Episode Fifteen - Andre Benoit

Kim Pittis: [00:00:03] Hey. And now,

Dr. Carol: [00:00:06] How are you? Let me see, what do I need to do? Sure, screen

[00:00:11] just start your video.

Dr. Carol: [00:00:12] There you go. Come on, Ally. We have people, so I'll talk to you later about George.

Kim Pittis: [00:00:21] Yes, you will

Dr. Carol: [00:00:24] See Teres table as of today. Yes.

Kim Pittis: [00:00:29] Hey, we have a couple of minutes, but I just want to warn you, we have an action-packed podcast ahead of us today. Fun-filled, fun-filled content loaded. If we get through half of it, I'll be happy.

Dr. Carol: [00:00:45] Ok, I'll try and be brief. This weekend was so much fun.

Kim Pittis: [00:00:53] It's so much fun. I was inspired this weekend. Oh.

Dr. Carol: [00:01:00] How do you get any more inspired than you already are?

Kim Pittis: [00:01:03] That's always being around you. You're a very inspirational person.

Dr. Carol: [00:01:07] Really?

Kim Pittis: [00:01:10] Yes. And so for folks that are just joining us, we had a practicum weekend, so the first-ever FSM practical practicum weekend. So people have been taking our courses through online learning and live stream and all the ways we can get courses to people during a pandemic. And this was our first weekend where we got to

have people in person to touch and feel and play and assess and feel smush or not feel smush. And what a great group it was

Dr. Carol: [00:01:45] And diagnose and every single table had miracles, which was like the best totally and every you know how. Usually, at least 20 percent of the supine lumbar practicum is mechanical actually low back to center disc. All six tables were visceral wow. Ovary, pancreas at one table, uterine fibroids. So non-mechanical, low back pain in a uterus with, I don't know, four-month uterus with maybe eight fibroids three to five centimeters. Yeah, and that's her low back pain and her OB-GYN told her it couldn't possibly be her uterus, the fibroids that was causing her low back pain. So you look at where the fibroids were and we ran inflammation in the ureter, the kidney, the sigmoid, the Cecum, and the small bowel. Wow. All of her back pain went away. Imagine my surprise,

Kim Pittis: [00:03:00] You weren't surprised, and that's got to be the hardest thing you being you is that you can see it unfolding before your eyes and you know exactly the boxes that you need to check. But they need to get there and they need to check those boxes.

Dr. Carol: [00:03:13] And well, it's kind of a duh. I mean, it's not mechanical. Low back pain. Does bending forward make it worse or better? No. Bending backward, no. Ergo, do you have any leg pain? No. Ok. What do you have? Well, I have all these fibroids and then it's like, Well, if I was a fibroid, what would I push on? I would put on if I was a fibroid here, I would push on the ureter. Yeah, OK, what would that do to the ureter inflammation, right? So you run inflammation in the ureter and the pain at L2 goes away, so it confirms. You have a way of creating a hypothesis, testing a hypothesis by paying attention to what's in front of you. Right. I was so much fun.

Kim Pittis: [00:04:08] I hope everybody has as much fun at these courses that we do. I'm not sure if that's possible. It's like the podcast We have fun. I hope everybody else listening does.

Dr. Carol: [00:04:18] But so far, that's the feedback. All the feedback from the course was just. Fabulous and the really cool thing was they had no idea that we didn't know what we were doing. Totally made it up like, well, we think we're going to start out doing

this. But yeah, that didn't work so much. So well, then we'll do this and the schedule that was gone by noon. Yeah, and nobody minded. Right?

Kim Pittis: [00:04:48] Yeah. I mean, I think that's one of those things that what we do is so great. It gives us, you have to be adaptable and you have to be. The dogs are barking right now, so I feel like I should just stop talking. So one of the comments on my Instagram was Kim, just bring your dog in the room because the last time she was barking to get in, and now she's trying to get out, so

Dr. Carol: [00:05:18] No man is downstairs. I bet

Kim Pittis: [00:05:20] We. So we have a neighbor that has a utility truck, and when he backs up, both my dogs go bananas because that beep beep beep. So yeah, everybody sorry about that. It's always at four o'clock, too. So I can tell by my watch, it's four o'clock and he's home. So I want to jump into a couple of things before we go any further with the stuff that we normally kind of get into. So I was, we were talking about some of the feedback that we've been getting on the like. We have a job form that we get some feedback with the podcast. And there is a comment that was just talking about how inspiring our Gratitude and Thanksgiving podcast was that it was. And that was so nice to hear. She's like, not about the technical stuff. It was just so inspirational to hear some of the personal stuff that we were sharing. So I thought that was as we're getting into this Christmas season, that was a nice gift to get that kind of comment. So thank you to the person that said that to this.

Dr. Carol: [00:06:20] Thank you very much. So about there's something about love and gratitude that makes everybody feel better about everything. Yes.

Kim Pittis: [00:06:30] Yeah, that's that's true. And it's just it's good at this time of year to keep that in our forebrain. I think one thing. I think everything's falling apart today. All right. I have a quick I was reading something on Facebook the other day. It was about a physical therapist that was talking about her practice, and she always has some really practical tips and tricks, and she was talking about calling patients, patients, or clients. And I know in the medical community we always automatically go to patient, and I thought this was really interesting. So she's a DPG, she's a doctor, and she refers to her people that come to her as clients. And she's like, patients can have a sickness

connotation. With that, I have to go to the doctor because I'm sick. Therefore, I'm a patient. She's like, I call all of my people clients because they're paying me to help them with a service that we're doing together. It's a client like, and I thought that was just a really neat spin on it.

Dr. Carol: [00:07:42] That's a great idea, is it?

Kim Pittis: [00:07:45] I've never thought of it like that. And I know some like massage therapists, they want to use the term patient because it seems like they're going to be better seen in the medical community. Yeah, and I get that, but I thought that was interesting. I wanted to know your take on it.

