

 Dr. Adam Klotzek - 00:00


Yep, you got me. All right.

 Dr. Joseph Schneider - 00:01


Thank you. You're there, man.

 Dr. Adam Klotzek - 00:03


What's up, brother?

 Dr. Joseph Schneider - 00:06


Everything.

 Dr. Adam Klotzek - 00:07

Everything.

 Dr. Joseph Schneider - 00:08

Oh, man. My world got crazier.

 Dr. Adam Klotzek - 00:12

Why? What happened? What's going on?



Dr. Joseph Schneider - 00:14

I got a chair.



Dr. Adam Klotzek - 00:17

Well, that's good. Hopefully I can ease some of the craziness for you in a week or two.



Dr. Joseph Schneider - 00:22

No, I think you will. I think. I mean, that's like. I'm really looking forward to it.



Dr. Adam Klotzek - 00:26

Me too, man. Me too.



Dr. Joseph Schneider - 00:27

You know, you get in practice and unless you have someone you can bounce stuff off of it's kind of like stressful, you know what I mean? Because you. You're thinking, am I making the right decision? Like everything, you know, has to get the patient comfortable as much as possible.



Dr. Adam Klotzek - 00:45

No, I totally understand that. That's one of the things I always didn't like about solo practice is that you just never really had that opportunity to share ideas, you know, with like minded people. So that's what I'm looking forward to. We're gonna have a good time. For sure.




Dr. Joseph Schneider - 01:00


We're gonna have a great time. Yeah, exactly. So.

 Dr. Adam Klotzek - 01:04


So what do you want to talk about today? I know you mentioned some stuff on vestibular stuff, which is probably right in line with the chair and all this other stuff.

 Dr. Joseph Schneider - 01:13


Yeah. I mean, I'm thinking that. What. What is the attraction for patients to come in for a chair? Now, I would say that vertigo and dizziness would be a big one on the list. Maybe, maybe tops for. For interest on the chair. But you're never sure about that, right.

 Dr. Adam Klotzek - 01:42


That in concussion. And the reason being is that, I mean, the best way to view how a concussion has damaged the brain is to look at the way that the eyes move under different conditions. And that's what that technology allows us to measure, like super accurately.

 Dr. Joseph Schneider - 02:02


Oh, definitely. But that's from a clinician side. Okay, what is it from the patient side?

 Dr. Adam Klotzek - 02:12


Neck pain. Simple. Simple neck pain. I mean, a lot of people don't realize.

 Dr. Joseph Schneider - 02:18


I don't think that really does it either. No, I don't think it does it. Yeah. Like, our programs are expensive. All right. So. No, that they are, but they're. They are for a reason. And my reasoning, because, you know, I spent my life being a clinician. Right, Right. And is that in every condition there's concomitants. Right. But there's one thing that sparks a patient's interest. Right. And one thing that really hasn't been fully taken care of in the clinical world is dizziness and vestibular disorders. Right?

 Dr. Adam Klotzek - 03:05


Yeah. I mean, that's yes, totally. 100 Agree.

 Dr. Joseph Schneider - 03:07


Is that. Is that fair to say? Right?

 Dr. Adam Klotzek - 03:09


Yeah, absolutely. Yeah.

 Dr. Joseph Schneider - 03:11


So if you say to a person who has dizziness and vertigo that let's do some eye stuff, Right. They're saying, I've already been to an ophthalmologist. I've been doing eye exercises, and it's not affecting me. Okay, Right. And then where do you take the conversation from there? So in. In the communication of the chair? Well, the chair is really designed to integrate vestibular with visual.

 Dr. Adam Klotzek - 03:46

Yeah. And I mean, it also allows us to. To measure things in ways that a lot of other clinicians can't measure. It gives us, I guess it gives us level of accuracy and precision that you can't get any other way. So my feeling has always been that a reason a lot of these, you know, I therapy programs fail to help a lot of people is because the precision and accuracy is just not there.

 Dr. Joseph Schneider - 04:17


Yes.

 Dr. Adam Klotzek - 04:18

You know, and that's what this technology really allows us to overcome that obstacle with precision, accuracy. And then we'll, you know, we'll know very quickly whether what we're doing is actually going to make a change or not make a change. It takes all the guesswork out of it. There's no guessing. Either we're going to do something that's going to work. It's not going to work. If it doesn't work, then, you know, we have to put our minds together and say, okay, what are we going to do differently? You know, as opposed to, like, well, let's just see if this works. Which is. I think a lot of other programs operate under that protocol.

 Dr. Joseph Schneider - 04:59


Right.

 Dr. Adam Klotzek - 04:59

Right.

