

GMCP Ep. 033 - Stephen King Talks About Movement Assessment Technologies (MAT)

[INTRO MUSIC]

This is the Grow My Clinic Podcast by Clinic Mastery where we help you deliver amazing client experiences to grow your clinic.

JACK: Well welcome to another episode of the [Grow My Clinic](#) podcast. My name is Jack O'Brien. Lovely to be with you today and we have a guest with us. We have Stephen King from Movement Assessment Technologies or commonly known as MAT. Steve, how are you today?

STEPHEN: Very good, Jack. Thanks for having me.

JACK: My pleasure. Let's dig into it, and we'll get straight into your story. We'll touch on the MAT stuff later, and your podcast and all sorts of different things. But, first of all, let's learn a little bit about you. I think you would be considered unique, I guess, in the positive sense, in the sense that you're a duly qualified professional. You're a qualified therapist. Do you want to run us through your background a little bit, where you studied and what your credentials are?

STEPHEN: Yeah. I guess, unique is probably one of the nicest things I'm being called over the years. So that's okay that I'm being called unique, Jack. So, look, my background is I went straight from high school. And I actually got into a Masters, Bachelor's and Masters of Arts in Commerce.

So, I decided, I wasn't quite sure if that was for me, so I took a year off and went living in Italy for a year, just living in a little medieval town and no one else spoke English. I picked up my language skills, but along the while, I sort of realized that the business aspect for me is probably is not where I wanted to go, which is quite ironic now when I am doing it 95 percent of the day. But, I decided, for me that wasn't the path I want to take.

I always have a passion for sports. I had a passion for the body and the health. So, for me, I ended up doing my bachelor's and masters in Osteopathy for five years at Victoria University. I got out of that course and I realized that there was something I was missing. While I was working as an osteopathologist, well, as I was studying as

an osteopath, I was working as a personal trainer. And I really struggled to take those patients who were always training and put them on a treatment table. And then those patients that I was treating on the table when I graduated from osteopathy, I had trouble getting them moving again. So, I got a little bit disillusioned, and I went looking for something else. I think that's pretty common in those first few years out of practice and I went back with my Masters in Physiotherapy in uni.

So, I packed up all my bags, moved from Melbourne to South Australia for a couple of years, hoping that that would help me bridge the gap. Would you dip? It'll help you a little bit in regards to movement, but mainly in regards to clinic raising, communication, and obviously pain signs with the inaudible] being based there.

But it probably still didn't caught, satisfy the need that I was looking for. So, I went back travelling. I went over to the USA. I went over to the UK and did a lot of movement-based courses there. And it started to bring it together for me, to where I am now.

JACK: Yeah, right. Interesting. So, let's touch back on that history. I think a lot of practice owners, listeners of this podcast are - we are all health professionals but we get that frustration, that friction, that tension that leads us to either buy business or start our own clinic. How far into your osteo journey was that friction, where you decided to do something?

STEPHEN: Yeah. So, I realized that was pretty early. That was in the first set of 12 months of being out in practice. So, I couldn't see myself being stuck in this little three by three treatment room forever. I knew that. I started looking into starting out my own practice, or going back and doing Masters in Strength and Conditioning. But then, I ended up in physiotherapy.

I get two or three emails a month now from other graduates in the first year. Two to three who had have similar issues and similar feelings in the practice. It wasn't that I wasn't working in a great practice, because I was working with some really good people, some good mentors. I probably didn't have the time when I was there to be at a mentor properly. And I probably found that being on your own in a little treatment room without a lot of support, a lot of guidance around you. I couldn't really say a path forward in osteopathy.

JACK: Sure. So, why physio then? Some would say that that's blasphemy or the like. Why physio?

STEPHEN: Yeah, I definitely crossed the dark side as a lot of osteos like to remind me. For me, I saw this as a way, there's lots more prettier options. There are some good pathways in place in physiotherapy. It's much more established. And I think the idea is it does a good job in regards to setting up some of those pathways.

For physios, whether it is sports or whether it is neurological, whether it's going to be hospital space. There are lots of avenues for physiotherapists who probably don't come out of the university at a higher level as the osteopaths which is really controversial.

