient approached me in a gym car park as I was leaving.

The patient, a guy in his late-twenties, suddenly leant through the car window and proceeded to tell me in excruciating detail about his aches and pains.

Ten minutes later, when I managed to get a word in edgeways, I said something I immediately regretted.

I said to the guy, 'Why don't you tell someone who cares?'

It was said in jest but it came out all wrong.

The patient rocked back on his feet, grimaced and stormed off.

The patient subsequently cancelled his next appointment and so did his mother (not before raising merry hell about how her son was spoken to).

Fair enough.

Of course, care is a crucial component of being a health practitioner. It's truly the crux of the matter.

On the whole, we really do care. It's usually a key reason why we've become health practitioners in the first place.

But I believe care is a finite resource, not for everyone, but for some.

And when those limits have been reached (or breached), as in my case at the gym, something needs to be done about it. Fast.

Because such things can be an early warning sign – or not so early warning sign – of burnout.

In my case, I needed kind, considered ways to communicate clear boundaries to my patients. But first, I had to sort through what those boundaries were, when they were to be applied (under which circumstances) and how they'd be executed.

Lil and I also decided to instigate 'Wellness Days', as mentioned previously. We struck a day off the appointment book once a month, usually a Friday, to go off the grid.

Maybe to some this doesn't sound like much (to others it might be a big deal), but it made a difference to me. Planning the day, anticipating it, enjoying it.

Many practitioners I've mentored say 'Wellness Days' have made a profound difference to themselves and their families.

One of the best things we decided to do was plan out our holidays for the following year. Not leave it to chance or

happenstance. Of course, there's always the fun of spontaneously picking up sticks and flying off somewhere for a weekend.

#bellissimo

While I'm on the subject of revealing stuff I'm not proud about, here's another doozy.

Back in the day I used to judge patients' financial wherewithal constantly.

Let me explain.

As I was conducting an initial consultation, I'd consider the patient's clothes, the car keys they'd left on the consulting desk and their profession or work situation.

All the while I'd assess how much treatment they could afford.

I tried to anticipate whether they'd take up my recommendations or not and whether money would be an issue.

When another health practitioner – an FMT student – told me this story, I knew I wasn't alone.

Julie, an amazing American podiatric surgeon with a big heart, told me how a patient came into her clinic dressed in shabby clothes, begging for treatment discounts.

Taking pity, as she often did, Julie virtually donated her time and resources to this patient.

As it so happened, Julie later discovered that the patient was a member of one of the wealthiest families in America.

Julie said she'd never be hoodwinked again.

Of course, some patients really are under considerable financial strain.

At the Foot & Leg Centres, we'd always offer those patients what we called a 'scholarship' opportunity. Or give patients the option of paying their fees by instalments, agreed in writing pre-treatment.

I once had a patient whose husband had died recently and she was experiencing financial strain.

Susan's foot problems were chronic and the treatment plan I mapped out for her would cost a couple of thousand dollars in total, over a six month period of time.

Mapping out a six month treatment plan was highly unusual but Susan wanted the entire picture, leaving no stone unturned.

As it so happened, Susan said she couldn't commence treatment because her finances were prohibitive. I understood and while I was tempted to discount fees right there and then, I said to Susan I really hoped her circumstances would change.

Susan didn't hold out much hope.

Anyway, three weeks later, Susan was back in the clinic. As you can imagine, I was surprised to see her.

Susan said she'd managed to secure a small loan from a family member.

We commenced treatment immediately. Susan made staggering progress and went from strength to strength.

The old adage, ‘Where there’s a will, there’s a way’, held true in Susan’s case.

Sometimes I’ve been tempted to compromise on my treatment recommendations.

But what am I doing as a health practitioner if I’m not giving my best recommendation?

Is a band-aid approach really in my patients’ best interests?

Isn’t it likely to waste patients’ time and money if I don’t fully fix the cause of the problem?

And, by the way, what business is it of mine whether a patient can or can’t afford the treatment?

Is it my call to make? Ever?

Absolutely not.

My job is to do the absolute best for my patients.

Patients have the job of saying yes or no, once they’ve been appropriately informed of their treatment options.

If the practitioner clearly defines their role, it makes it much easier for patients to do theirs.

#amen

I realised late in my career I needed to let go of having to be liked as a health practitioner.

In other words, to do the absolute best for my patients I had to set aside my ego.

Sure, if patients ended up liking me, this was a bonus and one I sincerely enjoyed.

Whether patients said 'yes' or 'no' to my treatment recommendations wasn't a reflection of me as a person. It wasn't personal.

It was usually about patients' priorities.

To be of true service to my patients, I had to put their needs first during consultations so that they felt cared for and respected.

Patients needed to feel safe and confident in my ability to lead them to their health goals.

As I said at the beginning of this book, getting patients to their health goals – getting results – makes being a health practitioner the best job in the world (most of the time).

I doubt I'd have lasted as a health practitioner if I hadn't found ways to breakthrough frustration to fulfillment as a clinician.

But I wasn't after one dimensional success. I wanted multi-dimensional success ...

