

A sunburst graphic with numerous thin, light gray lines radiating from a central point behind the text.

# Healthy Moms Podcast

BY **Wellness Mama**<sup>®</sup>  
simple answers for healthier families

Episode 7: Reducing Stress, Chronic Pain, & Talking  
to Doctors

Katie: Hi, I'm Katie from wellnessmama.com. Welcome to episode seven of the "Wellness Mama Podcast," where I provide simple answers for healthier families. This episode's interesting facts are that people under stress who don't handle the stress of financial issues are twice as likely to develop gum disease than those who don't.

Additionally, it's a myth that stress turns hair grey, but it can cause hair loss. Telogen effluvium, or hair loss, can start up to three months after a stressful event. And I've actually had personal experience with that, and I made that connection, but there's hope because banging your head against a wall can burn 150 calories an hour, and who knows, it might help deal with stress.

As you might have guessed we're gonna be talking a lot about stress today. Our guest today is Dr. Kevin Cuccaro, who has an amazing website and podcast called "Straight Shot Health." And he's a doctor who struggled with the current health care system, and he was frustrated because he only got to see patients once they had already gotten sick or had a problem. So he left his private practice and he now works to help educate patients, and focus on making healthy changes, and preventing the problems in the first place. So welcome, Kevin. Thank you so much for being here.

Kevin: Thank you, Katie. I'm extraordinarily excited to be here and I love what you're doing.

Katie: Awesome. Thank you. I'm gonna go jump right in because I think you have such great information. To start can you tell us about your background, and how you got into your current area of expertise?

Kevin: Yeah, sure. So I'm an Osteopathic physician. I went to a D.O. school to...really because I was interested in how the body related to health, and I was more focused holistically. And then what happened is you get into medical school and you start getting into your rotations, and I fell in love with anesthesia. And I loved that operating room environment. I loved being able to actually see the effects that certain things that we did on patient's bodies had.

And kind of along that same route I fell into pain, and pain became very interesting to me because I enjoyed the continuity I had with patients, as well as trying to solve the problem that they were having and provide them some tools. So I ended up getting a fellowship in pain management.

And then after that was all done, I went to the military and served time there taking care of a really diverse patient population. It was a fantastic experience. Practiced with six other fellowship trained docs, learned from each other, but became quite frustrated because I thought that...because we had so many basically hands in the pot, that the outcomes that we were having weren't as good as they could be.

So when I left the military, I went into a smaller town, and really had my own practice where I thought that, if I was seeing somebody, and I was following up with them, and I then was treating them where we were...you know, and providing the tools to treat them that made outcomes...particularly with chronic pain, would be much better than what we were getting in the military. Because I was a little bit more control, I guess you can say, I'm kind of a control freak.

And what I found is that the outcomes I was having were no better than what I was getting in the military, and

some people would say those were okay. But for me, when I'm having people come into an office, I want people to feel better, get well, and then not have to come back to the doctor over and over again. So some people would say, "Well, if I'm seeing somebody every three months that's a good thing." I would say, "If I'm seeing somebody every three months that's a bad thing." Because they should be out there getting on with their lives and doing the things that they need to do and they shouldn't be having to see doctors all time.

And that was quite depressing for a while. And what I discovered is I, you know, just took some time to really think about what my training had been, and I started really getting into the research and literature and found that, you know, when it comes to health, most of the health problems that we're treating in this day and age are related to lifestyle and behavior. And if we really wanna get people healthy, and help them to keep away from the medical system and actually live full and well lives, we've gotta focus on changing behavior.

And the current medical system we have, just does not allow that. It does the best it can, but it's not geared toward chronic disease, it's not geared towards changing lifestyle and behavior. And to be quite honest, doctors aren't paid that way. They're not paid to actually keep people healthy because of the way that the appointments are set up, and in the way the insurance provides. And I finally, just said, "You know what? I can't do this. I'm not gonna stick around and stay in this model." And so I left, and that's where I am today.

Katie: That's wonderful, and I'm right there with you. A large part of my audience are women and moms, and so that's one of my points. This is especially with children, is that lifestyle so important in those foundational years, and then trying to hit off some of these problems rather than just treat them when they happen.

And I know I write a lot about stress and its impact on people physically, and mentally, and emotionally, and I know that you've dealt with that side of things a lot in your dealings with chronic pain. So it's pretty common knowledge that too much of a certain kind of stress is bad for us but can you explain that physiological effect and what stress is actually doing?

Kevin: Sure. The key concepts with stress is that really stress is life. So we have to have some amount of stress in our lives. Stress...it basically causes a response. So you need to have a hunger response and that's a type of stress so that you go eat, you have to do other things. That you have to get out of bed and do things that you do. So if you don't have enough stress, you're not gonna be able to grow.

