(00:09):

Welcome to the Health Connective Show. I'm your host, Michael Roberts, joined by our company president Scott Zeitzer. Today we're talking to Dr. Scott Sigman. Dr. Sigman is a board certified orthopedic surgeon specializing in shoulder and knee care. He's the chief medical Officer at OrthoLazer. He's co-author of the book Physician Brand Rx, and he's host of the podcast Smart Medicine, among many other things. Dr. Sigman is a very busy guy. We wanted to have Dr. Sigman on to talk about his podcast, his thoughts on robotics in medicine, and the use of biologic solutions.

Scott Zeitzer (00:43):

Hey, Dr. Sigman, welcome to the show. Really appreciate it.

Dr. Scott Sigman (00:46):

Great to see you again, Scott. Thanks for having me.

Scott Zeitzer (00:49):

Uh, it's a pleasure. It's a pleasure. Alright, I wanna start with Smart Medicine. It's your podcast. I've only listened to one, I've already written down two more, uh, that I'll be, uh, listening to. So gimme a little overview of it. What excites you about it, et cetera.

Dr. Scott Sigman (01:04):

Yeah, so, you know, I had a very successful podcast called The Ortho Show. That's where we started, which was really very specific to orthopedics and, uh, we told the stories of unique individuals, really wasn't technique driven. But with my new partner Veradigm, we decided to try and expand our listenership to really, to talk about much more broader topics within medicine. And so that was really the idea. And it's a, it's a very highly produced podcast now. So, uh, where previously it was just more about conversation. We have intros, we have outros, and we spend a lot of time on the research behind it as well. And we have tremendous guests. We've had specialists for, for neurology and, and the brain, and then oncology and innovation in healthcare. Uh, so really just a, a much more expansive listenership. And we've been very well received. So we're very excited about our first, uh, series or first season. And we just signed up for a second, so we're good to go.

Scott Zeitzer (02:02):

Yeah. Alright. I love what you're doing because so often medicine gets siloed. You know, it's like, I I just literally had a conversation, minor one between my cardiologist and my primary care provider, and it was one of those, like the, the cardiologist, like, "Liver function, who cares? Keep taking the statin." Primary care provider, "What's going on? You're slightly in the yellow." You know, it's like, fellas, could we talk to each other? And thankfully they do and they bust each other's chops. But it's good that changes in medicine are so, they're happening so quickly now. It's exponential. And I'm glad you're looking into it from that angle.

Dr. Scott Sigman (02:41):

Yeah. You know, I'm doing some work for a company called Vertex. There's a, a, first of its new, uh, a pain medication classification in 30 years. And it's an oral sodium channel blocker. It's, it's not a controlled substance. So it's actually, and so it's not addictive, but it has all these interactions with other medications. So what does every doctor do now when they have a question about medical issues? They

go to ChatGPT, just like the rest of the world. And it's really amazing how good it is. I mean, you can literally identify these, these issues and, and really make a difference. So, uh, what seems to be all these, these sort of mundane processes really are at our fingertips now. And I, we had this one guest on for the Smart Medicine podcast as we were trying to develop, you know, what, what's the next, what's the next group of doctors gonna look like, right?

Dr. Scott Sigman (03:30):

And how do we evaluate who are gonna be the next great group of doctors, right? Is it just IQ or is it now gonna be a digital IQ? The ability to manage all of this information that comes from all these various sources. So it's not like you have to memorize the New York telephone book like I did in medical school 'cause they give you the Los Angeles telephone book next week. Right? All of that information's gonna be stored and available, then it's gonna be how you process the information. So, very different way of thinking as we move forward.