JACK: I've heard you mentioned that before. So, that's around like clinical hours and level of expertise essentially.

STEPHEN: Yeah, exactly right. So, especially when [inaudible] in the musculoskeletal space. I think physiotherapist come out. We've had a few start with this over the last 12 months or so, and they've had five weeks of placement. They're lucky to have seen 10 patients over that time. Whereas the osteopath come out with five years of musculoskeletal specific study, and I have seen over 200 patients done two/five hour clinic shifts a week for the last two years of their course.

So, there's a huge difference between when the university finishes for physiotherapy, when the university finishes for osteopathy. But I think then once I finished, physiotherapy has that pathways to take people beyond that study and really build a career.

JACK: Sure. And so, it sounds like then you've packed your bags again and gone travelling all around in the world, and with a real flavor on assessment movement types stuff. What was the motivation behind that?

STEPHEN: The movement-based stuff is the thing that attracted me at first. But I realized, that you can do all these great movement based approach. But I felt like I was still guessing. I didn't really know if my patients or clients were actually getting better. So that's where I started looking a little bit more into assessment.

And I realized, back when I got out from osteopathy that I really struggled on those assessments that I've been taught through osteopathy which is similar to

physiotherapy and whatsoever professions, very table based, very isolated. They're not really looking at movement at all. And there's a big gap between, again, what we're doing assessment and then what the person's going [inaudible] feel.

So I started look a lot into functional performance testing, different ways to test strength, power, balance, and look at functional movements and those type of things. And that started to really [inaudible] I guess.

And I was lucky at that time that one of my colleagues, my business partner Andrew Lemon had similar feelings. He was really looking to start to move into that space as well, start to differentiate, enjoy yourself from other therapists out there, but also just give ourselves a better understanding on actually what's happening with our patients and clients.

JACK: And at this time, did you have a clinic of your own or you're working a private practice at all?

STEPHEN: No, I was still working in private practice. So I'd finished my Physiotherapy Masters in. I have moved back out of Adelaide the next day. So I moved back to Melbourne and worked in a practice, busy multidisciplinary practice.

But I just felt that I was quite limited by: [1] one, the treatment times that would tread on twenty minutes schedule, which in my opinion, can't really achieve a lot in. And I didn't really have a set up on that three by three treatment room again to be able to take patients further.

I felt like, I was taking someone and someone is coming with pain or dysfunction - I don't like that word necessarily - but that pain and dysfunction. They want to get back to the activities they need or want to do. And I felt that I was only getting people and patients a certain way along that spectrum in that environment. So, we eventually decided we wanted to create an environment where we can take people with a little bit further.

JACK: Okay. And so, you do a little learning and you put it all together. I think like a lot of us, our method of practices is a conglomerate of all the different learnings that we've made across the journey of professional development. What led you to bottling that up into what is now Movement Assessment Technologies?

STEPHEN: I guess it came from a few of our colleagues. I said I wanted to know. We initially started drawing on a yoga mat. I think a lot of people will know us from the MAT- the movement assessment tool. A few of them makes it as, "That's a pretty good idea. And I can see how you are improving the way people balance or the way that they've lunge or squat, or their flexibility."

They wanted to know a little bit more. So I thought there's a little opportunity here, we run a little course just for ten really close colleagues or who I went to the university with.

And then, off to back of that, they went and told a few people. And so, we ended up with money of course, three to four months later for another group, small group of ten to twelve people. And then, over the course of the year we decided, 'Let's have a try in a couple of other markets'. So, we went up to Sydney and went back over to Adelaide as well.

And then, fortunately enough, someone spotted us on social media over an [inaudible] and then that was sort of first big break over there. It brought us over there. We started to see that there is a need for these people are having the same feelings that we were both having in our practice.

And that it really helps people with their clinical [inaudible], what they're doing and hopefully get more of their patients better by actually being able to [inaudible] objectively whether the people are getting better or not. I also found that I was getting great buy in from our patients in class.

