



Beyond the Symptoms: A Whole-Body Approach to Chronic Illness and Pain

An interview with Dr. Ryan Cedermark
on Back in Control Radio with Dr. David Hanscom

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Beyond the Symptoms: A Whole-Body Approach to Chronic Illness and Pain

Tom Masters: Hello, everybody, and welcome to another episode of Back and Control Radio with Dr. David Hanscom. I'm your host, Tom Masters, and our guest today is Ryan Seidenmark. He brings a remarkably multidisciplinary background to healthcare. After graduating magna cum laude from Life University, he earned his diplomate in neurology from the American Chiropractic Neurology Board.

He later graduated magna cum laude with a bachelor's degree of science in nursing from Duke University, and completed his family nurse practitioner training at Georgia State University. He's also a certified functional medicine practitioner, serves as adjunct faculty at National University, and serves on the board of the International Association of Functional Neurology and Rehabilitation, as well as the medical advisory board for SNA Biotech.

Together, these diverse experiences give him a unique perspective on health, healing, and patient care. Welcome.

David Hanscom: Thank you, Tom. It's my pleasure to introduce Dr. Ryan Seidenmark. He's a j- he and I met probably seven or eight years ago in Henderson, Nevada at a conference called IAFNR, I-A-F-N-R. Ryan, can you explain to the audience what that stands for?

Ryan Cedermark: Yes. It's, an organization where, uh, the, what the letters stand for, it's an acronym for the Interdisciplinary Association of Functional Neurology and Rehabilitation.

David Hanscom: So I was asked to speak at that conference. It's where I met Ryan and Janice, the person in charge of the organization and- I was blown away because I'll just be blunt, there's a bit of an arrogance in the medical profession towards the chiropractors.

It turned out they're probably more on track than we are. And it's particularly this group which looks at the body as a whole. I don't like the word holistic because the body is one unit. I think that's an oxymoron. But, um, I... After the way they teach, the courses, whatever, just blew me away. I was asked to be one of the speakers there, and I've been speaking there for years off and on, and, um, I just had the best time.

So I really got to enjoy meeting Ryan. The part that my wife and I remember the most is that he and a bunch of his buddies got us to see Gwen Stefani that weekend, which was- I wouldn't say it's the highlight. The, the course, of course, was the highlight, but that was... Gwen Stefani was pretty good. Um, anyway, Ryan I- That was great.

Ryan Cedermark: That was great. I can't believe you guys went. That was

David Hanscom: so- Did you go?

Ryan Cedermark: We did. We went the night before, I think, and we had just gotten back, and my friend Josh, who, he practices in Minnesota, he had gotten to speak with you guys over the weekend, and he told you all about how great it was, and then you mentioned kind of in passing, "Oh, I think Babs and I will check that out tomorrow."

And then you went, and you guys had a great time, so.

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David Hanscom: Yeah. It was good. So anyway, let me go to... go ahead and introduce Ryan. Um, I really enjoy getting to know him over the years. We don't stay in touch as much as we would like to, but when he sent me my... his bio this morning, I'm going, "Wait, w- when did you have time to actually sleep?"

So basically, he graduated magna cum laude from Life University in 2011, which is a chiropractic university. He then enrolled in a post-graduate neurology course and earned his diploma in neurology from the American Chiropractic Neurology Board in 2013. He's been very passionate about a multi- multidisciplinary approach to healthcare.

He graduated magna cum laude from his Bachelor of Science in Nursing in Duke University and completed a family nurse practitioner program at Georgia State University in 2018. He currently serves as adjunct faculty at the National University teaching in the master's program. He's also a certified functional medicine practitioner and serves on the board of IAFNR, as well as the medical advisory board for-- What is SNA Biotech, Ryan?

Ryan Cedermark: It's basically like a, a video game system we use for brain stimulation.

David Hanscom: Okay. His multidisciplinary educational background creates a unique approach in today's healthcare environment. So I'm just blown away. It's not that easy to do nursing. I think nursing's really tough. It's even harder to get a nurse practitioner program.