Dr. Carol: [00:08:03] Well, I totally agree. I just not never thought about making the distinction. If you're a patient, somebody is going to do something to you that fixes you. Yeah, if you're a client, you work the important part about that distinction is the collaboration that happens between the patient and the therapist. Yeah, whatever we are. Yeah, and it's the collaboration, the other piece of it that I got the most wonderful thank you note from a patient today. And she said the healing is not linear. And the healing started on the outside, but it has ended up happening from the inside. It's a collaborative venture. And if I have a patient/ client that wants me to fix them, we just. No, just no, I'll give them the first session to. Want to be fixed? Yeah. And then the second session, did you do your homework? And this is a collaborative venture and with some patients/ clients, the healing has to happen simultaneously from the inside out and the outside in. So what happened to you when you were 3 sort of thing? What part of yourself do you need to re-parent if you were not parented or if you lived in a difficult or abusive? Environment, and if all you're doing is prescribing an antibiotic or steroids or Advil, if all you're doing is adjusting joints, then doesn't matter. But if you are, if your goal is to help the patient recover. So this particular patient on her CustomCare, I put what we call TTH the energetic influences and her history is. A difficult injury. She ran she just got inspired, and she ran TTH twice in a row in one day and she said I felt joy, real joy for the first time since the event. And. At that point. The physical repair that we need to do for this difficult injury. So it's not that it's irrelevant, but she's figured out that she's OK, whether it gets fixed or not.

Kim Pittis: [00:11:15] Wow. Does that makes sense? It does, and I think that's that's huge and pivotal for a therapist to hear that too, because I think some of us, we walk into our patients and our cases with the weight of the world on our shoulders, you know, because sometimes, like you're saying, we're like that or the last hope, you know, and with that comes some heaviness as a practitioner like, OK, they've seen everything, they've gone financially bankrupt trying to fix this. This is all on me, and it's no like, it's no, it's not all on you.

Dr. Carol: [00:11:54] And and there is there's an advantage to having been in practice for with this kind of patient for twenty-five, six, twenty-six years. Yeah, I failed probably more times than most of you have even tried. So the concept of not being able to fix somebody doesn't bother me at all. Right? My goal on the first session is not to make them worse.

Kim Pittis: [00:12:24] Yeah, I think that's if we can all walk into those first patients with that on a level that just

Dr. Carol: [00:12:36] Don't make them worse. Yeah. And figure it out. Collaborate. And the fact of the matter is with FSM because you have a tool that lets you treat things like inflammation in the ureter that's causing pain at L2 because she has a four-centimeter fibroid pushing on the ureter. The fact that you have a tool that lets you do that. allows you to, I mean, you, and we can treat nerve pain and discomfort. That's right. It's like, that's easy. That's easy. Oh yeah, do toning your legs with two 81 and 10 patients? Yeah. And one was in 81 and 10 and 40 and 10.

Kim Pittis: [00:13:20] So for laypeople out there, I'm going to translate very briefly here. 40 and 10, that's our inflammation in the spinal cord or reduce the activity in the spinal cord and 81 in 10 is increasing the secretion to the cord, they're paradoxical, they're the antithesis of each other, yet they work synergistically. How do you like that? The synthesis between the two, it's I had run this on a patient today or two days ago and I had two machines. I'm like, I'm running. She's been seeing me for quite a bit. I algometer run 40 and 10 on one machine, 81 and 10 on the other side. How does that make sense? Like, I don't know. How does that work? I don't know.

Dr. Carol: [00:14:04] Well, it's working and reduces body pain. It decreases inflammation in the spinal cord, and I need data to demonstrate this, but 81 and 10 increases descending inhibition. And the only neurotransmitter that does that is GABA. So you you reach down and you feel somebody's legs, especially at the brevis adductor brevis and the pectineus. You have to warn them. Can I touch your legs? Then you do that, and it's like +7 really tight on one leg and it's a plus three or four normal on the other leg. It's like, that's not normal, right? So then, you know, now we know you have a tool where you can decrease. Ent increase descending inhibition. Right, and all of the pain in that leg that everybody thought was either joint or tendon or nerve even. Was just being caused by those muscles being super tight. Clear up to PT four. Right? Ok, fine. And once you can do that and it's like, Well, that's easy. That's easy.

Kim Pittis: [00:15:25] So from going on this track for just a second when we were at the Practicum weekend this weekend, one of the practitioners says to me, I'm getting overwhelmed at the amount of knowledge that I don't know and I'm like, What are you talking about? Like, Well, I just my visceral anatomy isn't good. I'm like, Well, that's what you have Netter for. And if you don't have a Netter, you get software and there's all these tools and you don't have to feel bad about knowing where the ascending colon or descending or the Cecum is at the drop of a hat because you've never really had to go in there and figure it out what was in that neighborhood, maybe before? So have it open, and it's not a slight like she was worried about. Their patients might think that they're stupid or I'm like, You're no. And the way you frame it, right? Like, I just I want to get inspired. I just want to have this open and I just want to see what's around there and see if we're missing anything like it's just

Dr. Carol: [00:16:24] I had the most wonderful high school chemistry teacher and she I, you know, being a normal 15 or 16 year old sophomore, sophomore, junior and I said, stood up to ask a question, and I said, this is a really dumb question. And she said, Wait, stop. There is no reason you should know this. Oh, there aren't any dumb questions, and there's no reason you should know this. So for massage therapists and even physical therapists, do you have any reason to know that the pancreas starts over here underneath your right nipple and goes clear over to the other side? Is there any reason you should know that? No. So cut yourself some slack. And then the what was the other one, oh, my favorite doctor ever, OBGYN. He'd been in practice 20, 30 years, quite experienced in every single treatment room he had. You know, one of those book

lectern things like a shelf that was mounted on the wall at an angle and on that shelf was the PDR back when the PDR was useful? Yeah. And every time he prescribed any medication for me and we're talking birth control pills in the seventies, right? So they'd been out a while, he knew. So every time he opened the book, he looked it up. Did you ever have? No. Ok. And how about your mom, did she know? Ok. And I, it was so reassuring.

Dr. Carol: [00:18:24] That he was looking it up. Yeah, so when I treat a patient. A client that has, let's say, something going on with her foot. They had a fracture. Then they have these ongoing symptoms. And I sometimes I know I've got Netter in my head, right? But I pretend that I'm showing them right. Let's look at your foot because the pain doesn't make any sense to the patient. So you open up Netter to those two pages that have two plantar views of the foot or the ankle. You know that that foot section. Look, how complicated that is, your fracture was up here, but it bled down. I don't know. I bet see that nerve there. I wonder if that's what stuck. And you're educating the patient. The patient now knows that you care enough to look it up, right? There's no reason you should know that unless you're a surgeon and all you do are feet. There's no reason you should know where that exact nerve goes and what that anatomy looks like. Look it up. Show it off. You hate it. How do you have a collaborative relationship with somebody who doesn't know what you know, right? So you show them Netter. You keep posters on the wall and pretend it's for the patient's education, but it's really for me so I can look up and remember what the Scleratomal pain pattern is, right?

