



Dr. David Hanscom

Creating the Conditions for Healing: Building Safety, Confidence, and Resilience

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

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Creating the Conditions for Healing: Building Safety, Confidence, and Resilience

Tom Masters: Hello everybody, and welcome to another episode of Back in 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. I'd like to reintroduce, Dr. Ryan Seidenmark, who has become a pretty good friend of mine over the years. We've c- learned, we learned of each other at a Las Vegas conference years ago.

And, I was asked to present this conference called IAFNR. And Ryan, could you tell us again what that stands for?

Ryan Cedermark: Yes. IAFNR is the Interdisciplinary Association of Functional Neurology and Rehabilitation.

David Hanscom: I like IAFNR better.

Ryan Cedermark: Yeah, IAFNR's better.

David Hanscom: So I want to read his introduction again because I'm just stunned.

I honestly did not know you had this much horsepower behind you. I sort of sensed it when I first met you, but my goodness. So he graduated magna cum laude from Life University in 2011, a chiropractic school. While there, he enrolled in post-graduate neurology course and earned his diplomate in neurology from the American Chiropractic Neurology Board in 2013.

Passionate about a multit- multidisciplinary approach to healthcare, he graduated magna cum laude with his bachelor of science in nursing from Duke, which is no small feat. Then he completed a family nurse practitioner program at s- Georgia State University in 2018, which is an- another two years, right, Ryan?

Ryan Cedermark: Yes sir.

David Hanscom: Okay. He currently serves as adjunct faculty at the National University, National University, teaching in the master's program. He's also a certified functional medicine practitioner and serves on the board of the International Association of Functional Neurology and Rehab, IAFNR, as well as a medical advisory board for SNA Biotech.

His multidisciplinary educational background creates a unique approach in today's healthcare environment. And I will say that I've long said for several decades that in medicine, the group that is most qualified to treat chronic pain is not chronic pain specialists or surgeons, it's family practice.

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And so it's just you treat the person as a whole. As you know, I don't like the word integrated medicine or holistic medicine or even functional medicine 'cause they're oxymorons. You can't break the body part up into p- you can't break the body into parts. So I was e- super excited when I went to IAAFNR.

I don't know how you guys found me originally, but when I found you, I became really excited because this is it. And you guys have continued to form this nonprofit. So let's start this podcast out a little bit differently. Do you want to explain IAFNR's overall philosophy and concept and, what the mission of it is?

Ryan Cedermark: Yes. Well, real quick, just for listeners, I, stalked you for a little bit and reached out to your team to have you come present at the conference. Oh. So I, I was doing my nurse practitioner rotation at Dr. Marian Owen's office. She's an amazing, um, medical doctor here in Decatur, Georgia, and she had your book in her lobby.

I picked it up 'cause I... There was a patient there that, um, I didn't, I wasn't supposed to go in the room, so I was just waiting in the lobby to go in to put the next patient. Picked up your book, started reading it, and it totally resonated with everything that I had learned in all my studies. And I asked her about it, and that's when I, I reached out, and you came and spoke and it was, it was the coolest thing.

So with, IAFNR, I, I thought that your book in particular and, getting our participants in our group to learn more about you and what you're doing, it just, it would fit in so well to their practices, so that's why I, I had reached out originally. And with IAFNR, our goal is basically to shift, the...

Originally it was to shift the chiropractic profession into a more focused discipline in neurorehabilitation. And also within that, taking what we're doing in the clinic because we were seeing changes, positive changes with some complex chronic conditions, uh, doing what we were doing from a neurorehabilitation side.

But there was not a lot of literature to support it, you know, because most of the times people go, they, they get better and they'll say, "Well, I went to this chiropractor that did some weird stuff, and now I can, walk without my cane again." But what they were doing was, was a lot of advanced neurorehabilitation, but it's just w- it wasn't in the literature.

So part of IAFNR originally, which it was founded by Dr. Melillo around 2010, was to bring what we're doing to the clinic into journals. Uh, and we still have people writing case studies. And Dr. Melillo is an avid researcher. He's still doing a lot of research, uh, to try to push, push the boundaries of, of what we're doing in the, on the research side.