Scott Zeitzer (04:00):

Yeah. It's interesting you say that. I was, uh, on the board for a while for the Department of Biomedical Engineering at Tulane, and one of my pet peeves was that if you weren't pre-med, who cares about the organic course? And for anybody listening who is not pre-med, it was a great way to test the doc. Could they re, could they memorize all these different drug, uh, sorry, chemical reactions? And I said, for biomedical engineers, that's not how we think. We, we derive. I don't need to memorize, I need to derive. And they made a separate course. Now you bring up a very interesting point about, you know, the different type of IQ that you're gonna need. Will it be a digital IQ? Will it, probably be a combination of a lot of different things. I mean, you still have to remember where the body parts are, but, you know, uh, thinking it through, it's, it's definitely gonna be a different way. And, and keeping up, I think will be another thing.

Dr. Scott Sigman (04:57):

Yeah, you we're, I guess we're gonna talk about robots, right? I mean, the question comes, you know, am I even gonna be out of a job? Forget about the robot assisting that we have in the operating now for, uh. You know, it's funny, I was just with, uh, John Sperling, who's one of our country's leading shoulder specialists. He's the Mayo Clinic, just the sweetest guy on the planet, and he's on the innovation committee at the Mayo Clinic. Take a wild guess as to how many robots the Mayo Clinic has right now.

Scott Zeitzer (05:24):

Are you talking just Minnesota or, uh?

Dr. Scott Sigman (05:27):

West Minnesota. The Mayo Clinic in Rochester, Minnesota. 54 robots.

Scott Zeitzer (05:31):

I was gonna say two dozen. So thank you for saving me. Yeah.

Dr. Scott Sigman (05:34):

54 robots are being used across all of the specialties. And so, and then, you know, humanoid robots are, are really a, you know, a thing. And so literally it may be that I'm gonna be sitting in, down in Florida and

you can wind up doing a surgical intervention in Botswana, you know? Helping out and, and democratizing some of these surgical deserts that we have. It'll be really fascinating to see how it works out.

Scott Zeitzer (05:59):

Yeah, I, I agree with that. I, uh, there's a podcast, uh, person who really focuses on robots is, uh, Steve Bell is his name. And, uh, he talks a lot about, uh, there was, uh, a particular robot for stroke therapy. You know, so you have the stroke and if you're in Boston, you should be okay. I mean, it's not great, but you're gonna get a more advanced care. If you're up somewhere in the middle of Maine, you may not. And, uh, the only thing slowing us down right now, it, it will be time lag. You know, for a lot of this desert, it's gonna be how do we get our own high speed grid connecting better? 'Cause you can't have lag.

Dr. Scott Sigman (06:41):

You know, it's interesting because I, as much as we've been using robots within medicine, in the current, uh, scenario, we really haven't been able to demonstrate improved outcomes for the patient.

Scott Zeitzer (06:53):

Right.

Dr. Scott Sigman (06:54):

So there are, you know, there may be some efficiencies. We may be removing outliers, you know, for people that have strange anatomy or for doctors that are maybe not performing as many of these procedures. But where I think robotics is truly gonna come forward as we move forwards is that, you know, really being able to identify, as we talked about, these surgical deserts, being able to go out to places where people are underserved in their populations. And then, you know, hopefully, we'll, we'll see some improvement on the outcomes as well as we get going. But I think it's a very defined way in which we're looking at robotics at this point. And I think with AI we're gonna be expanding much more rapidly.

Scott Zeitzer (07:31):

Yeah. The magic, the key word of autonomous is gonna become coming more and more. I agree with you regarding, I think two things. One is outliers for sure. When there's something, it's all about practice, right? So the more that you do of a particular procedure, hey man, practice makes perfect, the better you're probably gonna be at it. You know, the more you see, the outliers are not outliers anymore. They're like, yeah, yeah. Seen it. Don't worry about it. I I got that. It's that joke I always make. You never wanna hear from your surgeon. Wow, I've never seen this before. It's like, ugh.

