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Introducing Dr. Keith Puri 00:53

Sometimes during my 2 am witching hour when I can't sleep, I feel sorry for myself. Why me? I won a lottery I didn't buy a ticket for. Crap, I can't do this, I can't do that. Life sure sucks. In the light of day, I think, "This is me. What's not to love?" I depend on my team – laypeople and professionals - to help me understand my body, my abilities, my circumstances, my moods, and my reactions. Profound understanding promotes self-appreciation – loving myself as I am. On my professional team, my primary care doc, chiropractor, massage therapist, neurologist, optometrist, physical therapist, and acupuncturist are the strongest and most important professionals for me. I've learned which of their skills help me, how they communicate with me, and what work I need to do to maximize their impact. This episode begins an intermittent series about the professionals on my health team, starting with Dr. Keith Puri, my chiropractor. I've learned much from Dr. Puri about maximizing my gross motor capabilities through good habits. I'm indebted to him. Please listen past the occasional static. We had some technical difficulties.

Health Hats: Dr. Keith Puri. You're one of my heroes and one of the most important people on my health team. How do you introduce yourself in a social situation?

Keith Puri: When people find my designation, it's always met with some unique responses. Historically when I introduce myself in a social situation, "Hi, I'm Keith. I'm a chiropractor." Sometimes it's met with reservations, sometimes with a desire for a free clinic session.

Health Hats: When you're at a conference, how do you introduce yourself?

Keith Puri: I introduced myself as Dr. Keith Puri. I use my designation, chiropractic, and then, depending upon the conference, I'm met with a little bit of reservation. I double back and say, "Well, I'm not that type of chiropractor. I'm the type of chiropractor that has more tools in their toolbox." I refer to the practice as a manual therapist, where we try to identify the underlying cause, establish a diagnosis, and use the most appropriate treatment that we know from the evidence. That may or may not include traditional chiropractic treatments, which is more of that cracking, popping, manipulation, and such. Usually, when I do that, it's met with a little bit more, "Okay, that's interesting. I want to hear a little bit more about that."

Health Hats: Where were you when you first considered chiropractic as your path?

Keith Puri: Again, a very good question. My undergraduate degree is in athletic training. I graduated in 1997. I knew that I wanted to further my education. I had done some externships in athletic training and physical therapy. The word chiropractic had never entered my mind. Quite frankly, I didn't know anything about it. When I graduated, I knew that I wanted to further my education, but I wanted to work a little bit. When I graduated, the *Help Wanted* section was still available. I got the paper, and I scoured it. Sure enough, I found an ad for work as a chiropractic assistant. I began working for my first mentor. It seemed to encompass a lot of what I was looking for in a profession. At the time, I think I was looking at some of the biggies: physical therapy, occupational therapy, or physician assistant. Med school passed my mind, but I wasn't sure if I wanted to commit that much of myself towards it. I began working for the chiropractor. It seemed to gel well with everything that I was looking for from a personal, professional, career path. I started working for that gentleman in 1997. For 22 years, I've been involved in the chiropractic profession, which has been neat for me.

Granular attention to operating at peak capacity 06:50

Health Hats: When I introduced you, I said that you're one of the most important people on my team. I say that because my goal is to operate at peak capacity. I feel like you pay more granular attention to understanding what I want to do and what I want to accomplish in my life and what it takes. You've helped me build a program that helps. I've only felt like I could operate at peak capacity since I was diagnosed. I think I started seeing you before I got diagnosed. I feel like that's something we've worked on together. I've seen you pretty much once a month unless something's crazy going on. But you're always paying attention to my function. Not just when something's wrong, and you're dealing with my sore back or whatever annoyance of multiple sclerosis, but you're thinking about the maintenance program and how the maintenance program is going, or what about the season? That's so interesting to me. I've gone to chiropractic for years because I believe in it and it's helped me. But nobody's ever approached it as you do. What's that about?