But then also it's to create a community, a, an interdisciplinary community of practitioners working with complex neurological patients and using different methods to help them heal

David Hanscom: So I know we all have a long ways to go, but do you have a rough percentage of chiropractors who sort of think like this in, in terms of, overall patient care?

Ryan Cedermark: Yeah, I would say, it's, grown a lot. It's not a huge percentage. Within the whole chiropractic field, I'd probably say there's... It's like, it's a small group, maybe like 15%-

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David Hanscom: Okay ...

Ryan Cedermark: to 20% of chiropractors. That's, that's my, that's gonna be my guess. I think part of that though too is, I know chiropractic school is not medical school, but chiropractic school is really busy, so to, to add in, uh, and it was really expensive, so to add in a 300-hour board certification course, a lot of people are interested, and they still are interested, but they just never pushed to get the board certification for, whatever reason.

David Hanscom: And the board certification is from who? From IAFNR or from another organization, or what's the board certification from? Which group?

Ryan Cedermark: The board certification, so some of the, the, the courses that we teach in September, those, that's a 32-hour, certified courses that go, can count towards taking the test to get board certified. But the board certification is through the American Chiropractic Neurology Board.

There's a whole board for that. And then a, a lot of credits you can get through, uh, education-wise is through the Carrick Institute, who, he's the guy who kind of started it all

David Hanscom: So I'm gonna sound, um, this isn't gonna sound good. But I, I feel badly because I've, I've always known for a long time chiropractors had to get, had it together in a, in a lot of different ways that medicine doesn't.

But, you know, as you probably know, I don't know if it's changed much, maybe it's gotten worse, that there's a certain arrogance in medicine towards chiropractors. And the problem is in modern medicine, I'll be blunt here, that we're doing all sorts of interventions that have been documented not to work.

We've become very effective at treating only symptoms, and it doesn't solve the basic problem. So what your process does, it goes to the basic problem of s- chronic stress threat physiology that breaks the body down. In medicine, we're treating only symptoms. You know, we, we have an arrogance to be open to other professions.

So I honestly did not know that the chiropractic board had a neurology branch. So for a doctor, and I'm embarrassed to say this, that, that possibility didn't even exist that chiropractors would take an interest in neurology. And that's not a healthy way to look at your profession.

Ryan Cedermark: Yeah. Well, I mean, honest- you know, it is what it is for me.

I have, I have family that they're medical doctors and, you know, they, gave me the, a hard time. Like, "You're not even gonna be a real doctor. Why are you spending so much money on this?" And for me, it was just truly about interest. I grew up, not taking medications, more, choosing lifestyle over diagnosis and symptoms, and it just resonated with me, the philosophy.

But then the more I got into it, the more I realized, life, health, all of this, it's not one-sided. There is a place for medicine. There is definitely a place for surgery. There's a place for all of this. And- Right ... and how can we integrate all of this and, all get along essentially?

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David Hanscom: Yeah. I mean, my plea to my profession is just be open to new ideas, right?

Ryan Cedermark: And same to us, too, from the chiropractic side because we have, professionals that are bashing medicine. And in my mind- Right ... it's like, there's a place for that,

David Hanscom: So I'd like to spend a little time, you gave an example of a, woman with, what, eight to 10 years of chronic regional, um, s- pain syndrome.

And could you briefly just review that situation and how she's doing? But also take us through the process that you go through when she walks in your door. She came from Australia. What's your sequence? Which I realize varies from patient to patient. but what's your sequence? How do you approach a person with that much complexity with that many years?

'Cause most of those people are pretty angry and frustrated and pretty non-responsive. So I'm really curious about how you started to treat her and why she got better so quickly.

Ryan Cedermark: Yeah. Uh, so just a wonderful person, this lady named Caitlin, she had flown in from Australia to work with us, and she had booked a six-week trip.

And, uh, she'd been dealing with this for several years. She originally had fallen off a horse, had a, a, concussion, which led to... A- and an orthopedic injury to her shoulder, which just led to this vicious cycle of chronic pain, fatigue, cognitive brain fog, all these things. So, over the course of eight to 10 years, she was unable to walk, short distances without- Chronic pain, complex pain, and just debilitating fatigue.