On the other side, though is too much stress, and that's what we have too much now. And there's one big thing about stress that, I think, you probably have talked about. I'm gonna kinda hit again, is that when we are in a situation where the stress response, which is really what we're talking about is initiated, we have...in our body it releases adrenaline, it causes our heart rate to go up, it causes our blood pressure to go up.

Because what is getting us ready to do is really to either fight off something or to flee from something that "fight or flight response." Now, again, that's not bad. The problem is when that keeps going on. Because when you have that effect, when your heart is beating strongly, when your blood pressure is going up, when the blood flow in your body is actually going to big muscles like, into your legs and arms, things that you're gonna need to swing a club, if we were back in the caveman days.

It's taking the blood flow and the energy from other areas, things like your stomach and your intestines, so you don't digest as well. From your reproductive organs, so that if you're trying to get pregnant that it's more difficult to conceive. Psychologically, there's effects as well. So when you are in these stress response

situations, your perspective starts to narrow down, your memory actually starts to get hyperacute because your body is telling you, "Hey, this is something that's important. I'm gonna need to remember this for the future so that if it comes up again, I'll have this memory to remember what my response was and whether it worked or not."

But that can also be bad because when you have that kind of heightened memory, it can lead you to situations where you have post-traumatic stress disorder. When things are so imprinted on your brain, it causes this continual response in your body this is overactive fight or flight. I could talk about this for a long time, I'm not sure if you wanna go a little bit farther on that or not.

Katie: Yeah, that was really helpful. I think you're so right because sometimes it's so black and white stress is bad and not having stress is good. But I love that you made that point about stress being necessary but having to keep it in that proper balance. And it seems like, anything with health, it's easy to know something may be harmful to you, but the hard part is to actually make that change. So can you give us some practical tips to help us deal with stress, and become more resilient, and to use stress in that positive way we're talking about?

Kevin: Absolutely. As I said, when stress really kind of affects you, in this case, the stress response, it's turned on, you know, there's this on-switch when you have that response. And there's a couple ways that you can view how that switch gets turned on, and I like to use kind of, like, a light switch analogy with it. And if you've seen some of those light switches they have a slider, so when they're off and then you can kind of slide them up, and the lights can be either dim, or you can turn up really high lights are very bright, and stress is very similar.

So you can either turn that light switch on really, really high, or you can turn on just enough, and you can turn it off. And so when we look at stress, stress is turned on by two factors. One, how we actually perceive the event. So if we see something happening and we think it is a threat we turn that light switch on very, very high, all right? So one way that you can do to kind of minimize, and just get the amount of stress that you need for that situation, is be able to view it more as a challenge. If you feel like you have the tools to overcome it, that kind of switches that stress response less and less harmful than it would otherwise.

The other way to do it is actually to grow your abilities with dealing with stress, and that comes through finding challenging opportunities, things that are just a little bit more difficult than you're used to and practicing with them. So doing things that are slightly uncomfortable over time, doing new situations, learning new skills, and that grows your ability to deal with other situations in the future, and your stress response actually becomes less.

And then the last one is to increase times to recovery, and what those are is when you actually turn that response off. And this was well described in a book by Dr. Herbert Benson, who's a Physician, he's still practicing, I think, at Harvard Medical School. It's a fantastic book. First written in the 70s, it's called the "Relaxation Response" it was republished in 2006, I think, as the "Relaxation Revolution." It really talks about the stress response and the off switch for the stress response, which is the relaxation response. And the relaxation response is actually in our bodies, it's a physiologic response that we have, and it turns off all the things that the stress response does.

So it, you know, makes the blood go away from the large muscle groups, and back down into your intestines and your stomach area, back to the reproductive organs. It drops your heart rate, decreases your blood

pressure, you know, widens your viewpoint, kinda changes the way that your memory is working. And the way that you initiate that or cause that response to happen, though, is you have to do some sort of focused activity.

So unlike the stress response which is a survival mechanism, we needed that over the centuries and decades and thousands and hundreds of thousands of years to survive, the relaxing response is something that you kinda have to consciously turn on. And you do that by finding a focused activity, that is passive in nature. And what that means is if you're doing only one thing. It has to be somewhere quiet, so there's no distractions around, and then you have to perform it consistently.

And these are things that you can do such as meditation, which I don't necessarily like to use the term meditation because people start thinking about people banging gongs, and Montrose, and incense burning. And really is just taking a time to sit quietly and focus on one thing.

So the way I recommend to people to start is just focus on breathing. So if you can get up in the morning and find a quiet time or you sit in a chair and do deep breathing, where you really breathing from your belly and you're doing that starting with couple minutes a day and working up slowly to 10 minutes, that's gonna cause this relaxation response to go off. You're gonna find that the rest your day is calmer, that your ability to focus is a little bit better. And that's the easiest way to start really, I think, into stress management.