FUN FMT WORKSHOP PICS FROM AROUND THE WORLD





LONDON, 2012



LONDON, 2017



SECRET HAND LANGUAGE, BOBBIO, ITALY, 2018



Chapter Twenty-One

Multi-dimensional Success

Nothing great was ever achieved without enthusiasm.

- Ralph Waldo Emerson

Throughout my thirty year career as a health practitioner, I was never looking for one-dimensional success.

As I mentioned earlier in this book, I wanted to thrive in three main spheres:

1. As a clinician
2. As a business owner & educator
3. As a happy, healthy lover of life and family

As such, I wanted long-lasting, multidimensional success.

This literally got me out of bed in the morning.

First and foremost, I wanted to make a difference to patients' lives by getting the clinical outcomes they needed, which sounds rather mushy on paper. But, in reality, it was a crucial, motivating reason to show up and get cracking.

#pun-TED

If I wasn't getting the results for my patients then, as far as I was concerned, it was 'all over red rover'.

Job fulfilment relied heavily on fixing patients' problems.

Some practitioners might criticise me for caring too much but I don't pay much attention to the PC police. Continually aiming for excellent clinical outcomes drove me to learn and practice and progress.

Of course, I didn't always win. Sometimes I had to refer to another practitioner. Sometimes I had to accept a less than desirable outcome.

If I couldn't help a patient then I'd tell them up front.

Of course, patients didn't like hearing this disappointing news but they respected openness and honesty.

As I mentioned earlier in the book, I didn't want to be one of the many practitioners whom patients had seen on the medical merry-go-around.

I wanted to be THE practitioner who got the breakthroughs that changed lives for the better: the practitioner

whose patients said to them, ‘I wish I’d seen you sooner’ or, ‘why hasn’t anyone else done this before?’

And while I endeavoured to make positive contributions to patients’ lives, I also wanted to make a contribution to practitioners’ lives through my businesses, trainings and mentorship.

Helping dedicated practitioners get great clinical outcomes for their patients was a passion of mine. I could only serve so many patients as a clinician. By educating practitioners it was possible to use leverage to make a bigger impact.

My students’ remarkable clinical results inspired me to keep going.

While I’m no superhero, as this book highlights, I did a lot of things with enthusiasm. It’s knitted into my DNA.

The third key driver throughout my career was freedom.

I wanted to have my own business so I didn’t have to be accountable to a boss. I could work my own hours. I could create a profitable business to be proud of.

But I also wanted financial freedom. A lifestyle. Time for friends and family.

Having the financial resources to support Lil while she pursued her academic dreams: to buy my in-laws a new car when theirs had been written off in an accident; to make my mother’s life less painful by purchasing a roller door for her garage so she

could press a button rather than lift a heavy door have been some of the most fulfilling times in my life.

In small and big ways, financial freedom has meant enjoying a quality lifestyle and helping loved ones enjoy theirs, too.

Going from frustration to fulfilment as a clinician, business owner and educator hasn't been easy, as this book attests. Persistence is key, as is self-education.

A mentor once said to me, 'Investing in your own education is the best investment you can ever make.'

In fact, looking back at my education, experiences, jobs, nothing has been wasted. Everything has been useful to some extent or another. Even flipping burgers😊



LIL & I IN GHENT, BELGIUM 2017

MORE FMT WORKSHOP HAPPY SNAPS (AUSTRALIA)



FMT ROCKSTARS





Chapter Twenty-Two

Media Star Whore

*If you're always trying to be normal, you'll never know how
amazing you can be. - Maya Angelou*

The hallmark or theme of my career has been discomfort: whether I've deliberately sought it out (as I did when moving to Sydney), or when I've not (fracturing my spine).

Having the Podiatry Board riding my coattails for most of my career has led to significant discomfort.

Pioneering FMT has been a path ridden with discomfort and derision.

And getting in front of the public eye through media, presentations and promotions, has also had its fair share of discomfort.

Writing this book and sharing my personal stories is another sure-fire way to feel considerable discomfort.

What's wrong with me?

#sucker

#gluttonforpunishment

To be perfectly honest, what's underpinned this perpetual discomfort has been a much more important theme: connection.

Without a network of sustaining, stellar relationships my career could have ended on a sh*t-pile of discomfort.

Genuine relationships with patients, practitioners and professionals from all walks of life have led to many surprising opportunities, near and far.

It's how my checkered career as a media whore began ...

In the early nineties, a long-term general routine patient co-hosted a local TV morning show called, 'A Touch of Elegance'.

I know.

How on earth could me and 'elegance' be put in the same sentence, little only on the same TV show?

When Foot Health Week came around I asked Pam whether the show would be interested in promoting foot health.

Pam said she'd speak to the show's producer and her co-host, Margaret Glazbrook.

They gave the idea the nod and, soon enough, I was sitting in front of a camera with Pam, chatting about feet.

The very next day I received a phone call from Victoria, a member of the Board.

Victoria was upset. She said the TV segment had been 'self-serving'.

'And they must stop calling you "doctor". You're not a foot doctor,' she said.