Dr. Scott Sigman (08:01):

We're just sort of, uh, mainframe, we're just going off here. But, and my son Zachary's thinking about going to medical school. And so we'll give a shout out to Danny Goyle for Precision OS right? Where now surgeons and medical students can get virtual reality reps in the operating room. So you don't even have to be in the operating room, but you can be in your basement or your kitchen and you can start doing the reps for a knee replacement or shoulder replacement or whatever it may be. And I think that that's a great way of learning as we move forwards as well. And then the other, uh, we were just out at a meeting, we were at the Orthopaedic Summit meeting and several of the professors in the audience

were worried that the next generation of surgeons won't know how to be able to do just a standard operation with men with dexterity using the right hand. 'Cause all they're seeing is robotic surgery at this point. Robots doing everything. So how do we, how do we continue to educate them on manual dexterity in case the robot's not working <laugh> or whenever needs to happen, right? We still need us.

Scott Zeitzer (09:04):

I don't think there's ever gonna be a case where it's like, uh, well maybe one day, two, two generations from now where you're not gonna be in the room, or I'm gonna agree to be knocked out without you in the room. Let's put it that way.

Dr. Scott Sigman (09:14):

It's coming.

Scott Zeitzer (09:15):

Yeah. I wanted to talk to you a little bit about, uh, well, Ivan Tornos who impresses me from, uh, Zimmer Biomet. You and I were both, uh, in a, um, uh, position to hear him talk at two different meetings. DeviceTalks Boston, which is mostly focusing on robotics like we've been talking about. And then Shoulder360, which is, you know, the, it's a great course, uh, down in Miami and it focuses on the shoulder, uh, Joe Aboud's meeting and, uh, Dr. Joe Aboud. And, uh, it's, it's a great meeting. And he gave two different talks, right? So the one at the shoulder meeting was talking a lot about the implants that Zimmer Biomet's coming out, the amount of education that he is going to push into the rollout of these devices, the amount of education he's gonna push for the rollout of the robotics. And then he touched very quickly on Canary, which has nothing to do,

Scott Zeitzer (10:17):

Canary is a, uh, with shoulders something that's, uh, screwed it to the post of a tibia for a knee implant. But the amount of data coming out of that is tremendous. Who knows where else you could put those data, what you could do with all those data points. Which leads me to Ivan talking at the next meeting about, I think he actually said at that meeting that Zimmer Biomet will make more money off of biologicals and data than the implants themselves. And I've heard you talk, kind sir, about having to go back to your biology, uh, your Tufts degree and your biology degree at Tufts. So,

Dr. Scott Sigman (10:56):

Yeah,

Scott Zeitzer (10:56):

I mean, I didn't know you were such a good athlete, by the way.

Dr. Scott Sigman (10:58):

That was something I

Scott Zeitzer (10:59):

Did not know. Yeah.

Dr. Scott Sigman (11:01):

A lot of things you did not know. That's how we make it in sports medicine a lot of times. But, you know, Ivan's very an entity, he's such a forward facing individual, right? He is the face of Zimmer Biomet. And what I'm most impressed about with, with, uh, Zimmer Biomet's initiatives and with Ivan at the lead is they're move, you know, these are not just widget companies anymore, right? It was adjacent innovation, small changes, and, you know, you just sold an implant and you just kept on going. But nowadays, it's such an amazing digital world, and, and all of these things are all coming together. And as you said, you know, Scott, for me, I see, you know, the first 20 years of my clinical practice, I, I really considered myself to be a mechanic. But really in the last 10 years, I've become much more of a biologist.

Dr. Scott Sigman (11:44):

The human body has an incredible ability to heal itself. Every single cell has enough DNA and information to make a new person, right? It's just, but we, we get stalled a lot of times. And so many of the chronic inflammatory conditions that we have, really, the body just can't figure out a way to heal itself. And so we're now adding that biology in. We have amazing implants that are made out of collagen or hyaluronic acid or other, or other things in which the body can act as a scaffold. We're making sutures that are now biologic instead of just being dead. So that's amazing. The data collection that Ivan talks about is phenomenal, right? I mean, we all walk around with our smartphones and it can tell us our heart rate now and our pulse ox and give so much information. Now they have these smart implants where we can identify and then hopefully improve patient outcomes by demonstrating that we can see the improvements that are happening. So I can't, I can't agree more, right? The implants are still important. We're still doing that. But the data collection, the, the biologic aspect of things to create a healing response is really where we're going forwards.