Katie: Thank you. Those are so practical. And just kind of as a follow up to that question before we move on to another topic, obviously, like, it's something...like you mentioned we have to work on dealing with stress, and a lot of us just think of stress as just kind of a mental mindset or a reaction to things. But one thing I've written a lot about is how even if we don't feel stressed, we could be having a stress response to our environment. Whether it be just compounds or things that we're interacting with, in the environment or there's even research on light at different times of day and blue light at night causing a stress response that we may not realize, or even things like a sedentary lifestyle can create physiological stress that we don't necessarily identify as mental stress.

Can you talk a little bit about that, and do those same relaxation techniques help with those kind of stress responses as well?

Kevin: Yeah, absolutely. I think all of those...when you're not recognizing stress, that's where that recovery principle comes in. So it's sort of, like, if you go in the same environment all the time, it just becomes normal to you. This is sort of a horrible analogy, but some people are living in absolutely atrocious environments. If you look in some third world nations and there's constant conflict all the time, and poverty, and famine, and, you know, people killing each other, that becomes your normal. And you may view that as your normal, but your body is under this constant threat response.

So the little base of the brain, that survival mechanism has completely kicked in, that's the root of the brain, what we would call the brain stem if we wanna start getting into the greater detail here. But the conscious part of it doesn't recognize it because it seems like it's normal, it's what you're in all the time. It's sort of, like, if you go into a room, and it's the same room that you're walking through every day or the same hallway that you're walking through all the time, you stop to notice the pictures on the wall.

And what you need to do is take a moment where you actually...or if someone changes a picture that you

actually take a chance to actually see something different. This is not the best way to explain it, but you kind of get what I'm getting at there?

Katie: Yeah, I do. That's really helpful, and just that reminder for people to keep an eye out for that, and to be wary that there can be other sources of stress besides just like, "Oh, I feel so stressed right now." So that was really helpful.

Kevin: Well, I'm just gonna stop you just kinda kicked my brain into gear. One of the things that helps with this or that people kind of recognition when it occurs but then they forget about when they get back into things, if you're this workaholic person and you're busy, busy, busy, busy and you kind of feel like your days are running into each other over and over again. And what people then do is when they go on vacation, they'll start recognizing, "Whoa, my body...I feel so much better, I feel so much more relaxed."

And they may have not even recognized that tensed up feeling that they were having all the time while they were at work. It was just when they were taking that moment to get away from it, that they said, "You know what? I was much more stressed than I thought about." And I think I think that explains a little bit better. Is that better?

Katie: That was helpful, and I've definitely had that experience happen both with just everything going on in life. And I stepped back from it for a minute, and I'm like, "Wow, I didn't even realize how much pressure I was under or how much stress I was under." And for me, it's been a struggle because I feel like I'm more productive, and I get a lot more done when I'm under a lot of stress. It's kind of that businesses breed's productivity type thing. So I had to consciously make that effort.

But something else I know you're really familiar with and talk a lot about is chronic pain, and like you said, was a part of where you got your start. And I know that's a very big area of frustration for a lot of people. So can you shed some light on the root causes of chronic pain and the problems you found with the current model of care? Maybe give listeners an idea of how they could go about finding their own answers when it comes to chronic pain?

Kevin: Ah, that's a huge topic, but it did definitely influence my research in pursuit of really the stress and behavioral strategies. So pain by itself...so really you have to understand what the construct of pain is, and there's a lot of misconceptions out there when it comes to pain. People think that there is either physical pain or that there's psychological pain, and that sort of leads into this kind of mindset that there's real pain and there is no...like unreal pain or fake pain.

And the problem with that is all pain is pain. If you have pain, it's pain. It doesn't matter whether it's physical or emotional. And if you actually look at the definition of pain from the American Pain Society or The International Association for the Study of Pain, it is a subjective...excuse me, it's a sensory and emotional experience associated with actual or potential tissue damage or described in terms thereof. And that's a bunch of fancy medical talk.

So basically saying it's a sensory, so that there's some sort of input, and then it's an emotional, meaning that there's some sort of brain process going on experience. So you tap something in your body that provides a nerve signal that goes to the brain and then the brain takes that nerve signal, and says, "This is pain." Okay, but the core area with all of that is how the brain processes that signal and that area, that emotional driver

that kinda builds what that signal means is influenced by all sorts of things.

It's influenced by how you were raised, it's influenced...what you were a baby, like the environment that that was. That can influence a bit with the foods that you're taking, the physical activity that you're doing. A lot of it has to do with your coping mechanisms, the way that you are dealing with stressful situations, which is, you know, as I said, how I got into stress. And all of that can influence how you actually perceive pain.