Victoria demanded I seek permission from the Board if I were to appear on TV again.

As it so happened I was asked to do a monthly foot segment on the show.

I duly informed the Board.

Permission was granted.

Victoria kept ringing after every show to accuse me of self-promotion.

I countered the argument by saying it was about greater public awareness of podiatry and any viewer who enquired about the segment would receive the Podiatry Association phone number.

On a side note, not one new patient resulted from those TV segments.

Nonetheless, I didn't stop doing them.

A change of TV producer provided a new opportunity. I was invited to talk on radio 5DN. Of course, I said 'yes'.

On a Friday afternoon, I chatted on air about feet for half an hour with the host.

Afterwards the producer came into the studio. The producer and the radio host looked at each other then looked at me.

'Can you come back?' the producer asked.

Of course, I could come back😊

I sought permission again from the Board.

Victoria rang. 'Make sure you say "orthoses", not "orthotics".'

More radio interviews ensued.

Farming families and wine-making families came to the clinic as a result. 5DN must have had a strong country following.

In the early days of the Foot & Leg Centre, one of our great practitioners, Tito, had a connection with a producer on another radio show.

As a result, we both chatted for forty-five minutes on 5AA with radio presenter, Phil Sheldon. We did this a couple of times.

The public response to this segment was quite strong with over 50 new patients each time.

In 2014, I appeared on TV again, on a show called ‘Today Tonight’, talking about school shoes. Then I was involved in another TV segment about cyclists and the Tour Down Under.

Then a bigger TV segment on Foot Mobilisation was filmed and aired.

The response was huge.

The segment brought in over a quarter of a million in business that year and profits kept on rolling into the following year.

New patients continued to come to the clinics because friends or family members had referred them.

The Foot Mobilisation TV segment also aired in Perth and big bickies went to FMT graduates over there. Boxes of wine came my way.

#bonus

The following year, two major newspaper stories were published about me without any solicitation on my part whatsoever. One story was published in the business pages of the newspaper. The other was published in the general news section.

Both articles were accompanied by big pictures.

This free advertising resulted in a surprising eighty grand of new business (conservatively).

Standing in front of groups and presenting a talk on foot health had varying results. The best group presentation was to a

walking group that a patient invited me to. At least sixty per cent of the group ended up coming to the Foot & Leg Centre.

Talking to large groups in gyms also resulted in strong revenue for the business.

Talking to service groups (Rotary, Lions, etc) resulted in low engagement for the business.

Showing up on camera, creating promotional videos for social media postings proved highly successful for FMT Workshop enrolments around the world.

Now the future is in your hands with social media and Google Adwords.

How much discomfort will you endure to succeed?

Will you choose courage over comfort?





Epilogue

‘I’ve failed over and over again in my life. And that is why I succeed.’ - Michael Jordan

At the time of writing this book (2018), Lil and I are spending three awesome months in northern Italy, enjoying a complete break from delivering FMT workshops.

We’ve put a bookmark in our popular live FMT trainings when they’ve reached their zenith around the world.

High caliber workshops take a tremendous amount of energy to organise and deliver so having a breather is a boon.

It feels surreal to be here in this gobsmacking region of Italy not working our guts out.

#longserviceleave

Getting away from our everyday routines to find a critical vantage point - a bird's eye view - while totally immersed in all things Italian, has given us the opportunity to see our work and our lives a little clearer.

Reflecting on my thirty plus years as a health practitioner and twenty-three years as a teacher, mentor and trainer, has been a blast.

I started out working in cubicles and now Lil and I have the great fortune to enjoy a life moving between continents.

The blood, sweat and tears (some of which have been excluded from this book to make it as pacey as possible) have been worth it.

Would I do it all again?

No.

Wisdom in hindsight.

#eyeroll

I've made a lot of mistakes.

I've fallen down rabbit holes and landed on my ass.

I've gotten lost, hacked my way through the forest and emerged scathed but miraculously alive.

To be honest, this is not a path I'd recommend, despite the outcome.

#baptismbyfire

From the start, I was driven to do things differently.

Just because health professionals were doing things a certain way - decades old - didn't mean I had to do it that way, too.

As I saw it, nothing was set in concrete, least of all treatment protocols or business models.

As Lily Tomlin says, 'Reality is nothing but a collective hunch.'

These days there are a plethora of business advisory support groups and business training opportunities.

Same goes for mentors.

Health professionals who engage with these services can rest assured they're most likely avoiding many of the headaches I experienced.

Engage with mentors who have succeeded in doing what you want to do. They've runs on the board and experience to share in spades.

#allora

Where to next for Lil and me?

What chapter will we begin now?

We're currently making a significant shift to the online world, consolidating all we've learnt and developed online and off-line.

Perhaps the next book could be titled, ‘From Continents to Computers’?

We hope you’ll be there, enjoying the adventure with us.

We guarantee to make it worth your while – choc fudgy, a little fuggy and, no doubt, funny.

And now I feel the need to bring this book to a satisfying conclusion ...

#hollywoodending

I’ll leave you with a quote by Spanish poet, Antonio Machado, which captures the spirit of what I’ve hoped to convey in this book:

‘Traveler, there is no path. The path must be forged as you walk.’