Kim Pittis: [00:19:59] Yeah. So I think that that was one of the comments I had to was, I love listening to your podcast and how real you guys are. And I'm like, Yeah, like you be.

Dr. Carol: [00:20:13] But you remember the Velveteen Rabbit? Yes. Ok. So the Velveteen Rabbit. For those of you that haven't read it, it's a children's book for adults. Yeah. And there's this rabbit that gets just. But he becomes real at the very end. And he says, by the time you become real, you've been loved a lot. But all of your first rubbed off and your nose is missing in one of your eyes is loose. And you know, even so, that how? How else would you be besides real? Where are you going to pretend for?

Kim Pittis: [00:20:54] Well, this is such a great Segway because I have a special surprise for you today. Oh, do you like surprises? I should have asked you that when we were doing our like speed dating round? Do you like, do you like getting surprised? Sure.

Dr. Carol: [00:21:12] I think

Kim Pittis: [00:21:14] So. Kevin are producing podcast genius. The code word that we have today is Cheezburger. So if Kevin could help me out with this cheeseburger plan, I'll let you know what's happening in just a second. We have a special guest today. Ok? We had talked about bringing special guests on, and I thought today would be a great day to bring somebody special on that we have cared about and talked about. So Mr Andre Benoit is joining us today all the way from Canada. Andre will get you to start your camera and unmute yourself when you so feel inclined and join our date today. And I thought that.

Dr. Carol: [00:22:00] Hello, how are you?

Andre Benoit: [00:22:03] I'm good. I'm good on you.

Dr. Carol: [00:22:05] I'm good. It's good to see you.

Andre Benoit: [00:22:08] Yeah, hold on here. My computer for some reason started to do it.

Kim Pittis: [00:22:13] When you talked about being real. Andre Benoit is about the most real human and the best sort of way.

Dr. Carol: [00:22:23] Zero ego is left off, right off his head. We just left for.

Kim Pittis: [00:22:30] So, Andre, I'll let you go ahead and introduce yourself and all your fancy credentials and explain who you are, and I'm going to take it from your intro.

Andre Benoit: [00:22:38] Just a humble man who's a husband to this wonderful, wonderful wife Susan Benoit, and have three kids. And that's all I am just the guy.

Kim Pittis: [00:22:48] You're more than just a guy. Come on professionally, what do you what do you what's your role right now?

Andre Benoit: [00:22:53] I am. Well, my profession is a strength and conditioning coach. And so I've been in the industry on one level or the other for the last thirty-three years. My mentor was Charles Baldwin. I think everybody knows this. And then it was my other mentor. But he was definitely by far the main biggest influence I've ever had in strength. That's what I'm doing. That's why I'm a strength coach because of him, which I sometimes thanking and curse him for it. But the so I know. So I'm myself. I'm a past Olympian. So I did two Olympics in 1988 and 1992, when most of your people listening were probably not born or just one or two years old. Not true. And then I so I train. Basically, I trained a long way from 84 to 88 with different coaches and stuff because they were mean and they were didn't know what they were. Well, they didn't know what they were doing. They just knew what they knew and we did what we did. And then Charles came in in '88. And at the time, I hurt my back doing squats with a belt the wrong way, everything. And then I had chronic pain shoulder. And then I told Charles, Well, they want to operate my shoulder. They wanted to shorten my ligaments because they're too long to lax and then they want to infuse my L4 L5. And then in his accounts, where on this thing? But in his usual verbal thing of ahhh, that's not going to happen. And so anyway, so he says, we're going to make tree trunks out of your directors by 9 and we're going to solve your shoulders.

Andre Benoit: [00:24:24] And sure enough, in one month, my shoulder was fine. Like zero pain. No, nothing. And then two, I would say about eight, nine weeks later, my back was 90 percent better. So have I had a spinal thesis level four. And that's why they want to operate on me, because when I was young, if you do luge as a sport, you do stupid shit, stupid stuff. Sorry when you're young, when you're younger. And while I was doing the stupid stuff, I wrote my the two Transverse process and spinal process. So and I push my vertebrae forward really acutely. And so I know. So, yeah, so since then, you know, with all the base and strength and everything that Charles gave me, so I don't have any serious back pain or uncommon pain like whatever. If I don't, I need to do my squats, not necessarily with weights, but I need to squats or squats. And then my back is fine and in my S1 LOX, this is actually. And that was not a willing. We didn't aim for that, but my loss just came back to a level whatever point 5, I guess. And but I was not

aimed to do this. This happened because I don't know, maybe because the 20 years I trained with Charles and everything so so. And then what else did I do? I trained. I was a strength coach for some teams and national teams, amateur sport, hockey. That's how I met your husband. And actually, I take full credit for you to be together.

Andre Benoit: [00:25:59] That's a hundred percent because to me. It is true. I'm not even exaggerating. And then but with Dominique, I was thinking about that and that was with Dominic Nolan, Eric, and Jessie. And that was probably the best years of strength coach in my life. Like, seriously, that was the best group ever and hard worker and everything. And then I have coach and NHL team amateur CFL NFL with the help of, well, me helping Charles story. And then the last two years I was with the council, Ofcom, which was which is the King Special Forces, and that was fantastic. I had a two year contract with them and that was really the epitome of other job in the past, not because they were too easy, but I did not really have to. Use everything I knew, but with the special forces and stuff, because they have they don't train necessarily any differently, but you have to apply everything you know differently and there's different reasons for the injuries they have and there's different reason why they can get rid of it. Yes, it was really interesting. That was really fantastic. So and now I'm back at teaching, so I'm giving. So my contract is done and I'm back teaching and I'm aiming at once a month. I think, of course, I did my first online course three weeks ago on mastering program design. This past weekend, I did one in person with Hypertrophy Academy, and then I also took two years of osteopathy. Which brings me to this definition of patient and client.