So pain is all in our brains, and I know that may be some challenging for some people to say. But if you do not have a brain or if your brain is turned off, so, like, if we take you back in...if I was gonna put you to sleep for anesthesia you can't have pain because your brain is no longer there to process that signal. Now when you're under anesthesia, and there's a surgeon working on you, you are still sending little nerve signals...there's little nerves firing in your body that are sending this information to your brain. But because the brain is no longer awake, it cannot take that signal and cause it to be pain.

So unfortunately, in our healthcare system, we focus so much on more of the biology in the body when it comes to pain, and we neglect much more of the central, this really critically important area in the brain and how you process that signal when it comes to pain. And for chronic pain, especially, if we're not dealing effectively with that brain-based mechanism, you know, really understanding how depression, and anxiety influence perception of pain, how if you're in a stressful environment, or if you have a pain that came from a stressful experience, there are some central mechanisms for it, we're not addressing it.

And so when it comes to chronic pain, we focus on injections. So if you look at chronic pain, you know, people that have...the training that I did, we focus on injections, and epidurals, and burning things, and even...so far as back surgery for a lot of these things. And we're not getting to that central that brain-based phenomena, and that's why we have the outcomes that we have with pain, which are frankly horrendous.

We're spending over \$600 billion a year, they're estimating in the treatment of chronic pain, our outcomes with chronic pain particularly things like back pain, neck pain, headaches have not improved in the last 20 years. There's more people on narcotic medications than have ever been in the past. And the only thing we've done with that is send a lot more people into drug treatment, and a lot of people, frankly, to the morgue because they've overdosed and things like that.

So the model that we're doing right now, when it comes to chronic pain, is really almost the epitome of what we're doing with health care because we're not dealing with a lot of this lifestyle behavior, coping mechanisms, stress reduction practices in wellness, not promoting wellness and we're not promoting preventative types of medicine. So that's a long answer for a short question, but as I said, that could be an episode in itself right there.

Katie: Yeah. I agree. And I think to people...I'm sure you've had this experience, people who are in that chronic pain situation, even though a lot of it can be...like you said, going back to the brain, it's still a very real thing for them and they're definitely absolutely feeling pain. So, like, we've made that connection between stress and chronic pain, and I think that maybe a huge key to dealing with the chronic pain. But are there other practical tips that you would suggest or things they could maybe work with the doctor, if they're already being medicated for chronic pain, to help look at those other aspects as well?

Kevin: The four areas in chronic pain that have the greatest amount of benefit to them are the same four areas

that are really effective for stress, and effective for health, and other chronic disease. And I think you use them as your reset principle, I call them "the fundamental four," but they're really making sure that you move every day. So despite your pain, you have to actually do some sort of movement because what happens if you don't move... So let's take a back pain example. So if you have back pain and you don't move, the short-term reinforcement of that behavior. So you're like, "Oh, my back pain it's hurting me really bad. I don't wanna move. I'm gonna sit in this chair."

Well, what happens in that is then you sit and you start to decondition. And once you're over the age of about 35, we start losing muscle mass so quickly, it's amazing to me how fast you get deconditioned. And my own experience is like, if I haven't been exercising and I stop just for a couple days, and I go back to something, you know, I have so much more aches and pains from that because I'm just not used to it because I've been deconditioned just over those couple of days.

So once you stop moving with your pain, once you do have to move again, so you have to go do something, you have to take care of your kids, or you have to, you know, even go to your job if you haven't been moving around, you're gonna hurt more because your ligaments are gonna tighten, your muscles are gonna be less, you're gonna have a bit more wear and tear than you should have been. You're gonna lose the structures that are necessary to kinda keep you up right moving around.

Okay, the other thing is you have to make sure that you're eating the right things. So as we said, what you eat is what you are. So if you're eating junk food, crappy food, all these processed things that we have, your body isn't gonna be able to heal. So while there's that two roles that we have for pain, that sensory or brain-based phenomena, what you're trying to do with the food is you're trying to support how your body is healing itself, so we can minimize a little bit more of that body-based, sensory-based that the...you know, some people say it's the organic part of pain.

And then you have to take the time to relax and deal with stress. So you have to be in situations where you perceive it as a challenge. Again, seeing your pain as something that you can overcome, recognizing that you can get better I think that's the big one. A lot of it comes into beliefs of your health, and I think that's where I have a lot of frustration with medical model that we have is because a lot of we don't say that, we say, "Well, you're not gonna get better. This is just how it is." Or we tell you things that, "All your pain is from a bulging disc, and I gotta tell you bulging discs are found in people without any pain."

But now since you believe it's coming from that disc people start thinking that there's something wrong, and so these beliefs start manifesting and worsening your pain because you think that is permanent. And then there's things like sleep that are restorative to you. So if you're not sleeping right, which happens a lot with chronic pain, you're not going to... that's gonna increase stress for yourself and it's also not gonna allow your body to heal.

