FSM Podcast - Episode 1

Kim: [00:00:00] Oh, I had to put the dogs in their crate.

Carol: [00:00:03] Yes.

Kim: [00:00:05] And they close the door to.

Carol: [00:00:11] So do guys do it? We have eight minutes to decide what we're going to talk about.

Kim: [00:00:17] Ok. So I love that we're just like, we're just going to go and do this.

Carol: [00:00:23] I mean, what we did before was just pick one slide and talk about it.

Kim: [00:00:28] Yeah, what do you want to do? Well, I think that's good. I think I think I mean, if I think of any podcasts that I've done that I've liked, usually the first one is just kind of like an intro to what we're going to do like. Right.

Carol: [00:00:43] 30 minutes.

Kim: [00:00:45] What's that?

Carol: [00:00:45] Are we going to talk 30 minutes, 60 Minutes?

Kim: [00:00:48] What do you think? I don't know. Probably. I mean, if we say 60 Minutes, then we're going to run out of stuff to talk about. If we stay 30, we're going to go over.

Carol: [00:00:59] Let's do that. Ok. Kevin, let's do that.

Kim: [00:01:05] I think like half an hour is are usually pretty good, right? Like, I don't know,

Carol: [00:01:10] Go for you.

Kim: [00:01:12] What's that?

Carol: [00:01:14] I was saying, yeah, that's perfect.

Kim: [00:01:15] Yeah, right, like if it goes over, it goes over nothing worse than sitting there and you're just like, Oh no, what?

Carol: [00:01:22] Yeah. Now what do you say? Let's see if this light helps. I feel like I'm in the dark. Ok, so I logged into Instagram on my phone to FM account. Yeah, but I don't know.

Kim: [00:01:36] So when I go live like it, people will join and then you can just say, like, request to join my life then and then. So you'll need the phone propped up near Carol's computer so we can see Carol, right?

Carol: [00:01:53] Ok. Outside my skill set,

Kim: [00:01:55] Or I can just chat briefly and send them over to the Zoom to or Facebook Live, however, you know what I mean.

Carol: [00:02:02] I think could send it do Facebook Live and Instagram Live at the same time, right? That's what we're trying to do. So I've got Facebook right here ready to just I'm just going to start the live thing and then just let it record. Yeah. So you're ready?

Kim: [00:02:20] Yeah. Yeah, I'm going to. I'm going to go. Give me six minutes. Yeah, I was going to say, we'll go on Instagram, live it like because I put it on my feed, we're going to start at four. And normally with these things like it takes people a few minutes. You just don't want to be sitting there with dead space for like five minutes going.

Carol: [00:02:38] So what's up, everybody? Everybody.

Kim: [00:02:41] Yeah, yeah. I read that about seven times what you wrote.

Carol: [00:02:48] It's it's the thing, right? Yeah, and I completely forgot that I had written it, and I was trying to clean things up off my desktop and things I never teach. It's like, what's that? It's intense. I think I don't know whether to read it or do it as a Q&A at the advanced or. It it would take probably 15 minutes to read it

Kim: [00:03:19] And

Carol: [00:03:20] Maybe do it at a at a podcast someplace in the next couple of weeks. Yeah. And. Get your reaction. Do we have a way of getting questions?

Kim: [00:03:37] There should be able to get questions on your you're hosting, so it should come up on the chat if they joined that way. Some people will put it on Instagram Live like they'll just throw the questions up on there too. So if I get any, I'll read them to you. And I think that's probably the best way. I have a couple of questions that I had from the last webinar that I did that I wouldn't mind asking you. Ok. And then we can maybe go back and forth with some of those frequencies so we can talk about that, maybe talk about what our why is right, what we're doing.

Carol: [00:04:15] I had I had an interview with the spooky two people in China. So just to let you know, there are people on, oh, there are people on that side. I know this right now.

Kim: [00:04:28] Now we're live now,

Carol: [00:04:29] Apparently just on. So we had an interview with the spooky two folks in China last night, and he said, what made you keep going with? With FSM, why you've persisted for twenty five years now, why why would you do that? Why would anybody stick with it? And my response was while at first we treated myofascial pain and then two weeks later we healed a seven centimeter, five millimeter deep diabetic wound in that had been there for three years. We healed it in two weeks and then we treated nerve pain. And then the year after that, we treated full body pain from fibro. So like, once you can do those things, how could you possibly stop, right? It's not. Why did you keep going? It's how could you stop?

Kim: [00:05:28] And I think that's what I want to talk about.

Carol: [00:05:30] And so

Kim: [00:05:33] We'll pause. I'm going to start the Instagram Live right away. I'm going to do it right now. We've got twenty two people already on waiting to go.

Carol: [00:05:40] Wow. Ok.

Kim: [00:05:42] Hi, everybody. We are about to go live on Instagram, so we'll wait for Dr. McMeekin to join us in just two seconds. We've got Facebook Live, Instagram Live,

Carol: [00:05:57] Zoom where all lives and we're wow. We're looking at my profile on Facebook. Hi, guys. But you can't see Kim. What's up with that? It's not OK. Yeah, I don't know how to bring Kim into it yet. We might have to try that on the next one.

Kim: [00:06:15] Ok, no problem. I'm just trying to see

Carol: [00:06:19] What faces her. Then you pick up both of them. I would need it to be about right here. Out in the middle. Well, you guys are going to get my left profile, which is not the best anyway, I'm just saying. So anyway, I

Kim: [00:06:35] Like that too, actually. Oh, we're telling everybody is on Instagram Live. It says, we're telling your followers that you started L5. Video So when you are on, we've got some people joining already, so we're waiting for you to join in then. So Kevin, when you're on, oh, there you go. I'm going to you just joined, so I need you to request to join me. So you should be able to hit it and say request to join Kim's live.

Carol: [00:07:07] Request. He did it.

Kim: [00:07:12] They view the requests, go live with you. And that's.

Carol: [00:07:24] There we go. Let's see.

Kim: [00:07:26] Are you on camera

Carol: [00:07:27] And able microphone? Oh yeah. You will at least microphone. Ok. Oops!

Kim: [00:07:37] I'm going to resend it to you here.

Carol: [00:07:39] Hold on just a second. I just turned on the microphone up on the settings.

Kim: [00:07:44] Lots of settings. Back to Instagram, Facebook, Instagram, Zoom, everybody above.

Carol: [00:07:52] Ok, we're back on there, Jack. What do I need? Oh, request to join? There you go. Send requests. The request was sent.

