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Lawrence: Hey guys, I am Lawrence Neal and welcome to another episode of [High Intensity Business](#), the podcast that shows you how to get the most out of your high intensity training and start and grow your strength training business. My former guest includes the Who's Who in high intensity training people like [Dr. Doug McGuff](#), [Drew Baye](#) and [John Little](#), [Mark Sisson](#) and [Robb Wolf](#), diet metabolism expert [Dr. Ted Naiman](#), and successful strength training entrepreneurs [Luke Carlson](#), [Adam Zickerman](#) and [Roger Schwab](#), productivity experts, sports scientists, high intensity bodybuilders, [New York Times](#) bestselling authors, and everything in between, I have no idea why I'm talking so loudly, I'm probably going to turn down the volume for the rest of this introduction. Before I introduce today's guests, I want to tell you very quickly about the [High Intensity Business](#) membership. This is a blueprint I have designed to help you grow your high intensity training business and produce excellent trainers. This includes exclusive "how to" content, monthly q&a is of experts, high grade community full of thought leaders, and high intensity training entrepreneurs savings on HIT products and services and private coaching from me to help you get maximum results. If you're interested in applying, please go to <https://highintensitybusiness.com/join>. Secondly, I have a [Patreon page](#). So if you are someone who is not necessarily interested in starting or growing a high intensity training business, but you really enjoy the content and the podcast I create here, I'd really appreciate it if you went over to <https://www.patreon.com/HighIntensityBusiness> to consider providing a small donation to help support the podcast and a blog and all the content I create. So again, head on over to patreon.com/

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corporatewartrior, got to write that time. My guest today is a therapy director and co-founder of [StrengthSpace](#), [Bryce Lee](#), Bryce studied science writing and biomedical engineering and then commissioned as an officer in the Navy upon graduation, he served for seven years as [Surface Warfare Officer](#). During early adulthood, Bryce struggled with his way and health and fitness and was inspired by the [Paleo Diet](#) movement, and kettlebells, crossfit and powerlifting training. However, as I'm sure you assume, Bryce did suffer from various training injuries, and discovered body by science, and then the rest is history. After the Navy, Bryce was accepted into the doctoral program in physical therapy at [Columbia University](#), and focused on orthopedics, pain, neuroscience and the relationship between systemic inflammation and mechanical disorders like tendinopathy and osteoarthritis. Bryce then joined a home health agency in Virginia, and was promoted to director of therapy, which enabled him to begin to lay the groundwork for strength space, his high intensity facility and seeing private strength training clients. This is a really fun podcast. Bryce is someone you know, I've been communicating with, particularly on [Twitter](#) for a long period of time. And it's been a long standing support of the podcast, which I very much appreciate if you're listening to this price, which I'm sure you will at some point. In this episode, we cover Bryce's physical therapy background, his influences, application of strength training, and the services that he provides in his business. His thoughts on a traditional physical therapy and industry as a whole, an explanation of pain science, and much, much more. This is probably one of the first episodes where I really got into detail with someone who has a

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strong physical therapy background. And it really helped me appreciate more about the industry as I know, to be honest, very little about it. And I think I jumped to conclusions and have been perhaps influenced by a lot of the people in high intensity training, who kind of I think, may put physical therapy down when perhaps it does deserve some a little bit more respect and a more open mind and Bryce's certainly helped me to appreciate it. I think it's a word I'm looking for a lot more after talking to him. And if you're interested in contacting Bryce, please check out his business over at strength-space.com. Or you can tweet him [@EBryceLee](https://twitter.com/EBryceLee) on Twitter. And if you want all the Show Notes for this episode, please go to corporatewarrior.co/lee. And now I give you physical therapist and strength trainer Bryce Lee. Bryce, welcome to High Intensity Business.

Bryce: Hey, it's great to be here, Lawrence,

Lawrence: it's good to finally be talking. Obviously, we've been in contact for a while being kind of keeping tabs on your progress in the gym and in your own business. And I think actually, before all that we were on, you have been on Twitter quite a while and chiming in on Twitter with me, I think is where all started, isn't it?

Bryce: Yeah, I think so. It's been fun for me, back when I was dabbling with the idea of starting a business, to watch the progress of your own podcast and to see like, oh, wow, this, this community is much more than just one or two people. And to be able to see the popularity of your podcast grow

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is sort of a catalyzing, invigorating thing. For me, somebody who was planning on starting a business to know that this is that the people want the service that we're delivering and are excited about it. So...