 Dr. Joseph Schneider - 05:00


Now, I. I got the chair because I have Parkinson's by stroke. I have a basal ganglionic hemorrhage. Right. And then I have a thalamic hemorrhage. So that subcortical area on the left side got pretty wet.

 Dr. Adam Klotzek - 05:19

Right.

 Dr. Joseph Schneider - 05:20

So.

 Dr. Adam Klotzek - 05:22

Which is also very surprising how you function so well. So you're definitely a unicorn in. In that whole thing. You're very lucky man. Very, very lucky man.



Dr. Joseph Schneider - 05:31

Exactly.



Dr. Adam Klotzek - 05:32

Yeah.



Dr. Joseph Schneider - 05:33

So when the. The idea of the chair came up, the first thing that really kind of sparked my interest was Parkinson's disease. Right.



Dr. Adam Klotzek - 05:43

Yeah.



Dr. Joseph Schneider - 05:44

And a lot of my Parkinson patients have dizziness. Okay. And a lot of the Parkinson's patients have slow movement. They have gait problems. They have, like, movement disorders, like tremor and ticks and things like that happen with them.




Dr. Adam Klotzek - 06:04

Right.




Dr. Joseph Schneider - 06:05


And so I was. I got really excited about. About it, and I. I just wanted it. And it was like, okay, let's Just make this happen.

 Dr. Adam Klotzek - 06:14

Now.

 Dr. Joseph Schneider - 06:16


I put Parkinson's patients on the chair now. And I think you saw the one patient, the gentleman comes in, right?

 Dr. Adam Klotzek - 06:27

Yeah. He came off of that chair and he was walking a lot better. He kind of like perked up. And I was like, wow, that was just after one. One session of treatment.

 Dr. Joseph Schneider - 06:38

Exactly. And I've been having trouble sparking him to exercise, to do things and so forth. But you know what? Now he has confidence that there's something that's going to really kind of change him in a way that has a really incredible life impact. Because when you're, when you're doing a therapy, you don't want to just manage symptoms. You. You want to have a, like a big life impact. And since then, every time he gets off the chair, he's standing up straighter, he's walking better, and he's, oh, he's telling you, yeah, I'm walking better. I could exercise. And I mean, he's kind of really getting back into his life now. He's a high powered attorney, international attorney, guys who went to Harvard, you know, smart guy.

 Dr. Adam Klotzek - 07:32

He's up. Is he working now or. Or not really? Is he still working?

 Dr. Joseph Schneider - 07:38

Watch yourself. Waste. Yeah, he's still working.

Dr. Adam Klotzek - 07:41



Okay.



Dr. Joseph Schneider - 07:42

And he washed himself. Waste away. And you know, things like that. The life impact is incredible. Incredible. And then it was like, okay, maybe it's a oneoff, right? You know, just take that one off then I have another Parkinson's case that I put on a woman, and she's just as motivated because she's seeing, like incredible changes happening early. And then a lot of them, I can't get to exercise. So, you know, you can improve them a little bit, but then they atrophy and then it goes away.



Dr. Adam Klotzek - 08:22

Right, but.



Dr. Joseph Schneider - 08:23

But both of them are now exercising and the woman couldn't, you know, when they get to a door, okay, they had that shuffle gate, like, should I go through the door? Should I not go through the door?



Dr. Adam Klotzek - 08:38

Right?



Dr. Joseph Schneider - 08:39

She freezes.




Dr. Adam Klotzek - 08:39


Right?

 Dr. Joseph Schneider - 08:41


She freezes. And, and it's not funny, but it's incredibly funny at the same time. So they were in the other night, right? We're going to take him back to the chair. And she tells her husband, don't hold my hand. And she walks smoothly through the door. You know how great that made me feel? I was like, I can imagine. Incredible, right? Yeah. She wanted, and she wanted to like, just kind of show me, like, look, this is what's happening with me. And so, yeah, they're all.

 Dr. Adam Klotzek - 09:17


And that makes total sense. I mean, I think a lot of people just, in my opinion, I think they forgot or maybe they haven't forgotten or they just never been told that from a foundational standpoint, what drives our brains and nervous system is those systems that control our balance. I mean, those were the very first, I've said this in the past. Those are the very first to show up when we develop in utero as a developing baby, a fetus and stuff like that. And now those systems drive the development and the function of all other systems throughout our lives. So when that system, you know, goes down, everything else is impacted, you know, everything.

 Dr. Adam Klotzek - 10:05


So if I've always felt this way, I mean, if we can address that system and get that system to work better, a lot of the other systems are going to come back online. And I think that's what you're noticing. And now you have a technology that allows you to visualize that system better than anyone else with accuracy and precision, and you can fine tune and provide a treatment that is specific to that patient, works for that patient. And I think you're starting to see a little glimpse of what's possible. I think it's great.