Kim Pittis: [00:27:38] Oh good you could weigh in on that

Andre Benoit: [00:27:40] Is since when everything I've done from just training people, we've worked always client to working on people that I thought were patient. I think it's more of a spectrum. It's like power and speed. The more energy needs to create speed, the less you have for power, and the more energy or strength you need to develop power, the less you have for speed. Ok, now I know there's people will say, Well, you know, if you do an Olympic lifting, you need both. Yeah, you need both the different time. The point is, as for me, patients and clients, I think, well, first of all, if you're going to be in the health system, you have to be very patient. That's why they call you patient when you see the doctor and everything. But besides that, like the jokes aside, I think

when it is a situation where the client cannot do much. He's more toward the patient end of the spectrum. So, for example, the ultimate one would be an operations that they have an operation, they open you up and they operate on you. Well, you can't do much, you to lay down. Well, first of all, you're knocked out and you're look. That's a patient. But for me, as a strength coach, when we go in the gym, they do the work. I'm not doing the work, I do the work of, you know, the evaluation, the testing and so on. So when they do the work and they have to do it to be better, which to some extent a strength coach or personal trainer, we can address some issues physical issues, tightness, weakness and so on. Well, then they are client because they're so men from you guys, from an FSM point of view. You think you're a bit more toward the patient, but they're also client because they have, like Carolyn was saying earlier, they have to do homework and like any good person like, you know, when you go home, you don't do your homework unless you do it and you understand and you see the benefit of it.

Dr. Carol: [00:29:37] So when we did my two cents on that, when we did the FSM course in Calgary with you and your wife and how old third child.

Andre Benoit: [00:29:49] Well, she's four. She was not there yet. Your third. I only had. Yeah, I only had the NASH Indiana.

Dr. Carol: [00:29:56] The reason she is there, if you remember that. Anyway, so four years ago, we were there. So has FSM. So Kim is you create a stable state by doing the kind of strength training and conditioning and balancing has FSM changed or helped you do what you do differently, like relieving adhesions between the nerves and the muscles or increasing secretions in the nurse or the cord or the cerebellum. Do you use it that way with what you do?

Andre Benoit: [00:30:35] No, that's enough. I will admit that. So as a string coach, I think just from from a habit, I did use it. But it was when I was doing my soft tissue work, not after a training session or stuff like that, so I would use it. So let's say I did the I know a little bit of A.R.T., so I'm not certified as A.R.T. and I do this stuff from what I've learned from just disclaiming here. Disclaimer. I'm doing stuff from osteopathy. But then I would do some manual and then use the FSM. Yes. But as far as just pure strain gain and so on, I would always for me, my philosophy is, let's see. I always believe in change one thing at a time. So let's see what strength training does. Once we have what we

have with strength training, then we do the next one next one. So I did the FSM, but not enough in the last. The funny thing with this in the last two years when I was with the special forces, I tried to bring it in with the physiotherapist because they're really segmented there and it gets your strength coach and I'm a physio and then they do this and this and then. So it's really like, I got in trouble a few times putting my hands on the guys. But again, I had success. But so for me, I said to them, I said, Hey, do you know about FSN? Yeah. And right away, I'm like, Oh, so it's not. I don't believe in it. It's just that they. They're really sunk in their ways, which is and don't get me wrong.

Andre Benoit: [00:32:10] They are really, really good physiotherapists. They're open to a whole bunch of different things. But when it came to that, it was like because I did contact Kim at one point, Hey, would you be interested, you know, because I was trying to open the door. But that door got slammed in my face pretty quick because I think they would need it because in the military, no matter where you are, the normal, the special forces, sadly enough, in the majority of the guys, they're not on the health care, they on the broken scale, just below the health care scale. And they're all broken. But you know how broken they are, then we fix them to barely make it. And so for me, like if there's a place where they would need FSM and a whole bunch of different method of recovery, it's there. And I don't know if in the states you have any contact, Carolyn or no, but here it's very if you just take concussions, they're really, really very, very aggressive with treating concussion and so on. And it's quite obvious with the job they have. And I was saying, Well, you know, there's some they didn't get that joke, but I got it. But I said, there's a frequency for that. And then they were saying, Well, you know, I'm like, Oh, so they're really. But for me, I'm thinking, you know? Even if you if it helps one percent, it's one percent more like why not do it, especially with these guys?

Kim Pittis: [00:33:37] Right. And we've been saying that, right? Helping one patient at a time, right? And that's and I think the biggest skeptics out there become the biggest advocates for FSM. That was me. I spent 18 months trying to prove it wrong. Every patient I was like, This isn't happening. The Smooshy isn't real. This didn't recover this way. But you know, Carol, you've been talking a lot about last podcast we had we talked about if 46 was actually sarcomere. Now I've been doing, I've been collaborating under. You'll find this interesting, some cases on acute recovery. So what acute hypertrophy is? And I believe that 46 on B channel is sarcomere. So when you have somebody that has that acute pump after exercising and you can get that and you can measure it, and

then you run 40 and 46 and it goes down right away, like that's data. So everybody out there when we think like, I don't have enough to do a study, every time you chart you're doing, you're collecting data.

Dr. Carol: [00:34:40] So I don't know where I was. Oh, no, that's how we will get to the PTs.

Kim Pittis: [00:34:49] So yeah,

Dr. Carol: [00:34:51] The training center, the clinic, and training center, the way that we will edge our way into the physical therapy world besides the six or eight wonderful physical therapists that came to the course, we do it one practitioner at a time. So we have to publish papers. So the research coordinator and I met this last Sunday night and talked about the format for. For the research center, and there are papers and directions and platforms out there for how to how to create a case report. And that's that's how we get to the Pittis. It's all evidence-based. But the thing I love about what Kim does and what Andre could be doing. Maybe we'll send Kim up to Canada to visit is combining the two because to get a muscle to. Contract. Appropriately. To get it to strengthen the cerebellum will not let you contract a muscle fully, it will inhibit a muscle that is adhered to a nerve or a vital structure. So when we worked with this Olympic swimmer and his quadratus Lumborum was QLs wouldn't contract. They were weak. And it turned out that he had a bleed and he had a fall in his back and had adhesions between his kidney and the QLs. So we treated adhesions and the kidney and the kidney fat pad, and now all of a sudden his QLs went from minus four to a plus five. It's like in thirty forty-five minutes, yeah, it was.

Kim Pittis: [00:36:59] And, you know, and I'll kind of disagree with what you were saying, that you treat one thing at a time. I think with FSM, we blur those lines considerably because when you're able to break down scar tissue so quickly, especially in an unstable joint like the hip or the shoulder, you have to increase the strength right away. Otherwise you're going to get increased pain because you've created a new joint, essentially. And like you were saying, the cerebellum is not going to allow you to move, especially when something's been adhered and restricted for 10 years. So I don't know. I just think it's all, it's all. So I love having these respectful. I respectfully disagree with

your with your statements, but Andre and I go way back to respectfully disagreeing on many things.