JACK: Okay, that's interesting. That's exactly where I was going to go with the next question. We might circle back to the side hustle: what has become a failure, a big hustle of the MAT now. But, if we come back to that client experience, creating something like the MAT and your assessment approach, how did that differentiate you in the eyes of the clients? Because do clients even care what assessment tools we use?

STEPHEN: Definitely not. Most of the time, they don't know what they're going to get when they just walk into our practice, or definitely when they come in to our practice. They just know, that there is something a little bit different, I think. It's what we're often get told about our practice, but I think patients just get it.

Like using web began using objective data. Collect as many numbers as we can, and not just [inaudible] communicate better with patients in a language they understand, rather than you talk about all these different [inaudible] things where you start to talk about these muscles not activating, again, not a phrase I like to use.

JACK: At least. Some of these people could see you making the inverted commerce with your [inaudible].

STEPHEN: Yeah, I think therapists traditionally speak a language that patients don't understand. I think numbers are a way that enhance the communication. And they just start to get it, they can see the discrepancy side to side. You can then use the latest data from the [inaudible] to backup your decision making and help to educate them about it. It really makes it easy for them to get onboard with your treatment and your management plan.

JACK: Sure. I think there are a couple of important elements there when it comes to assessment tools, whatever approach you use that you would communicate in ways that make sense to the client, right? We're about creating experiences for clients where they understand their diagnosis, whether that's pathological or psychosocial.

So, using language that matters to them, and something that you can retest with them that they understand, it creates amazing buy-in at the start of their journey. But then, also having something that differentiates you as a clinic. We're often dealing with patients who have been to multiple clinics before, different professions. And so, having something that stands out that makes you different is really important as a clinic owner.

So, let's come back into the MAT journey, Stephen. It blew up in [inaudible] and all these sort of stuff. So, how do you, as the clinic owner, manage running your own busy clinic and also having something on the side?

STEPHEN: That's a good question. I think I'm still learning a lot about that, to be honest. But we are lucky that there are two of us in the partnership. I think we have a partnership, so myself, my business partner Andrew Lemon that works really well. We both are good in our strengths and our weakness.

We know where each other sits and what each other's passions are as well. So, I think that works really nicely, that the fact that, especially over the last 12 months,

we gave each other pretty definite roles to help strive everything going towards the direction that we wanted to go.

JACK: Yeah, sure. And so, tell us a little bit more about the MAT.

STEPHEN: The MAT itself started as just a simple - like we all said, we started drawing some lines on a yoga mat, measuring all three dimensions of movements basically. So, we've been able to measure the distance, the angulations and the verticality of any movement. And then, we started looking more into research in this.

There are lots of great evidence-based to see out there in the functional performance testing realm that you can use to collect data in the clinic. So it's really just a simple, portable, and easy way to get pretty meaningful data to help your clinic with decision-making, to make the decisions when people can return to work, or return to sport, and a way to set evidence-based rehabilitation programs off the back of, collecting that the objective data and engage that effect, [inaudible] over time to motivate people and keep them engaged.

JACK: Okay. And so, it's essentially the tool that clinic owners can do the course and then grab the product at the end, that allow them to have a really smooth, tailored assessment approach for their clients. Is that right?

STEPHEN: Yeah, exactly right. And just actually today, we just released a new MAT Pro App as well, which allows us to collect data, and help to improve the communication. It has some little flags and triggers on there to let you know when someone's falling outside the norms that we might see in the [inaudible] or into some of those higher risk of potential injury.

A lot of people love to think and predict injury. I think it would have been naive to do that. But it definitely allows you in the app to then flag those individuals where you might want to put an intervention into place. And then, for us, we want to try and save clinicians as much time as I can. We know, it is often difficult to do that.

So, off to back of that app, it automatically programs the best rehabilitation exercises that help your patients get to where they want to go, and allow it to log in, track their exercises over time to keep them engaged in their rehab process.

JACK: So, you got the patient-facing side and the clinician-facing side essentially.

STEPHEN: Correct.

JACK: Yeah, great. And so, what's the feedback from patients? What do they think about having this extra outside-of-the-consult-room experience?