Kim: [00:08:01] All right. We just got to get you going here. There, I'm going to do it this way, so if we can't get you on your. I hear beeping. So what we're doing once we're waiting for everything to oh, it says you're unable to join my life, so I don't know, we'll get all the bugs worked out, but what we're doing is we're starting our first ever podcast. It's amazing. It's so amazing. So we're going to try to get some of the bugs worked out here to get Dr. McMeekin to join us live on Instagram. But we will be recording this and you can jump into the Zoom. It's on Facebook Live right now, and we're going to be talking about all things fun and frequency and about our lives. So while we get the bugs worked out, just kind of sit tight and we'll try to get her back on here. And we're also doing this through Facebook and Zoom.

Carol: [00:08:56] We should tell people that why we're actually doing this. Kim and I meet about once every two weeks, once a month, and talk for an hour and mostly week or more. And most of the time we go through the slides so that she gets the back story on some of the slides. So when she's teaching it, she has more depth. And what we found is we actually just enjoy talking. And then last time we were together, she said, Why don't we do this as a podcast? So the spooky to guy from Channel A last night?

Kim: [00:09:42] Well, you are.

Carol: [00:09:44] We think

Kim: [00:09:46] There's a medical

Carol: [00:09:47] Fact, there's an Echo. That's not good.

Kim: [00:09:51] I can just knock on out.

Carol: [00:09:53] Yes. Something has to change. Heidi Lynch from Ireland, oh, this is so cool. There are so many people that I haven't seen in so many years, just this travel and distance and whatever. So one of the things I want to know was great is how it is that you got started with FSM. That is a great story. People should know.

Kim: [00:10:21] My my, I think that's my I think that's the I think there's too much kickback on Instagram. Why don't we go off Instagram and head everybody over to Zoom? There's too much kickback right now.

Carol: [00:10:33] I think it's seven times is done.

Kim: [00:10:36] All right, everybody. Head over to Facebook. If you want to catch this live, you'll get the Zoom link. You can join us there. Otherwise, we'll be recording this and you can listen to us talking about all things because it's a great story how we got involved. So head over to frequency specific on Facebook. You can join the live and get the links to join us on Zoom in a bit. All right, I'm going to just cut that off here. Perfect. Ok, let's focus on this one now. We'll get all the bugs worked out.

Carol: [00:11:07] Oh, how did you get started with FSM? I love this story

Kim: [00:11:12] Because I hated it so much and I didn't want to believe in it.

Carol: [00:11:15] I know that was the best part. Skeptics are the best they are.

Kim: [00:11:20] And now that I'm teaching it well, although I find that less people come to the free to come to the courses in the seminars, skeptics like feel like everybody is ready to learn. But so I feel like fate. The universe gave me FSM so many times and I was just like, No, no, no. So we were, I mean, the main thing how I got interested in it

for lack of a better term was we were working. There's a bunch of us doing like a summertime hockey kind of training group and a couple of chiropractors and doctors and I were working with a couple of these athletes and there was a CustomCare that was being poking its head out of somebody's gym bag. And I was like, Oh God, this machine and I grew up and I and my college, the basis of everything that I do professionally is with my hands, right? So that's what good manual therapists do is we we heal and we fix and we treat with our hands and machines are just

Carol: [00:12:29] Pooh poohed,

Kim: [00:12:30] Right? I don't want to be stuck in a room with some machine. I want to treat people with my hands. So very well-known sports chiropractor and I were working with somebody. I'm like, Can you believe this guy uses uses this? And he's like, Oh, you don't know what that is? I'm like. Of course I know what that is. What a joke. He's like, No, you've got to watch this. So we're treating this hockey player neck and he's talking and he's alert. And, you know, we're doing that. And all of a sudden he changes something, turns something on and he just kind of like doze off and all the other hockey players like, Oh

Carol: [00:13:05] My god, did he have a stroke, dude?

Kim: [00:13:06] What happened? What's wrong with this guy? And I was like, What? What, what is going on here? How did that just happen? And. Treating his trap and his rotator cuff and everything that I knew went out the window in about four point two seconds because I saw and felt so much and I had zero training in FSM, so I didn't know what the heck was going on. Did I need to call a priest? Was there like an exorcism? Like what happened? Because that's not normal? So I feel like my introduction was very profound. And so when we have people who don't know what Smush is, I have to take a step back and go, Oh, yeah, like, not everybody entered the world of Microcurrent and FSM the way I did with Insta Smush, so. I didn't need a study or a paper or a document to tell me how it worked. I went home, googled you googled this and got I think it was DVD. That was the first thing I could get my hands on was like the whatever online disk drive training Reddit became obsessed with that. Go to the first live seminar was. Spink in Austin, because I was in Switzerland at the time, too, so we were in Canada and then we went to Switzerland.

Kim: [00:14:41] And so I had babies and so I would learn. This when they were napping, and so that would be my thing was OK, it was I'd get my I still do coffee with Carol. I'd grab my cup of coffee and I'd put on my thumb drive and I'm like, What is this? So for the first year was just me working with hockey players trying to replicate Smush and a CustomCare. And I think that was a good way of learning because I didn't have to worry about frequencies. I could just put on something benign, like FTP or soft tissue, acute or something and let it run and just focus on what I was feeling. And then I'd get Smush. And then I'd be like, What was that? Pick up the CustomCare. What was running? I'd write it down, and then I'd look it up later. Ok, well, that's what created. So and then and then I do. What I normally do is when I get interested in something, I stalk the crap out of them, and I started coming to every single core class I could.

Carol: [00:15:41] Yeah, and that's I think that's probably the best way to learn it because you're a person that learned to believe your hands. Yes. What the disadvantage that the evidence based people have is that they have to get it in their head before they believe it. Right? It's like with this, it's easier to believe once you see it. Right, right. And for me, it was the same thing because I had this list and the list said this frequency stops bleeding and it's like, whatever. And then I I was working on somebody with my thumbs. Should a trigger point in her gastric, she's a runner and I'm good with my thumbs, you know, travel training, blah blah blah. So I'm doing ischemic compression, and her pain went from a three to a seven. So my response was to call George because he was one of my teachers. And George said put 18 hertz on Channel A and sixty two hertz on channel B. And I said, What's that? He said, Well, I'll tell you if it works. So he told me how to set it up. I hung up. I set it up. Around the machine. Two minutes, three minutes for painless zero. Four minutes just in case took the sticky pads off painless zero, the trigger point was gone. I called George back and I said, What did I just do? And he said, well, it's a it's a frequency to stop bleeding.