Scott Zeitzer (12:53):

Yeah. It's an exciting time. It really is. In my mind when I go to these meetings, if I go to a hip and knee meeting, it is that kind of like, there's nothing amazing coming up. A lot of great needs have been made.

Dr. Scott Sigman (13:06):

The AAHKS guys are boring. You know, the blue sport coat, khaki pants guys, they get excited about making like a 0.1%, you know, chance. No, great respect for them. No, I wanna be very clear.

Scott Zeitzer (13:16):

Hey, hey, they're getting great outcomes. I'm not gonna argue. Right? You know, it's all good. Uh, but when you add that data piece, uh, you know, you talk about Canary and Zimmer Biomet, like they put basically a Bluetooth device at the bottom of a tibial post. And the amount of data coming out is tremendous. And a guy, uh, Michael, you'll help me 'cause I always screw up his name, but we spoke to someone, it had to do with cognitive decline and he had a great line. What was his name? Michael, I apologize.

Michael Roberts (13:43):

We talked to Marc Jones about, yeah. With Altoida, uh, about that. Yeah. I don't remember if it was him or if it was Bob Roda. Honestly, like when we were talking about that afterwards, somebody said, on one of our recent episodes, <laugh>,

Scott Zeitzer (13:53):

Somebody said, it's a great line. He said, we are data rich and insight poor, and we have so many data points coming out trying to figure out, you know, what makes sense. You know, trying to get through the noise, I think will be one of the next big things for us to go figure out.

Dr. Scott Sigman (14:14):

Oh, I, I think, you know, artificial intelligence, I am bullish. I am very bullish on artificial intelligence for healthcare in particular. I mean, if you're, that's exactly right. Like, why is it that, that I go into a room with an MRI, with a single patient, analyze that MRI, tell a patient, yes, I think you could benefit from surgery and then come up with my 30 years of experience to come up with what the solution is. Why don't I have, you know, uh, Joaquin Sanchez, Sotelo, Bill Levine, um, you know, I can list another 12 names, right? I mean, let's just keep going. Let's get the, the top 50 shoulder specialists in the world, get all of their data, pool it into AI, and then develop consensus on what the appropriate, 'cause that's what AI does really well, right? It just takes a lot of data points and then collates it, right?

Scott Zeitzer (15:02):

Yeah. And, and then you as that person with 30 years experience goes, you know, God bless you. I like your thinking on this, but I really, I think I'm gonna go with guys four, five, and six to stay away from who. But the point, is it allows you to be intelligent. Yes. It'll have a more intelligent, uh, uh, approach.

Dr. Scott Sigman (15:20):

Completely agree.

Scott Zeitzer (15:21):

I think AI also does a great job of, um, the mundane. So what I mean by that is, in our neck of the woods where we're doing so many applica, so much application development, we're trying to protect people from getting hacked. They just look at every node over and over for signs of hacking, which you could hire humans to do it, but they'd fall asleep. And the same thing goes with like, uh, when you're looking for cancer for the breast, and you're, look, uh, you're searching, you're searching, you're looking, and it's like, hey man, I think I don't see anything. But then all of a sudden, pop, pop, pop, pop, because they look at everything so much more detailed. And I'm very curious to see what we can do with, do a better job with the outliers.