 Dr. Joseph Schneider - 10:43


Oh, yeah, definitely.

 Dr. Adam Klotzek - 10:44


I think it's like super great. But yeah. So, you know, I don't know if you want to become a Parkinson's center, but you're probably going to become a Parkinson's center pretty soon, you know.

 Dr. Joseph Schneider - 10:55


No, I do want to.

 Dr. Adam Klotzek - 10:56


Yeah. Because once word starts getting out, you know, because a lot of these people are just know, they don't know what to do. They don't know where to go. They've tried a lot of different things and just hasn't worked. So I'm excited to create a name for yourself.

 Dr. Joseph Schneider - 11:13


Yeah. So not only that, but it all relates to vestibular impact. Right. And I think at. I've reached a point, right, that I mean, I finally got a technology that I can really impact people. Now the other thing that I have been looking at is I get a lot of women with eating disorders and I'm saying, well, it's not an eating disorder. It's not an easy eating disorder. It's not psychological. They're dizzy, they vomit. They vomit a lot.

 Dr. Adam Klotzek - 12:02


Oh, well, that's different. That's a lot different.

 Dr. Joseph Schneider - 12:05

Right.

 Dr. Adam Klotzek - 12:06

That's just not an eating disorder. There's, there's something else driving that eating disorder, something underlying.

 Dr. Joseph Schneider - 12:13

They all have it. They have. They vomit in the morning when they get up.

Dr. Adam Klotzek - 12:18



That's interesting. Okay.



Dr. Joseph Schneider - 12:20

They have Migraine headaches and they're dizzy. Vomit, headache, dizzy. Vomit, headache, dizzy. Right. And so, well, there you go.



Dr. Adam Klotzek - 12:32

There's your population.



Dr. Joseph Schneider - 12:38

Or, or headache.



Dr. Adam Klotzek - 12:40

You got headaches, you know, you got dizziness. I mean, that's your patient population. I mean, how many people out there suffer from irretractible headaches? I mean, there's people that I know personally who have headaches every day and they pop pills like there's no tomorrow.




Dr. Joseph Schneider - 13:00

No tomorrow.




Dr. Adam Klotzek - 13:01

Yeah, yeah. And the pills stop working. They don't know what to do. You know, they don't know what to turn. They're afraid to stop the medication because, well, it could get worse. I said, well, how much worse could it get? You got it every day. I mean, is. It's going to get to, you know, so I, I think that vestibular system has a big role to play in all of those.

 Dr. Joseph Schneider - 13:21


Yes. You know, I mean, I think that we've concentrated on visual, auditory, proprioceptive, core strength. You know, I mean, all those things for all these years. And, and now the vestibular system is more impactful than all the others. Right, right. So someone comes in and they have BPPV or triple P D, you know, all these syndromes that they're getting diagnosed with, are they all the same when they're diagnosed with that? No, they're all different in many different ways.

 Dr. Adam Klotzek - 14:00


Right.

 Dr. Joseph Schneider - 14:01

And so you have to look at their personal neurology to find out what exactly is the biggest thing that's affecting them in that situation. So if they're triple PD then they're probably have headaches too. They probably have nausea, they probably have digestive disorders. They probably have, you know, blood pressure reactions, heart rate reactions and things like that. So it's kind of like in the mix. And so I'm finally thinking that we finally got a wedge now we can, where we can completely evaluate these situations. Right.

 Dr. Adam Klotzek - 14:41

No, you're 100. Right. And, and you know, even to go as far as to say, I'll go out on a limb and say this is that I think if there's people who are listening to this and you have headaches and your doctor hasn't evaluated your balance or your eyes, your movement of your eyes and that, and looked at all that stuff, I'm sorry to say I'm going to limb here and just say, I think you're being done a disservice, you know, because there's so much that's Being missed, that could actually help you. And for whatever reasons, maybe the physician's philosophy, their background doesn't open up their minds to look at some of these things, you know, so we're different, you know, we're about as open minded as they come, I think.

 Dr. Joseph Schneider - 15:34

Yeah, exactly. Yeah, I would agree with that. Yeah. Yeah. So, you know, I'm really excited, you know, I'm excited about you coming on.

Dr. Adam Klotzek - 15:42



I'm. Me too. Very much so.



Dr. Joseph Schneider - 15:44

Because I want you to beat me in the head a little bit and you know, get the last ounce of neurology I can out of my limited life here and. Sure, we can go with that.



Dr. Adam Klotzek - 15:56

Well, we're both headed down the same road, so we got to make the best of what we have. So I'm not getting any young. I'm not going backwards in time. I wish I was, but I don't quite figure that one out. Yeah, you know, yeah.