And then you have to avoid the things that are gonna worsen you overall, the toxins that will make it worse. And the big one is really smoking. So smoking causes a host of bad things in your body, doesn't allow your body to heal effectively. It basically, you know... When you're looking at the low back itself, that's one of the last areas that get a lot of blood flow, and so the nutrients are less when it gets there. So if you're smoking you're giving it poisoned, basically toxins, so it's not gonna heal very well.

So those are really the four things, is making sure that you move, making sure that you're eating real food, making sure that you're coping with stress appropriately, viewing things as a challenge, viewing as something that you can overcome socially, on your stress as well. Making sure that you have a supportive environment around people that support you towards your goal, and want you to get better. And then lastly, avoiding the things that are gonna make things worse, and those are like toxins, like smoking.

Katie: Thank you. Yeah, I would echo all of those points, absolutely. Another thing I'd love to have you talk about, with your own background in medicine, and now also being more on the patient side and helping educate patients, I'd love it if you could shed some light on the mindset that doctors have. Because, as a mom, I sometimes feel like, it's frustrating when I'm talking to doctors because maybe they don't either hear me, or they don't think that there's any value in my research because I'm not also a doctor.

But I also realize from knowing of lot of doctors that they are at the core, usually very good people who go into medicine, because they truly have a desire to help people, and a lot of times maybe there are as frustrated with some of these things as we are. So can you shed some light on maybe the miscommunications between patients and doctors, or the mindset of a doctor? And how to effectively be an advocate in your own care, but still respecting doctors and their desire to help as well?

Kevin: Okay. So I'm gonna give you my mindset is because I think that's a little bit more effective for me. And I don't want to put my viewpoints or experiences on any other person, and I don't wanna be unfair to any other doctors. I will say, I have talked... I mean a lot of my friends are doctors. So I think that there is a universality to it, but I don't want anybody to go out and say that, "This is...you know, Dr. Cuccaro came on and said this is how doctors think." But I'm just gonna provide my opinion on it. I'm just kinda wanna put that out there to begin.

So doctors are really under siege right now, and there are so many pressures that are coming...you know, so many other events that are sort of overwhelming to them. It is a very, very difficult time to practice medicine. And I can tell you, almost every person that I've ever met, that went to medical school, the reason that they went in... In fact, if you're sitting on admission committee for a medical school, which I have done in the past, you start getting numb to it.

Because people come in because they really, really, really want to help others, and we wanna help others get well, and that's the distinction that's really important to understand, we want people to get well. But once you start getting into the medical system...and I should say, once you get in medical school, it's a very stressful environment. You are absorbing huge amounts of information. In my school, we had tests basically I think every Mondays and Thursdays.

So you would just absorb a whole bunch, and then take a test, and then right after the test, you're studying for the next one. And you start losing that focus because you're in that stress environment, you start not seeing what's going around you, and you're just focused on trying to get done with what you need to do.

And then once you start getting out and do rotations or once you start actually getting...you know, have to do a residency, your internship and residency to find your specialty, the health care system is set up in such a way that it doesn't really promote wellness. We have what is called a sick care system, we are treating patients that have sickness, and that is very different than promoting wellness.

And I like to use an analogy between acute and chronic medical conditions. So acute conditions are things that are happening now, so if you break your leg, or you're in a car accident, or if you are having a heart attack or a stroke, that's what our medical system is very, very good at. There's probably no other medical system in the world, that is good at taking some care of somebody in acute condition.

So if you're in a car accident we have fantastic trauma centers and we will try to put you back together. If you're having a heart attack and they rush you into the emergency room, we can open up that blood vessel and things like that. But what we've done now is we are using that model for acute care, and we are trying to shove in this whole chronic condition and chronic medical problem paradigm into it. So people who have... You know, we're not fixing or we're not promoting the lifestyle that would keep people from having the heart attack in the first place.

And when people go see their doctor, they would like to have that advice, but that kind of chronic disease management, that behavioral and lifestyle change, takes time, it takes a relationship with your physician, it takes really some strategies that, I'll be frank with, we're not taught in medical school. We're not taught a lot about diet, we're not taught a lot about exercise and movement, we're not taught about how to motivate people and get them to change their behaviors.

That was quite enlightening when I sort of looked into that a little bit more and discovered, "Wow, we're doing it all wrong. We just barrage you with too much information and overwhelm you." But we're not having those tools to really promote people getting well, and we're in a model that fixes acute conditions. Broken bones and we sort of patch you up and either wait for that to happen for you or you go off and do your own thing.