And so sh- you know, her life, kind of stopped the moment she had fallen off the horse. So when she came to us, um, I think part of it was... when I first met her, she was dedicated, and she, she was very hungry to learn just new ways to help her body heal because she had done everything that medicine had had to offer: injections, s- implanted simulators, uh, lots of different medications.

Uh, she'd done everything just trying to help her body heal. So when she came to us, she was, she was ready. She was ready for the pain to stop, and I think in her mind she had made up, no matter what, there's going to be something here that helps me. So I think that, I think that really helped her. I think she, she came in with the mindset of, healing.

Uh, so that, that was huge for us. And when we started with her, because of how, complex it was, on the first visit, typically, outside of the exam that we do, I try to just see where the patient is at. My... In my mind, I like to meet the patient where their nervous system is at, and then I try to push them a little bit to see what they can do, what they can handle.

And we really try to work on the things that they're good at and build off of that as opposed to treating a symptom. My, question for these types of patients is, what can you do? And then how can we utilize that and leverage that to build a better nervous system, from there? And so for the first couple of days, our clinic, we use a lot of red light therapy, a lot of photobiomodulation therapy on the brain and on the body.

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After my assessment and doing some physical stuff with her, I realized she, she was just... Her whole body would crash within a couple of minutes of anything physical, anything cognitive. It was too demanding for her system. So the way that we started was with what I thought were some very essential therapies to support cell function.

I've learned through my research and then also, through some of the stuff that you've done with Dr. Porges and Dr. Naviaux, the cell danger response, which is really fascinating to me, within, you know, mitochondrial function, especially in brain injury, chronic inflammation, complex pain syndromes, and stroke.

So my whole thing with her for the first couple days of treatment was focus on mitochondria support. I'll create... how can we use external things to create an environment that's conducive to shifting away from that fight or flight response and into a more parasympathetic response? So that's all we did.

We had her do some red light therapy. We had her do some vagus nerve, uh, work, some breathwork. We, we have a hyperbaric oxygen chamber here, so we did what she could tolerate with that. And then after a couple of days of spending several hours doing very, very low, ex- Low intensity and also non-invasive types of therapies.

Then I started to try to push the boundaries a little bit with her physically because what I know about pain is that through movement you can really shut down pain symptoms, through fun movements, things that she enjoyed doing. Like, one of the concepts in, core concepts of neuroplasticity is salience.

Like, what does this mean to my nervous system? So we found things that we knew that she would enjoy. We collaborated together on, on creating exercises for her with a neurological focus. And truly, over the course of a week, I don't even know if I should say this, but they, they came in so far, I, taught her how to do some stuff.

And I have three kids, uh, three boys, and we're in soccer all weekends, every weekends usually, so I gave her to k- a key to the clinic and I, I set her up on different stations and I even had her come in on the weekends and do an hour or two of therapy while she was here because they had flown so far.

And it was just through that that she continued to build and grow. And by the end of... I have a video of this, this is cool. By the end of, uh, I think it was, like, seven days, it was during the second week, we went out for a very short run. I believe we ran a quarter of a mile, but, uh, and a slow jog. But it was, it wa- it was just an am- it, was an amazing thing and yeah, we just continued to grade the exercises, build off of her confidence, and she's been doing pretty amazing ever since.

David Hanscom: So she's back to full function now with pretty much all, without restrictions, correct?

Ryan Cedermarck: Yes, yeah. She's had some, you know, she's had some setbacks. li- life trauma has happened since she's been back to Australia. She had a very close person in her life pass away, and as, as soon as it got close to that and then when that episode happened for her, her pain shot up, but we were able to manage it virtually and we came up with some, some things to help her through that.

So yeah, it's, it's not been without some, some setbacks. Obviously, you know, life will do that to you. But part of our program too is to teach the nervous system how to be resilient to those stressors and how to be able to bounce back and not get stuck in the rut. So, so yeah, she's been doing really good ever since.