Andre Benoit: [00:37:47] So, no, but the thing I don't do you say I disagree with my statement that you do one thing at a time or,

Kim Pittis: [00:37:55] Yeah, correct me if I'm

Andre Benoit: [00:37:56] Wrong, but I don't treat one thing at a time. But OK. So I want to see what strength training does to fix whatever there is to be fixed. Ok. I told you, but I agree with Carolina sends that. I now more than ever, I do believe that all the adhesions and the scar tissue and everything they do that I've known that for a while, but now I'm more convinced it's true that they do affect your strength and your, you know, training response to anything and your progress and so on. So. And it is like, to be very honest, like it is something that I did not push because I was busy with a lot of things, but it would be for me that would be something that I should maybe, you know, get my FSM machines out more and then do. But yeah, and do it more often with the because if you just do A.R.T., for example, which is a quick release, and it's not always. It's like anything else, if you have somebody who's really, really good, you get really, really good results, but you do have an immediate response and flexibility strength and because there is an inhibition pattern that happens because of that problem.

Andre Benoit: [00:39:17] And if FSM well, not if you know the proper well frequency for that, then you can. I'm sure you would improve. And we know, we know we've seen it in recovery. For me, I saw a lot more and that's because of my narrow minded perspective, maybe. But I saw a lot more on how to benefit for recovery faster than trained better and get better results. But I never really thought about it until Caroline just said now said, Well, you know what, if we can't know for sure if we can do it with FM, especially with FSM, they just do nothing. It's not painful like A.R.T. at all. So it's less traumatic. And they they they would definitely. I truly believe they would get quicker results in training. Whether you're a high-performance athlete or everyday person that you just need to be able to walk your dog or play with your kids or, you know, better with no pain. I think that's definitely something. But did you say, Carolyn, you have studies on that or you will make?

Dr. Carol: [00:40:22] Oh, we have. No, we're going to be doing more studies. We're going to be doing more studies. But the most important thing about FSM is that it makes what you do, even if what you're doing is A.R.T... It makes A.R.T. less painful or painful because fascia is adhered to a nerve. So as you do the release, you're tearing the fascia away. And that's why it hurts. Well, it shouldn't hurt now. I don't know if you were there in 2003, when we did the first sports seminar with Charles and Mark Lindsay and Keith Pine were working on each other, and they went up to Mark Lindsay and smacked him on the side of the head because he was riffing on Keith's Subscapularus without using FSM. So in just the five years since. We did the course in Calgary. It has changed so much that it's, I think, much easier to learn how to combine it, to make what you already know, how to do more effective.

Kim Pittis: [00:41:41] And that's what the sports course is all about, right, is how to use FSM with all those manual treatments, whether it's pin and stretch or A.R.T. or you want to call it. And then there's a whole recovery section of, yeah, you don't need to have somebody and you talk about this to for an acute injury, you don't have to have them on your table, like put them in that recliner with your CustomCare, send them home with the CustomCare. So for your athletes, they come and they see you. You do your manual work, you send them home with the CustomCare, they buy their own, so they're recovering. And then there's the whole performance enhancement stuff. So I just have, you know, I have to think, be saying, let's try strength training first. Again, it goes back to kind of our philosophy, like, are you going to be able to get a muscle to contract fully with quality if there's an adhesion in the antagonist or somewhere in the capsule or somewhere in the nerve that has to be released first? So I think in my opinion, anyways, FSM is really morphed my way in thinking into more of a global what do you call it, synergistic sort of way of thinking because you have to treat the strength, you have to treat the scarring and you have to treat it all like together. And when you're able to wrap your brain around the fact that releasing a scarred nerve or fascia or ured or even can get a QLs to fire, you're just like, Wait, what? Like, I didn't even do an exercise and I got muscle quality to contract faster, better, smoother. So that's been that's been interesting for my brain anyways.

Dr. Carol: [00:43:20] The first place I ever saw it was an accident the patient came in with. She was a ultramarathon runner. She made her living. Doing marathons running. Fifty to one hundred miles. And she had hamstring injuries because her glutes were

weak. And she'd had one hamstring injury. She recovered from that, she had another hamstring injury. Her strength coach or running coach and her chiropractor brought her to the course and. I went to work. On they they demonstrated that a right hamstring was weak or right, glute was weak, and the weak glute was why the hamstring was injured, so they've been working a year to strengthen the glue. And it didn't work her glute. She was still plus 3. So I rolled her over on the back and I looked at her abductors. And the abductors were super painful, quite tender, and I asked her, when did you have your groin pull? Oh, about two years ago and when did your hamstring injury start? About a year and a half ago. So you ask yourself, what is the glute week or was it inhibited because of the adhesions between the femoral plexus and the quadriceps and abductors? All I did was treat scarring in the nerve and mobilize gently the doctors on the right. And 40 minutes later rolled her over on her stomach and her glutes were plus 5. So the group was never weak, it was inhibited by the cerebellum to protect the femoral plexus, and they'd been strengthening it for a year. So that's where I see it being able to combine the experience and the knowledge and the expertize that you have Andre with. More. Integrated way of looking at it, there's no reason you would use just strength training or just A.R.T. or just FSM. In a perfect world, you use all three of them. So, like all of them, were effective, yeah,

Andre Benoit: [00:45:54] I totally agree. Since, like when I took my osteopathy course, like it was great because that is the proverbial proverb of opening a door and having like 50 doors on one side. And then also you looking, Oh, I have 175 on the other side. And then you go, What the heck? And then they got then. And then I understood why through strength training and proper screening and so on, you can solve a lot of problem. And then the same problem with somebody else can do nothing, nothing like nothing happens, you go, what the heck? But then it's because exactly that. And even now I'm, you know, I'm fairly old. I'm fifty nine and I'm I'm. And I know that I don't know everything I know, and I think that's probably my biggest strength. And I try to be as humble as possible because you meet people. I think Charles, well, you kind of made sure that that you he always says, you know, fucking sorry because, you know, not, you know, you don't know. And every time I thought I would, I was when I was going away from him and coming back after six months. That's OK. Now I caught up. I caught up for sure. I caught up and then I would get there. I'm like, Oh my God, he's another year again. Like, Is this discouraging? So but that really taught me, and it's not that it made me feel like I knew nothing. It just made me feel going, Oh, so much to learn, so much

to learn. But I never was discouraged of learning. I was never it never affected me that way. I know some people might say, Well, let's not forget it, I'm going to go to pump gas, the gas and the pumps, you know, gas station and be happy.