Now, the other part, about this is the payment model. So we always have to remember too that while doctors are going into medicine because they wanna help people, a lot of the medical systems and even doctors' offices have staff that they have to take care of, they have bills that pay, they have to keep the doors open. And that the way that insurance companies and Medicare pay for services, they really promote procedures and interventions over time.

And when you have the sort of financial...and I don't like to use the word reward, but more of a financial incentive to either do something to somebody or to see more people quicker, because they don't value time. Insurance companies don't pay well for time, so if a doctor could come in and talk to you for 45 minutes...and I used to tell patients, when I was seeing them, for me to sit and talk with them for 45 minutes, I got paid significantly less.

We're talking 300%, 400%, 500% less in some situations, than it would be to walk in for 5 minutes and say, "Let's go do this injection in you, and we'll take you into a different room, different area, a different place in the hospital or center and do a quick injection that doesn't...you know, takes 15 minutes to do." That is valued or it's paid much better than spending time in talking to somebody.

And doctors...a lot of doctors, I would say, particularly primary care physician, those are the ones I have probably the greatest amount of empathy for and a lot of frustration with the environment that they're dealing with. Because these are the doctors that are trying to spend time with patients, and are told over and over again, through health care administrators, or even if they have their own private practice, you know,

looking at the bills, and trying to make sure that they can keep their doors open, and that they can pay their staff, that they have to get patients through as fast as they can.

There's management association out there many of them not run by doctors, that are talking about how you can maximize your income by basically, making this cattle prodding, driving people through these appointments in the most efficient manner. And as many people understand, efficiency does not mean effective. I mean, the first thing that you wanna do is be effective, and then the second thing you wanna do is after you're being effective as you wanna be efficient. And there's too much of a focus on being efficient, meaning get people through as rapidly as possible and less on being effective.

So for patients, if you are going in, and particularly if you're not seeing the doctor all the time, that's the other part that we have to understand is 95% of health care delivery is really...and I'm hoping I'm getting this right. I usually go too high on this percentage, but it's usually less than that, it's about 5% or 10% of the population. I think is closer to 5% of the population is using 95% these healthcare resources.

Now, what does that mean? It means, oftentimes, the doctor seeing someone that is coming in, that hasn't been taking any control over their health, has not been following any of the recommendations that's being done, that is not doing anything to take care of themselves that's not always... I mean, there's some situations when people have been in a car accident and people are going under treatment for cancer and things like that. But a lot of these behavioral and lifestyle diseases there's people coming back again, and again, and again, that haven't listened to the recommendations in the first part.

And because you have this environment where the doctors now can't spend time with patients, they have this financial overhead or these other administrators telling them that they have to cycle through these patients, you know, quicker. That they have to generate what's known as, you know, RVU, a Relative Value Unit. And then they have a select patient population, that is coming in over, and over, and over again, that isn't really interested in taking care of themselves, this is causing a lot of burnout.

And if you look at actually some the statistics when it comes to medicine, doctors have one of the highest burnout rates and one of the highest suicide rates of any profession out there. So from a doctor standpoint, I look and I talk to doctors about this, and it's a little bit more challenging on their end. From a patient standpoint, what this means is you really have to, number one, know what it is that you're trying to get out of the appointment with your doctor. Number two, you have to sort of understand that mindset the doctor has they really do want you to get well, but they have a whole bunch of other pressures that are going on. They're stressed out as...or get out in the first place.

And I'm not saying that you need to back off on that, but you can't go in with a list of 25 questions and expecting that you're gonna get them all answered, it's not gonna work that way. And I think Consumer Reports said something, and they said, "List out everything that was wrong that you wanted to go in for," and you're not. You need to focus when you're going into an appointment on one primary thing. And there's a structure that, I can get into it later, if we have time on it, on how to actually frame that visit and get the answers that...what you need for that one thing.

But really, going with that one primary reason that you're seeing the doctor for, and if there are other issues that may come up, then if there's time you can address it. But you really wanna focus on that one thing. And because of the way that our health care system is set up, if you have multiple concerns, if there are other ones

that you would like to talk about, you probably gonna have to make another appointment for it. It's not satisfying I hate myself, but if you go in at least get that one thing out of it, that's better than...you know, one good answer is better than six really not very good answers. Does that answer your question? Or I can clarify some things if there are other things that you like to talk about.

Katie: Yeah, that was a good point. And I would love to hear more about your framework for a doctor's visit, I think that would be helpful. Because I know your point's well taken about we are excellent at acute care in America, and I've seen this mainly from the pregnancy and birth side of things. I had a C-section with my third, that saved both mine and his lives, and I'm extremely grateful for that, and I think they have absolutely a place. But at the same time, I think regular pregnancy sometimes can be managed like a disease when it's not.