LIL & I WITH BELOVED FRIENDS IN BOBBIO, ITALY 2018



Acknowledgements

Having a business partnership with my life partner, Dr Lily, has been the saving grace of my career (and my life). I truly couldn't have done half the things I've accomplished without her abiding love, business acumen and unstinting support. Eternal thanks for also doing the hard yards editing this book.

As for the amazing, dedicated F&LC team who worked above and beyond the call of duty on more occasions than I can count on my fingers and toes for fourteen years, without your support, world-wide success would have been elusive.

To the awesome health practitioners who have been my students and mentees, I thank you for teaching me more than I could ever imagine. Your positive feedback and enthusiasm to learn has inspired me to keep going.

To my many teachers and mentors (you know who you are), I'm forever in your debt. You helped me find the missing pieces of the treatment puzzle (as well as the business puzzle) so more patients could be helped like never before.

To my patients who endured being guinea pigs in my laboratory of a clinic, thank you for your willingness to participate in treatment trials. You've been essential to an evolving body of knowledge. This knowledge has been shared with the world for the betterment of other patients.

To my family and friends who have been there for the long haul, thank you from the bottom of my heart.

Thank you for reading this book. I'd love to hear what you think of it.

I will respond to every message: ted@tedjedynak.com

Ciao!



CONTEMPLATING LAKE COMO, 2018

From Cubicles to Continents

8 FMT PATIENT STORIES

Patient Story 1

Cheryl

Cheryl strode into my consulting room wearing patent leather boots with perilously high heels. She removed a black jacket lined with crimson satin, sat down on the edge of a chair and crossed her legs.

‘How can I help you?’ I asked, wondering what to expect.

Cheryl flicked her jet-black fringe from out of her eyes. Her nails and lipstick were matching ruby red. Her striking complexion was pale, almost gothic.

‘My feet are so ugly I’m ashamed to show them to you,’ she said. ‘I’ve got awful bunions.’

Cheryl had written on her New Patient Form that she was forty-four and a magazine editor.

‘I wish I could wear heels without always being in pain,’ Cheryl said. ‘It doesn’t help my pole dancing.’

I looked up from Cheryl's file. Had I heard her correctly? Pole dancing?' I asked.

Cheryl nodded. 'It's the best exercise.'

I waited for Cheryl to laugh but she didn't. She was deadly serious.

'I see,' I said, having a little difficulty seeing at all.

'I can't play tennis with my husband any more,' Cheryl said. 'So, I go to bible class instead.'

'Oh,' I said, struggling to keep up with the conversation. 'Pole dancing and bible class?'

Cheryl grinned. 'It's a little paradoxical, I suppose. I want to be a pole dancing preacher.'

* * *

Patient Story 2

Gerry

The consultation reviewing Gerry's progress had gone well.

Gerry confirmed the original problems with her hip and lower back were completely resolved. Gerry could now do a lot of activities she thought were beyond her when she first came to see me.

‘This winter I’m going back to skiing, I feel that confident,’ Gerry said.

‘That’s great,’ I said. ‘So, tell me what you now enjoy doing that you couldn’t before?’

Gerry hesitated before replying.

‘My husband and I often have little battles about who is the real boss in our household.’ Gerry’s cheeks reddened. ‘I have to regularly remind him that while he may be the CEO of his company, he’s not the boss of our home.’

‘Oh?’ I was intrigued.

Gerry bit her bottom lip. ‘Well, just recently he was taught a lesson about who really is on top. I hadn’t been able to exercise that position until my treatment here.’

We laughed.

‘I bet you weren’t expecting that,’ Gerry said.

‘No,’ I assured her. ‘Definitely not.’

* * *

Patient Story 3

Barbara

‘You’ll never guess who I had dinner with last night,’ Barbara said as the consultation finished.

Barbara had been coming to the clinic for the past three weeks. We often swapped restaurant recommendations.

‘Who?’ I asked.

‘It was an old friend of mine. She told me she’d sat next to you on a plane some years back.’

I quickly scanned my mental archives for women I’d met on a plane.

‘Apparently she asked you what you did for a living and you said you saved soles.’ Barbara chuckled. ‘That’s something you’d say.’

‘Could it have been about eight years ago?’ I asked.

Barbara nodded. ‘To think she remembered you all that time.’

Barbara looked thoughtful for a moment. ‘You sure know how to make an impression on people.’

As Barbara stepped into the waiting area another patient, Jenny, sprang to her feet.

Jenny leaned on the reception counter and in front of several people said, ‘Do you remember what I told you when I first met you?’

Everyone stared at Jenny, wondering what she was on and whether it was contagious.

I took a big breath and did a turbo-speed file search, trying to recall the first time I’d met Jenny. She’d come to see me three years ago because of a chronic, long-term problem with her feet and knees. I’d been her last resort.

Today Jenny was in the clinic for her annual check up.

‘Of course I do,’ I said, stalling for time. I didn’t want to disappoint Jenny.

‘Well, what was it then?’ Jenny insisted.