STEPHEN: It's been a new way for us to engage patients. So, I think, we often found that sometimes the retention - I think a lot of practices struggle with retention rates and people dropping off the management program once they start to get to that pain phase. When they start to get two or three, or three or four sessions in is probably the average rebooking rate for physios.

But, again, I feel just getting someone out of pain is great. But it's often not getting them [inaudible] robustly enough to get them back to what they want to do for their daily lives. So, allowing them to be able to communicate with you - so through the app, they can communicate with you by sending instant messages or emails.

And you can do that as well. Each week, you can log in and you can check how well patients are going with their progress, and start to ping them to say, "Hey, I noticed you haven't done too much this week." And they start to - they really love that, a little bit of extra feedback, that extra level of service, which you know, something big that you guys are about in Clinic Mastery.

JACK: Yeah, for sure. And I love that it doesn't really matter what the tool is, whether it's your app or Physitrack or some other app. The point is that we're creating experiences for patients that mean, we can help them get the outcomes they want and also the information education.

Like you say, how often as clinic owners do we get patients back to maybe out pain, but not to optimize their performance? Or I love that word robust around creating healthy individuals that are robustly performing whatever it is that they need to do. That is a great experience that you're creating for patients.

Tell me, is it just physios and osteos that are using movement assessment?

STEPHEN: We got professionals from over ten different professions now that are using the MAT. So, from chiro practice, physiotherapist, osteos as you mentioned, podiatrist, and EP's. We got massage therapists, sports therapists, athletic trainers and different markets. So, there are lots of different professions who are speaking the same language.

I think that's what data allows us to do. It doesn't matter what data you're collecting, as long as it's meaningful to the patient and that helps you not only communicate with yourself over time, but also when you work with other healthcare professionals and starts to get everyone speaking the same language.

We're off to, over the next couple of weeks, we're off to nine different countries with I think seven different languages. So, you got people with data, enhancing the way I can communicate with this pretty strong Australian accent to people all over the world.

JACK: Yeah, I love it. Okay, that's fascinating. Nine countries and we had a whole lot of fun, no doubt. But, could we come back to your clinic? And let's make this super relevant for clinic owners. How did you, and you mentioned that you've had this new and recent grads come onboard, how do you straddle that divide, as a clinic owner, between creating a systematic approach to assessment versus letting clinicians have their own reasoning and using their own skill base, developing their own professional approach. How do you straddle that tension?

STEPHEN: I think it's the beauty of having data. For us, we said there's no right or wrong to go about trying anything. There's no one right or wrong exercise to get someone back to where they want to go. And the beauty of having data is it allows you to have that freedom, and you can just gauge the effectiveness of what you are doing.

The way I might treat someone for certain conditions is going to be very different to what someone else can do, as long as you can justify in clinical reason. And for us, based off reliable objective data, for me that's more liberating.

I think, if someone wasn't getting better, it was what I was doing. I'd get them on a table with their sore back and I'll massage them or mobilize them or like crack their back, or do the best treatment. They get backed up and they bend forward still, and they still feel in pain.

Now, you can do that and start to measure and say, actually, you have improved 30 centimeters with your flexion or [inaudible], which is something from assessment that was pretty subjective before. Having that objective data actually shows you we're actually on the right path here rather than just reaffirming that, okay, they're still in the painful state, which is pretty unrealistic to get someone back to pain-free

in one 20 or 30-minute session.

JACK: Yeah, sure. I love that. The other question I have for you around the clinic ownership and leadership, you are seeing patients, you're leading a team, you've now got this extra thing on the side and it's interesting. I was talking with the couple of our clients with Clinic Mastery.

I was talking with a couple of our clients in Clinic Mastery, speech pathologists - there's a lot of products in speech pathology, speech therapy, apps. How do you manage the different hats? Personally, what have you found helpful as someone juggling clinical, non-clinical business hats?

STEPHEN: Yeah, having technology is a massive part in that. I think for us, we found a few bits of technology that really make our lives simple. For instance, from a business point of view, we've moved all our website and all our products-based stuff to a platform called [Kajabi](#). So for us, from a business point of view, it allows us to automate a lot of what we do.