And I've had to be my own patient advocate a lot and have switched doctors almost with every pregnancy, because of that. So I'd love to hear maybe some suggestions for the best way to approach a doctor so that, maybe, he doesn't feel like I'm trying to step on his toes, but at the same time, I can be an advocate for my own what I'm trying to accomplish.

Kevin: Okay. So the one thing you don't wanna go in and do is the huge sheaf of papers, all right, and people can be very, very educated on their disease process, but that also has a tendency to raise some red flags for doctors. And again, there's a perspective issue on it, but there's people coming in who have really...I mean, people will come in with a stubbed toe and will have 17 different pages and demanding MRI for their stubbed toe. Those are the ones that are really using a lot of healthcare resources for it.

So what you wanna go in, is you wanna have basically one sheet of paper, and there are seven questions that you really wanna know or at least what you wanna have an answer for. And what you wanna know is what is the key problem that you're having, you know, what is it the pain? What is the question that you have? How long have you been having it for? Where is it located in your body? Does it radiate or does it move from that area or move around in your body? What makes it worse? What makes it better? What else have you found with it? Do you have fevers? Do you have chills? Do you have a rash, have you notice changes in...you know, you're going to the bathroom different or you can blur vision or something?

And then lastly, what you really wanna know is if you've had it before what worked for you in the past, and I am doing this off the top my head, so I don't know if I hit all seven there exactly. But I did a whole episode of that at "Straight Shot Health," that, you know, if people wanna check out there, I think it was episode number one. It talks about the seven questions that you need to know. Got a little sidetracked there, did I hit everything with your question on that?

Katie: Yes, that was really helpful. I've never heard that but that's very good advice to have those questions answered for yourself before you go in, that's really helpful. And I hate that we're already coming toward the end of our time, but I'd love to finish with three questions that I ask every guest. And the first one is what health or even other advice do you wish someone had given you years ago, or at the beginning of your career that you would like to share?

Kevin: Oh, I love that question. I love that question because this is something... You know, if I could have anything from any of your listeners go out, and read and some of you may already know this but it took me 39 years before I read this book. There's a book by Carol Dweck and she's a Psychologist at Stanford, and it's called "Mindset." The title of it "Mindset: The New Psychology of Success," and what it really talks about is this

two types of mindset, a fixed mindset, and a growth mindset.

And there are many of us, and I would include there's probably a lot of physicians, it was definitely me, that have this idea of a fixed mindset, and what that fixed mindset says is that we have some innate ability, that the way that we were born or our parents were sort of predetermines how we are in our lives, and you're either good at something or not. So you're good at sports or you're good at English, and that's not really true. Because what the research has really proven, is this thing called the growth mindset.

And this growth mindset is focusing on getting better, so every situation that you go into, every challenge that you have, is not a question of whether it's right or wrong, or you got 100% or an A. It's really are you improving? Are you getting better over time? Now, the little twist of this, the most important concept that I got out of Dr. Dweck's book was the concept of failing.

When you have that growth mindset, when you have a challenge or if something doesn't go the way that you wish it did, or say you have a health condition that may not be something that you ask for or occurred. When something bad happens it tells you things that are not working for you, it tells you things that maybe you need to change, but it tells you that there's a possibility that you can get better. Because there's... again, there's not this innateness to anything anymore. So without a doubt, that I think is the most important book, I have ever read in my life.

Katie: Awesome. That's a great suggestion. And I'd also love to know, what is one practical and actionable step that listeners can take right now to improve some aspect of their lives?

Kevin: I would go out and get Carol Dweck's book if there was anything else. I think the big part for me, and what I love about your show, and I what I love about your website, is that people actually believe and understand that they can take control of their health. So we're in a day and age now, when there is a huge amount of information a little bit too much in some ways. But there's answers, and if you are frustrated with something, you can actually find answers to some of the questions that you may have. You may start going down different avenues, you have tools now that we didn't have even 10 years ago, to allow you to become more educated in whatever your problems may be.

And as we become more educated, it challenges the other people in your life, so particularly, if you're looking at health care again, you don't wanna go on with a sheaf of 25 different papers, but you wanna go in with a perspective be nice to your physician, and recognizing their education but say, "You know, I've looked in this myself, and this is what..." You know, [choosingwisely.org](http://choosingwisely.org), which we didn't get a chance to talk about right now, recommends people do, or not do in this particular situation. This is what the American College of Obstetrics and Gynecology says when it comes to this, you know, disease process or this stage in pregnancy which is where I think that you have told me I am in right now.

So this provides you a sense of control and it really empowers you much more. Now you have to be able to actually use it, and I think that's the...the important things is, we are in a stage now where there's all this information, use that information effectively to start finding answers for your health concerns and taking a more active role in your own health management.

Katie: Excellent. Thank you, and obviously besides your own awesome website, and your podcast, what would be some other health resources you point users? And you mentioned a great book already, but is there

anything else that you think would be a good resource?