Dr. Joseph Schneider - 16:08

But, you know, vestibular and dizziness. Is there anything else that we can add to that conversation?



Dr. Adam Klotzek - 16:18

You know, I just, just to my own background, this just comes from my own experience. I think people with debilitating, you know, chronic low back pain issues, because a lot of those are due to broken vestibular systems. You know, the system gets broken and their brain no longer knows where they are in space, doesn't know where the low back is in space, and it creates this pain scenario. So I, I've always had an interest for these chronics who've been everywhere, who basically wake up every freaking day and their back hurts, can't pick up their grandkids, can't go take a walk in the park because within about five minutes they'd have to sit down because their backs hurt so much.




Dr. Joseph Schneider - 17:08

Yeah.




Dr. Adam Klotzek - 17:09

So I, I think there's a, there's a source there that I think these people have overlooked something. Not that they have.

 Dr. Joseph Schneider - 17:18


Right.

 Dr. Adam Klotzek - 17:19

Because they're patients, but I think their physicians have overlooked something that I think that we could definitely help them with, you know?

 Dr. Joseph Schneider - 17:29


Yes.

 Dr. Adam Klotzek - 17:29

Yeah. I'm not talking about like the football player gets smacked in the low back with a helmet, he's gonna hurt, you know, but, you know, I'm talking about the regular people who are out there every day who are just like have to pop 6 or 7, 8 aspirins or tylenols every day just to kind of keep themselves going. And that has side effects on the liver. My gosh. And then, I don't know if a lot of people realize this, but if you're taking over the counter medications for a pain syndrome at least five days a week, I think some of the studies even go down to four days a week. That medication no longer serves you, it actually promotes your pain.

 Dr. Joseph Schneider - 18:14

So these people increases all cause mortality, right?

 Dr. Adam Klotzek - 18:18

Yeah, it does. So I think, you know, you got people who are in that scenario where you're taking aspirin every day and Tylenol and all this other stuff. There's alternatives for you know, that, you know, that we have basically, you

know, so that would be the only.



Dr. Joseph Schneider - 18:39

Thing I used to do. I used to, I used to specialize in failed back surgery workers comps world, you know, two, three.



Dr. Adam Klotzek - 18:50

I did a lot of that too.



Dr. Joseph Schneider - 18:51

Surgeries, things.



Dr. Adam Klotzek - 18:52

Yep.



Dr. Joseph Schneider - 18:52

Yeah, I mean I was learning stuff like in every case it came in, you know, doing isokinetic testing with low back, looking at TOR and things like that, all that stuff too.




Dr. Adam Klotzek - 19:07

Right.




Dr. Joseph Schneider - 19:08


And, and they were getting better. And I didn't even touch your back, you know, I was doing brain stuff and then I was visual vogue potentials and things like that with them.

 Dr. Adam Klotzek - 19:20


And then in retrospect, like on me because I, I, I did a lot of the similar things. I wish I had this technology because I probably would have helped a lot more people help them more quickly had the results last longer. And it would have took a lot of the guesswork out of it for me, you know, and kind of like with me I've kind of like had this opportunity where, you know, I practice intensely for, you know, 20 plus years. Then I had a little hiatus from that. But during that hiatus I got a lot of time to read and look up stuff that I've always thought about. And so now I'm ready to come back with you. And let's put it, let's put the, what's that saying? Put the rubber to the pavement.

 Dr. Joseph Schneider - 20:09

Yeah, but you know, just like some of the little conversations you had with me so far, like looking at core balance, core muscle strength balance. Right. Vor, you know, real kind of like a big thing with it. And so what is the off the chair treatment protocols that we can develop for patients?

 Dr. Adam Klotzek - 20:34


Well, that's what we're going to work on developing. Like even when I sent you some of those pictures of that equipment, the reason I sent you that is I was in the gym working out, you know, and I'm on this piece of equipment and it was that torsional AB thing. And I'm thinking about, man, how can we incorporate this to fix someone who has a broken VOR or vestibular system and incorporate to what we're seeing. That's the marriage ultimately where you get this and then you add this into it and stuff like that. So that's why I sent you that. This is actually a pretty cool piece of equipment. It has to be modified a little bit. We'll figure out how to do that. Right. For sure. And then how to integrate it all together. That's the fun stuff.

 Dr. Adam Klotzek - 21:20


That's, that's kind of like what kind of puts a big smile on my face and I'm like, okay, let's do it.

 Dr. Joseph Schneider - 21:26


Well, that one piece of equipment I have is called the all core.

 Dr. Adam Klotzek - 21:30


Okay.

 Dr. Joseph Schneider - 21:31


So in 10 minutes we're rotating them at angle.