Carol: [00:17:17] From the list, what list? Well, Harris list. What list from Harry? Oh, well, he got these frequencies from the Smooshy, he bought a practice in forty six that came with a machine that was made in 1922. And I worked with him in 1983 and I brought the list home, really. So we started working on patients together. I was using my hands and he was doing his thing, looking down the list, looking at the patient and deciding what telling me what frequencies to run. So I learned by having my hands on

the patient and once again it would soften. And it's like, Oh, that's different. What's that? Right? And then there was the the. It was a dock worker who was a crane operator at the docks, and he had trigger points in his AST cm that I've been working on with my thumbs, my well trained thumbs. We've been working on them for two months. Not much progress. He was about to lose his job. And because trigger points in the Cecum, when you flex your head forward and turn it, you activate the Cecum makes you dizzy. Well, at night, when you're lying in bed and trying to roll over, it does make a big difference.

Carol: [00:18:37] But when you've got a 20 000 pound train car on the end of a steel cable, getting dizzy is bad, right? So we had the frequencies I never did get. I didn't get the whole list from George. We had them written on the back of a business card and there's a there's a picture of the business card in the resonance effect, right? So I got the business card and it was next to the machine. And then across the hall was the Microcurrent machine that we were using for Fascial. So I and it had graphite gloves. It's like hands. I want to use my hands and gloves. So put the gloves on my hands. The Leeds fit into the gloves to positive to negative. That made sense to me. I started using the frequencies from the back of the business card and this neck was like a tree trunk and it was hard and it was like your experience. I'm sitting there and I run the frequencies for mineral deposits and the muscle belly and the muscles just went smooshy. They just turned to pudding. Muscles don't do that. No. And that was the beginning. It's like, you, what is it? You can't throw out the data because it doesn't match your model, right? There's no thing in medicine that does what that does.

Kim: [00:20:00] So no cool. No. And when you. You have no choice, you can't unsee it, you can't feel it.

Carol: [00:20:11] And well, you can if you're a really stubborn, obnoxious.

Kim: [00:20:16] You know.

Carol: [00:20:17] Yeah, but maybe not so. Okay, no. Do you know what I have to tell you? There's some new thing. There's a thing. Do you know there is a thing such as internal shingles that never make a blister? What? That's a good face, because this guy is this patient that I've been seeing for 25 years comes in. Six weeks ago, Dr Mom, I'm

Dr Mom, I got this pain right here, and he's right on his right side, right from the center. He never goes around the back. It's not the classic ribbon that you get with shingles. It's right here and he's lost 25 pounds. Oh boy. Ok, fine. So we went down the rabbit hole. I drew blood amylase lipase. Does he have pancreatic cancer? We got a ct of his abdomen. We did an ultrasound of his gallbladder. And and it wasn't that. It's like, OK, now we know six really bad things. It's not what on earth is it? So Jody Adams, one of our faculty, she's one or the other physical medicine faculty. Yeah, Jodie and I are on the phone because she's working with him too. And. She said, did you know there was a thing called internal shingles? There is there is not it's not internal. No, the doctor go gets. Internal shingles, wow. So I finally treated it as. Post-traumatic neuralgia. Yeah. No blisters. But of he's seen six physicians, Jody and I are the only two that ever did a sensory exam.

Kim: [00:22:09] Shut up.

Carol: [00:22:12] They don't touch people, it's like you bodies. Yeah. So completely hypersensitive, and so he's already innervated pain is worse at night. He hasn't slept in eight weeks and it's T six to nine and I treated him neck two feet for 40 and 10 and 40 and 18 9 for the central sensitization and the court sensitization. And then we tweeted from the spine to the front with 3 machines one on 40 and 89. Yeah, on the virus one, 60 and 396. Sorry, 40 and 3 ninety six. 160 malignant virus and 390 six, and before that, I did the shingles frequencies. Yeah, and then the other one was increased secretions in the nerve. Hmm. So reduce inflammation, increase secretions, treat the virus and take care of the central stuff. And I sent a note to for him to take to his wife, for his wife, to take to his GP, to get him some gabapentin so he could sleep well. And then I said, OK, you are to take 300 of these. One hour before you're supposed to go to bed and go to bed early. No, going to bed at one o'clock. When you pick up three hours later, you're supposed to take another three and then three hours that after that you can take two or three and you are going to sleep 12 hours. And when you wake up, you're going to be groggy. And I don't care. Yeah, you're supposed to sleep. But internal shingles, who ever heard of that?

Kim: [00:23:44] Not me.

Carol: [00:23:45] Ok. That's why the pinwheel is your friend, right? That's my story for the week.

Kim: [00:23:51] I I love that. That's crazy. So now when I when I get these little stories and you know what happens, right? You start going back through all your patient files in your head going, OK, you need to come in because now I have to try something else. So. Geez, that's interesting. I have a question that just popped up here for Kim and Carol, so this is kind of neat that we're getting little questions popping up. I want to answer this one because I think it might lead us down something if you only had five frequencies. Hmm. What are your favorite ones to run?

Carol: [00:24:30] You first.

Kim: [00:24:33] Ok. Channel A or channel B? So 5 me, I mean, like my practice used to be strictly sports. Used to be when life was easy.

Carol: [00:24:48] Oh, sorry.

Kim: [00:24:51] So I think I think 40, we're going to go to my favorite channels, Versed, I think 40 gets a bad rep because people are afraid of it. And I see that sometimes on the message boards or I get these questions when I teach a sports course and 40 is like used for two days straight, pretty much in the sports course because we need it. It's just it's the basement membrane of all things healing, in my opinion and acute injury. So 40 for sure. And no, we don't have to be afraid of it because it's the coolest diagnostic frequency that we have. Absolutely. So I think you just have to be aware that some frequencies are more profound than others. And I like the profound ones. Like it's just like, Yes, we've got change. We're doing something. So this is a funny joke. What's a four letter word that starts with s? A bad Four-Letter word starting with us and the therapists world. Stop. Same, oh, same. And it's true, right, I would rather make somebody ten times worse than hear them come back and say, I didn't do anything like, oh, like that is like the worst thing you can say to me is that there is no change.

Carol: [00:26:05] So on the first visit, I tell these difficult patients that come in my goal. The first visit is to not make you worse. If we get to the first visit and I don't make you worse, that's a win and modifies their expectations because they come in after

everything they've seen on YouTube. They come in expecting this magic wand and, you know, miracles. And it's like, No, our goal today is to not make you worse and to figure out what's really going on. Right? So, OK, after 40, then what?