Kevin: Oh, absolutely. Yeah, sure. So there's a couple other books I would like to mention. Number one, when you're looking at behavior change, and remember when we're talking about most chronic diseases, and a lot of the disease that we have in the western industrialized world, the disease of lifestyle behavior. And one of the better books, I would say, that really got me thinking differently, was a book called "Switch" by Chip Heath and Dan Heath.

This is a book that is not really related to health, to begin with, I think one of the...Heath brother is an entrepreneur, the other one is a, I think an Economist at Stanford. But the framework that they're using to change behaviors of organizations is a framework that you can use as a patient, as a person to kind of set yourself up for success in your own behavioral change strategies. Like if you're trying to start an exercise program, if you're trying to change your diet, the framework they have is fantastic. I guess we don't have time to talk about that here, unfortunately.

The other two...I'm gonna give two specific pain resources because as I know, pain is a pain, and it is a huge problem and that there is so much misinformation and bad information when it comes to chronic pain. The best resources that I found now are a couple of books. One, I think the "Relaxation Revolution" by Dr. Benson where he talks about this relaxation response is a great start for anybody for your health in general, but particularly with chronic pain.

And then there's two other ones, one's called "Unlearn Your Pain," and that's by Dr. Howard Schubiner, who is an internist in Michigan. That book... I will tell you there's a workbook section on it, it is not easy to do, but the first four chapters alone, when he starts talking about these concepts of pain, are quite good. And I haven't found a lot of people that have been able to write it in such a way that it's understandable.

And the last one, because back pain is really probably the largest pain concern, it is the largest pain concern in the nation and the world, and we've had some of the worst outcomes with back pain we're doing some horrendous things with it. There's a book by an Orthopedic Surgeon in Washington David Hanscom. It is a difficult book to read. As I said, one of the problems we have as doctors is we are not communicating very well, and we forget that people don't speak "doctor talk." And we've spent 8, 10 years of learning doctor talk, and so we need to start translating that in a better method for people so they can understand and use it.

And unfortunately, David's book, a little bit more difficult to read but for back pain, if you're even considering, you know, going to a surgeon or a doctor or you're having chronic back pain. I would really start with that book because he's an Orthopedic Spine Physician he does the surgery, so he provides a little bit more of a credibility that a lot of people don't have. So for back pain, I would say get his book and it's called "Back in Control," and that's by David Hanscom.

So three sources right there, "Switch" by Chip and Dan Heath, that's for behavior change. "Unlearn Your Pain" by Dr. Howard Schubiner, that's about pain and particularly the first four chapters to kind of understanding pain a little bit better. And lastly, "Back in Control" by David Hanscom, that's about back pain specifically.

Katie: Awesome. I'll make sure to link to those in the show notes, so that the listeners can find those. And lastly, just remind us where can listeners find you, if they wanna learn more about you?

Kevin: Sure, so my website is [straightshothealth.com](http://straightshothealth.com), and my podcast is "Straight Shot Health Talk." Those are the two big areas that you can find me. I'm always interested in hearing people's, you know, questions that they have, you know, the other difficulty that we have with the Internet is there's all these sorts of legal concerns and medical-legal concerns. So if there's general questions, I would love to hear them, because I'm trying to provide those answers, I can't give any personal medical advice, as I said, but I would love to hear some feedback. Because I wanna know from people what it is that they have the biggest questions on.

So as I said, the doctors we have our own set of frustrations, and I can sort of imagine what other people's frustrations would be, but me imagining what a patient's frustration is, is not nearly as good nor is it as effective as patients telling us what the problems are. And if I hear what those problems are then I could try to address them, I could try to provide some of the framework and tools. And really, again, I want people to get well. You know, as physicians we want people to get well, we wanna stop focusing on sickness, we wanna really start encouraging people to take control of their lives, and to get healthier. And anything I can do to help you, I would love to do it.

Katie: Thank you so much, and I'd encourage listeners to go check out...I checked out both your podcast and your site, and there are some great resources on there. And thank you so much for being here, and for your answers, and for taking your time.

Kevin: Katie, thank you so much. I had a great time. I have a whole lot of stuff I could talk about over and over again. I'm sorry that we went a little bit long on this episode, but I love what you're doing. I'm very excited for your podcast. I love seeing people taking control of their health, and you know, thank you, thank you so much. And if you ever want me back, you just ask.

Katie: I was gonna say we'll have to have you back to really elaborate more. And thank you to all of you for listening to the "Wellness Mama Podcast." If you would, if you haven't already, please take a second and subscribe in iTunes so that you'll see all the future episodes, and you won't miss any. And I would also be really appreciative if you could leave a review or a rating in iTunes so that others can find us as well. So until next time, thanks for listening, and have a healthy week.