



Over the past 20 years, I've noticed that 95% of Myotherapists have one, if not all of these problems:

Most Myotherapists suffer from a lack of identity, nearly all Myotherapists have an inefficient technique. And thirdly many Myotherapists lack some basic patient relation, patient education skills that make a world of difference.

I built my Myotherapy business from 0 to 100 patients per week in just a few short years. Since then tonnes of Myotherapists have asked me how I did it and if I could share my secrets with them. Well here they are...

Regards,

A handwritten signature in black ink, appearing to read 'Timothy King'.

Timothy King.
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So many Myotherapists suffer from a lack of Identity

I mean, how many times have you had to explain to someone what Myotherapy is and what a Myotherapist does? (Its super frustrating I know)

1. **Have a pure motive.** You need to be able to say 'I want to solve this complaint so you don't need ongoing treatment' AND MEAN IT.
2. **KNOW that as a Myotherapist you are not second rate to physio or other therapists.**
3. **Stop working like a relaxation therapist.** Your treatment should involve a cycle of assessment, treatment, movement and assessment. It should be active. The goal is NOT to put your patient to sleep on the table.
4. **If you are getting great results and happy patients, ignore the naysayers.**
5. **If you feel discouraged because Myo does not carry the status of physio then stop feeling sorry for yourself and realise the potential in what you do.**
6. **Do not do ANY mindless hands on treatment. Be intentional.**
7. **Do not try to treat everything at once – and - do not feel guilty about not treating everything at once.** If a patient has 9 different pain locations, then assess, prioritise and decide what to treat first.
8. **Realise that patients know what they want, but they don't know what they need.** They want to get better, but you must get good at explaining to them what they need to do to achieve that.
9. **Realise that 'no pain – no gain' is not where our profession is headed.**
10. **Realise that you don't have to 'work the muscle loose'.** This comes from what we 'think' a TP is a tight band but this mechanical explanation for TP is out dated.
11. **Be prepared to say 'I don't know.'**
12. **Work with confidence.** Many mainstream clinical trends seem to get results by stimulating superficial soft tissues like us. You are right in the ball park! Taping, FFT, Dry needling, static load therapy for connective tissue etc etc. We don't understand why they all work yet, but the validation of clinical adherence from multiple mainstream therapies should give you confidence that you are in the RIGHT profession.
13. **Trade on results not on time. (HUGE)**

Myotherapists lack 'Business' Skills

Many Myotherapists lack some basic patient relation, patient education skills that make a world of difference.

14. **In all advertising the big tip is '...Let people KNOW you!'** Trust is the biggest thing you need to deliver in order for people to actually call you for an appointment. So if you using FB do Facebook do lives. If you are using print media, do an advertorial about yourself not just an ad.
15. **When growing your business, make the most of informal consultations.** Everyone wants to talk about their pain. Give them a bit of advice and education and leave them with a card.
16. **Don't offer discounts.** It is unprofessional and you won't get the kind of customer you want.
17. **Don't try to distinguish yourself as a Myotherapist from other professions by using big technical words.** For example, 'We specialise in neuromyofascial pain and dysfunction.' This is not helpful. The truth is we are dealing with pain. Yes, the same stuff that Physios and Chiro's are. Use language that people identify with. Keep it simple.
18. **Get good at articulating the difference between Myotherapy and Massage in a clear and simple way.**

EG. 'Myotherapy treats the cause not just the symptom.'

EG. 'Myotherapy seeks the cause, massage maintains the results.'
19. **Get good at articulating the difference between Myotherapy and Physiotherapy / Osteopathy / Chiropractic in a clear and simple way.** Create scripts for yourself.

EG. Physiotherapy is excellent with acute injuries like breaks, tears and bruising. Myotherapy is excellent with those chronic reoccurring pains like back pain and headaches.
20. **Realise that rebooking is NOT a sales technique.** It is a reflection of providing a professional service with a good motive.
21. **Have a default process of elimination over a course of 3 treatments firmly established.** This will give you a direction for every patient that walks in.
22. **Every patient is a case study.** Your patients are your greatest asset in developing your clinical reasoning and powers of deduction. Don't waste the time you have with them.

23. **Don't believe your patients diagnosis of their complaint.** They may be right, but often they are not.
24. **Get good at educating patients to the fact that pain is a 'protective mechanism.'**
25. **Educate your patients - Movement is a healing agent.**
26. **Be able to demonstrate to your patient that you are listening by asking good questions and, be able to demonstrate that you have actually listened by taking good notes.**
27. **Realise that you do not need a 60 minute consult to convey that you care.**
28. **You don't have to have a conclusive diagnosis / assessment at the end of the first consultation.** You only need to know what you are going to do next, and explain that to your patient.
29. **Give every new patient a handout that lists ALL the kinds of complaints that you can treat.** Cos, people just don't realise what you can help!