Kim: [00:26:37] Eighty one would be the one that follows it again? Nothing to be afraid of magic. Totally magic. Right after eighty one increase in secretions, I'd probably go with one. Twenty four. You know, torn and broken is again in the athletic community in chronic pain. Something is always torn and broken. Totally.

Carol: [00:27:05] Nah-uh.

Kim: [00:27:08] Number four. 13. I guess would be my fourth there hard after my top three, then there's like seven of them that are like right around number four or number five. So 13 scarring, I get the most bang for my buck using 13 out of all the frequencies that we have for something that's hard or stuck or sticky or glued or something. I always almost always start with 13. I'll go off of that quickly. And then number five? What would you be, what would your number 5 be treating athletes?

Carol: [00:27:58] It's got to be 91, they kalsada in their spare time or they're not athletes.

Kim: [00:28:05] Yeah, yeah, I do like thirteen and ninety one are almost like two stepsisters right there. Almost. I'm always like flip flopping between the two of them right away. So yeah, I would agree. I would agree with that one.

Carol: [00:28:17] And what's your other one that you were thinking about saying that didn't get to because I opened up?

Kim: [00:28:21] Well, no, like ninety one. Fifty one, like, that's another. I use those three together. Sometimes it's weird. There's certain patients that are fifty one patients and 13 doesn't work with them. Yeah, I have one person who I just saw last week, and she's coming in next week. She is fifty one. Nothing works to loosen anything but fifty one.

Carol: [00:28:45] Amazing.

Kim: [00:28:46] It is amazing how

Carol: [00:28:47] Many people I use fifty one on our kids,

Kim: [00:28:50] Really.

Carol: [00:28:52] At this point in adults, it's 13 all the time. So what are your favorite tissues? That's harder.

Kim: [00:29:01] It is when

Carol: [00:29:04] The organs are, if it's not an organ,

Kim: [00:29:07] So fascia one forty two. Mm-hmm. All things are connected through through that. Seventy sevens. My close back up again. This is just like straight up easy stuff. So it's fascia or its connective tissue. Those are good to start. That would be followed by sixty two, obviously with muscle belly, but it's never the muscle. But that's a whole other podcast that should be just the type. So you froze then are just in itself because it's muscle. But with athletes, sometimes we have to be mindful and acknowledge it

Carol: [00:29:45] And then you get in, you know, 30 mile an hour collisions every day.

Kim: [00:29:51] Yeah, I find that. This is my relationship with sixty two, I remember when I was in college. I mean, I was trained by just the most amazing people. So we're talking about doctors and I did my thesis on pelvic instabilities. So. So when we were treating the doctor, we're talking about the Grizzlies and our instructors, like the Grizzlies, will never cause an injury. It will never cause a dysfunction, but it will hold it there. So that's kind of how I feel about sixty two. It's never it's never caused anything, but it will hold and prevent something from truly Healy. So that's how I look at it like that. So after fascia, connective tissue, muscle belly, you know? Dura chord disc like they're all nerve. Of course. Oh my God. Nerve brain parts. I mean, how do you how do you choose? Nerve to go up to number one? What am I talking about? So like the number two, so nerve fascia, the rest of it

Carol: [00:31:04] Flashes innervated,

Kim: [00:31:06] Right? Yes. Yes.

Carol: [00:31:08] And for me, it's it's never the fashion. John Sharkey, may he strike me dead. It's never the flash of flashes. Innervated Yeah. So are our Channel A is are all the same information? No one. It is. It is the best way, the only way to find an occult infection. So don't be afraid of it. You've got to embrace that reaction. That side effect have to love it. So 40 for sure. Yeah. Thirteen ninety one one twenty four saved my life more times. Yeah. And then, like you said, thirteen and ninety one go together. But the other one that has proven because of the patients, I get one sixty. Oh, yeah. Malignant virus from the advanced right mold sometimes, but one sixty four malignant virus for all those, the weird things that you don't know where they came from. Right, right. And the the tissues are would be 396. Yeah. Once again, strike me dead. I hardly ever used fashion anymore. Yeah, because nerve dries fascia. Yeah. And the 396 ulnar nerve 10, the cord and afraid to move it is 80 9 40. 9 Yeah. That one neck. Two feet. It's not just afraid to move it, it's if the and I found out, you know, all the time I've been saying the thalamus is that place where pain comes from. Mm hmm. I lied. It's actually I had to do an article this week for towns and letter, and it's the insula, which is right next to the thalamus. The thalamus is just a switching center, and the thalamus sends messages to the insula. The insula does pain amplification or pain suppression. Right? So when somebody is afraid to move it, but you almost can't treat a chronic patient without treating the midbrain and the cord. And as you're going to hear from Jay Shaw, we just got his lecture plan for the advanced in February. And that's like, so exciting. So nerve cord ending on the midbrain then. Connective tissue and Fasher right next to each other. Yes. And then the arteries, sixty two is innervated. Yeah. So it's a pain generator. And then there's the whole 3 and ninety seven thing.

Kim: [00:33:57] Yes, that's the whole separate love affair.

Carol: [00:34:00] Yeah, yeah. I have a patient that came in with rock hard QLs and. It it talked her pelvis, and she said, everybody sells my pulposis talked and I went. When did you have a kidney infection? Oh, last year? You still have a kidney infection. Well, they say I don't. And you look at where the hardness is and you run sixty one and 20 3 infection in the kidney and the muscle goes smoosh. And then you take scarring out of

the ureter and or QLs get even under pelvic her pelvic. What did she call it? You know what? Pelvis is always rotated, and so it's my hip flexors. No, it's not your uterus. So how do you separate those? But yeah, my favorites.

Kim: [00:34:52] Yeah, those are. There's so many. It's hard to pick like 5. Why would I ever pick 5? That's a terrible question. Thanks for writing that in.

Carol: [00:35:02] It works for physical medicine as easy, like one, twenty four and seventy seven. Have you ever had a rotator cuff that you couldn't fix in three days? No. Just like, duh, but you also have to do 13 and three ninety six. So if you get all those combinations together, it's like, Well, that makes it easy. Did you get it? What? So Annette asks if someone has a peg tube or a gastro jun's stove that were you to? Yeah, and you scar frequencies for. For Vagus spinal and nerve, can you still use it? Ok, so if somebody has a YouTube, which is they have something wrong with swallowing, so they have to have a tube feeding into their stomach? Yeah, I had a patient a couple of months ago to one week stents at a time. She had a tube that some gastroenterologists decided that her duodenum one wasn't working, so he gave her a J tube. The difference is you can do a feeding in six hours with a G tube because the stomach will expand and you can put more in it than it leaks out the duodenum. It's fine. J Tube goes into the small intestine, the upper part of the small intestine, and it takes 18 hours. She spends 18 hours eating food that's been put through a Vitamix poured into this tube, and it has to be completely liquid with no little bits because it gets stuck in clogs it.