Dr. Carol: [00:47:28] That's what makes this so fun. There's always more to learn.

Andre Benoit: [00:47:32] And then,

Dr. Carol: [00:47:33] Yeah, enjoyed me and FSM because I'm not sure because I never knew him and I didn't know how famous he was. So to me he's just Charles, and I think I'm probably one of the few people on the planet that would argue with them. And or that he thought knew something he didn't because he saw the cytokine research.

Andre Benoit: [00:47:57] Yeah, he yeah, but he also. For him, it worked on him, huh? It worked for him because he worked on him. Those are the first tests. If it didn't work.

Kim Pittis: [00:48:09] You know, and I think that's to jump in. That's a great way of getting the people that are sitting in the back of the class with their arms crossed or the doctors like, I'm like, Can I? Can I just treat you? Actually, why don't you come to my clinic and just try it out and then they get stoned and then their pain goes away and they're like, OK, I'm not exactly sure how you just did this, but it's undeniable that it works, you know? And like we kind of say in the core, like the mechanism of action follows later, right? So it's it works or it doesn't. And it's and it's safe and. That's the exciting part of it. And there's not there's not an exact science, there's not a formula, there's so much room for.

Andre Benoit: [00:48:53] Well, there's the it's always I always teach in class. I always say, you know, I'll teach you the science of it. But you have to develop the art because I cannot give you my art because my art is based on everything I've lived, gone through and everything, and your art is going to be your art. It's like there's no two painting alike, like and it's the same thing.

Kim Pittis: [00:49:10] Isn't that nice? It's kind of like our language, right?

Andre Benoit: [00:49:13] Yeah. Well, that's what it is, is that you and I believe this in every single profession, whether you're a lawyer, an architect, an engineer, a manager in a in a big box store, whatever it is is that the people are good. They can marry the science and the art because they can only know what the book says this. But I feel this this let's let's go there because right now, this is from all the signs I see. Even though the book says there, let's go there because I think this synergy? Yeah, exactly. Yeah, yeah. And now that now it's going to bother me because I'm going to go look for my client care because I know I have it somewhere because I gave it to one of the soldiers, but I hope he doesn't have it. But anyway, but now that thing you just said, Carolyn, that's going to bother me, not bother me in a bad way, but going to go, OK, I really have to get more into this synergy of saying OK. So he has instead of just using Air PT or or, I shouldn't say, softly shoot soft tissue technique to, I shouldn't say, soft tissue technique to release adhesion. Maybe I should do that. Plus FSM and plus

Kim Pittis: [00:50:26] You go ahead and come to the sports course in Phenix in February, and I'll show you how to do all that in two days.

Andre Benoit: [00:50:32] Oh, fine. Well, we'll see what's going on with that stupid dog Macron thing, because in Candida, now they're talking about shutting down flights and everything again.

Kim Pittis: [00:50:40] So you take it live stream if you can't come again.

Andre Benoit: [00:50:43] Ok, sure. Yeah.

Kim Pittis: [00:50:44] Well, there you go. Well, Andre, we have a lot more questions and content to cover, but I wanted to thank you for being our first guest coming on here. Carol's been talking so much about Charles lately, and I have this whole list of guests that I had, and I reached out to you months ago about coming on and I was trying to stagger it. But I figured Andre was such a bridge between you and me and your Charles stories and the athletes that you worked on together. So I thought it'd be very special. And Andre and I go way back,

Andre Benoit: [00:51:12] So thank you very much for having me. I'm I'm I'm touching. I'm so happy to see you, Caroline. It's been forever and you look fantastic.

Dr. Carol: [00:51:21] You know, when you say your old, would you say fifty-nine,

Andre Benoit: [00:51:25] Fifty-nine, I'm older. I said I'm older,

Dr. Carol: [00:51:28] I'm seventy-five, dude.

Andre Benoit: [00:51:30] It's like, Yeah, but you look fifty-seven.

Dr. Carol: [00:51:34] Yeah, you have a frequency for that. You FSM. Anti-aging, it works. Yeah.

Andre Benoit: [00:51:42] Well, you look fantastic.

Dr. Carol: [00:51:45] Thank you so much.

Andre Benoit: [00:51:46] It's been Kim. You also look fantastic. You look great. Always, always, always.

Kim Pittis: [00:51:53] Thank you, sir. Thank you for coming and sharing your thoughts with us.

Andre Benoit: [00:51:57] Say hi to the family for me. I will take care. I'll just mute. Can I stay and just mute you?

Kim Pittis: [00:52:04] Stay and listen all you want?

Dr. Carol: [00:52:06] Yay.

Kim Pittis: [00:52:08] So that was my one of my surprises, and I'll

Dr. Carol: [00:52:11] Surprise,

Kim Pittis: [00:52:12] You know, I. So I don't like being surprised. I love being the supervisor. I'm not a very good surprise-e so

Dr. Carol: [00:52:19] I can go either way. It kind of depends what the surprise is and how much of a plan I had. But since you drive the bus and I just, you know, stick with

Kim Pittis: [00:52:28] That

Dr. Carol: [00:52:29] As we go by, I'm good, I'm good with that.

Kim Pittis: [00:52:32] So I say that we do these things on the fly, but I actually do have templates every week that I kind of research and try to throw together. So I thought Andre was available. It'd be great to hear from somebody who is an athlete at that level and who works with a whole bunch of different demographics and how to deal with all sorts of different people. So we have so many questions, so I want to get to a couple of them and see where that goes to. Now, this one didn't come to us as a podcast question. It came to me directly. But I figured if one person has the question, somebody else has the question. So I thought it would be good to talk about. So the person writes, We have to be cautious with 13 after surgery or a new injury because we don't want to undo scar tissue. So yes, that is correct. But what about 91,51, 3, or the 58s? Wouldn't they have the same effect?