‘Haaaaah!’ I said, remembering at last with relief. ‘You said you’d love me forever if I fixed your feet.’

‘That’s right,’ Jenny said. ‘I said I would love you forever.’

Jenny turned to my receptionist. ‘You know, he fixed my feet and I’ll love him forever!’

Jan politely smiled from behind the reception desk.

* * *

Patient Story 4

Joan

During her initial consultation with me, Joan peered over the top of her steel-rimmed glasses. She was obviously the type of person who called a spade a spade. She wouldn't suffer fools gladly.

Joan clasped her hands and determinedly continued her interrogation. 'Why hasn't anyone else recommended this treatment to me?'

I thought for a moment before replying. 'Foot Mobilisation Therapy is a pioneering field. Not many podiatrists are skilled in this treatment option.'

Joan frowned. 'So, this isn't something that's taught in universities?'

'Not yet,' I said. 'The wheels turn very slowly.'

Joan thought for a while longer. She rolled her thumbs, mimicking the cogs of her mind turning and churning.

'How do I know that what you're claiming is the cause of my problem is actually the cause?'

I sat back in my seat.

No-one had asked me this before.

Why should Joan just take my word for it?

‘The best way to confirm my diagnosis is to take an x-ray of your feet,’ I said.

‘I’m not having an x-ray,’ Joan said, gritting her teeth. ‘Radiation is harmful.’

‘That’s true,’ I said. ‘But, fortunately, we live in an age where radiation exposure to the feet is equal to watching three hours of television.’

‘Oh?’ Joan cocked her head. ‘I didn’t know that.’

‘The information I can gather from an x-ray far outweighs any disadvantage,’ I said.

Joan thought about this for a while before agreeing to an x-ray.

After the consultation, Joan bee-lined for the reception desk.

I overheard Joan asking Emma the same questions she’d just finished asking me.

When Joan left the clinic that day I thought I’d never see her again.

Why Joan reappeared for her next appointment was a mystery to me. She continued to ask questions. It felt like a tug of war.

To make matters worse, Joan didn’t feel better as the treatment progressed.

‘Why am I feeling worse?’ Joan asked, drawing her eyebrows together and fixing me again with her indomitable blue eyes.

‘Remember how I told you in our first consult together that we’re undertaking a renovation project?’

Joan nodded.

I reiterated the analogy and then added:

‘Sometimes we have to tear apart the structures that are restricting the joints, like the muscles, ligaments and tendons. While this can cause discomfort, it’s a necessary process that paves the way for tissues to heal and repair.’

‘So, you’re saying you have to be cruel to be kind?’ Joan asked, softening a little.

‘Yes, that’s it exactly,’ I said. ‘It’s a similar process to removing a splinter. Even while the splinter is being removed it hurts. And after the splinter is removed it’s still sore because it takes time for the body to heal.’

Joan nodded imperceptibly as if reluctant to concede the point. ‘While things don’t feel better, they could be getting better?’

‘Yes,’ I said. ‘How you feel and how you actually are doesn’t always correspond.’

‘Oh,’ Joan said, considering this point.

While it's important to listen to patient's reports of their symptoms and sensations during the treatment, patients' discomfort isn't always a reliable guide as to how well they're progressing.

And as long as that discomfort is within patients' tolerance level - they're still able to do their normal daily activities - it's important to keep going.

I expected to hear any day that Joan had given up but, to my surprise, she kept reappearing for appointments. Her protests began to diminish.

When we met for our first review of the treatment, Joan was very clear about her progress.

'There's less pain,' she said. 'I'm able to walk a lot further.'

'That's great to hear,' I said.

'I even look forward to visiting the clinic,' she said.

This caught me by surprise. Did she look forward to seeing me?

'There's a coffee shop down the road that I like to go to afterwards.'

Joan persevered with the treatment. Her whole demeanor changed. At the end, I couldn't help but remind her of her initial skepticism.

Joan dismissed my comment with a wave of her hand. 'That was then, this is now. No need to get hung up on things.'

What an excellent point.

We still see Joan. On her way to her favourite coffee shop she pops her head into the clinic just to say hello.

* * *

Patient Story 5

Rosemary

As I shook Rosemary's hand she said, 'I hear you speak Polish.'

Surprised, I said, 'Tak. Nie dobrze.' This was Polish for 'yes, but not good'.

I then launched into my full vocabulary, 'pierogi, kapusta, niema deszczu', which translated as, 'pasty, cabbage, it's not raining.'

Rosemary laughed.

'Chodz tam,' I said, meaning 'go over there.'

Rosemary stood up and followed me into the consulting room.

In the consulting room I said, 'Siedz tam', meaning 'sit there.'

Rosemary did as I asked.

I immediately broke into song and Rosemary joined in, 'Sto lart, sto lart, niech zyje zyje nam.'

We laughed.

'That brings back memories,' Rosemary said, wiping tears from her eyes. 'All those parties.'

I glanced at her New Patient Form. Rosemary's surname was Smolski, a good Polish name.

'In Polish my name is Theodore,' I said. "'Theo" means "god" and "dore" means "gift". "God's gift".'