Carol: [00:36:41] So she can't, she can't swallow. There's an obstruction in her esophagus. And so one of the things I did the first week she was there, and that was to treat the Vagus Versed scarring, treat her neck for scarring. She had a chemical accident where she swallowed drain cleaner, but she thought it was something else. She took a big gulp and that took her. Yes, that's a good face. And so we treated the Vagus in her neck all throughout her abdomen, scarring in the abdomen. The GI tube is not is is stitched in and they just changed the balloon or the G tube, too. They just changed the balloon and it's stitched in. Taking out the scar tissue isn't was not a problem. This is an end of one. But yeah, scarring in the Vagus help. That was really where it is. When we treated the the Vagus in her neck, the depression got better. She could taste things again. Wow. She had sensation in her pharynx. Wow. Yeah, it was

pretty amazing. So they're difficult patients to treat. But I think that's why we've switched to teaching people how to think.

Kim: [00:38:05] Yeah, because it's definitely not a recipe, a one size fits all slam dunk. It's how to critically think on your feet, you know, and

Carol: [00:38:19] Take it apart,

Kim: [00:38:20] Take it apart, put it back together. Hopefully by the end of that's that's always my goal, right? When somebody comes in is and this is what I've really been emphasizing to with like the sports course. And I think with pain and injury, it's like everyone, every seminar, every webinar, every whatever. Once a week I get, well, what do you start with? Like, where do I start? Right. And there is a lot it can be super overwhelming because we we do have a lot of tools at our fingertips, but I always just say, simplify it. Like what? Again, like what is your why? What's your intent? Why are they there to see you? I'm sure we could summarize, like most of our people, except for my professional athletes, that pain doesn't register. They're coming to see you because they have pain. So start there, start. Get them out of pain and you can treat all the other stuff. But if, like, I don't know how many people are going to keep coming to see you twice a week for like all these weeks or days, if you're the pain scale doesn't change. Right. And that's that's and that's also your marker, right? Because you will make them worse. And so when somebody comes in to see me and they say, like, what's your pain? It's a three out of 10, OK? And then their shoulder goes from here to here. And then the next day, like, my pain is worse and it's like, Yeah, but when you left, your pain was zero.

Carol: [00:39:45] So what happened? Well, that's why it's that's why I end up with two CustomCare's and four PrecisionCare Teres in an AutoCare in one room. So if somebody comes in and pain and I go to like, the thing I have to work on is nerve adhesions in in the abductors. So they come in with hamstring injuries. So, you know, it's adhesions in the abductors. So before you even touch where the nerves are adhered, I start with 40 and 10. That's where you start because anybody with pain in the periphery, the spinal cord is sensitized within a week. Right. So 40 and TENS, not just for fibromyalgia. 40 and 10 is so that the muscles will relax so you can touch them right and then you touch them. And it's never the abductor. No, never. The fact is it's always

13 and 3 point ninety six. Yeah, so it's always adhesions in the nerves. So you treat that. And if you do 40 and I see you watching your watch and one of us has to, I've got my head over here,

Kim: [00:40:57] So I have an alarm set.

Carol: [00:40:59] There's there's so you take the adhesions out of the nerve and that would normally be exquisitely tender. But 40 and 10 keeps the pain down, right? The sensitization down and literally decreases the pain messages that are allowed to go up the spinal cord. Right? So but if you get to the quadriceps and the abductors and they're like rocks. And unless it's a lineman. They shouldn't be even in those guys. They shouldn't be rocks, they should be well found, but they shouldn't be rocks.

Kim: [00:41:39] And that's the difference, right between healthy tone vs.. Yeah.

Carol: [00:41:45] So then you've got 40 and 10 on one machine and you put eighty one and 10 on another machine to soften the muscles so you can actually feel what's going on. Yeah. So I'll run 40 and 10 to quiet the sensitization eighty one and 10 to increase descending inhibition so I can actually work on the legs, right? And then you run 13 and 396. Right, right? And you work shoulder and you, you know, for sure, there's a partial thickness rotator cuff tear. So you have one machine at one, twenty four and seventy seven. And the other machine at 40 and 3 and ninety six stuffed in their armpit. And you do 13 and three ninety six because there's no point in fixing the partial thickness tear until you get rid of the subscap colorists adhesions. Right? Do people say, how do you see somebody in 30 minutes use for machines that get four visits worth of stuff done in 30 minutes?

Kim: [00:42:45] Right, right? Yeah, no, that's that's exactly right. Whether something is like you said, if you're going back to the shoulder, no one's going to move their shoulder. If if that nerve is stuck like it's just doesn't matter how good your hands are. A the muscles will not let you in that deep because they're going to guard and and be like, hello, like your body is not going to traction a nerve that's glued.

Carol: [00:43:17] So the other thing you felt, I mean, you do this more than I do you. For me, it's just like, it's so cool. You do the subscap and they get their arm up and they say,

Yeah, but it still feels tight and they do this. And it's like, Yeah, that's the long thoracic nerve in the latissimus rate. Ast lay down and they just peel them apart. And oh, that's better. Yeah.

Kim: [00:43:42] Yeah. My favorite is when you have them sitting up again and you do your upper extremity test and they're just like. And they stop where they used to stop. I'm like, No, keep going. They're just like.

Carol: [00:43:58] Yes.

Kim: [00:43:59] Look, that's part because they're afraid to move it, and that's where 40 and 80 9 has been huge. So anybody who's listening, I was taking the sports course. That's the reason why we start with when we're doing this whole wipe and load and reboot and neural patterning. You have to run it because. That is an integral part of restoring range of motion is ridding the fear or the apprehension or even just the old patterning, maybe they're not even afraid to move it because some of the athletes can't wait to move it. But it's a part of that resetting so the compensatory muscles can go back to doing their original job. The primary muscles can reboot once again. So it's

Carol: [00:44:44] And that's why God invented eighty one point eighty four,

Kim: [00:44:47] And that's why that's so fourteen. Eighty nine is wipe. Eighty one and eighty four is the load. And so when I'm working,

Carol: [00:44:56] I'm sure that's increased secretions in the cerebellum

Kim: [00:45:00] Because the cerebellum

Carol: [00:45:01] Knows what muscles are supposed to fire and what order to make the shoulder move right correctly. And so the patient lifts their arm up. And in athletes, it's not a problem because they know that they have a lower trapezius and they should use it right. You take an untrained civilian, which is bad mechanics for 15 years. Yeah, she has a sort of short sore shoulder. Yes. And getting her to find her lower Trapp. Yes, the lower trap is not your romberg's.

