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Whoa. What are we doing now? Well, how do you define commitment? Commitment is when you want a brain center, but you want it to be the best brain center ever. All right, so this is Spryson Neuro AI. So it's a new system where we use the goggles so we can watch the eyes as we spin the patient in different ways. We can do back and forth, we can go around and round. And we're integrating the vestibular system with the eye system. It's the most fantastic system technologically that can evaluate eye movement. So we get data on patients and we know exactly where their faults are. So that for dizziness, vestibular issues, gut issues, headache, pain, Parkinson's disease, performance, this is the chair that you want to be evaluated on and treated on. Yeah, it looks like a tanning bed.

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But we used to have what's just called the ARC. Now, the ARC was very powerful. This is called the Elysium. And with this system, we can actually get a monitor on the patient and look at different frequencies that the patient needs. So this is photobiomodulation pulse electromagnetic field therapy. And we can have over 550 different protocols depending upon what the patient's needs are. So it's green, two red, three infrared lights that blink at different frequencies and affect your health. So we can affect your skin, your brain, your pain, liver, teeth, mood, circulation. This thing is out of this world. It has become. One of the favorite therapies that our patients do in the office is the ARC bed. There you go. So this is our Gyrostim. And so we've had the Gyrostim for six years now. It just doesn't spin.

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You're not wearing goggles this time like you are on the other device. But we can also do things like targeting. We hit a target with the laser and back, back. There's two other targets on the back that we can hit with patients. At first, we'll move them back and forth slowly, and then we'll actually get them to use a laser so that they exercise their proprioceptive system, they exercise their eyes. The other thing that we can do is we can dual task with this. So exercising that uses a cognitive component. If we do a sequence, you can say, hit a blue target, then hit a red target, then hit a number four, hit an odd and even. So you have to think about it as you're spinning and hitting targets and doing sequences.

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So when they can actually dual tasks like that and get their balance back and get their eye movements exercised, they come together in such a great, comprehensive way that way we can hit a patient's goals while they're in the program and get them much better. So Gyrostim, always in our repertoire of great therapies, we still got it, and we're using it better than ever. Spin, spin. That's all we do here is spin. No, that's not all we do. All our spinners are done in a seated position. But when you rotate in the world, sometimes you're standing right. When you walk, sometimes you want to turn one direction or another direction. So we're interested in training the vestibular system in the standing position so that it can enhance your gait mechanism or your walking or your running and balance your running.

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Now, a figure skater won't hold on. They can do it without any support. So we have all these options for patients so that we can enhance the patient in every way that is possible so that they walk better, they perform better, and they can do it throughout the day. And every day, we're just doing a horizontal spin with patients, and we get an idea of how well balanced they are. If they're too off on a sprinter, I don't want to put them on a Gyrostim, and I don't want to put them on our new Spryson AI technology that we have in the back. But I can spin to the left or I can spin to the right and then find out which direction gave them more of an issue. So when I went to my right, I got eye movements in my eyes.



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It's called nystagmus. It's holding for a little longer than I want to, so I can use a spinner as a way to exercise my vestibular system, especially in the horizontal region. It's a powerful tool that we have at the office. I had an auto accident, and I broke my hand, and I had a cast, and I really couldn't adjust my patients normally. And it's called the Pulstar, and it has a pulse instrument that I can evaluate the spine right on patients, and then it tells me where the adjustment should be. They're the stiff areas that aren't moving right. So this is the main areas right on the graph where they need to be adjusted in this back L2, L3, and I can do just light adjustments to those areas. Feel like I get a really good adjustment out of everything.



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And then once we have all the information, then we know where to go and how to go so that we can get a person better within six to 12 visits. It's pretty rapid. Regardless of your diagnosis, whether you come in for post Covid, long Covid Lyme disease, traumatic brain injury, headache, pain, what we do is we do a comprehensive diagnostic so we can look at how well your nervous system is functioning. And we call it our baseline. That should have been done years ago, and we're doing it right here. We're setting new standards for baseline for patients with functional problems with their nervous system. In the industry, most people are doing functional medicine without functional neurology. In all of us, we believe it should be done together.



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So we look at points of inflammation, and then we look at points of weakness in your nervous system. And when you bring both of them together, you get better results than then, if you notice.