Dr. Scott Sigman (16:02):

Yeah. I mean, you know, so we just had Sanjay Juneja on who's, uh, he, he's called TheOncDoc. We had him on the Smart Medicine podcast. And with like, you know, with CAR-T therapy and a lot of the, the nuances that are coming out with AI, he, he's like, we should be able to eliminate cancer in 10 years. Like, we're gonna be able to develop, uh, treatment modalities that are gonna be very specific to these individual cancers. We're gonna collate all this information from around the world. And, you know, it's just fascinating, you know, how excited so many people are in the, in the various specialties of medicine as to where we go.

Scott Zeitzer (16:36):

Yeah. I heard one, uh, gentleman talk about a robot with a very precise placement. And it was to get, to do two things. One was to get the biopsy in a very specific area without damaging other tissue. Pull out that biopsy. This is the hope. Uh, it's not gonna be today. It'll be tomorrow. Pull out that biopsy and go, oh yeah, it's X. Let's go get the mRNA to kill X. Let's push it right back in. Have a nice day. Right? Um, and

then even to take, go back to AI, you could go, well, you know what, 61% of the time we found that if there's something here, it's over there. Do you want to go look over there? Sure. Great stuff. Now here, and it's my segue for this. I was talking to an orthopedic surgeon about all these data points and how Zimmer Biomet is leading the way.

Scott Zeitzer (17:30):

I, I think I, I'm not aware of any other orthopedic company that has a platform of data, so supercharged with data, I should say, maybe I'm wrong. If you want to correct me, feel free. But the, the surgeon says, yeah, but who cares? And, and I, he didn't mean it from a, 'cause I said, what I said specifically was, not only do you get all this data from Canary, but you can actually bill for it. The follow-up is coded. You can bill for it. Now, you're not gonna make a ton of money, for any orthopod listening into the conversation about billing for, for it. But from a Hippocratic Oath perspective, hey man, it's great to know what's going on with your patient. And frankly, sometimes patients, they don't lie. They just hide. You know, like, I'm not walking that much. "Dude, you work at Amazon. I told you to not do that for like two weeks." That's a true story. And the guy was like, "Oh, that showed up?" It's like I told you, you have an implant with a Bluetooth. Yes, you walked like 19 miles. Yes, of course your knee is sore. Uh, you know, it's like, but the guy basically said, who cares? And I wanted to get your opinion about all this data. Do you just completely disagree with that or no?

Dr. Scott Sigman (18:45):

I think that the data will be very important because what we do in orthopedics, and we don't do very, and that is we really don't study these things as well as we should. And we have a tendency to make the same mistakes over and over again. And so I think data does not lie. And I think that if you talk to Andrew Wickline, who's the number one arthroplasty surgeon in the state of New York. And we're kindred spirits, he's all about, you know, improving the patient outcomes by creating a healing response to the human body. Right? There actually is an ideal number of steps that you should be taking in the initial postoperative window. And you should be able to monitor that. And you should know exactly when you're there. 'Cause you can overdo it. And then you get increased swelling, you might develop increased, you know, stiffness to the knee as well. I would make the counter argument to that doctor to say that I think it does matter very much, and we should be not just collecting the data, but it's how we analyze that data.

Scott Zeitzer (19:38):

Yeah. And it'll be interesting too, how you share the data. So you've gotta have different, it's a problem we have just with medicine overall, right? Uh, uh, I was talking about the primary care provider and the, and uh, the, uh, GCP and they were like, one said, you should take X milligrams of particular drug, and the other one said, double X. And I'm like, you guys wanna talk? 'Cause I don't wanna be the go-between. You guys wanna talk? And it's like, and I remember like 10 years ago, oh, this is gonna be solved. It's gonna be one centralized system. It doesn't matter if it's Epic or anybody else.

Dr. Scott Sigman (20:12):

The electronic medical record, if anything is just made, it's, it's provided us more work. They don't talk to one another. You have these volumes and volumes of, of information that's very hard to localize. We need to be doing a much better job about that. Physician burnout is probably one of the most concerning things that we see in clinical practice at this point. The good news is AI is coming there too, right? With ambient scribing and the ability, we're still, it's still a very crowded space. We're all trying to

figure it out at the end of the day as to what's gonna be the best solution. But being able to talk to a patient without staring at a computer screen, I think is a great first step. Uh, and I'm very confident that that will evolve over time.