Kim: [00:45:38] No. And that's exactly what happens. The and even upper traps like like this. And it's known you physically have to put your hands on their back and say, come into my hands and pinch, and I use a pilates wheel now because they can drive the bus and then they can retract lower into it. I'll show it to you one of these days, I'll bring it. Bring it to our next podcast. Maybe that's fun, but that's why I've been so when we do this in my clinic with fourteen, eighty nine and eighty one and eighty four. So when I get somebody to retest after I treat them and I run 40 and 10 9, I will never correct a mechanic. I let them do it organically on their own. And then when we hit eighty one, that's when I give the corrections and say, OK, over here, load this way. No, I need these need this part to fire. So, and it's so cool, it only takes like one repetition. And I know with my old background as a trainer, there's no way they're going to get that after rep to like maybe after rep eighty three or eighty four, but not after two. So those would. That's why those are my favorite two.

Carol: [00:46:50] I it's like the whole process for physical medicine. The whole process is so magic it just makes everything easier. Yeah, yeah.

Kim: [00:47:03] Okay, we're turning on the chat. We've got some more questions.

Carol: [00:47:06] Oh, goody, I can see it. There we go. So do you want to read it all? Oh, would love March? Muskie would love to hear more about the insula. Well, what I know about the insula is that it's this little pink circle next to the thalamus. It's I went off the diagram that we used in the core the new or maybe it's the neuro visceral. It's like why you scratch when you're itch, right? And so there's a special nerve that just responds to histamine and inflammation. And but. Between the time you feel the edge and the time you actually scratch it. Especially if it's in your nose, right, so the signal goes up that nerve up your arm or from your nose up. Right to the Fascial Nurvorum. And it goes to the spinal cord, to the Medulla, to the thalamus. And there's a little side branch that says the cerebellum. Hey, there's this thing that's going on with the nose, so they might want to scratch it, so they might want to just think about that for a minute. Then it goes to the insula, and the insula decides, decides is in quotes. How much does it hurt? And can I suppress it? Right, right. It also assesses threat like if a bug bites you and it really, really hurts, you're going to you're going to smack it without thinking at all. Right? You have just a little itch on your nose and you're lecturing to a group of, you know, 30 or five hundred people or you're on MSNBC and there are million people

watching you. It goes from the insula to the prefrontal cortex, and the prefrontal cortex is the one that decides.

Carol: [00:49:01] How serious is this? Now the insula has already decided, if it's a threat, if it's a threat, nobody else gets to vote that it goes right from the insula to the sensory cortex that says, Hey, it's in your nose. Right. And then the somatosensory two cortex, which is just behind the localizes, it really well, it says, yeah, right, they're not here on your nose, not they're right there on your nose. Then it comes back down from somatosensory. It goes to the basal ganglia so you don't have an intention tremor or you miss your nose. And then it goes to the cerebellum that coordinates all the muscles that make you do this right? Right, right? That's that's the that's the loop and that happens all in that much time. So the prefrontal cortex gets to vote about, do I scratch now? And then the insula says, OK, I can suppress the itch because itch and pain are kind of on a continuum. And then there's another part that's near the prefrontal cortex that decides just how good it's going to feel. The itch it. Well, sometimes when it just feels so good, there's the pleasure center in the in the cortex that does that right? And that's in the Townsend letter. It will be, I think, in November issue very well, but I have no idea because I've always called it the thalamus in our world. It's all 89. So there's that right? And. Yes. All right. Yes. Insula is integrative, Kevin, the last time it was not listed. Uh, trying to figure out how to use Haiti one with somebody has seven percent autoimmune antibodies to acetylcholine. Hmm.

Kim: [00:51:04] If you're reading a question out,

Carol: [00:51:07] Ok, I'll read it out loud. That means I have to put my glasses on.

Kim: [00:51:12] So this is for those that are listening.

Carol: [00:51:14] Yeah, this is Jane Nelson. We've been trying to figure out how to use 80 one with someone who has seven percent autoimmune antibodies to acetylcholine. Mm hmm. How did they decide it's seven percent antibodies? It's going to say that's. How do you get the person, anyway, 81, to counteract the TIA, to restore circulation to the brain while 81 and 90 im assuming what you used, but it increased the acetylcholine because she started having spasms in her arms and hands after only a few minutes. So here's the challenge with acetylcholine. They use acetylcholine and the cortex primary

for knowing things and memory things, but it also works in the sensory and motor cortex. So you'd want to do eighty one and 90 and obviously the spasms in the hands. Ah, eighty one and eighty eighty one in ten to stop the spasms because eighty one and ten apparently increases GABA, which quiets the spasm and then the other thing you can do is forty and ninety two. Right? So quiet the sensory and motor cortex. So this is it's so obviously when the spasms start, you stop eighty one and ten and or eighty. Sorry, you stop eighty one and ninety.

Kim: [00:52:47] Think she just wrote that she used 20 9 to stop the spasms.

Carol: [00:52:51] It's about 20 9 in Musk and Musk skeletal muscles doesn't work.

Kim: [00:52:56] I can't thank you. I have tried that and I have never had any use for it.

Carol: [00:53:02] Never works. It works on smooth muscle.

Kim: [00:53:05] You can

Carol: [00:53:07] Biliary colic. You can stop spasms in the gut. You can. It's great with asthma. Ok, I have to do 20 9 and asthma doesn't work for skeletal muscle at all.

Kim: [00:53:22] I've seen people talk about it and I've tried it, but I have never had any luck with it.

Carol: [00:53:26] Myself and I talk about it when we it's only covered in the visceral section because it doesn't work, OK? And. Ok. After a few minutes, work with her remotely, that's a whole nother webinar, I'm. But the person person in question is a client of mine referred to me by so many who have you found that people are finding you from the website? We get how many hits a year, Kevin? A lot I can't remember. Yeah, I think it's like a million and a half, it's it's like huge. Right? So we can document with going on smooshy change frequencies as needed. How do you increase only specific sections and not trigger acetylcholine secretions? Well, now that you know what to expect, you would do? Yeah, you did. Eighty one and 90 and then now, she says 20 9 worked really fast. That's interesting. Now that you know what's going to happen due to eighty one and 90 to help with the cortex makes up 40 and ninety two to quiet the.