Nearly all Myotherapists have an Inefficient Technique.

One of the reasons I've been a successful Myotherapist for many years and will continue for decades to come is, I use a technique that is efficient and results focused.

30. **Realise that skeletal muscle will release restoring ROM with only seconds of the RIGHT kind of manipulation.**
31. **Realise that skeletal muscle will release restoring ROM with only seconds of the RIGHT kind of manipulation.** (this is not a typo) Don't be like most soft tissue therapists who don't realise just how quickly muscle can respond to manipulation because they have a faulty way of thinking about pain and as such practice with a massage mindset.
32. **Results are everything.**
33. **If you have to go back to the books to solve something – do it.**
34. **If you have to give someone a free consult just to get to the bottom of solving something or to satisfy your own curiosity – do it.**

35. **Buy Travell and Simons trigger point manuals.** If you have them, read them more often. These manuals provide more observations, that you will see day in and out, than any other chronic pain text.
36. **Cultivate a love for problem solving.**
37. **Experiment. And feel no shame...the best therapists are experimental.**
38. **Follow the pain – You must observe and chart where the pain moves from treatment to treatment, this provides you with critical information.** Discerning why the pain has moved is often critical in leading you to identify the primary dysfunction. In other words – pay attention. Compare changes in location of pain to determine HOW the bodies mechanics are changing in response to the treatment.
39. **Get the Travell and Simons charts and stick ‘em somewhere obvious.**
40. **Use Travells’ data but not the terminology.**
41. **Let me explain...** Travells data, that is her clinical observations and TP locations are astoundingly common in clinical observation. But her hypothesis of ‘what a trigger point is’ is questionable. As such the ‘TP’ and ‘myofascial pain’ terminology is loaded with baggage. Neuromyofascial pain is more accurate. Although there may be doubt as to the mechanism by which the skeletal muscle and associated fascia refers the pain, there is no doubt, in my experience, as to the amazing frequency, reproducibility, and resolvability of the pain patterns themselves. They are everywhere! If I did not know them, I would not be busy...it is that simple.
42. **So put simply... realise that Travell was right and wrong.** Travell was right in clinical observation but wrong in her mechanical TP hypothesis. Ignore the naysayers. Just use the data and get great outcomes.
43. **Be really specific with your note taking.**
44. **Be really specific with your questions.**
45. **Encourage your patient to be observant. This is critical.** This is critical but counterintuitive. Patients with chronic pain have usually made a career out of learning tactics to forget the pain. Ignoring the pain, shutting it out, getting on with the job are coping mechanisms that have helped them survive up until this point. You must ask them to change all that.
46. **On follow-up treatment, be really specific with your note taking.** (This is not a typo)
47. **Be very intentional, and very specific with your hands-on treatment. Very specific.**
48. **Chart all the pains that the patient describes, including those that do not seem related to their primary complaint.**

49. **Encourage your patient when their pain moves!** I have had patients return for a follow up visit somewhat downcast as they state, 'I am no better'. After sympathizing with them briefly I will request that they show me exactly where the pain is. Often, they will point to a different location. When I ask, 'Wasn't the pain on the right before?' they pause and then realise, yes it has changed. They have been so used to having pain in the back, that as far as they were concerned they still simply have pain in the back. Yet with a little questioning, clearly it is a different pain in a different place and often from a different muscle or structure.
50. **Be a lifelong learner. Great therapists are observant.**
51. **Keep an open mind.** Considering why restrictions occurred where they did, in the order they did, can give great insight into the body's compensatory patterns.
52. **Think of the myofascial pain patterns as an intelligent, intentional inbuilt mechanism.** This will go a long way in aiding your powers of deduction.
53. **Stop compartmentalizing.** Realise that pain, ROM, sensation of stiffness, myofascial referred pain and proprioception are all magically intertwined mechanisms.
54. **Stop simplifying.** Pain is rarely due to the simplistic explanations we are so used to giving.
55. **Use your first few treatments to address myofascial symptoms and ROM.** Use your subsequent treatments to address neuro and articular symptoms in this order as a default. Use this philosophy - Pain relief – movement – lasting improvement.
56. **Realise that myofascial patterns often present as 'stiffness.' (GOLD)** This is a massive key in your deductive processing.
57. **You are allowed to make notes DURING a consultation.** There is no rule book that says you must have your hands on for 30 straight minutes.
58. **Above all, the secret to building a busy practice is to realise the value of every new client.** It's the same in every profession. Finding new clientele is the hardest part of growing any business. So whenever a new client walks in the door, it is a magnificent opportunity. The truth is, it will always be much easier to find new clients through that person than to find new clients through any other means.

Consider this: what is the reproductive capacity of one apple?

Not one more apple but an orchard.

The potential of one happy patient is not just one referral, but a whole social network. This is the secret to my success. Providing amazing clinical outcomes with trustworthy, professional service.