Plus, you did this at Duke, which is legendary in the medical world for just being a little harsh. And so, so Ryan, you seem like a pretty nice guy in spite of all this.

Ryan Cedermark: Duke was intense. Duke, uh, yeah, I, it-- that was my, my RN-BSN program, but it was a 16-month just all-in program. And yeah, it was great. I, uh, I had no idea how different the nursing world was, and it just gave me a lot of, a lot of perspective from a for our patients that we work with, but also just healthcare in general.

So it was really a humbling experience.

David Hanscom: So what I enjoy about doing these podcasts, I get to know more about people. So Ryan, I had no idea you had all of this going on. And so the thing I'm excited about with your group, and I'm assuming it's continuing to grow, it's an unusual approach, but I think it is the correct approach to dealing with chronic illness, mental and physical.

And you all look at the body as a unit, and you also do functional medicine. You're a certified functional medicine practitioner. How did you, how did you get that in your spare time?

Ryan Cedermark: So I went through the neur- It-- With chiropractic, we had continuing education and graduate level courses come to Life University in Marietta.

It was through the Carrick Institute. Ted Carrick, uh, he's a Canadian chiropractor. He's kind of the pioneer of functional neurology. So he created a program, uh, created the diplomate program. So it's a 300-hour board certification program. Then you take a, a test, and then you have to keep your yearly certification up.

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Basically what happened was one of my professors, I was always in the classroom, don't come from a chiropractic background, so I wanted to do well, but didn't have much direction. And one of my mentors at school, one of the professors said, "Hey, you should check out the neurology."

It was basically something of like, "Hey, if you actually, you know, studied as much as you went to the gym, you could do something with this profession." So I went to one weekend course and I, and it, I really enjoyed it. It kind of spoke to me. It made me understand the chiropractic philosophy more. And then, you know, just when I heard the presenter speaking about the patients that he worked with it's just something that drew my interest.

And within that was, um, there were some other... It led me to functional medicine courses just because you're working with these complex cases that they need to be addressed from not only a neurology side but a nutritional side. So that's how I kind of went that route. And then through all of that, one of the presenters was also a nurse practitioner and in chiropractic school they talk about how, you know, patients, they need to be off of medications aren't good for them.

I didn't necessary, necessarily believe that, but I did want to learn more about, what's the reason for prescription? How can we help teach patients to get off of medications? But then also how could I have the prescriptive authority to do that? So that's what led me to get my nurse practitioner degree.

David Hanscom: Okay. So you do medication management also?

Ryan Cedermark: Yes. Right.

David Hanscom: So Ryan, what you represent from my perspective, um, I wrote an article for The New York Times years ago which did not get accepted, but I wrote-- I, I think that integrated medicine and functional medicine are much closer to taking care of people than mainstream medicine.

So the title of the article was Dysfunctional Medicine, is what we have, or Disintegrated Medicine. And the problem with medicine these days is that we have all this knowledge for acute care, we do not understand chronic illness, and yet we have an arrogance to treat, to keep treating only symptoms as opposed to the body's chemistry, physiology and neurology.

So again, I don't, I don't like those words integrated because the body is a unit. To even parse it out like we do in medicine is-- makes no sense. Plus, we're focused on structure, and a bone spur doesn't cause all this dysfunction. It's the whole body's physiology which is incredibly complicated. So life is a miracle and what, what you're doing to me is the epitome of how you address chronic illness, mental and physical.

I'd like to jump ahead a little bit then work backwards about... So let's talk about your, uh, general chiropractic approach and then what the IAFNR approach adds and how much it's being accepted and integrated into the chiropractic world

Ryan Cedermark: Yeah, honestly, it's been really interesting.

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So the, the functional neurology world within the chiropractic profession has been around for a long time. I believe that Dr. Carrick started his studies and his work with patients back in the late '80s, early '90s. Uh, so I took the courses in the late 2000s. It was 2007 or '08 that I started taking the courses.