Motor cortex, an eighty one and 10 to increase descending GABA, that's been the biggest learning experience in the last five years. Use it in the cerebral palsy and lasts for two weeks. Wow. Maybe one in 10, right? Who would have thought?

Kim: [00:55:14] Yeah, that's incredible. But it makes sense, though, right? When you work it out and say it out loud,

Carol: [00:55:22] Well, and then I've got this autoimmune thing where the antibodies get in between the nerves that secrete GABA to. We're to keep the tone normal, so my spinal cord in my brain are fine, but I've got antibodies peripherally. And the thing that makes the muscles softer besides baclofen is eighty one in 10, even when I'm taking baclofen to reduce the spasticity. Eighty one in 10 still works right on top of the backlog. So who knew?

Kim: [00:56:02] Well, this is we're learning every day, right?

Carol: [00:56:06] Like learning curve.

Kim: [00:56:08] Picture my roller coaster ride

Carol: [00:56:11] The roller coaster. Hey, I got this. No, I don't. And then, yeah, I do. Sure. Oh, whoops. It's just it is.

Kim: [00:56:22] I know we go through waves, don't we of I know sometimes my family, when I come home from work, they're just like. How is your day because sometimes it's like you

Carol: [00:56:35] Should see

Kim: [00:56:36] The miracles and then some days I'm like, I suck everything so hard and bad

Carol: [00:56:42] And I give up and I want to go be a pet groomer

Kim: [00:56:47] Great. Like it's just and that's what I love about the advance and talking to you. And it's like, you don't have to have it all figured out in a weekend. And those of you who think that you do are in for one because the universe gives you these people and. I think that's the greatest gift that we're giving people with the new way of teaching the course is ways to troubleshoot it. So when your initial recipe fails, you've got three hundred and sixty two thousand other combinations that you get to try the next time.

Carol: [00:57:29] Well, it teaches you to think about it in a different way. Right? When you put the pieces together, I think the thing that's the most miraculous for what we do is as a as a group, there's there's now 4000 FSM practitioners in twenty three countries.

Kim: [00:57:48] Amazing.

Carol: [00:57:49] That's just amazing. Wow. And of all the. Um. Of all the the things that we have to offer them. Relief of pain is the least, honestly, because we as a as a profession, as a technique group. We're the only ones that are trained to look at the system as a whole thing. Right. So the Vagus so Humira was saying the client's problem, right? No, wait. The client's problems are apparently related to the Vagus. Oh, okay, fine. Yeah. Eighty one in 100 9 is your friend. There's there is no circumstance under 80 under which 81 and 100 9 don't work, right? So it's it is magic. It's there is one of the FSM in quotes, one of the Chinese made FSM machines on the market and one of my patients bought one, he said was five hundred dollars less. And then I looked at the the protocol it has on it for the Vagus and his summary sheet by ready you sitting down?

Kim: [00:59:23] I don't want to hear it.

Carol: [00:59:24] The summary sheet says that this protocol is good for relaxing upper trapezius muscle tone. Close your mouth. Mm hmm. And and the protocol starts with 40 and 109. I'm really sorry, it's

Kim: [00:59:49] I feel like I need to run concussion on myself right now after hearing that.

Carol: [00:59:52] Tell me about it. Well, I, I switched him. I swapped. I will give you a CustomCare and swap you for your device because you're using this thing. Yeah, protocols are 10 years out of date. Don't do that right? And he swapped it back because he liked it. He liked the fact that it had a backlight and I went, OK, fine. Oh boy. Well, that's the other thing is, you have to let them you in the patient form a team. And if the patient's not on your team, they need to go be in the team they want to be on.

Kim: [01:00:25] I don't

Carol: [01:00:27] See end of codependency as we know it,

Kim: [01:00:29] Right? Oh. So using well, we've gone over our intended, but we knew that was going to happen.

Carol: [01:00:39] Imagine my surprise, it's a good thing we aimed at 30 minutes because we knew we were going to end up at 60, right?

Kim: [01:00:45] See, we are getting better and better at doing these chats.

Carol: [01:00:50] Well, considering the first one, there's no place to go but up.

Kim: [01:00:54] No, no. I love it when we're trying to come up with the plan, and it was just like, we end up going on these riffs anyways. So I think it's more organic when we just kind of I think we should try to pick a topic. So I'm going to take the liberty of telling people if there's a certain topic that you want to hear. Dr Carol and Kim talk about to put it in Facebook or Vagus on social media, and then we can kind of get some ideas together and we can formulate some. We can come up with some plans.

Carol: [01:01:28] As long as you're prepared for the fact that once we pick a topic, we're going to go off of it. Yeah, there's no reason to stay on it for the whole time that that's not going to happen.

Kim: [01:01:39] Yeah, that's just the way things happen with us. But I think I think I don't know. I think it's fun. I know you and I love talking about it,

Carol: [01:01:48] But oh well, and our and our panelists are having a good time.

Kim: [01:01:52] Well, that's good.

Carol: [01:01:54] I have a patient who's who's watching this, and she said, Wait, my physical therapist only uses two machines and you guys are using for God.

Kim: [01:02:07] Well, sometimes you can just need two sometimes. And no. Uh, sometimes my world, I can get away with two machines, can you? Yes. Four straight up. Easy, easy.

Carol: [01:02:24] I'll give you that. Yeah, yeah. You know, we're opening the FSM clinic and training center. So pretty soon that website is going to go live and there's going to be a live feed of the construction photographs as it moves forward.

Kim: [01:02:41] I love that.

Carol: [01:02:43] And I have to buy tables and hope they get here by January 4th, because that's where we're supposed to open. So if we get treated on massage tables, oh well, right, there's a room for the residents. We have room for 3 residents and Kevin, right? And and then in the process of starting to buy machines. Well, in my office right now, my little office in Portland, I've got three. Precisioncare Teres, an AutoCare and one CustomCare and the CustomCare I reprogram just about every time a patient comes in to do what I needed to do, right? So can you imagine what it's going to be like outfitting for treatment rooms and a gym? By the way, I'm going to have a gym.