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David Hanscom: So that brings up another point wh- which we maybe don't have dis- t- time to discuss today, which I'd love to actually do in another podcast, either on yours or mine. But, I developed a model called Awake at the Wound: Applying Athletic Performance Prins- Principles to Surgery. And so the key issue, and see what you think of this, when people think about getting rid of chronic pain, they wanna get all the, rid of all their pain forever And life, every living creature has to deal with adversity just to stay alive.

So there's always gonna be threats, there's always gonna be stress. By definition, it's gonna be unpleasant because otherwise it wouldn't be s- stressful. And so that's fine, and you always have dips under stress because your physiology fires up your thoughts, fires up your whole body, fires up the inflammatory s- response, increases nerve conduction, et cetera.

So when you're under stress, it's not psychological. It's a physiological response to danger, and your whole body fires up. So what happens when people expect to not have any more pain, that's why I call it dynamic healing, is if you learn how to ride the waves up and down, because that's, that is life.

That, it never changes. But when you get upset about having to experience adversity at all, you can stay upset about that for a very long time. My mother abused me when I wa- when I was a child, my employer cheated me, et cetera, et cetera. People hold onto that stuff, and so their stress response is sustained.

So what we're also coming up with the concept, I call it walking into your pain, where if you avoid pain, your body, it's a lo- And remember, anxiety is the pain. It's just a signal. So when you're trying to avoid the pain, you actually sensitize yourself to any signal that the pain might occur. And so the more you try to avoid the pain, the worse it's gonna get.

So I like what you just said, it's brilliant because I call it walking into your pain. You go right into it. You're gonna do what you wanna do regardless of the pain. And paradoxically, the pain resolves relatively quickly. So I'm curious how you came about to that viewpoint, because I can't even tell you how excited I am about reconnecting with this process about fear avoidance or pain avoidance as opposed to just dealing with life head-on.

How did you, come to that? Because it, that is the answer, by the way, one of the more definitive answers.

Ryan Cedermark: That's, yeah, that's amazing. I, to be honest with you, I don't know. I just, I feel that when you show someone, and, I, read, I think it was a book or an article, I can't remember what it was called, but The Body Keeps Score.

David Hanscom: Right.

Ryan Cedermark: Uh, and so, so I always think of that when I'm working with patients. But if you can teach the body, because the nervous system is always listening, if you can teach- Right ... the body and find these small wins, um, w- within the therapy sessions, you can build that confidence in the nervous system. And when the patient sees that and they feel it, I've, I, there's just this kind of trickle effect.

And, uh- I read that, that book by James Clear, Atomic Habits, and I'm into endurance sports, so I- Right ... I love to run and cycle. And, in my mind, working with these patients, even though you can see changes quickly, I, I consider it kind of like running a marathon or training a marathon. There's these little tiny things that you can do

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every day to build confidence, and it's the aggregation of these marginal gains that over time is going to create that resilience in, the s- in the nervous system and just build better neuroplasticity.

So yeah, I don't, I'm not quite sure. Probably a culmination of some things I've learned from you and everything else. But, you know, it, and then also too, they call it practice. Sometimes things work magnificently and sometimes you fail, but...

David Hanscom: Well, of course, the deepest learning occurs from correcting your mistakes.

Yes. And if you're afraid to take a mistake, then you're gonna be on guard to, you know, you don't take risk anymore. 'Cause remember, risk involves potentially experiencing pain.

Ryan Cedermark: Exactly.

David Hanscom: And if you're trying to avoid the pain, you get really sensitized to it. So I know this podcast is about you, but just briefly for me, I developed severe neuro- knee arthritis about 10 years ago.

It took me 50 minutes to walk to the parking garage, which is normally a three-minute walk, and it hurt horribly for about six months. And finally I said, "Screw it. I'm just gonna walk to the garage, pain or no pain. If I can't tolerate the pain, I'm gonna get the knee replacements." Well, I'll be darned, within three days the pain went down 80%, and six weeks later it was gone. And that was my first clue there's something going on here by just walking right into it as opposed to avoiding it.