And the profession within the chiropractic profession has grown a lot, I would say. Lots of chiropractors are interested in just learning more neurology, understanding how to work with some complex chronic cases that aren't responding well to medications or to standard physical therapy or occupational therapy.

So there is a big interest, uh, for that within the chiropractic profession. But IAFNR, our organization, one of our main goals was to say, "Hey, you know, like, we're learning all this stuff, but this isn't specifically for chiropractors." This the tools and the methods that we do, this is something that could be integrated and woven into any profession that works in the, in the rehab space essentially.

So our goal, uh, we, we kind of switched names. Originally, IAFNR was the International Association, but we kind of switched it to the Interdisciplinary because what we wanted to do is bring in other professions like yourself to teach some of these methods and show practitioners and caregivers that the brain is neuroplastic.

The brain can change, and there's ways to do it that are very supportive, uh, and that, that can create long-term benefits with minimal side effects. So we've had a really good growth outside the chiropractic profession with some medical doctors, lots of physical therapists. Most recently, um, lots of occupational therapists and speech therapists have been doing some of our seminars, so it's just been, it's been really interesting.

And I would say, you know, to that, what I love the most about that is because, you know, I, I don't come from any medical background or chiropractic background or chiropractic family or medical family. So what I love the most about that is you have all these different perspectives, all these professions coming in with their lens of how they would treat the patient, and then they sprinkle in the stuff that we learn, and it's creating new ideas and new methods to just to help some really complex cases.

So it's been fun. It's been growing and, uh, and that's our goal within the organization, is just to help continue it to grow to get people, practitioners that are interested certified in how to do some of the stuff that we do and, um, yeah, just to, to help people build better brains.

David Hanscom: And of course, you know, we've talked a lot about my concept is that, bottom line, the body breaks down in constant threat or stress physiology, and it heals in safety.

And once you learn how to separate from your survival reactions, then you, at the same time, again, this happens back and forth every day, then as you direct your brain towards what you want, that's where your brain develops. I wanna jump into pretty quickly what you actually do with a given patient and some of your outcomes.

But I wanna ask one question. Let's take one example of my process. Y- y- you remember the part that I talk about not discussing your pain?

Ryan Cedermark: Yes.

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David Hanscom: So again, in, I call it the dynamic healing model, you have your input or circumstances or stresses. People think stress is a psychological construct, and it's just threat.

Then your central nervous system that processes all this input, then it creates your body's chemistry either being safe or a threat. And there's always threat physiology. It's how we stay alive. It's a gift. Humans call that anxiety, and we... There's something like 14 different anxiety disorders in the DSM manual for coding for psychiatry.

It's not a disorder. It's just an alarm system. And so then, then symptoms come about, and we don't look at the stresses, we don't look at the coping skills, we don't look at the physiology. We're treating only symptoms. So it's a long way of saying when they call functional medicine or holistic medicine, it's an oxymoron because you, the body has to depend on all three of the things on a given day.

So I'm guessing, I mean, the way you guys look is I think that your approach is the definition of effective chronic illness management, mental and physical. Am I overstating my case?

Ryan Cedermark: No. No, I would agree with that. And, you know, uh, to be honest with you, after meeting you so many years ago we've implemented a lot of your teachings into the way that we practice and the way that we speak to our patients and the environment that we create for our patients.

And, and I truly, I mean that 100% because when I heard your first talk at IAFNR, it completely shifted the way that I wanted the practice to run, and I think it's been very beneficial for setting the stage to create a safe environment to reduce the threat physiology response, to allow the, the brain and body to shift into or shift away from that, that physiological response and to be able to come to a place to, to heal and to grow.

So yes I agree 100%.

David Hanscom: And then the other thing that I think is really critical is if you learn to feel safe enough, again, you can't be 100% safe, your body can regenerate and heal. And as you know, I had 17 different physical and mental symptoms that were disrupting my entire life. They're all gone. You know, I had migraines, burning feet, skin rashes, anxiety, depression, OCD, bipolar, all sorts of stuff, it's gone.