Kim: [01:03:38] I know you told me and you know, you'll never get rid of me if that happens and have a

Carol: [01:03:43] Bedroom with a really brand new mattress and walnut. It's. I'm just sorry.

Kim: [01:03:49] Yeah, I

Carol: [01:03:52] I'm just I know best Western for

Kim: [01:03:54] You, girl. Oh, that's amazing.

Carol: [01:04:01] What would be the best second best machine if I have a PrecisionCare a CustomCare percent? You can reprogram it as you go along. So I just keep the CustomCare software open on the desk. And if I had a machine that just is going to run 40 and 10 or 40 and 89, you don't waste a PrecisionCare on that. So you can have 3 CustomCare's in a PrecisionCare, right?

Kim: [01:04:27] That's what I exactly what I do. I've actually added some of those just kind of one liners into the mode bank. So if I just need a 40 and 10, I just and I have one that I just label as clinic use. So it's got like 40 and 10, 40 three two six one twenty four and something. And then you're right, you don't want to waste a PrecisionCare.

Carol: [01:04:46] And yeah, so I've got clinics clinic CustomCare. Yes, and it's got mostly one liners on it.

Kim: [01:04:53] Yes, I love the one liners when you need them

Carol: [01:04:56] Well, and then there are patients where you just you have to run. Just concussion and Vagus in the background and in the background. Yes. Yes. Yeah, yeah. Oh, and then.

Kim: [01:05:12] I love that face.

Carol: [01:05:13] No, this one's this one's late. The patient that accidentally. Not her fault, swallowed the drain cleaner. Yes. She feels guilty because she should have known when it hit her mouth. She should never have swallowed it. So she feels guilty. And I went and we've for years we've been looking for a frequency for guilt. Right? And I said. It's not guilt, you're angry at yourself, think about guilt, right? They're angry at somebody else for telling you that what you did was wrong, right? You're angry at yourself for doing something stupid that caused a problem. Right, right. That was the first time in 20 years I've rethought the concept of guilt. It's not guilt. I treated her for anger, and she fell asleep for 20 minutes.

Kim: [01:06:15] That's interesting. I've used a concept with that, with a lot of my motor vehicle accidents that had concussion rate. So they they felt terrible for years. They come to see me. They feel better. Brain fog is gone and then they come in with what was either guilt or anger or something. And like, Why are you so upset you should you're feeling better? And it's like, I lost three years of my life feeling like, you know, and so sometimes that emotional component comes in after you're just when you think you're done treating, there's a whole other layer to that lasagna.

Carol: [01:06:55] Well, they they go from fear that they're that they'll never recover, right? And they go from there to grief. Right. But the grief is is always layered. So grief. Resentment. Right. And more than anger, grief, resentment. Anger and the fear is behind it all, but grief is always a layer. But that's it's it's grief at what I've lost. I lost seven years of my life. And I mean, that's a whole nother podcast because we're now it's now five o'clock.

Kim: [01:07:41] Yes.

Carol: [01:07:42] The but they've lost. 5, seven, 12 years of their life, and that's the point at which I say straight up looking them in the eye. No, you didn't. Excuse me. What did you learn? Right? You learn something in the last 12 years that you could not have learned any other way. Very good. Yeah. It was so painful. It was inconvenient. It's inconvenient. I'm sorry. It was painful. I'm sorry. It was inconvenient. But what did you learn? Was the world actually come to an end if you don't make your bed? Does the world actually come to an end if you don't take out the trash and cook dinner, right? You learn compassion. You're never going to look at anybody in a wheelchair or with a cane the same way. Right? You're kinder right now. You're angry and you can go beat up on pillows if you want. But to to help them make that transition. It's important that there's a great line going around these days. It's important that you know that for sure that you are more than the bad things that happen to you.

Kim: [01:09:00] I love that. Yes, I've heard that. Isn't that that is so good?

Carol: [01:09:05] Yeah, that's a that's a good one to leave on since it's five o'clock.

Kim: [01:09:09] I think so, too. Well, I love this. I had fun. I hope everybody else had fun listening to us as much as we had fun talking.

Carol: [01:09:17] Yeah, it looks like they did from the messages. Yeah, you see Paula. Oh, Paula Lake from Australia. Wow. Oh, you poor, baby. I can't ever get to oz again until all those viruses are gone. So, Marissa, yes, it's so nice. Oh, I love these names. It's like, Oh, yay!

Kim: [01:09:37] It's like our friends.

Carol: [01:09:39] Yes, it's the fascial.

Kim: [01:09:41] I love it. So yes, let's end on this very profound good, happy note. And we are electronic wizards. I love that. I love being a wizard.

Carol: [01:09:55] Heaven's electronic wizard chemist. Next, I'm something of a troglodyte, but I'm learning.

Kim: [01:10:02] We are all learning. This is an awesome journey that we're on. So let's let's keep all those questions coming and we'll come up with some themes and keep going on our tangents as much as we want.

Carol: [01:10:13] And every Wednesday, four o'clock

Kim: [01:10:16] Wednesday at four everybody, we will be here. We hope you will join us and we'll get Instagram Live and Facebook Live all succinct too, and we'll figure it out. Welcome back to our friends.

Carol: [01:10:33] Ok, I'll see you next week.

Kim: [01:10:35] If not next Wednesday at 4:00, I will be here tomorrow.

Carol: [01:10:38] Are you ready for this tomorrow? I'm going to be seventy five tomorrow.

Kim: [01:10:46] You knew that. Yeah. What are you going to do?

Carol: [01:10:50] Honestly, I'm taking my staff to lunch and then we're going to Edgefield, and Edgefield has a soak pool, but it's not like a round pool. It's like a lazy river without the river. I mean, without the current smoking river thing in a garden with. Yeah, it's a religious experience.

Kim: [01:11:12] Yes.

Carol: [01:11:13] So I think if we can schedule it far enough ahead, the rooms are like two hundred and two hundred and fifty dollars. There's a bath down the hall kind of thing. Yes. But maybe we can do the Portland Practicums course there in that April. We just set the Practicums schedule for next year, so I'm I'm hoping that we can do Edgefield just because everybody should go in this soap pool. Yeah, yeah.

Kim: [01:11:47] Yeah. Well, enjoy your soap tomorrow. Everybody wish wishes you a happy birthday already. I see that coming in. So have a wonderful day tomorrow. You too. And we'll see you next week, next Wednesday at four.

Carol: [01:12:02] Excited we get to do this every week.

Kim: [01:12:04] Yes. Yes. Bye bye.