Lawrence: Yeah, it's an exciting place to be and I certainly think is a massively growing field, and industry, this kind of just a smart, intelligent approach to exercise and health. And I think it's just yeah, hopefully, we're just kind of riding this wave as it continues to pick up steam and more and more people get inspired. I hear stories all the time by people that they just discovered high intensity training, and they're making enormous changes in their life. Which is exactly what happened to you in a way, isn't it? Because, prior to this, obviously, you sent me over your background, I was interested to hear your own journey through exercise. And just for some kind of context, I guess, for the listeners and to elaborate on it for me as well. Do you want to just start off by talking about both your professional and exercise background and how it's evolved?

Bryce: Sure, so maybe I'll just kind of give those both together. So I was skinny fat kid. I was never an athlete. I did cross country and I was always the chubby kid on the running team and got into weightlifting a little bit in high school more in college, ate poorly, of course, throughout never slept, so I was still a heavysset guy. And then I eventually got into kettlebell training. And in my early 20s, I found that to be a load of fun and then of course, snap crackle pop, started to have injuries. My knee and meniscal injury, a shoulder injury, I didn't learn my lesson and decided to get into CrossFit

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after that, and had a lot of fun doing that. But again, just more kind of overuse injuries and little things, and I think [Doug McGuff](#)'s analogy about the selection bias with programs like that rings true for me, it weeded me out pretty quickly as a program that wasn't really fit for me. And that's probably about when I discovered his book, in my mid 20s, I discovered the body by science book. And that sort of rekindled not only my excitement about exercise because I had become a bit disenfranchised after having some injuries. It also woke my fascination with anatomy and physiology. I had gone to school initially at university for biology and biomedical engineering. Wasn't really sure what I wanted to do with that and I got into the Navy after my schooling, but finding his book and getting back into exercise And learning about the proper way to exercise and about all the science behind it really woke that up in me again and led me to eventually pursue a career as a physical therapist. Any specific questions about that process or?

Lawrence: Well, I appreciate you're giving the kind of succinct view of your background. So this is probably the first time I've had someone go from a kind of physical therapy background into starting a strength training business. And Firstly, I'd love to hear you talk about the physical therapy industry as a whole, what you think might be wrong with that and how your approach is different?

Bryce: Sure. So I think I was just listening to your podcast with Mike Bradley. And he talked a little bit about the influence that physical therapy has had on

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the strength training community. And the whole time I was listening, I was thinking, yes, he's just nailing it, he's describing this sort of impact of physical therapy has getting away from really trying to cultivate strength and power and getting into, I guess, the sort of functional and prehab-rehab approach where it feels very complex, right. And it's sort of attractive, because you always feel like you're tapping into some sort of secret knowledge about this muscle or that tendon, which is gonna allow you to make a performance improvement. There's not a lot of focus on just getting stronger. And I think that sort of stems from an interesting kind of dynamic within physical therapy, that may just be a sort of a symptom of the whole whole profession. Physical Therapy in America, at least I don't know how it differs in the UK because in the UK, you also have osteopaths as a profession, and here we have chiropractors, we don't have osteopaths. In the United States, an osteopath is actually equivalent to a medical doctor in terms of their licensing. So the practice is very different from an osteopath in Europe. But in the United States, physical therapists are musculoskeletal experts. We go through extensive training after in grad school after a four year bachelor's degree. And we learn a great deal about how to recognize what's going on, what musculoskeletal impairments or neurological deficits a person might have. And then the question is, what do you do about those impairments we don't operate, we're not surgical. So we're conservative managers. But there is a strong, almost existential desire amongst physical therapists to appear more complicated than a personal trainer, if that makes sense. And so, because of that, there's a desire to or a propensity towards complexity, right, we're

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going to try to make things more complex, not necessarily because we want to, but because it's attractive, it's attractive to be able to show a person some special exercise they've never seen before, and feel like you're adding a lot of value to them. And so because of that, because we are attracted to complexity, as a species, right, we love tapping into the secret ideas then the secrets that nobody knows about, it's no wonder that physical therapy has sort of trended in some ways, and many other professions do as well. But trended towards making things needlessly complex at times, and getting away from what really matters, which for most people, is getting stronger, really building contractile tissue to deal with the fact that we're very atrophied from our sedentary lifestyles. And I think a lot of issues sort themselves out when you do that. So to answer your question more directly about my own physical therapy approach, this studio that I own is a personal training studio or co-own with my partner, it's a personal training studio. But I do practice physical therapy. And when I practice it, I focus on strengths almost, in a way, that's very focused, or rather less averse to the idea of just [hypertrophy](#) for its own sake, getting people stronger, and improving their muscle mass for its own sake, for the mile kind benefits, which Doug likes to talk about. But also, just because I think that we've sort of gotten carried away with the idea of being functional. In school, I imagined that I would have gotten criticized, if I had said, "Well, I just want to make this person's quadriceps bigger". Somebody would have said, "Why, what's the functional purpose of that?" And my response is, the least functional things in the world are injury and atrophy. Right? So if we can avoid those two, or avoid the one and