It wasn't psychological. I mean, I'm not any more sane than I usually am. so it was just simply walking into it. I didn't know what I was doing. I just knew I just was not gonna do this anymore, just keep limping to the garage. But this is what I see all the time when people have made the commitment, "I'm gonna live my life."

The healing occurs with living your life, not from fixing the pain. Is that a fair statement?

Ryan Cedermark: 100%. Yeah. I like to, I got into during the pandemic, I was trying to find something to feed my mind, and so I started reading books on stoicism. I really resonate with stoic philosophy, and I came across, this author, Ryan Holiday.

Oh, no way.

David Hanscom: Do, do you, do you have this one, the, um, The Art of Living? I,

Ryan Cedermark: I have not read that, but, uh, that's on- I- ... that's on my list ... I read it every day.

David Hanscom: Yeah.

Ryan Cedermark: Yeah.

David Hanscom: It's just, they're like one-page deals. Um- Yeah,

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Ryan Cedermark: That's great ...

David Hanscom: it's stuff 2,000 years old.

Ryan Cedermark: Yeah. I know. And but it, it applies to modern day.

Right. And also it really, it, truly a- applies to working, working in this space. Um, th- Ryan Holiday wrote a book called *The Obstacle Is the Way*, and it just, it... And I think of that when we, when we do these types of therapies, 'cause that's truly what you did. Like, you had this knee pain, and it was something that could, that would probably if you walked into an orthopedic clinic and had one assessment, they'd say, "You're bone on bone. You need surgery."

But by walking it, by choosing the obstacle and making it the way, you found that y- your nervous system was listening, and it built confidence, and you got better, so. Yeah.

David Hanscom: Well, we know taking control is, in the laboratory, has been shown to actually lower inflammatory cytokines. Yeah, taking control, taking charge actually lowers your body's inflammatory response, and you really do feel less pain.

Ryan Cedermark: Is there an explanation of how that happens? Because that, that is so fascinating to me.

David Hanscom: So I'll send you a document. Sure. I'm just starting to look at this carefully, 'cause I've thought for 10 years, I mean, why can wrestlers and boxers and NFL football players endure so much pain?

The answer is they don't feel the pain. Yeah. The amygdala gets downregulated. Their prefrontal cortex actually downregulates the pain response. So their pain tolerance is the same, but when they're going right at it as opposed to being afraid of it, they just don't feel the same pain that they would feel...

Yeah, their pain tolerance is the same- but they're not actually feeling pain when, when they're in those modes.

Ryan Cedermark: That's so interesting.

David Hanscom: So, a- again, I'm just starting to explore. I can't say much on it now, 'cause I'm just going, "Huh."

Ryan Cedermark: Yeah.

David Hanscom: But I've had that question for years. I mean, why do I teach people not to endure pain, but why don't we teach them to process in a way like a boxer or a football player?

Quit, you know, just don't worry about it.

Ryan Cedermark: With the worry, and sorry, I don't mean to, take away from this, but with the worry of pain, do you feel that... You know, I'm always interested in the neuroscience. Uh, it puts that spotlight of attention so that your nervous system is always looking for it if you continue to. is that truly what's happening?

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David Hanscom: Yeah.

Ryan Cedermark: Okay. Yeah.

David Hanscom: Yeah. remind me to send you Dr. Jamie Pennebaker. Have you heard of him, the expressive writing guy?

Ryan Cedermark: No, I know all about expressive writing, but-

David Hanscom: Yeah, I'm happy to introduce you to him 'cause he should be one of your keynote speakers next year.

He's from Austin, Texas. He's a wonderful guy, and he's sort of known to us as the expressive writing guy. He is way beyond that. Yes. I mean, he's done all sorts of experiments, and his whole thing is about, he's c- he wrote a book called The, um, Psychology of Pain, and it is context-dependent. So for instance, if you're jogging, what he found out personally, that if he was jogging around a track as opposed to jogging in the woods, he unconsciously was running faster in the woods because his brain was on other things.