Scott Zeitzer (20:54):

Me too. I hope so. I mean, as optimists, I hope so.

Dr. Scott Sigman (20:57):

Wearables too. I mean, you, we are talking about just, you're talking about the Canary in the total knee replacement. But I mean, as AI develops, and we've had some amazing guests on the Smart Medicine podcast, the overwhelming majority of your medical care is gonna be analyzed simultaneously through either your smartphone or whatever we're gonna be wearing. It's gonna be wearables. Maybe it's your glasses or a pen. And it's gonna be like, oh yeah, you know, your, your cholesterol level is, is outta whack. You need to have your medication tested, right? You're gonna go to the doctor when you're sick or if you're really gonna need somebody. But the overwhelming majority of your medical care is gonna be happening simultaneously with you just walking around. It's really where we're at.

Scott Zeitzer (21:36):

It's an interesting thing. I think Apple's coming out, uh, their Apple watch, the next, uh, piece of software coming out is, they don't monitor your blood pressure like, like a cuff, but they will warn you like, hey, we've got some aberrations. You should go get your blood pressure checked. And I'm like, yeah. Wow. That's, that's amazing.

Dr. Scott Sigman (21:57):

It's amazing where we're going. I think it's, and and it's happening so fast. It is an exponential curve at this point as we move forwards and, you know, old guys like myself, you're either gonna decide to be a part of this new wave or you will be retired because the next group of physicians that are coming through will. Although they, you know, when a baby boomer physician retires, they say it requires three new, three new surgeons to come on board because of the work ethic of the baby boomers, uh, physicians.

Scott Zeitzer (22:29):

And in fairness to that whole work ethic thing, you have a son who, uh, may be going into medicine. I have one that will, I call it graduate, get out of residency in June. He'll be a, a full-time ER doctor. I'm done. Lawyer, doctor. Done.

Dr. Scott Sigman (22:46):

Mazel tov. Wonderful.

Scott Zeitzer (22:47):

Thank you my friend. But that being said, you know, hey, it, the economy's changing too. So there for sure, I see a difference. Uh, and this is a whole different podcast we could have about, uh, the life and times of surgeons, et cetera. Uh, I was talking to a, uh, someone just about their day and how busy they are and what they do. And we were talking about trying to get more women in that particular profession and how it's unfair. Like how do you go through residency? Would you like to have a kid? Oh, well

<laugh>, you need to actually take care of your kid? Oh, no, no, no, no, no. You could wait. <laugh>. Okay.

Dr. Scott Sigman (23:24):

We're much better at, at it in orthopedics. I gotta, you know, we talk about the 6% for women in orthopedic surgery, but you know, every single meeting that I go to now, there are just powerhouse women that are leaders within our specialties who, you know, are just outstanding technicians, educating. So I'm, I'm actually very proud of what, what we've done in orthopedic surgery as far,

Scott Zeitzer (23:47):

And I, I think of Ira Kirschenbaum and the summer fellowship program and how it was, I think 24 women, uh, who are basically med students. And he, it's his belief that, hey, get them exposed while they're thinking about going to med school, not when they're already in and there's, and, and knee deep in it. But before you get in there, and they were such talented young ladies, I felt so much better. I think of Lisa Canada. I was at, uh, that same, uh, OSET meeting, uh, I think it was last year, and somebody was presenting about a very complex, uh, ankle fracture and, uh, how they would do it. And, and it was very difficult. And I was like, you know, looking at it going, huh, I I never knew this particular type of pylon fracture was that hard to do. I, again, I'm a biomedical engineer, I'm not a surgeon.