Dr. Carol: [00:53:28] What I found out the hard way was that six weeks for. Any of them, except for 91, 91 following surgery or a brand new injury? 91, you can use it about week four. So inflammation leads to chronic inflammation leads to hardening. And this was especially obvious working on Terrell Owens and some of the other new injury athletes. But on Terrell, especially at week three, because we started FSM so soon after the fracture at week three, we could start using 91 to soften up the tissue so there wouldn't be so much remodeling to do. And then at week four? I used we used 51 briefly, I wouldn't use the fifty eights and I didn't use 13 until we got to Florida for the Super Bowl because in that particular case we had if I took out too much scar tissue, I had no time to put it back. Because the timelines were he played exactly six weeks after that. You basically blew apart his leg and then pinned it back together and said, we'll see. And exactly six weeks, so we had no time when you're working on standard clients that you know, golf on the weekend and want to be able to go for a walk and unload the dishwasher. And they've had a car accident and you make a mistake like I did and you treat them with the 58s or 13 at week four. I'm here to tell you, having made that

mistake several times, you're never going to get away with it. You can try it, but I wouldn't recommend it. That six week we put in felt pen on the outside of the paper chart. When the accident was. So that we wouldn't make a mistake now that I'm looking at opening the clinic in January, I have electronic medical records. I don't know how to put felt pen data injury on the outside of an EMR. We'll find out. But yeah, no, you'll never get away with it.

Kim Pittis: [00:56:06] So to go one step further, and I'll give this example for this patient because so that's very clear in my mind, like when we use it, when we don't. Let's just say you had been treating a patient for scarring in their musculoskeletal system somewhere. Let's just say low back scarring you were doing or shoulder and they went and had a tonsillectomy. Now, different injury. But, you know, you don't want to be treating scarring in the shoulder when this is fresh, correct?

Dr. Carol: [00:56:40] Or the or the ankle. So we had a practitioner with an ankle sprain that was maybe two or three weeks along was recovering nicely, no pain. And she was at a Practicum. She worked on a patient shoulder and used the 58s back then and 13 and at the end of a 40 minute, forty-five-minute session, her ankle was worse. She because she had both of her hands on the patient. So she got the frequencies and she got up from the treatment table and said, my ankles' worse. So it put her healing back a week or so. Right? It is absolute. There's your semiconductor if you have had a tonsillectomy or knee surgery or whatever. There's no place that frequency isn't. It's everywhere, so. No, right? Be brave. Yes. Something else. You can always make somebody feel better with concussion; now when they have a brand new injury. You have to remember not to run concussion and Vagus because you want the immune system active to do its healing thing. Yes. So you can run concussion, you can run inflammation, chronic inflammation and depending on the timing. But it really is that six week thing. Acute, subacute and chronic.

Kim Pittis: [00:58:19] That's those are why we have those parameters. Yeah. So when do you when do you throw concussion and Vagus in after? What's that timeline? Six weeks, NASH weeks.

Dr. Carol: [00:58:32] Unless, let's say, when I fractured my shoulder. The fracture didn't heal, there was cloud in the fracture at six weeks, but it wasn't healed for three and a

half months because there were, what, six fractures a dislocation? Eight. A plate and eight screws holding my shoulder together. So I would not have run concussion and Vagus until the fracture was healed on x ray. Right? Most injuries, it's six to eight weeks. Right? Yeah.

Kim Pittis: [00:59:06] Another comment that I wanted to it seems like every two podcasts we have to bring up. Don't be afraid of 40. With that, I don't know. It's like a bad rumor that doesn't just keep circulating. It's so. Go. Ok. So I have a patient, a patient this week, and we were programing her CustomCare and we were talking, she's very bright. She asked a lot of really good questions. She's got some medical training and she was asking about contraindications and side effects, and she's like, I love it because I just feel so safe with it. But there's got to be a complication or a contraindication. There's got to be something. And I said, Well, there is there's there is with anything. And I talked to her about 40 and how we kind of teach it in the course. And dental infections had been the only time in the time that I've been practicing with it that anything's ever popped up. And she's like, Whoa, whoa, whoa. But that's a good thing. You didn't create a side effect. And so this is fantastic. This was a patient, and I thought it was such a great way that she had framed it. And she's like, You didn't create something that wasn't already there, that was already there.

Dr. Carol: [01:00:21] Exactly. So you want to? Hello. No. I just switched from Dr. Carroll to Dr Mom, don't. You want to use 40 because the problem is. Infection that masquerades as inflammation. And the infection is occult, it's hidden. It creates vagal dysfunction and immune system upregulation. It creates all sorts of problems. And the practitioner and the medical community thinks, Oh, you have periodontitis, it's an itis. It's inflammatory. It does not come from space. So you run 40 and the patient gets worse. There are common sense.

Kim Pittis: [01:01:18] No, we don't say that, we say reasonable expectation.

Dr. Carol: [01:01:22] Ok, right? Reasonable expectations, there are rules about when to do this. You don't treat a patient with undiagnosed jaw pain. With 40. At five o'clock on Friday night, long weekend, you just don't do that. Now you say we're going to work on something else today and let me work on your jaw next week at your 10 o'clock appointment on Tuesday. Yes. And then you treat the jaw. You do the TMJ. You treat

torn and broken and the ligaments and you treat inflammation. And if it's infected, she'll be at her dentist by three o'clock that afternoon and you will have saved her life. 40 is diagnostic. I get excited. It's like, Okay, no,

Kim Pittis: [01:02:15] I get excited, too. I have nothing to really talk about. I just wanted to give you the bait on that one because I'm not on Facebook that much. But when I do jump on the practitioner thing because I like to just see if we're not getting a ton of questions, I like to see what the questions are out there that helps us as educators figure out where we're failing and teaching. But 40 is the one that I always keep seeing, like, Oh, I'm going to take that out. I'm not going to run that. I'm going to go in the mode bank and remove it all. And I'm telling you, like, if you want to go back to our very first podcast, when I said, if you only had five frequencies, what would it be? You and I number one. It's 40 bucks, right? So it's not. And I know it's so hard to. It's so hard to pick those top five. But like that patient of mine says, like, you did not give them an infection. Just 40 does not give them. An infection. Yeah, it brings it out. It's the same thing as 13, if you're going to go down that road, then you would never want to break up scar tissue because so many times, especially in movable joints like the hip or the shoulder, the splinting, the scarring, the guarding can be caused from ligature laxity. It happens in the cervical spine, too. So if we wouldn't have 13 to take out the scarring and the pain generator goes up because it was splinting to protect the joint. So again, you didn't create ligature laxity, you didn't create that partial thickness tear. It's been there.

Dr. Carol: [01:03:49] And that's why God invented 124/.