Keith Puri: Well, first of all, I appreciate your kind words talking about the impact that I've had. As I tell my patients, I'm just doing my job. I know you've seen some very skilled providers with the background that you have, the knowledge base that you bring. I truthfully enjoy our encounters, probably just as much as you enjoy getting evaluated and worked on. You mentioned that we'd seen each other for a while as, unfortunately, the MS diagnosis progressed. At the same time, my management of musculoskeletal conditions and my toolbox has opened a little bit more to understand and identify what is that highest capacity that an individual can function given the limitations that they may have, whether that's from a disc injury, an autoimmune disorder, non-musculoskeletal based. I try to establish modalities and therapies to raise whatever capacity we can to ensure that you can function at the highest capacity. Quite frankly, I owe most of the credit to one of my strongest mentors, Dr. Bill Brady of Integrated Diagnosis. He introduced me to these concepts 12 years ago. It blew my mind with simple concepts such as load capacity and putting it into a relatable category. Working with him and furthering the thought process of how we look at injuries was an epiphany for me. We were looking at conditions and looking at ways to foster that ability to function. As more conditions are cumulative, whether they're cumulative in the sense of degenerative or cumulative in the sense of that, they're progressive. Over time, it builds, builds, and at some point, it reaches a threshold. When you reach that threshold,

then you become symptom expressive. When someone has had symptoms for more than six months and has seen multiple providers, they may have gotten some response, but they may not be functioning at the highest capacity. We try to identify those blocks that we can remove and what those are, unfortunately, that we can't. More importantly, if we can't remove them, how do we respect them? How do we ensure that you can continue to function at that high level? We try to put modifiers into what they can do for an activity or what they do in their normal daily routine of sitting, standing, walking. Or someone has an autoimmune disorder and may be relatively stable, but then suddenly, they go into a symptomatic flare. Then we modify what we need to do for load management during that flare. We identify what is the underlying cause and develop strategies to try to minimize the impact they have. More importantly, we try to maximize the ability to function. Unfortunately, it's not built into the traditional healthcare system. You have seven or eight minutes with your provider. I give them credit. It's the hustle and bustle. They work extremely hard, but it's difficult to come to a complete and accurate diagnosis in eight minutes, especially if you had symptoms for six-plus months, and you've seen a lot of healthcare providers. Frequently, as we call it, you get put on the musculoskeletal carousel. You go from provider to provider to provider where you do therapy, therapy, therapy, and go around in circles and circles until finally, someone tries to establish what exactly is going on and what are the different things that we could do to reduce it. Often with a lot of these conditions, fortunately, or unfortunately, they may not return to 100%. They may return at 50% or 75%. It's fantastic that they can improve anyway, but the big thing is if you are only able to return to 50% capacity, how do we maximize that? How do we limit some of the erroneous things, so they don't take away from that capacity, almost building a bit of a credit system? For example, I may sit with bad posture. But I have a back injury. I don't want to waste some of those credits on bad sitting. I'd rather use them playing with my grandson, playing a board game or hide and seek, crawling around on all fours. I'd rather do that, as opposed to sitting on the couch watching the Patriots with bad posture.

[Coaching for good habits 14:09](#)

Health Hats: When I think about what you have done for me, I think it's such a variety, but mostly it's building good habits. For example, I got my first strengthening core exercises from my physical therapist, but you added balance and doing my exercises in bare feet. I've seen how getting my brain and my feet better connected has been important. The other one is managing my weight, which is not a chiropractic thing. I happened to mention one day that I'd been with my primary care physician, and she was telling me that my weight had been going up. You had asked me, "what have you been doing?" And I told you, and you said, "well, how's that working?" I said, "it isn't." You just gave me suggestions: intermittent fasting or whatever. I felt like you're very keyed into making habits an agreeable part of daily life, having productive habits. I know that I'm unique because, as my physical therapist once said that she thought about 30% of the people she saw did anything that she recommended. And at that time, I was the only person still doing what she recommended ten years later. So, I know that I'm not usual, in that I do follow through. But you're keyed into people's habits. What's been your experience with what's worked, what hasn't worked as you're coaching?