Scott Zeitzer (24:38):

So they come out, and Lisa is the last person out. And for anyone who doesn't know, Lisa Canada is a premier traumatologist, uh, orthopedic trauma, uh, surgeon. And I said, "Hey, that particular case." She looks at me and she goes, "It's not a problem. I'm gonna walk 'em through what you need to do."<Laugh>. Okay? They were all residents, you know, going over how to do it. And I was like, yeah. So I think of women in, I always think of Lisa Canada. She's awesome. Michael, I have, uh, done a great job of hogging like I always do these podcasts. Why don't I let you ask a question?

Michael Roberts (25:15):

I'll throw one in, you know, just, just so I can get a chance to, to while I'm here. Um, you know, Dr. Sigman, just listening to you the different times that I've had the chance to interact with you some, I can tell that you're always very eager and very interested in what's next. Very, uh, willing to try the new things, right? And in any field, that's not the case, right? Not, not everybody is, is ready to try the new thing. We mentioned very briefly, like autonomous surgery as a thing. Scott's already mentioned, you know, Scott Zeitzer, not Scott Sigman, but Scott Zeitzer has said like, "Hey, I'm not interested in getting that done to me right now." So I, I'm very interested in the pace of change and how you see that playing out for both surgeons, but also for patients as well. Like how do you guide people? And even like a bonus question, like what's your role in that process in terms of like, hey, do you need to be somebody advocating for all these things? Or hey, is the surgeons at large gonna embrace this eventually?

Dr. Scott Sigman (26:15):

I'll give you a date. November 24th, 2014.

Scott Zeitzer (26:19):

Writing it down,

Dr. Scott Sigman (26:20):

I put the third bio inductive implant into a human being.

Scott Zeitzer (26:25):

Okay.

Dr. Scott Sigman (26:25):

Okay. So, uh, this past month, the American Academy of Orthopaedic Surgery for the first time in a while came up with new clinical practice guidelines for arthroscopic rotator cuff repair surgery, which is where this implant is used. And 11 years, almost to the day after I, I put that implant in, there was finally a strong recommendation for the use of bioinductive implants. So I think that sums up the skepticism that surgeons have for innovation and new ideas. You've learned something, you've spent your entire career getting comfortable doing an operation. It's difficult for these surgeons to want to make change. And so it's a rare group of individuals who are key opinion leaders that are the innovators, early adopters that are willing to try and see new ideas, use their clinical experience, and then be able to try and push the envelope. Patients actually drive that as well.

Dr. Scott Sigman (27:17):

The BEAR ACL for example, which is the new ACL repair that I'm, that I'm a big part of, patients have now become a part of the, the idea and concept. So it really is education, it's digital, it is, you know, the great equalizer. I'm gonna segue into my book if that's okay. Physician Brand rx, which I'm writing with, with Matthew Ray Scott, my 85-year-old mother goes to the Google machine and gets reviews on the doctors before she goes and sees them, right?

Scott Zeitzer (27:45):

Absolutely.

Dr. Scott Sigman (27:46):

Almost everyone is comfortable with digital technology. Our patients now do online registration instead of having to fill out paperwork. But surgeons and physicians have still been laggards when it comes to developing a message, a digital message, to be able to share what it is that is good about you. What are your strengths? What is it that your desires, what are your what, what are your passions?

Dr. Scott Sigman (28:11):

So that I like to say you are what, uh, what your patients say you are. You are what your colleagues say you are, and you are what Google says you are, right? So being able to share that message to your patients so that the next time you open up the door for the next new patient, you know that that patient's in there 'cause they wanted to see you. They've been following your message, they know you were just out at some cool meeting. You're going to Canada, you're innovative on this, you're opioid sparing, whatever your message is. So 90% of the battle is over before you even walk in the room, 'cause the patient wanted to see you. And that's what we're doing with our book. We've interviewed 50 to 60 of the top master branders within orthopedics and neurosurgery and, and we're really helping to share those stories and giving practical tips for doctors, whether you are still in residency or going into fellowship, developing your brand, or if you've been in practice for 25 years and you're worried that the young whipper snapper down the hall is getting all the patients because they know who he is.