 Dr. Adam Klotzek - 21:36

Oh, perfect.

 Dr. Joseph Schneider - 21:37


And it hits every core muscles that you want. And then I came up with these charts. Blue and yellow charge for micro saccades in oblique angle and doing VORs at each point. Right?

 Dr. Adam Klotzek - 21:52

Okay.

 Dr. Joseph Schneider - 21:52


Yes, yes. No, no, you can do bend, you know, for the posterior canals.

 Dr. Adam Klotzek - 21:56

Right.

 Dr. Joseph Schneider - 21:57


But I mean like, I mean I love adding vibration to it. And I can tune in different. Like the vibrating plates that I have are like head of a speaker and you can play, actually play music with them. And so you're definitely going to.

 Dr. Adam Klotzek - 22:16


Teach me some things.

 Dr. Joseph Schneider - 22:17


So. Yeah.

 Dr. Adam Klotzek - 22:19


And that's the beauty behind it, us working together because we both get to learn from each other. It's not a one way street. I mean I never look at these things as one way streets.

 Dr. Joseph Schneider - 22:28


It's a two way street.

 Dr. Adam Klotzek - 22:30

And I'm not saying that you did, but I'm just, you know, saying it for everyone who's listening to kind of understand that's our, our special sauce is to collaborate.

 Dr. Joseph Schneider - 22:40


Yeah. It's kind of, it's kind of like a great opportunity. Yeah. And to really kind of.

 Dr. Adam Klotzek - 22:44


And the people that benefit are going to be our patients.

 Dr. Joseph Schneider - 22:49


You know, takes the mold off.

 Dr. Adam Klotzek - 22:51

Yeah.

 Dr. Joseph Schneider - 22:53


It gives a little moldy to the spots and then the light goes off and it was like, oh man, I should have thought that by myself. But you know, I didn't.

 Dr. Adam Klotzek - 23:01


Well, we can't. It's impossible for us to all to think of everything, you know.

 Dr. Joseph Schneider - 23:06

Yeah.

 Dr. Adam Klotzek - 23:07

That's why we just have to work with like minded people.

 Dr. Joseph Schneider - 23:09

People get off the chair and have that kind of response where they stand up is just kind of really amazing me so far like that quickly. I didn't think it was going to do that quickly. And Then see it. The data change also. I mean, that's. You know, you can always say, okay, they're walking better, they look better, and so forth and so on. But if it's there in the data, too, that. That's even more amazing. Now they have montages, Right. And they talk about, like, eight different montages. What are the montages? Who.



Dr. Adam Klotzek - 23:53

Who are they that have the montages? I'm sorry, I'm just.



Dr. Joseph Schneider - 23:56

Bryson, if you go to [spryson.com](https://spryson.com) and.



Dr. Adam Klotzek - 23:58

Right. That.



Dr. Joseph Schneider - 24:01

The chair. They have, like, a norocognitive check. They have a Parkinson's check. They have cognitive checks, performance athlete checks, things like that. Right. Are there special montages, or they're just the same type of analysis that we do for each type of patient?



Dr. Adam Klotzek - 24:24

I mean, in my understanding of them, I think that a lot of them are the same. They're just overlaps, and they've been called different things for whatever reasons.



Dr. Joseph Schneider - 24:37

Okay.



Dr. Adam Klotzek - 24:38

But that's something that you and I can work through. That's what I want to be able to do, is work through. Okay. Maybe. Maybe we can create a more specific montage that really targets what Parkinson's people are really dealing with, you know? Or, like, say, someone who does have vertigo. Okay, what are the key tests that we should do that are going to give us the maximum bang for our dollar? Maximize the patient's use of their resources to get them the maximum results? Yes, because technically, I mean, you could run every test under the sun, but is it beneficial? And so. But that's just something that I think that you and I will work out as we work together.



Dr. Adam Klotzek - 25:25

Because I'm not sure exactly how that looks right now, and I'm not sure if I totally agree with the montages that Spryson has right now. Not saying they're bad or anything like that. I just haven't had time to actually sit down and look at them and work them through.



Dr. Joseph Schneider - 25:42

Okay. Got it.



Dr. Adam Klotzek - 25:42

We'll figure that out as we go forward.



Dr. Joseph Schneider - 25:46

Right? Yeah. So. So it's. Then the protocols or, you know, every. Every. Every protocol and every patient needs to take something home.




Dr. Adam Klotzek - 26:11

Yes.




Dr. Joseph Schneider - 26:12

I mean, there's got to be a beginning, and there's got to be an end to care, right? Yes. And that means that they have to be responsible for where they're going to go next. Right? Now, I'm not saying you just cut them off, but I'm saying that there's got to be a personal responsibility in care that we have to stress. We have to. We have to educate and teach, and then we have to follow through on. So that's the other part of it. Right, right.