So when your brain's on other things distracting, you actually don't feel the pain as much. So the, to him, the whole, it's the context that you feel the pain. So his work is stunning. It is-

Ryan Cedermark: It's stunning ...

David Hanscom: And so I love to introduce you to him. He's just really a good guy. So, um, we're right around of time.

We might have another, d- another, do another podcast or two just to round out some of the stuff that we're talking about. But, I just wanna finish off again by reviewing. Again, I, to me, what IAFNR is holding out there has way more depth to it than I can put into words today, but they have nailed it about the whole person calming down, rerouting the nervous system, how to heal.

And again, it's not magic, it's just get- what's, magic and miraculous is the body's capacity to heal. Agreed ... can you let the audience know how to access an IAFNR practi- practitioner?

Ryan Cedermark: Yes. If you, uh, our website is

www.iafnr.org, iafnr.org, and we have a member directory on there. So we, we have doctors, all over the US, and then we have international doctors at well, as well that are doing this type of work. So please, you know, feel free to reach out. I, my contact information is on there. Janice, our executive director, uh, her contact information is on there.

She's incredible. she's great at connecting. Uh, she's, helped connect patients to our, our clinic, uh, and, and many more. So yeah, please feel free to check it out, and we'd love to have you if you're interested in this, stuff that we're doing.

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David Hanscom: Okay. Well, no, I really, really appreciate this. And quick question, as far as becoming IAFNR certified, is that like a course, so many hours of training.

I mean, how do you become... Is there an official certification for IAFNR or just people that take an interest in... In other words, how do you get yourself on that list if you're a practitioner?

Ryan Cedermark: Yeah, yeah. We- so we have a couple of different things, uh, and a couple of things coming down the pipeline. So Dr.

Robert Melillo, he is the neurodevelopmental functional neurology guy. So he works in the space of ADHD, autism diagnoses, and he's created a certification course, through IAFNR. So if people are interested in learning more about neurodevelopment and how to work with pediatric patients, we have that. We're also, this next year we have a concussion certification course coming through, uh, that one of our optometry specialists is going to be teaching.

She's incredible. Her name is Deanne Fitzgerald, and she is... If you're interested in concussion, uh, especially with understanding how to rehabilitate concussion symptoms, she's absolutely amazing. So she's got a certification course coming through. And then we're also in the talks of working on some other, other stuff as well, from a certification perspective.

But every year we have our annual conference, which kind of brings in people from all over doing all different things, but with the focus of, uh, using these principles to help patients heal, and that's online every year. And, uh, hopefully we continue to grow and build more things.

David Hanscom: And Ryan, when are you going back to school again?

Ryan Cedermark: I, I, I always... I have tea jokes with my wife. So we have three boys, and our life is crazy right now, but I'll always joke with her like, "Hey, let's have a fourth." I true- I actually truly would love to have a fourth, but I think it's crazy right now. Uh, and then, you know, I've, I've been... My, youngest brother actually just completely switched professions, uh, and so, like, I'll make the joke, uh, 'cause I was always interested in law, but I didn't pursue law school or anything.

So I was like, "Hey, I think I might go back to law school." But no, I'm done. I... You know, there's so much to learn within this, and the, the more that you work in the clinic and see these patients, uh, Caitlin's case was something you don't always get those, like, consider kind of a home run where she comes in and she's just doing really well.

We still have patients that we're working with, we've been working with, who we're, we're trying to make some really big gains. And so just trying to continue to learn within the profession, for sure.

David Hanscom: well, Ryan, thank you very much. Again, as I anticipated, it's a total pleasure talking to you. And, um-

Ryan Cedermark: Likewise.

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Thank you so much ...

David Hanscom: look- looking forward to talking more. So yeah, thank you.

Ryan Cedermark: Yes. Thank you guys for your time. Thank you so much.

Tom Masters: I'd like to thank our guest, Dr. Ryan Cedermark, for being on the show today and explaining his holistic treatment approach that helps patients build the confidence and resilience they need to heal.

I'm your host, Tom Masters, reminding you to be back next week for another episode of Back in Control Radio with Dr. David Hanscom. And in the meantime, be sure to visit the website at www.backincontrol.com.