Keith Puri: Really, good question. I think that's evolved, as our relationship has evolved, and as my experience increases, working in the healthcare profession. Early in my career, I gave 25 things to work on. The reality that someone's going to have the capacity or someone's going to have the diligence to do all that is not realistic. The compliance goes down significantly. I've tried to minimize the things I ask

patients to do. What I do ask, particularly if the compliance is up, is something simple for you with the exercises and like your bare feet. I know your capacity for exercise is going to be limited, so I want to maximize the amount that you can do. Let's put you in a position where you can try to maximize all the different systems in your brain and using barefoot to achieve that. From a dietary standpoint, if you look on the internet, there's so much stuff out there that it can complicate opening up a door. It's just calories in, calories out, and again, same thing, load versus capacity - the amount of sustenance you're putting into your body and your body's ability to use it for energy. I try to look at those relationships and put it in a way that is meaningful and actionable for my patients. Habits are great and recommendations are fantastic, but they're only as good as the intent of them. We try to give people way too many things to focus on. We have to narrow down to more of the fundamentals. What is a minimum amount, a maximum amount? What're the most efficient things that we can do? if I asked someone to do 35 minutes of exercises twice a day, that's not realistic in this day and age. "Doc, I'll give you five minutes in the morning. What do you have for that?" What we've done is reverse engineer and say what is the most critically important and how do we ensure that a patient can do that? Just give less. But when we do give, try to have it be the most impactful, so it's most efficient.

Ending the appointment for success 19:16

Health Hats: One of the things you do that is helpful in all these years I've seen you, is that every single time at the end of the visit we sit and you have one thing to say about what you learned in our session and one thing that I should take away from the session. Lately, it's been about winter. How am I going to maintain my walking routine in this weather and balance safety and walking? That's part of your habit.

Keith Puri: During a visit, unfortunately, we may articulate or say things that we take for granted that the patient fully understands. So, at the end of an appointment, I like to clue up the appointment and bring us back down to this is what we identified, this is what we're going to do, and move it from there. It puts the appointment into perspective and gives us something to work on and to identify for the next time. Similar, if I give 20 different things, the emphasis on each point can't be that strong because there are multiple things. So, if I try to emphasize fewer things, then ideally, the efficiency goes higher or the habit becomes a little bit more learned or reinforced. Simple things like I'm walking outside with the ice and being aware that although the weather is a little bit inclement, I need to ensure that I'm going to get my steps. I can get my steps in a variety of different ways. It doesn't always have to be on the road. If someone with back pain is going to go to a conference for the next four days, it's going to be on a plane. They're going to be in a hotel. How do we have strategies to minimize some of the stressors that we're putting up on a body. We try to key in on a few subtle things that we can take from the visit to focus on between the next time we see the individual.

Now a word from our sponsor, ABRIDGE. Record your chiropractic visits and all your clinical visits with ABRIDGE. Push the big pink button and record the conversation with your doctor. Read the transcript or listen to clips when you get home. Check out the app at abridge.com or download it on the Apple App Store or Google Play Store. Record your health care conversations. Let me know how it went!"

I asked Dr. Puri what I should have asked him. He spoke about selecting a chiropractor for your team.

