

Lauren Hebert, PT, DPT, OCS

Orthopedic Physical Therapist

592 Common Rd, Dixfield, ME 04224

207-562-8048

Ergonomics, Prevention, Wellness

*Doctor of Physical Therapy
Board Certified Orthopedics Specialist
Ergonomics Specialist*

*email... Lhebertpt@prexar.com
www.smartcarept.com
www.impacc.com*

How to Effectively market MSD Prevention & Ergonomics services to Workplaces

> Where do you start? How to find prospective client workplaces?

First, where do your patients work? This is a great source of marketing intelligence for you. You know what MSD problems that workplaces is having. Patients can educate you further on what are the problems; why injuries; how company views and handles MSD claims; workplace policies, politics, attitudes; WHO is the best contact person; what is their attitude-viewpoint on MSD; how best to approach the company. Great essential insider info !

Then make a call to that key person: "We have been treating your people with MSD. Would you be interested in hearing about a highly experienced program that has greatly reduced MSD for several hundred workplaces around the US? We have acquired this program and found it to be quite simple and straightforward and shows great results.

> I have 1-2 big companies that will give me lots of work.

Wait! Be careful! Many therapists make this common mistake (we did, too). It is best to focus mostly on smaller workplaces with 25-500 employees. This gives us a steady flow of well-paying work. This is far more successful and productive than trying to sign up a big company. Why? Smaller companies are much easier to get in for a presentation. It is easy for you get direct access to the top decision-makers. They are much quicker to make a decision, then much quicker to execute the decision to bring you in for work.

Big companies are a very different story. If you have a successful meeting with a key person at a very large company, and they say "yes let's do this," how long will it take for you to actually end up on-site doing billable work? Our extensive experience says 1-3 YRS! And this is where everyone there is saying "yes, let's do this." Frustrating. This is due to their BUREAUCRACY: a parade of committees that have to hear about this and the several key people who need to sign off on it. You often end up making many presentations to many groups, trying to get them signed up for services. Then, worse yet, if they actually sign off and you schedule actual work, completely tying up your work schedule for weeks or months, only to have some key manager change their mind and cancel at the last minute... you end up with lost work and lost income. We have been burned by this several times! Another problem arises when they ask for a budget proposal detailing costs. The dollar figure is often large enough to trigger a public request for competing proposals.

The key to working with large companies is in little bites: proceed only one small project at a time. The KEY is to propose a **PILOT PROJECT**. Have them pick out one small but difficult department with lots of MSD issues for you to demonstrate your program. They will see this a tough challenge for you to attack, but it is actually very easy to do good work in a very messed up work area! This allows easy logistics for them to schedule and execute. It proposes a small \$\$ budget that is easy to approve. And you are committed to a smaller number of work days, freeing your schedule for other workplace clients. (It is important to **DIVERSIFY** your client base, so that if one cancels work for whatever internal reason, you still have scheduled work to maintain business income flow. For a large company we may schedule only 1 day per week, maybe even every other week, for on-site work, especially if we have other workplaces ready for our services.)

> Do NOT worry about how much you CHARGE for services. Please: COST is NOT an issue !!

So many therapists worry about what they may be charging for this. They feel obligated to negotiate costs. This can kill your business. You are not dealing with insurance company network rip-off fee schedules. In the non-healthcare business world, price is NOT the issue to consider. Rather, the real issue is VALUE. How much money is the client going to save? We offer a service with a track record drastic reductions in MSD claims, lost days, and Worker Comp costs, as well as indirect cost savings from improved production and employee health. The purpose of your marketing is to illustrate the VALUE of what you offer (not debate the cost). If you are effective at pointing out the potential effect on reducing Worker Comp costs, claims, lost work day, production, employee health and morale... then there is no need to discuss costs.

We do not discuss costs. When a client asks, we tell them we will write up a "Budget Proposal" for their "Pilot Project." We base our fees on \$300/hr for on-site services, plus \$75/hr for travel time to and from client workplace. No, we do not negotiate that rate. I estimate less than ONE percent of clients have ever offered an objection to price, last one was back in the 1990's. Do NOT get hung up on your price! What is your service WORTH?! If you prevent only 1-2-3 MSD claims, the client workplace breaks even on the investment... and we get much better results than that. Clients understand that this is a structured, effective, respected, PROFESSIONAL program and, therefore, has an appropriate cost for them to access its value. If a client asks about negotiating price, we answer, "we structure our fees based on the value of the program, and we try to stay consistent among our clients to be fair to them all." It is kind of a "take it or leave it" deal. If they have tight budget limits, we are willing to do the program a department at a time spread over months to fit their budget structure. See "train the trainer" or "video-based training" later here...

Yes, a local chiropractor may offer to do back schools for free... but what is that worth? What is that DC's track record for prevention? Are they motivated to reduce back claims, or to get them to come to their office for endless care? We offer a far more experienced and proven program that goes way beyond a simple class on proper lifting and the value of manipulations.

> Can we do this as train-the-trainer program or make it video-based, the client may ask?