Rosemary chuckled. 'I bet your wife isn't convinced.'

'Er, no,' I said, sheepishly. 'So, how can I help you, Rosemary?'

Rosemary gave her watery eyes one last wipe.

'My problems began when I was fifteen,' she said, settling into her chair and crossing her legs. 'I've been searching for a cure ever since.'

Rosemary was in her mid-forties so she'd obviously been searching for quite a long time.

Like Sally, Rosemary had sought help from a lot of health professionals, mainly podiatrists, chiropractors and doctors.

'Chiropractors were only concerned with my spine,' Rosemary said. 'Doctors only wanted to give me pain killers and podiatrists insisted I have those dreadful orthotics shoved into my shoes.'

‘None of them gave me the relief from pain I craved,’ she said, clutching a gold pendant necklace. ‘I don’t think they really listened to me. I kept telling them that the problem was coming from my ankle.’

I examined Rosemary’s x-rays. There were a number of troubling signs.

‘The dragging pain in my hip really gets me down,’ Rosemary said, placing a hand on her left hip. ‘I see a future of hip replacements and an ankle fusion.’

Rosemary bit her bottom lip. ‘Thank goodness my husband suggested I see you. He drives past your clinic every day.’

Rosemary threw her orthotics onto my desk. ‘The very idea that I can get rid of these awful pieces of plastic ...’

We both inspected the orthotics splayed on my desk. They looked forlorn.

‘They’re like planks of wood under my feet,’ Rosemary said. ‘I don’t even think they work. The number of times I’ve wanted to throw them in the bin. You know, I can’t even walk around the block without my ankle jamming up.’

After a thorough biomechanical assessment, I said to Rosemary, ‘Your problem definitely stems from your feet.’

Rosemary nodded.

‘Think of a house,’ I said. ‘What happens when the foundations are unstable?’

Rosemary thought for a moment. ‘The walls crack. The windows don’t open and close properly. Everything’s skew-whiff I suppose.’

‘Exactly,’ I said. ‘If the problem becomes bad enough, what do you think happens then?’

‘I guess the house would eventually fall down,’ Rosemary said.

‘It’s the same with the body,’ I said. ‘It’s a structure too.’

Rosemary nodded again.

‘If the foundations of your body aren’t strong, the rest of your body has to compensate. What do you think happens then?’

‘Aches and pains,’ Rosemary said, massaging her sore hip. ‘The body becomes skew-whiff too.’

‘Exactly,’ I said. ‘The body definitely can’t function at its best.’

‘I’m living proof of that,’ Rosemary said.

Rosemary launched into Foot Mobilisation Therapy and within two weeks she reported remarkable changes.

‘I don’t even get headaches anymore,’ she said. ‘I can’t believe it. I’ve always had headaches.’

‘What happens to the feet and legs can affect the entire body,’ I said.

‘I’m sleeping better too,’ Rosemary said.

Encouraged by her progress, we carried on.

Meeting with me again to review her progress, Rosemary burst with news.

‘I don’t have that dragging pain in my hip anymore,’ she said. ‘It’s like being released from a torture chamber. My husband reckons I’m twenty years younger.’

As Rosemary left the consulting room, she winked. ‘Malcolm’s going to get lucky tonight!’

* * *

Patient Story 6

Beth

I’m really pleased with how much better I am,’ Beth said at the beginning of our consultation. ‘But now I’m wondering how long it’s going to last.’

I said, ‘If you were a lump of wood stuck in a corner, then things would pretty much stay exactly as they are. But, of course, you’re not a lump of wood.’

Beth shook her head.

‘You’re a dynamic, active human being who is constantly subject to a wide range of different forces,’ I said. ‘These forces are physical, chemical, nutritional, emotional, to name a few. Every minute of every day your body has to deal with these forces as you go about your daily life.’

Beth thought about this.

‘Given that there’s twenty-eight bones, forty-one muscles and one hundred and seventeen ligaments in each foot, there’s a lot that can go wrong in a very short period of time.’

‘Phew,’ Beth said, looking down at her feet.

‘Now your body has a much greater capacity to cope with life’s forces,’ I said. ‘But this doesn’t mean you’re an immortal superhero.’

‘You mean I’m not Superwoman now?’ Beth raised her eyebrows in mock-surprise. ‘You’re a bit of a party pooper.’

We laughed.

I said, ‘It’s a bit like those gorgeous vintage cars. With proper maintenance, their life has been extended way beyond that of a neglected, broken down rust bucket of a car.’

‘So, you want me to think of my body like a classic Merc,’ Beth said. ‘I’ve got to keep polishing and tinkering.’

‘Exactly,’ I said. ‘Or you’ll end up driving a toe truck.’

Beth’s face went blank.

‘Toe truck, toe, get it?’ I prompted.

Beth burst out laughing. 'I thought you meant tow truck and I was thinking, what's he going on about now?'

'Got to keep you on your toes,' I said.

Beth rolled her eyes.

'All jokes aside, you're now as good as new,' I said. 'To keep you this way, your maintenance will consist of your daily two minute exercise routine.'