So, in regards to how websites can be being integrated with one click into our email marketing, into our optin forms, into our product, different product funnels, into our online courses for instance. So, there are lots of different ways that that saves us time and allows us to spend more time doing the important things. Actually, being with the team and training them, and just engaging with them, so I think that is really good.

Communication is something we're big on, so we mentioned obviously that we use Asana a lot. And we found that that is a really nice platform to allow the team to communicate and to keep everyone on track, settings goals not only for ourselves, but also for the team.

We began then setting our own goals to work towards as well. Let them drive where they want to go with regards to development. So I think that's another really nice bit of technology that we found really useful to help develop them.

And then, Google Swipe. I think that's another platform where everyone can collaborate on documents and integrate with your calendars and all those type of things, and arrange meetings. So, I can work from home this morning but still collaborate with the team or with Andrew on sending documents. So you can work which we're doing that from Dubai in a bit over 24 hours' time. And so, the beauty,

it opens up the world to you.

As we start to look more into virtual consultations and those type of things, with technology, it's really going to open up the world to your practice rather and take you from just a local suburb-based clinic to a worldwide clinic.

JACK: Interesting. And let's just touch on that just once more, whether it's Google, Asana, Kajabi. We have created some episodes earlier onto the podcast around how to use Asana or Google. You can check back through the episode library there.

But, even extending out through to your movement assessment tool, you're a clinician. We are all clinicians listening to this. We've happened in to becoming clinic owners. How do you integrate technology when you're not a tech geek?

STEPHEN: I think it's just persistence, a lot of time. There is a lot of failures. It's a lot adaptation. For us, we are quick to adapt. I think you got to be quick to adapt because you'll also going to be quick to fail as well. Find what works for you and what doesn't work for you. And pick that particular technique and try and stay with it for a little while. Give it a chance to fully integrate. If it's not working, look to change again.

Don't be afraid to [inaudible] stuff, too. I think that something that we don't do enough, as business owners, is to get other people in as well. I know a lot of clinic owners and a lot of my friends who have opened clinics which can't afford to do that.

What could you be doing with those five hours that you're spending on your Xero accounting, which is twenty-five hours doing your website, if you could be outsourcing these things to other people who have expertise in that area, too? Don't be afraid to delegate.

JACK: Yeah I love that. It speaks to something higher around, whether it's outsourcing to a V.A., or just going through the friction of changing to new software. At the end of the day, if their goal is to create amazing experiences for our clients, then you push through the friction and the challenge of testing a new software, onboarding a new V.A., or whatever that looks like, because it's client experiences, that is really are the end goal. It doesn't matter what it takes to get there.

STEPHEN: You've got to [inaudible] from the moment they interact with your clinic.

You got to have them feeling that this is something different, and this is something especially apart of. So, I think technology allows you to do that. The thing before they come in is it allows you to leverage maybe your skills as a business owner.

If you are finding you're having trouble getting people in with some of the younger or newer staff. Often, the owners have their books full for a week. [inaudible] So leverage yourself in the technology. There are lots of ways to do that now with videos before people come in through technology. We're trying to [inaudible] [Cliniq Apps](#) and those types of thing.

So, software, there's different welcome videos and stuff where you can leverage your expertise and provide education to all your patient list without actually servicing them yourselves.

JACK: Spot on. That's very insightful, Steve. Thank you so much for your time. If people want to learn more about you and your journey, all the movement assessment stuff, where should they head?

STEPHEN: Head to [MATassessment.com](#). That's our website. You'll find all the information there, about our courses, about our journey. You'll also find links to my podcast, the [21st Century Physio podcast](#) and then the new MAT Pro App as well.

JACK: Fantastic. Mate, thank you so much for your time. Listeners, we'll have all the show notes over at the www.clinicmastery.com/podcast. All the links and everything that we've mentioned in this chat, you'll be able to find over there. You can jump on our [free Grow My Clinic course](#), if you want to take your clinics the next level and create amazing client experiences.

Steve, thank you for your time. Listeners, thank you for your earbuds. And we look forward to bring you another episode really soon.

This is the Grow My Clinic Podcast by Clinic Mastery where we help you deliver amazing client experiences to grow your clinic.

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