And you go, "Well, how can that be? It must have been psychological." No. Every organ responds in its own way. So if you're in fight or flight physiology all the time, every organ gets to express itself in its own way. So every time I see somebody heal, it's all the symptoms resolve. It's not just one or two.

So I'm curious from your perspective s- some of the changes you made, and let's maybe start just a given patient story. What, what's an example of somebody who did well with your approach?

Ryan Cedermark: Yeah. I, I would say, we... our... let me back up real quick because within functional n- neurology, uh, with neurorehabilitation from our perspective and our profession, there are practitioners that are specializing in certain diagnoses and c- and cases.

So we have a lot of people that are focused on just vestibular disorders or functional neurological diagnoses. Our clinic, our... I would say probably our top four that, with our main two patient populations that we work with are traumatic brain injury, and under that umbrella would be concussion, significant concussion symptoms, stroke

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rehabilitation, and then Complex regional pain syndrome would be our third, and the fourth would be neurodevelopment.

So one person that I can think of that stands out the most is a, a complex patient that had flown in from Australia. I didn't know she was coming in. I had never done a consult with her, but, uh, she had... She looked us up and she said, "I'm, I'm coming here for... i'm coming to the US. I'll be here for six weeks."

Long... Her backstory was she had fallen off a horse, had a concussion, and then just developed this, the c-complex regional pain syndrome all over the body. 10 out of 10 pain, couldn't get out of bed could barely work, could barely type on a computer, couldn't do the things that she loved to do, and she was in her late 20s at the time.

So create- I think when she first came into the clinic and met us and saw that we weren't your traditional, white coat, uh, sterile clinic, we-- everyone that comes in the, the clinic, we treat as family. We don't care where you're from or what the diagnosis is. We don't talk about the pain.

We just start figuring out ways to make gains on what they're already good at, uh, build confidence in those systems. And within three weeks, her pain reduced significantly, so much so that we were able to cut her, her trip to Atlanta short so that she could go do some things that she wanted to do in case she got better, like travel to Nashville, New York, and California.

So that, I would say, you know, that's, that's probably one of the most standout cases that we've ever had that, that was able to shift from that threat physiology response into a state of healing, uh, and she's continued to do so since. So it's been pretty profound, and it's just through the methods that we use, but also implementing a lot of stuff that I've learned from you kind of in the background.

You don't see it, but I think patients feel it in the clinic.

David Hanscom: Yeah. I'd like to clarify one thing, and I think if, I think we're on the same page. You know, with my new book, *Calm Your Body: Heal Your Mind*, you know, physiology drives mental and physical symptoms, and unless you calm down the physiology, nothing you do makes any difference at all.

So my feeling is that this is not about David Hanscom. It's about reflecting the collective wisdom of a lot of really smart people in this day and age that have modern neuroscience. And I think you, I think you feel the same way. It's why EyeAfner exists. You have a collective consciousness that keeps growing, and we won't talk about about all the crisis in healthcare, but when we treat only symptoms, we're actively hurting people

We're not giving them hope, we're taking away hope.

Just, it's an endless cycle of treatment after treatment. So my experience has been I did not quit my practice to treat chronic pain or illness. I kept witnessing what we call self-induced deep healing, where it's transformative but it's not a miracle from David Hanscom. It's a miracle of the body's capacity to heal.

It's unbelievable.

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Ryan Cedermark: It's unbelievable, yeah. And I, you know, I just... it's, it's just, it's pretty incredible what the body can do when you create the space and provide some of the tools to allow the nervous system to heal. You know, most... I was texting with her most recently. We keep in touch.

This is over a year ago that she was here. Uh, she's back to horseback riding, she's lifting weights, she's lost over 35 pounds she's running in 5Ks and 10Ks. Wow. Uh, she runs at a, a very popular bookstore in Australia where people come- Okay ... order from all over the world. Okay. Uh, and her, her bookstore is doing great.