 Dr. Adam Klotzek - 26:44


And, you know, and with that being said, you know, I've had a. More so lately, I've been kind of like, I don't want to say driven, but I've been kind of influenced by a few papers that have been written on neuroplasticity. And there's one in particular that was written by researcher. It's called the 10 Principles of Environmentally Driven Plasticity. And it kind of lays out the framework of what people need to do in order to make the system change and to make that change last. So there's certain things about repetition, there's certain things about intensity that are just principles that you have to do if you want to do something that's going to actually last. And with all that said, it's different. It's different than looking at, like, sports performance. And I don't know if you remember, his name was Joe Clark. He.

 Dr. Adam Klotzek - 27:49

Yeah, you know, so he did the visual training. Right. And what he found was this. He found that if athletes did visual training to improve their performance, they would have to continue the training in order to maintain that performance edge. As soon as they stop, that edge would start to come down, which makes sense. But he found that people that were injured once he trained them at a certain intensity and that then they would maintain those gains. Like, there's a, there's a norm in there that the system will maintain on its own once we get there. So that's kind of. Does that make sense?

 Dr. Joseph Schneider - 28:36


Like, yes, it does make sense. But you know what makes even better sense? Right. When you started talking about neuropathy, you said that the nerves aren't dead, they're dormant.

 Dr. Adam Klotzek - 28:52


Yes.

 Dr. Joseph Schneider - 28:53

And so that brought me to that concept that when a person trains and they're trained their entire life and then they back off, nerves don't die. They, they can become dormant.

 Dr. Adam Klotzek - 29:09


Yeah, they become dormant. But, but, but for an athlete, if they want to regain use of those nerves again, they're going to have to work hard to get it back. You know, I was saying more from a standpoint of just a regular person like you and I get involved in some type of injury or something like that screws us up. We got balance issues and all this other stuff. There's a certain amount of training that we're going to have to do, a certain amount of intensity and time. It's going to take a certain amount of time for us to get to where were. The idea, what Joe was saying is that once we get there, we may not need to have ongoing repetitive care because the system is designed to be at that level, but we have to get there.

 Dr. Adam Klotzek - 29:57


And that's the treatment plan, the beginning and the end. However, if I was an athlete and I wanted to better than everyone else, then I got to keep on going, and I keep doing it over and over again. So it kind of goes to what you were saying. This beginning and end. There's a beginning and there's an end to the treatment, and then hopefully the person is satisfied with the results that they got.

 Dr. Joseph Schneider - 30:23


Right.

 Dr. Adam Klotzek - 30:23


I don't know if that made sense,.

 Dr. Joseph Schneider - 30:24


But yeah, it does.

 Dr. Adam Klotzek - 30:27


It's Polish logic.

 Dr. Joseph Schneider - 30:29


And some of my patients with cognitive issues. Right. And when I put them on gyro stem, they have four targets there, Right. So you have a laser, you hit the targets, and as you're spinning, they can hit as many targets. They want it exercise their eyes or proprioception and so forth. But then you can do triple tasking with them.

 Dr. Adam Klotzek - 30:54


Okay.

 Dr. Joseph Schneider - 30:54

So each target has a blue or red color. They have an even number of dots or odd number dots. And then you can say, well, I want you to hit a red target, a blue target, a number four, and then a not even something like that, like a five sequence. Right, okay. And then finding the people can do a 3 sequence, but they can't do a 4 sequence, then they definitely can't do a 5 sequence. So we have a young boy that came in. He walks on his toes, like, really bad. So his gate is, like, totally horrible. So we put on the. On the. The chair in the back, the Spryson system, the NORA AI. And he gets off it and he stands up straight. He can stand up straight, not on his toes. Right. His feet are flat, the whole thing.

 Dr. Joseph Schneider - 31:48

So that's really cool. So then we put on gyro stem, right. Get a different type of take on it. And he could hit targets, he can spin around and all kinds of stuff. He can't do a sequence. He comes around and he looks at the target, and he can't register even, odd, red, blue, or number. Right. Even.

 Dr. Adam Klotzek - 32:19

If he's just given, like one choice, like even or odd.

 Dr. Joseph Schneider - 32:24

Oh, yeah. Like a four sequence would be even, odd, red, blue. Right. They're the simple ones. Right.

Dr. Adam Klotzek - 32:30



Could you do it like a two sequence?



Dr. Joseph Schneider - 32:32

No, you can't do it now. He can do it better with his right hand and not. Not with his left hand. His left hand. He can't even hit the Targets when cognitively, you ask them to process what the. What the target is.