Selecting a Chiropractor for your team 22:33

Keith Puri: If somebody is looking to bring a chiropractor onto their team, what are things that they should look at or look for in a chiropractor? Number one, when anyone is going to be evaluating or treating you in any way, shape, or form, we want to identify for what exactly you are treating me? Plain and simple, what is your diagnosis? Unfortunately, back pain isn't a diagnosis. We want that diagnosis tissue-specific, detailed to ensure that the provider is adept, focused, and outlining the necessary steps and treatments to help you get to that point. Often, I'm looking for providers because my patient is moving or has a friend or a daughter or brother in some other place. I'll go to one of the sites where I belong: integrativediagnosis.com, looking for a provider in the area that has a similar skillset. The way we communicate, and treat is similar, so there's a smooth transition between providers or a transfer between care. Ideally, your provider spends one-on-one time and doing hands-on treatment directing that hands-on treatment towards exactly what they're trying to fix. If we're fixing something, we want to be able to see that we are actually fixing it? If possible, we like to have our providers measure. If we can measure, we can identify what exactly we're trying to reach. Someone who's only at 50% we can measure and say, "yep, you're there, but you know what? I think we can improve to A, B, or C, X, Y, or Z, and this is how. We're going to choose it, and these are going to be our landmarks for knowing we're at that marked improvement. Or, maybe we're not quite at that point, there's a little bit more we can do." It gives you a little bit more guidance and objectivity in your treatment plan.

Outcomes for me 25:23

Health Hats: What's the outcome for me in your treatment?

Keith Puri: The outcome for you is just maintaining your functional capacity.

Health Hats: I have to stop you there. You have to take the word *just* out.

Keith Puri: Okay. Fair enough.

Health Hats: Maintaining to me, is amazing. There's no *just* to it.

Keith Puri: Okay. That's very fair. I want you to maintain as much capacity as your body allows from all your systems - from your neuromuscular system to your musculoskeletal system. If we see some reduction, ideally, I want to be able to articulate why is that happening? Because for yourself, we wanted to be very attentive towards minimal changes. We don't want those small changes to turn into larger changes and turn into something that's more of a flare.

Health Hats: There was a period a couple of years ago where I fell a few times, and I was having trouble getting up. I think one of the things that you guided me to was to increase my upper body work. So, I could pull, I could push since my legs were getting weaker. So that's what you're talking about?

Keith Puri: Exactly. Are your legs getting weaker because that's a natural evolution, or are they becoming a little bit more progressively weak because now we're in an acute flare? Those are two drastically different things. So, as the lower body functions less, increase a little bit more of the opposite - the upper body.

Health Hats: Anything you'd like to ask me?

Keith Puri: No. I know we talked so often that I feel as though I get a lot of my questions answered each time. All I can say is keep doing what you have been doing. Stay focused, stay driven and, and I think you're going to continue to function at a high, high level. Sometimes we can get complacent and sometimes we think, "I've been doing pretty good. Maybe I don't have to do this or that." That's when I exercise caution. Nope, nope, that's where we had to be a bit more attentive. We can easily slide back as we get more confident. It's is good, but almost cocky, which is not good.

Health Hats: Thank you for being such a great member of my team and for taking the time to chat. I appreciate it.

Keith Puri: I appreciate the invitation.

Reflections 28:36

In my career as a boss, as a team leader, I found that I spent the first year of any new gig team building – identifying strong members, good members, and weak members. I wanted to spend no more than 15% of my time on weak members. Rather, I wanted to spend most of my time building the team and getting stuff out of their way so they could operate at peak performance. I would cull the herd, so to speak. Removing weak members of the team. Similarly, I need an ace health team. I'm its leader. I nurture those relationships and have a low tolerance for weak members. I'll stick with a weak professional team member only if access to a specialist is limited. I need strong professional team members operating at peak performance. Their peak performance enhances my peak performance. Success for both of us depends on us both doing the work we agree to do. I appreciate that Dr. Puri has increased his skill set over the years to meet the challenge of me. What a guy! How goes the development of your team? Let me know. Listen to this three-minute trailer of the new Pod Buffet podcast – a daily 5-minute podcast introducing an eclectic mix of podcasts from the international community of podcasters that I work and learn with every day.

Podcast Buffet 30:38

Steve Heatherington: Hi, welcome to the Podbuffet, where you will find an eclectic mix of new podcasts by fresh new podcasters from around the world. Short but sweet, the daily episodes will give you a five-minute taster that will definitely entice you to listen more. Just follow the links in the show notes. Not sure what to listen to next? Podbuffet will help you choose. You're sure to find something to love right here. This is the kind of thing you can look forward to.

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