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prevent the other. You've done an immense functional service with that person. You've made them more functional at everything. Right? So I'm not dissimilar to Fred Hahn. I remember in his episode with you, he talked about how he was in a rehab setting for a while and everybody got a full body workout. And I think that that's really important. I try to promote regardless of what the impairment that I'm dealing with, is promote this idea of full body strength. Not just because they need to be stronger, but because there's actually profound analgesic or pain inhibitory effects of recruiting large muscle groups. So that's one way which my practice is a little different from a physical therapy perspective,

Lawrence: Very interesting. It just would seem that if you are strengthening the muscle and focusing on fatiguing, the key muscles that a lot of the outcomes, you're looking for rehabbing and pre habbing patients is actually achieved through that. Do you want to just, I guess, to give more color to what you're saying? Do you want to just give some examples of things you see in the kind of physical therapy domain that you think are a complete waste of time? Yeah, I do want to just start there.

Bryce: Yeah, so that's tough, to say conclusively that anything is a waste of time is hard, right. So if I tried to approach things, from a humility perspective, I would say there's a lot of things, you could start building your list by looking at what physical therapists do that a personal trainer couldn't do. And you're gonna have a whole list of things like manual therapy from things like massage to trigger point release, to manipulating the spine and

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joints, not dissimilar to the way a chiropractor might, except with a different intention, perhaps, to electrical stimulation, and a bunch of other things. And so I think that it's the hard thing for physical therapists today to think about is we have all of these cool things we can do. But we've rushed into adding them to the repertoire, without really knowing, in many cases, whether the evidence actually supports their use above and beyond a placebo effect. It's not to say that we need to ignore the placebo effect, I think it's, in reality, anytime you handle or work with a patient, they're going to get a placebo effect or a no-cebo effect, you're either going to be very confident what you're doing for them, or they're gonna sense your lack of confidence, and that's going to hamper any positive benefits you might have been able to give them. But to answer your question, so some of the things that physical therapists do, we employ electrical stimulation, perhaps more than would be supported by the evidence not to say there's never a reason to use electrodes to try to recruit a muscle that they can't recruit. But we would like to recruit a lot as a way of trying to interrupt a pain cycle, for example. And I don't know if the evidence supports that as giving any lasting benefit. They might feel tingles and jingles for a few minutes while the electrodes are on them. But then they walk away and their back is bothering them. 10 minutes later, it doesn't really do anything. We love our therapeutic as opposed to diagnostics, therapeutic ultrasound, diagnostic ultrasound, we'll be looking inside somebody with the tool, whereas therapeutic ultrasound would be using high frequency energy that actually creates a thermal effect inside their body, maybe to try to loosen up a tendon or to break up

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scar tissue. And I think that the evidence is not very strong for that. But it's something that's very, very prevalent or has been very prevalent. What I don't want to come across as sounding like I'm the lone wolf, in the wilderness here who's frustrated in his profession. There really is a whole, I think, wave of I don't want to say young, but modern evidence based physical therapists who are saying, hey, look, we need to operate for an intelligent first principles. It doesn't have to be that we're paralyzed by lack of evidence. But we need to also look and see, once the evidence becomes available, is this intervention really better than a placebo? And I think we're doing that. I think it's happening. It's an exciting time. And a frustrating time to be a physical therapist, some physical therapists feel like the rug is being pulled out from under them, because things they've relied on are being challenged by young bucks who are coming in and saying maybe the evidence doesn't support this, and they've been getting good results. And so I don't want to say that some therapists who're currently using an ultrasound machine on a patient right now aren't doing anything for them. It's not to say that that's conclusively true. It's just for me, I don't see the need to add something like that to my practice, given the lack of evidence that it's conclusively effective. If that makes sense.

Lawrence: It does. So, with that in mind, what are you taking from that skill set into your own practice of anything beyond just normal strength training?