Dr. Scott Sigman (29:11):

So we wanna help to communicate and be able to help educate our doctors to be able to get their message out.

Scott Zeitzer (29:17):

Yeah, it's, it's funny, I've been talking about that for geez, close to 30 years now, just...

Dr. Scott Sigman (29:22):

Website development, putting all of your information right, Scotty? I mean if you go yeah, go to your group website right now, right? You get a little blurb. I'll tell you a funny story about that. So if you go on my website, you look at my picture for the group website, they photoshopped my head onto one of my partners. 'Cause I refused to wear a white coat because I don't wear a white coat to work. I wear scrubs. That's what I do. The good news is it was the first time in my life I became six foot two. The bad news is, is that it did so, and then of course I have this, this bunch of wizards help me build my new website. And uh, and my new personalized website is all about me. It's all about my personalized message. So when people go online, they can really see what I'm about. So those are some of the ways in which we share.

Scott Zeitzer (30:07):

Yeah, look, we could have it, and I would have no problem. If you'd like to do it, I'd love to talk about, uh, the book and honestly your thoughts about that. Maybe even get Matthew on the phone, uh, uh, on, on the podcast.

Dr. Scott Sigman (30:18):

Bring us both on. Let's do a separate episode. We'll both come back on. Yeah, that'd be awesome.

Scott Zeitzer (30:22):

Love to do it. I have not met him personally and I really want to. We share the same opinion all three of us about how to quote unquote market yourself and get the right match. You don't want everybody, you want what fits for the patient and what fits for you. You know, that surgeon-patient relationship is so critical to a good outcome. And it does start with like, hey, this is as a surgeon what I'm about and this is what I'm gonna do, and this is how I've always done it. And if the patient buys into that and believes it, they're gonna do better when they get out. There's no doubt about that.

Dr. Scott Sigman (31:03):

Helping to identify your ideal patient so that the patient's happy to be there. You're happy to be there. You're doing what you're an expert at, you've trained all your life to do. And it just really makes a difference.

Scott Zeitzer (31:15):

I have to say, I, I'll, I'll end it with this 'cause we do need to wrap up. I took my own wife to see Dr. Sigman. She was complaining about shoulder issues and didn't know whether she needed surgery or didn't need surgery. And everybody who thinks if you go to the orthopedic surgeon, it means you're gonna have surgery. That's not true. There's a lot of things. Lasers, which we haven't even talked about. Laser therapy. There's PT, there's so many different things that happen before a surgeon says, "I'm gonna need to cut you open and do something." And my own wife went in there and uh, she's doing great because Dr. Sigman said, "No, you need to do X and Y and if you keep doing that, you're not gonna

need surgery. Don't worry about it." And I can't tell you the relief as we walked out, in her head. And mine 'cause I'm the husband. Uh, so thank you again for that. And, uh, thank you for being on the podcast.

Dr. Scott Sigman (32:05):

Thank you for your vote of confidence in caring for your wife, and thanks for having me on as a guest. Guys, this was awesome. We really appreciate your time.

Scott Zeitzer (32:12):

Uh, it's our pleasure.

Michael Roberts (32:13):

Truly our pleasure.

Scott Zeitzer (32:14):

Take care.

Michael Roberts (32:15):

In our interview, Dr. Sigman shared his thoughts on robotics and orthopedic surgery, the value of data, autonomous surgery, and biologics in orthopedics. To learn more about what Dr. Sigman is up to, check out his website, scottasigmanmd.com and find his podcast, Smart Medicine available on all the major platforms. Thank you to our viewers and listeners for joining us for this episode. For more on the Health Connective Show, please visit hc.show for previous episodes and Health Connective as a company.