'That's easy', Beth said. 'Those exercises have become a habit, whenever I clean my teeth. I don't even have to think about them.'

'Good,' I said. 'We'll have periodic check ups to ensure you're staying on track. It's really a lot like your dental maintenance. You're going to clean and floss on a daily basis and then you're going to have a periodic check up with your dentist.'

Beth shrugged. 'Sure.'

'The fact is, a human body is never really "fixed" permanently,' I said. 'Periodic check ups are important. If your body gives you feedback such as pain, or symptoms like you had before, or even something new, then you should come in sooner.'

Beth nodded. 'I always enjoy visiting your clinic. It's very professional but friendly too. A really lovely combination.'

* * *

Patient Story 7

Dame Elizabeth

Emma entered the consulting room and placed a pile of files on my desk.

‘There’s a call for you from Scotland,’ she said, gesturing towards the red button blinking on my phone. ‘Dame Elizabeth wants to speak with you.’

I raised my eyebrows. ‘Dame Elizabeth?’

Was I hearing things?

Emma nodded. ‘Line one.’

‘Okay. Thanks.’

Why would someone call me from Scotland?

I cleared my throat, picked up the receiver and introduced myself.

A very correct voice said, ‘This is Dame Elizabeth Montfort speaking and I’m calling because a friend of mine has been to see you and she was most impressed with the results.’

Dame Elizabeth’s voice sounded so close she could have been calling from the house next door. I didn’t detect a Scottish accent.

‘I was wondering whether you could help me,’ she said. ‘I’ve been to numerous specialists who have provided a multitude of conflicting advice.’

‘I see,’ I said, still a little puzzled. ‘It would be very difficult to make an accurate assessment over the phone, Dame Elizabeth. I’d need to see you in person, I’m afraid.’

‘Tish tosh, dear fellow,’ she said. ‘I’m about to leave my country estate in Scotland to visit Horsetraylia. I’ll be staying with family and friends. Could I make an appointment to see you then?’

I said yes, she could and put her through to Emma.

A few weeks later, Dame Elizabeth gracefully walked into the clinic wearing a hat, gloves, matching handbag and shoes. She was tall, coiffed and honey-blonde. Her porcelain complexion appeared far too delicate to tolerate the harsh Australian sun.

It was hard to tell her age. Strings of pearls decorated her neck and wrist. I had visions of the queen and wondered if I should bow or at the very least roll out the red carpet.

‘I’m in a spot of bother with my feet,’ Dame Elizabeth said, regally taking a seat in the consulting room. ‘It’s affecting my knees.’

Dame Elizabeth sighed. ‘Whatever next? Hips? Back? I shudder to think.’

X-rays revealed the onset of arthritic change.

Dame Elizabeth's feet were seizing up, as she put it.

I explained to Dame Elizabeth how compensation was an all-too frequent problem.

'There are two main causes of compensation,' I said. 'The one you have is where there's a lack of normal joint mobility.'

'I see,' Dame Elizabeth said, tucking crossed ankles under her chair.

Dame Elizabeth thought for a moment. 'So how do these compensations occur?'

'Compensations occur when a joint is exposed to more force than it can withstand,' I said. 'This can happen through accidents or injuries, through work or recreational activities. Sometimes the nature of our jobs can cause compensation because we're standing for long hours on hard floors. Sometimes the body type we've inherited can predispose us to shifts or displacements of the joints. Even our footwear can contribute to joint displacements. Compensations can occur at any stage of our lives to just about anyone.'

'How interesting,' Dame Elizabeth said. 'No-one has gone to the trouble to explain the problem so clearly. Podiatrists and physiotherapists just wanted to put me in some sort of ghastly splint. Surgeons wanted to fuse the area. I couldn't understand why they would want to do this.'

‘The instep is an area of the foot that needs to move,’ I explained. ‘Splints and fusions prevent movement which usually causes the feet to try to move somewhere else, overtaxing joints which aren’t designed to do the work.’

‘Precisely put, dear fellow,’ she said, peering over her glasses. ‘At last someone’s talking sense. To think I had to come all this way to get some decent advice.’

‘What we need to do is stimulate mobility and flexibility in order to free up the restricted area,’ I said, and proceeded to map out a treatment plan for the six weeks Dame Elizabeth was in Australia.

On her last appointment, it was difficult to dissuade Dame Elizabeth from packing me into her suitcase. ‘You’re a world-leader,’ she said, shaking my hand. ‘I shall return.’

True to her word, Dame Elizabeth visited the clinic twelve months later. I almost didn’t recognise her. She looked about fifteen years younger.

The concern, despair even, creasing her forehead during her first visit had completely vanished. She was delighted with her progress.

‘I’m enjoying life so much more,’ she said. ‘I can get through a cocktail party without a second thought for my feet or my knees. That’s quite an achievement.’

As she left, Dame Elizabeth said, ‘Please come to the UK. We desperately need you over there. If only more people knew about your work.’

Dame Elizabeth’s request was to be fulfilled years later but not in quite the way she intended.