We answer, "What is your objective: to do a program or to reduce your Worker Comp costs and claims for MSD?" If your objective is to reduce MSD claims and costs, then you must do what works to meet that objective. Train the trainer and video training is ineffective at getting employees to change their work behaviors and personal ergonomics and take better care of themselves. The content of the training is too long to hold attention on a video. The information must be presented by a respected valid expert on the information, not by a secondary-trained trainer person who is not an MSD expert. Employees will listen and respond to a professional PT or OT, not so much to an in-house novice on the information. Your reply... How much money do you want to save on MSD?

Besides... the No-Lost-Time program is a copyrighted program that is not allowed to be recorded on video nor duplicated on PowerPoint to be given to a non-licensed person. Bottom line: this has to be presented live and in person by a professional expert to motivate employees to listen and respond and to personally answer their questions and issues to make sure our advice is followed SAFELY.

> We don't want outsiders to come and identify ergonomics hazards we cannot afford to fix.

There are very few workplaces that are this backward. The recent Great Recession has killed off most of those. Only the smart companies survive (Darwin Principle). But such a company should realize if they have an MSD problem, the costs of fixing the causes is far, far less than the cost of paying for high Worker Comp rates and secondary costs to production. Plus, our program focuses on the low-cost, no-cost ALTERNATIVES to ergonomic redesign of the workplace. Besides, most MSD does not come from poorly designed jobs. Most MSD comes from poor posture habits, poor flexibility, poor body mechanics, age changes... ALL of which are easily reversed-fixed without investing is ergonomics changes. We specialize in "alternatives-to-ergonomics"!

> How do you make an effective marketing presentation ?? (critical)

First: EXPLORATION. Learn their perceptions of their MSD problems. Do they see them as mostly faking or lazy excuses; or work is very hard or repetitive; or we are stuck with these as unavoidable; or this is genuine employee health and safety hazard and we want to do something about it; or we are suffering the effects of an aging workforce. Make contact with a person there who is on the front line of the MS problem and ask them why they think they have an MSD problem... and just LISTEN... actively LISTEN. Ask questions that lead them to spill their guts on their MSDs. We come tight out and ask the safety manager, "Tell us about your MSD problems; why you have MSD; what you have tried to do to control it; what has worked; what has not worked and why." We also ask the obvious question, "What is your objective on this?" Sounds obvious, but it helps commit them to what you eventually propose, if you can make it fit those objectives. We do this exploration prior to making our presentation. It also allows you to anticipate what objections they may make to your eventual proposal, so you pre-emptively avoid them.

Next: We now use THEIR impressions and experiences to PRESENT... to describe the VALUE of what you offer to meet their objectives. "Hello. I am Dr. Lauren Hebert. I am a Physical Therapist specializing in teaching people in the workplace how to avoid musculo-skeletal pain problems. I am Board Certified in Orthopedics. I have been doing this for 42 years; half that time treating people with these problems; the other half in several hundred workplace studying these problems to determine exactly how workers develop rotator cuff, tennis elbow, tendinitis, carpal tunnel, and each of the six categories of back problems. We have developed a structured program that teaches everyone in the workplace how to avoid MSD injuries, claims, and costs. We have delivered this program to more than 600 workplaces across the US. We have tracked OSHA records at most of the workplaces to measure results, which show an average 70% reduction in lost work days following our program. We go to the workplace to examine MSD issues and look at jobs so we can customize our program to address your issues. We teach managers and supervisors what they must do to reduce MSD risks. We then teach employees to become experts at reducing their MSD risks, personal ergonomics skills, perfect body mechanics, and (most importantly) how to reverse the damage of work and aging changes. And this damage is, indeed, reversible. We have written a small Pilot Project for your most difficult work area so that you can see for yourself how we do what we do and what effects it can have here."

Try to focus primarily on describing the EFFECT of what you do, NOT the specific features or details of how we do this. That invites objections and debate. Example: don't focus much about stretching exercises; too controversial. But they will likely ask, so we slip in ... "we teach employees personal ergonomics skills, risk time exposure reduction, and how to reverse the wear damage that builds up day after day." That will invite the question. We then answer, "we teach employees how to select certain key TEN SECOND MICRO-STRETCHES that address muscles and tendons and joints that are being loaded by work tasks. There is one micro-stretch for tennis elbow, another for golfer's elbow, another for disc bulging, two for neck strain. These are tiny brief stretches easily slipped into the workday without getting in the way of production, plus a few we recommend after work to reverse the aging damage of the day. Our experience has been that employees really, really appreciate these, especially those who you would think would really resist this idea. Notice how I describe these in a manner that reverses any potential objections your client workplace may have to this idea.

> We cannot afford ergonomic modifications to our production. That is usually big costs.

Our program is not an "ergonomics program"; rather, it is an "ergonomics alternative program". Ergonomics is NOT the underlying cause of most MSD claims. Worker behavior is a far more common and easily corrected risk. This includes poor posture habits, poor body mechanics, poor fitness-for-work, and ongoing aging changes. For example, one of the leading risks for back injury is tight hamstrings, and that has nothing to do with ergonomics. One of the leading risks for carpal tunnel and tendinitis is how you hold your head on your neck. Round-shoulders forward head posture compresses nerves and blood vessels that feed the working arm, magnifying MSD damage. These issues are easy to correct when employees are professionally educated by physical therapist experts on how these problems develop and how to reverse them. That is what we do and why we get such excellent results. This approach is much cheaper than redesigning the workplace (and way more effective).