So it's just one of those really cool stories that, you know, you, you'll never forget. And those are the people and, and the reason why I continue to try to learn as much as I can and grow as much as I can so that we have the opportunity to, to just create the space to allow them to heal.

David Hanscom: And so the thing is that's so critical, this is not a magic formula. Everybody does it completely differently. Um, people take responsibility for their own care, every aspect of it. They actually quit looking for answers and just, and just start using the tools they have to live their life. And like you mentioned before with neuroplasticity, the healing doesn't come from fixing the pain, the healing comes from living the life that you want, and that's where your brain keeps developing.

That I've been doing this for over 20 years, and I still have really bad days, I still get triggered. But I can also feel sorry for myself for being triggered and wallow in it for a while. But you can't stay there. And so people have adversity, but it's when they feel sorry for themselves is what the problem is.

Ryan Cedermark: Yes, I agree 100%.

David Hanscom: So let's talk about chronic regional sy- chronic regional pain syndrome, which I'd like to s- explain to the audience how extreme a problem that is, and the fact that she had any shift in three weeks. Again, it could be your approach, my approach. The general overall approach k- does work.

But other than letting the body heal itself, there's definitely not considered a cure in least mainstream medicine for that problem. It's medications. It's, you know, sympathetic blocks. It's, all sorts of stuff to excise the stellate ganglion, et cetera. So you want to ex- talk about e- chronic regional pain syndrome because I've seen a few people heal from that.

I probably don't see it as much as you do. But when I saw the results that I saw, I was stunned, 'cause I realized that the brain can reprogram itself around anything. So how long has she had that syndrome before she came to you?

Ryan Cedermark: It was approximately eight to 10 years of debilitating pain. So yeah.

It was it, so, so in my mind, you know, when I first start working with her I have a goal. I try to create realistic goals for myself. I don't tell the patient, and then, um, I ask them what their goals are. But in my mind I'm thinking, you know, the doubt sets in, the fear sets in. This is something that has n- now been driven by negative neuroplasticity in her case.

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So it's almost like, in the way I think about it, is you have to do some unwinding to rewind. Right. Uh, which that can take that, that can take a lot of time. But there was just this shift that we began to see af- that we began to see after a week of doing what we were doing, and it was really cool.

And she truly, you know, like she, she did everything that she could on her end. She worked so hard. But she did it in a very beautiful way.

David Hanscom: Remember, you remember the workshops that Babs and I used to do up in Omega? We talked about those three and five-day workshops. Yes. 78% of people in three to five days went to pain-free.

This is after five, 10, 15, 20 years of pain. So what I'm hearing you say, it's a very classic story, again, why I quit my practice, is that once you shift a phys- safety physiology, the results happen quickly. This, this doesn't take years to do this.

Ryan Cedermark: No, exactly. And, and honestly, th- that's why I, I just kinda keep going back to when I first heard you speak, because it, it did truly change my mindset of my approach.

Because they're, they're complex cases, and she had seen all of the specialists in Australia. By the time she had come to us she had had a spinal cord simulator implanted that had failed, and she'd had multiple injections and, like you mentioned, stellate ganglia blocks, so things like that just hadn't worked.

So in your mind there's that doubt that sets in, and it's like, well, I'm just a chiropractor from Atlanta, what the heck am I supposed to do? But knowing what we, what I knew and, and learning what I learned, I just I knew that there was something that was gonna really help her body heal itself.

David Hanscom: Well, and plus the number one thing I think as far as healing, and this has really fallen by the wayside in medicine, and I think your group is going the other direction, is if you don't have a safe relationship with your doctor, you got nothing.

Ryan Cedermark: You got nothing.

David Hanscom: Nothing. And so right now, I, the stories are becoming legendary. I hear almost every week now, three or four times a week, even with my physicians, friends who are patients, that the do- doctor might spend 10 or 15 minutes in the room at the most, sometimes three minutes, and they can't-- You can just watch them try to get out the door to the next patient.