Dr. Adam Klotzek - 32:46

Gotcha.



Dr. Joseph Schneider - 32:49

So.



Dr. Adam Klotzek - 32:51

And then I'd be interested to see what his. What his anti saccades were like, what his error rate was on. On his anti saccades.




Dr. Joseph Schneider - 33:00

Anti sakods. Yeah. Yeah.




Dr. Adam Klotzek - 33:02


That almost seems like a. A prefrontal processing error where he can't. Can't stop and think for a second and do something different. Like, it's almost like he's more reactive. Like, he probably. Boom, boom, boom. He's good at that. Got good reactive speed. But if you asked him to stop to do something he probably has a hard time with that I would suspect. And I've never seen him.

 Dr. Joseph Schneider - 33:25


Okay, right. But the mother, right. She's like, shocked. Like, oh, my God, he can't even do that. Right. Can't do that. So, like, every, like every technology in the office has some kind of improvement in patients in different ways. But I found that doing cognitive work on the gyro stem has been one of the biggest challenges that I get with patients as we go through. So that's another interesting look, you know, when we're going through these, this process with patients, I mean, those other technologies are really important in a different way, and it will bring out a different part, especially in dual or triple tasking with patients.

 Dr. Adam Klotzek - 34:15

I totally agree with you. I mean, I think. I mean, the type of technologies that you have in your office is incredible. I mean, you cover the gamut. So as we move forward, we'll figure out ways to kind of incorporate it and we'll put our minds together, I'm sure.

 Dr. Joseph Schneider - 34:32


Yeah.

 Dr. Adam Klotzek - 34:33

You know, find. Okay, well, why isn't this working? What do we need to do to make it work? The reason it's not working, we just don't know what that reason is yet.

 Dr. Joseph Schneider - 34:44

Yes.

 Dr. Adam Klotzek - 34:45

And that's going to be putting our minds together as clinicians to kind of figure out, okay, let's try this instead. Maybe we need to do this first and then preempt to that or something. Not sure what that is yet, but I know we'll figure it out. We're smart. We're smart cookies.



Dr. Joseph Schneider - 35:03

And the other thing is, I have spinners. You can sit on a spinner and then you have. There's a standing spinner, too. Okay. I haven't, I haven't done standing spinning before. Okay, would that change the patient reaction on a spinning in a standing position rather than a seated position?



Dr. Adam Klotzek - 35:28

Absolutely. Because, I mean, a lot of balance, you know, the proprioceptive input come from your feet. So any, like, even, like, I don't know, people realize this. But when. When you're. When your foot hits the ground and you get that kind of step in you and it kind of shears, like, because you're friction, right. That shearing on the skin tells the brain which direction the foot's moving. And that is all integrated into what your balance system's telling you, what your visual system is telling you, all this other stuff. And I think for most people, the best way that you can understand how important it is if you're in an airport and you're walking on those moving sidewalks. Okay, well, okay, now go try to walk one when it's not moving.



Dr. Adam Klotzek - 36:24

And I'm going to tell you when you take that first step onto that walk, you're going to feel this big jolt because your brain is so used to. Because it knows, it predicts, okay, this thing's going to be moving and all this other stuff. So you've learned this. So that's what always made me realize how important that really is, you know? So doing something standing compared to do something seated is an entirely different beast. And I think there's benefits for. For each way. But I can't tell you exactly what that is at this moment. It has to be based on the patient, I'm sure. And we'll figure that out. We'll figure all that stuff out.



Dr. Joseph Schneider - 37:01

So now the last point, okay, is gait training.



Dr. Adam Klotzek - 37:06


Okay.



Dr. Joseph Schneider - 37:08

Right. So moving in and out of, like, red cones and things like that, or putting barriers in the way where they have to step over the barrier, having them twist and gate and twist the other direction. Gate. You know, I have done some


of it, but I. I want to do more of that, too.

 Dr. Adam Klotzek - 37:30


Okay.

 Dr. Joseph Schneider - 37:31


Is. Is come up with a system of GATE training that people could do at home that would enhance what we're doing with the chair.

 Dr. Adam Klotzek - 37:42


Okay, so what I hear you saying is that you kind of want to take all these things that we're doing or you're doing right now and put it into a procedure that says if we see A, B and C on a diagnostic test based on what the patient's experiencing, and I'm just talking off the top of my head here, these are the five most effective exercises. They're going to maximize your outcomes, and this is how you're going to do them, or six or seven, whatever the number is. I don't know. But.

 Dr. Joseph Schneider - 38:16

But so with patients, especially Parkinson's, impatient, if you had them do GATE and you improve their gait, and you're saying, yes, all right, it's done, right? Then you ask them to turn to the right, and they're like, oh, like,.