Kim Pittis: [01:03:53] And there's an antidote. It's not like you just are, you know, and, you know, create all this havoc and then like, say, sorry about that leave, you've got remedies. So in the case of the infection, no, you're not going to be tinkering around with frequency. You're sending them to get antibiotics. You're sending them to get a 3 d cone beam to verify that there is an infection. Yes. And then with the shoulder, you've what's that

Dr. Carol: [01:04:19] Flexion extension films in the cervical spine APM side bending. Exactly that patient. Yes. At the Who's the practitioner, that's a patient, but she had that horrible neck pain after that horrible accident, and they told her she had CRPS in the

neck. Which it's like, OK, but 124 and the ligiments when you looked at the mechanism of injury, it had to be that. Yeah, and that's the pain went away for the first time in years. That's amazing. It's just like, OK.

Kim Pittis: [01:05:02] No, and again, it goes back to we can't get so caught up on old diagnosis, right? So I think you had mentioned that this weekend. And again, I've been listening to your core and your speeches for years and years, but I still hear something new when you speak and you know you do, you have to. I'm not going to say it as eloquently as you did, but something about when the patient walks in, you have to just table the labels that they come in with, right and just be like, OK, I hear you say you have CRPS or. Frozen shoulder. That's my. Trigger, but you have to have the, what's the word, you have to have the motivation to dig and to explore and to be your own detective and come up with your own diagnosis.

Dr. Carol: [01:05:58] Right. And I had a mentor that was was he's passed away. He's a neurologist. And. Dr Graham Bob Graham. He didn't mean to teach me, but he allowed me to come in and watch as he treated my patients, and this was after me reading his 10-page reports on the patients that we treated or the patients I sent to him. And I asked him one time, do you review the records? He said Absolutely not. You start fresh every time. So I did a lot of forensic work, which means that you end up in court and you end up testifying in court. And this I'm going to word the use the word snotty lawyer on the opposing side said, Did you review the records? I said, absolutely not. And he sort of got taller, huh? I got you. Got you. And he said, Why didn't you? And it's like, Well, this patient has been in injured and in pain for two years. If the other four people were correct in their diagnosis. She wouldn't be in my office. So I do my own exam. Take my own history and. Treat the patient, if they improve, then I'm probably right and then I'll go back and read the reports, the other records. And usually, it's pretty obvious what they missed. So of course, I don't review the records. And when the patient wants to give me a list of the six diagnoses they say they have. Let's just stop them say, no, we're not going to do it that way. We're going to go back. And I want so they bring in a chronological list of everything they have that has happened that they can remember, right, this surgery. And then I lived in this moldy house, and then I had to ask them, Did you ever have a root canal? Oh yeah, I got six of them. Okay, fine. So that's. That yeah, yep. Start start at the beginning.

Kim Pittis: [01:08:17] Yeah, and and you're beginning and feel free to refer out and collaborate and work with other practitioners because again, I'm going to circle back to kind of our beginning. You don't have to have it all figured out. You don't have to know it all like there is.

Dr. Carol: [01:08:32] Oh, and so I have a patient with so exciting. Traumatic brain injury, a history of like 15 head injuries in. I don't know, 14 years. Minor ones. And then five, four or five major ones in 13 months. Ok. Five years ago. Six, five, six years ago. And I mean, I could run the concussion protocol till I was blue, I'd treat the cortex, I'd treat the midbrain, I'd treat executive function and judgment. I do all that and I send him to Doctor. So he's got PRISM glasses, the baby steps, but never got functional. He's still basically on disability. Dr. Clearfield, who's lecturing at the advanced this year. Yes. Sent him to Dr. Clearfield. Did the blood work, got him on the supplements and the prescriptions to turn around his endocrine system that's been injured by the traumatic brain injuries? He's got executive function and judgment. We've got three-dimensional spatial thinking. He's he's recovering for the first time in six years.

Kim Pittis: [01:10:04] And how long until he started noticing a difference, a benefit

Dr. Carol: [01:10:10] For three weeks, four weeks. Initial science was difficult because it's like nothing can help me. I just he was so depressed and then just sent his mom to get, you know, one of those packets and I so he has morning, noon evening and bedtime pills. Seven days. She packs the little packets, puts it up for him, and he learned to take them. It's like by week three, he was asking his mom to preload the packets. So that he would take them. Wow. And it's like it's miraculous, and I've he's had FSM used on him as mom is one of my patients. He said some used on him since the first injury. Right? I mean, the most the one of the 5. Yeah. But it was the it was the stable state right to take care of the Vestibular injury and who knew that Clearfield. And we already did whatever they already did, whatever David Musnick said. So he was on supplements, didn't get it. Yeah, that just wasn't it. It was an endocrine system. Wow. So and what Andre does is and what you do is create the stable state for musculoskeletal. I will never in my life be able to. Say musculoskeletal, it hurts. I live in Canada for a while. It's stable state stuff, right?

Kim Pittis: [01:11:43] Again, we're going to say the word synthesis, it's all these little pieces that work together and you're not expected to have all those skill sets, but you have to have the awareness that you are not a one stop shop that patients need collaboration.

Dr. Carol: [01:12:01] Well, and it's why I teach the core of the way I teach it. We are one of many tools. And there's, I think, the intimidating thing when I was, I don't know, thirty-five or twenty-five to thirty-five in there someplace. I had parents of my friends. We've done so much in their life. How do you do that? Many things and Mary said you live to be sixty-seven. Then you have more time to do things. So you're starting out to feel overwhelmed, incompetent. Why don't I know that? Well, there's no reason you should know that this is your learning opportunity, right? That's that's what the FSM core in the sports class and the advanced is the learning opportunity. Yeah, it's like so exciting.

Kim Pittis: [01:13:00] So exciting. Oh, good. I thought there was a question because I'm like, we are out of time, but it was just appreciate. And thanks for sharing. Well, thank you. Thank you for the comment that went way faster than any other one. So special thanks to Andre Benoit for joining us today. And we will keep tabling all the questions that we're getting in, so keep them coming in on. I think it's frequency specific forward webinar, I believe, or podcast. That's where you can find the job form to ask questions. You can find us on Facebook, on Instagram, wherever you can keep those questions coming. Yeah, and it was so great to see everybody today and we'll see you again. We have two more podcasts before Christmas, so that's a little scary. Wait, wait, wait.

Dr. Carol: [01:13:52] There's only two more Wednesdays until Christmas. Yeah, I'm doomed.

Kim Pittis: [01:14:00] Just want to make sure we have no more questions coming in, great. No, that's all good. So wonderful. We're good for today. So we'll see everybody next week on Wednesday.

Dr. Carol: [01:14:11] See you next Wednesday. Bye.

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