So you're not heard, you don't feel safe. So again, look at the dynamic delay model. You have your stresses, which again, not psychological. You have your receptors and your physiology, and you have just symptoms. So if you can't know the person, they don't feel safe. If you can't help them calm down and teach them coping skills, that doesn't work.

And of course, we're not addressing the physiology and we're treating only symptoms. It's like trying to put out an oil well fire with a garden hose. I mean, the s- the fuel keeps coming up. It's unbelievable.

Ryan Cedermark: Unbelievable.

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David Hanscom: So what I'd like to-- on the next se- next podcast we're gonna do here in a minute or two, um, I wanna really talk about this person again.

I'd like to know a little bit more about chronic regional pain syndrome, what-- how it's described clinically, and there's a lot of people suffering out here. The other one that's pretty darn severe is trigeminal neuralgia or facial pain, which is almost as bad. Um, do you see some of that, the facial pain?

Ryan Cedermark: Yes, we have. We've seen that in a couple of our brain injury patients.

David Hanscom: Gotcha. So anyway, um, I guess I'd like to have the audience know how to access your kind of services. I know you're pretty darn busy yourself. That's not why you're on this podcast. I think the way we wanna talk about in this podcast about the upcoming IAFNR annual conference

Ryan Cedermark: Yeah, absolutely

David Hanscom: And then how do people access clinicians who are trained in these concepts?

Is there a directory, or how does this work?

Ryan Cedermark: We do. We have a member directory, so if, if anyone's listening, if you go to www.iafnr.org that'll take you to our website. IAFNR is a nonprofit. Our goal is to just teach other clinicians how to do everything that that we're doing in the clinic. And as well as we do, we do have educational stuff for s-caregivers as well.

And th- on that site, there's a member directory, and there's information about our upcoming, uh, it's a four-day online live and on-demand it's over 32 hours of continuing education for practitioners, but also just tons of really great information on neuroplasticity through, through the lifetime, and it's, it's fun.

There's a lot of great speakers like yourself on there. So please check it out.

David Hanscom: Yeah, I think it's whether you're a clinician or a patient, I think the resources are really excellent and, you know, there's a lot of moving parts to these things, except the core concepts are pretty darn simple. It's not that hard.

Ryan Cedermark: Yeah.

David Hanscom: And so I'm excited about IAFNR spending so much time and energy to consolidate things into one nonprofit. And of course, Janice is a superstar.

Ryan Cedermark: She is, yes. She's the, she's the heartbeat.

David Hanscom: When I talked to you guys years ago, I wanted to capture her, but I thought I'd better not do that.

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Ryan Cedermark: Well, it's so funny because I she came in to help a clinic I was working with at the university, and she had not been in this space at all. Okay. And there was a big shift of the board with IAFNR, and we just, we needed someone who could get stuff done. And the way that I saw her working in the clinic, she was my first phone call.

And, we kind of, she came to the con- or, the, I think it might have been the conference that you were, that you guys had attended. She came to that. Okay. That was her first conference, and- Really? And she was announced as the, the executive director. Wow. So, but she's, uh, we're s- super grateful for her.

She's literally the brains behind everything.

Yeah.

David Hanscom: All right, Ryan. Well, thanks for your time. Um, we'll do another podcast in a second. I know much to your chagrin, I'm gonna reintroduce you again. That's okay. I'm still looking at this with glazed eyes like, oh, God, where did he do all this stuff? So anyway.

All right, Ryan, thank you very, very much.

Ryan Cedermark: Yes, thank you, guys.

Tom Masters: I'd like to thank our guest, Dr. Ryan Cedermark, for being on the show today and sharing the evolution of his practice incorporating functional neurology, neuroplasticity, and an integrated approach to treating chronic illness and pain. I'm your host, Tom Masters, reminding you to be back next week for another episode of Back and Control Radio with Dr. David Hanscom. And in the meantime, be sure to visit the website at www.backandcontrol.com.