 Dr. Adam Klotzek - 38:36

Oh, yeah, I know. There's a layer there that. That we missed. I got it. I got it.

 Dr. Joseph Schneider - 38:40

Yeah. So we're. We're okay on the. On the straight line, but don't ask me to turn, right? We don't ask me to turn around and come back.



Dr. Adam Klotzek - 38:49

That ain't gonna happen. I got it. But it's important that it does happen, because that's a big. That's a big part of someone's life turning.



Dr. Joseph Schneider - 38:56

Very turning. Yeah.



Dr. Adam Klotzek - 38:58

I mean, we don't walk in straight lines and keep walking in straight lines, you know, not forest Gump. We just keep running, right?



Dr. Joseph Schneider - 39:06

Yeah. But with Parkinson's cases, they'll get like a. A little laser pointer, right? Or something that they use as a level in carpentry and things like that, right? And they'll put it down, and they could get to step over it, right? And that starts their gate off, right? And gets them to walk real well. Well, one of my parson cases was using a light, but then it wasn't working as well. So he.



Dr. Adam Klotzek - 39:39

He.




Dr. Joseph Schneider - 39:40

He got a cane, right? And when he. When he hit a point where he really couldn't get his gate started, he flipped down this red strip of wood on the. On the cane, and he put it out, and he stepped over it, and he could step over it. So now he has a cane with a red strip on it. So he pulls out, and then, boom, he can start walking again.




Dr. Adam Klotzek - 40:07


Smart guy. Smart guy.

 Dr. Joseph Schneider - 40:09


Really smart guy. So, I mean, they are the, like, icing on the cake things that I'm excited about, coming up with that can really impact people's lives and get them kind of like, me, too. To. To things, right?

 Dr. Adam Klotzek - 40:26


No, me too, because there's a reason why. There's always a reason. Like, I've always looked at these things and go, even though we may not know, there is a reason why he can't. Why he's freezing. It's. It's up to us to figure out why. Why that is.

 Dr. Joseph Schneider - 40:44


Yeah, exactly.

 Dr. Adam Klotzek - 40:45


And then come up with something that he doesn't have to be reliant on a cane his entire life. I mean, there. And that. That's always been my. My big push. Okay. What is it that we can change in him so he doesn't have to rely on these tricks, you know, and he can be back to, quote, unquote, more normal in life, improves his quality of life. And then Everything else improves on top of that. Right. You know, the whole cognitive thing and emotionality, bladder function, bowel function, it's all kind of interrelated. So. Absolutely.

 Dr. Joseph Schneider - 41:22


Yeah, absolutely. Yeah, yeah. So, you know, these are all the things I'm kind of excited about that I kind of want to explore.

 Dr. Adam Klotzek - 41:30

Okay.

 Dr. Joseph Schneider - 41:31


And, you know, exploration is fun, but then we can actually come up with different layers that come up as we're here to kind of just improve the whole science behind the clinical outcomes that we have.

 Dr. Adam Klotzek - 41:50


Yeah, I'm on board.

 Dr. Joseph Schneider - 41:52


All right.

 Dr. Adam Klotzek - 41:53

All right. 100. We're gonna have fun.

 Dr. Joseph Schneider - 41:56


So Dr. Klossic is part of our staff now, and he's part of the brainchild of our. Our office or our brain. Senior.

 Dr. Adam Klotzek - 42:09


I don't know. Bring a senior. But I'm just looking forward to contribute and help people. Getting back into the. Getting back into the. What I call the trenches again, working with people again. So, yeah, I'm excited for the opportunity, and thanks for the opportunity.

 Dr. Joseph Schneider - 42:23


Oh, you're so welcome.

 Dr. Adam Klotzek - 42:24

Been more than gracious.

 Dr. Joseph Schneider - 42:25


Yeah. Working together and coming up with some really good solutions for these clinical problems that we're seeing.

 Dr. Adam Klotzek - 42:32


Yeah, definitely.

 Dr. Joseph Schneider - 42:33


All right, so. All right, so we'll be here in a week.

 Dr. Adam Klotzek - 42:36

I'll see you in a week. I think I get in on. I think Saturday evening, so I couldn't. I was going to try to fly in on Sunday, but the flights were just get me in too late. So if you want to hang out on Sunday and stuff like that, we can hang out on Sunday. I'm not sure what your schedule's like. Okay. But we'll. We'll figure it out. Okay.

 Dr. Joseph Schneider - 42:56

All right.

 Dr. Adam Klotzek - 42:56

All right, Joe, thank you very much. All right.



Dr. Joseph Schneider - 42:58

You're welcome.



Dr. Adam Klotzek - 42:59

See you later. Bye now.