* * *

Patient Story 8

Cathy

‘As soon as I heard you were getting people out of these awful orthotics, I rang to make an appointment,’ Cathy said as she sat down. ‘You’re a light at the end of a very dark tunnel.’

Cathy went on to say, ‘My podiatrist told me I needed to give my orthotics a good six weeks to really work. I went back for my check up after six weeks and there hadn’t been any change. Not one percent.’

Cathy shook her head, took a breath and carried on. ‘He said I should give it another six weeks. So, after twelve weeks, when there was still no change I thought, that’s enough. I’d given it a fair go. I figured that anyone who skates to work on roller blades, wearing a superman cape, can’t do any worse.’

I laughed. 'How did you hear about that?'

'Oh, I do my research, don't you worry,' Cathy said. 'I work with a guy who told me this story about a podiatrist he saw as a kid.'

'Well, I spend all of my time working with feet,' I said. 'It tends to mess with the mind.'

Cathy laughed.

'We put two and two together and realised it was you,' Cathy said.

'Yes,' I said. 'That was definitely me.'

Cathy, like many patients before her, didn't want to wear orthotics.

Not only did Cathy want to wear her fashion shoes again, there was something even more important for her at stake.

'I've always been active,' she said. 'I've probably abused my feet in the past. I'd loved to have been a ballet dancer as a child but my feet were just too weak.'

'When my eight year old daughter took up ice skating I decided to give it a go as well,' she said. 'I loved it but ice skating just wasn't compatible with my bad feet.'

Cathy gripped the arms of the chair. 'I was determined though and went on with it. Damn the consequences!'

She laughed. 'I even won a gold medal in Sydney at my first competition.'

I was impressed.

‘I did star jumps and spins, the whole bit,’ she said and I had a vision of Torvill and Dean doing their Boléro routine in front of a riveted audience. ‘When I damaged my knee it was a bitter blow.’

Cathy sighed.

‘I couldn’t wear orthotics in my skating boots so I thought my skating days were over,’ she said. ‘I didn’t want to rely on orthotics for the rest of my life.’

I nodded.

‘My feet seemed to be getting more and more dependent on the orthotics,’ Cathy said. ‘As if my muscles were weakening even further the longer I wore them.’

Cathy grimaced. ‘It didn’t feel right that my already weak feet were becoming weaker. It really worried me.’

Cathy paused to gather her thoughts. ‘And now I’ve found you.’

When I assessed Cathy’s x-rays I was saddened to see how much deterioration had occurred to feet so young.

Cathy was only in her mid-forties but her feet were like those of a much older person.

‘It’s clear from your x-rays that if you do nothing, your joints are probably going to end up arthritic,’ I said.

‘I shouldn’t be surprised, I suppose,’ Cathy said, taking the news well. ‘I’ve always known my feet weren’t strong.’

‘The good news is we may have caught the problem in time,’ I said.

Cathy undertook Foot Mobilisation with a positive outlook and within weeks noticed new strength in her feet.

‘I’ve never had this sort of strength and flexibility, not even as a child,’ she said.

When we reviewed her progress, Cathy said, ‘The music my feet now play has nuance. The metatarsals are running in counterpoint to each other.’

I was delighted by this response.

‘I’ve even been skating again,’ Cathy said, her face lighting up. ‘Now I can plant the big toe and launch myself in a way I’ve never had the strength to do before. I can’t believe the ease with which I can perform now. It’s like I can freely flow...’

She paused, thinking.

‘That’s a metaphor, isn’t it?’ Cathy laughed. ‘I’m flowing with life now.’

I said I was thrilled for her.

‘You know,’ she said. ‘It really is a life changing experience to feel your feet can support you. I’ve never had that sort of trust before.’

As Cathy left the consulting room, she said, ‘It truly is transforming.’

Book Recommendations

The E Myth Revisited: Why Most Small Businesses Don't Work and What to Do about It by Michael Gerber

The Culture Code: The Secrets of Highly Successful Groups
by Daniel Coyle

Failure: Why Science Is So Successful by Stuart Firestein

The Barefoot Investor: The Only Money Guide You'll Ever Need by Scott Pape

Being Wrong: Error in the Margins of Truth by Kathryn Schultz

The Icarus Deception by Seth Godin

The Abilene Paradox and Other Meditations On Management by Jerry B. Harvey

The New One Minute Manager by Ken Blanchard

Good to Great: Why Some Companies Make the Leap and Others Don't by Jim Collins

Who Moved My Cheese? An Amazing Way to Deal with Change in your Work and in your Life by Spencer Johnson M.D.

Fish: A Proven Way to Boost Morale and Improve Results
by Stephen C. Lundin

Steve Jobs: The Exclusive Biography by Walter Isaacson

Elon Musk: Tesla, SpaceX and the Quest for a Fantastic Future by Ashlee Vances

SHAM: How the self-help movement made America helpless
by Steve Salerno

The Business of Belief by Tom Asacker

Start with Why by Simon Sinek

*Daring Greatly: How the Courage to be Vulnerable
Transforms the Way We Live, Love, Parent and Lead* by Brene
Brown