Bryce: Yeah, so I think the biggest thing honestly is, well, some of the big things will be medical screening, right? So when physical therapists work hard to

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get direct access privileges in the United States, which they have to a degree in every state, and by that I mean, if my back hurts, I can walk directly into a physical therapists office and get an evaluation and treatment in many cases, right? Historically, you couldn't do what you needed to order from a physician first. So, when we when we earned that privilege, we did it because we were able to point in countless instances to cases where Physical Therapists identified some underlying pathology that the physician missed not because the physician isn't good at their job, but because the physician sees them for maybe 10 minutes, and then they're referred to physical therapy. And the physical therapist might see them for an hour, two or three times a week for a month or two. So you get all this exposure. And with the right training, you're able to notice, hey, this pain that this person has isn't musculoskeletal nature, there's something underlying going on. So I think that is an important toolbox that every physical therapist nowadays has is this medical screening knowledge. I think other things are just when you have a comprehensive musculoskeletal anatomy understanding, it really does wonders for your ability to teach clients, what you're trying to get them to do, teach them what they should be feeling. And then I think the skill set that perhaps I'm most interested in is educating people about what's going on with their body. So you have a lot of people who will come in, I'll have patients who will come to me and they'll say, my doctor showed me this x ray, and he told me I have the back of an 88 year old woman or something like that, and you're talking about a 25 year old woman. And so when you have the evidence, and you have the knowledge, it's profoundly impactful for that

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patient, when you can tell them, hey, actually, things that we're looking at on imaging here are not that unusual, and you shouldn't worry about them quite as much as you are. I think that we, medical professionals at large, can do a bit of a disservice to a person when we will be injected with a virus when you incept them with this dangerous idea that they're brittle and fragile. I think is it Owen from Live Oak, is that right? That's right, he said, part of the job with strength training is to show somebody how strong they are, right? Just as much as making them stronger. And that's the nail on the head right there. Because when a person thinks they're fragile, they're going to move less, they're going to be afraid to exercise, and that's gonna make them atrophy even more, and it's gonna just send them into a downward spiral. So this sort of time in the physical therapy profession, which is marked by a sort of an undermining of interventions, which aren't so evident space, it's also characterized by an overwhelming movement towards this sort of education model, right? Especially centered around pain, in particular, teaching people what might be driving their pain, why their pain might not actually be an indicator that something is wrong, but simply a pattern their body has fallen into and, and trying to coach them out of it makes it an exciting time to be a physical therapist. At the same time, that it's, it could also be frustrating. So you just have to, there's a big silver lining, I think there, if you can see it.

Lawrence: Definitely, and interesting what you said just then about, people perhaps not believing they're strong or having the belief that they should refrain from doing anything that's too high effort in case they injure themselves,

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which is kind of ironic, because ultimately, we want them to imply a safe amount of high effort to actually improve, improve the strength of their muscles. And remember Ted saying at the conference, the resistance exercise conference, that people are, they're told this, and they're told not to lift beyond a certain amount of weight for them, 10 or 15 pounds? Obviously these numbers vary quite well. And so that means that they, they just avoid anything of that nature and therefore atrophies further, which is what happens, which is not good at all. And so it's very similar to what you're saying.

Bryce: I think the discussion about the fear and fear of movement, and what that does for a person's likelihood to experience pain is it can be, it could be a very long conversation and of itself, just because pain is very complicated. And pain is contextual. If a person believes something is dangerous, they're more likely alarm bells are more likely to go off during the activity, regardless of what happens at the tissue level. And those alarm bells are experienced as pain. And so that's, that's an enjoyable conversation to have with somebody if you can help them to understand that, maybe the back pain we've been experiencing for a long time isn't necessarily a sign that they're degenerating terribly and falling apart. It's a conversation you have to be very careful about having because you say the wrong thing. And it's very easy for them to think that you're telling them their pain is in their head, which is something you really have to be cautious about not suggesting because that's not the case. It's not that their pain is in their head, it's that all pain actually is an output of the brain. And it's an output

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that's almost as a result if you if your brain if you imagine it is like a secretary, your brain is taking all this information and then part of the inflammation is the context, right? It's, it's what you think about the environment. And part of the inflammation is that neural input from your body, and your brain brain is filtering the neural inputs through the context. And so if you are sitting in a chair right now, the nerves which might conduct a signal that you might experience, if you are bitten by a snake, those nerves are going off right now, but your brain knows nothing is wrong. And so your brain contextually can filter out that information. But if your secretary has no idea what to filter to enhance every message into the CEO, the CEO can get quickly overwhelmed because the brain isn't doing its job of filtering. And that can start to happen. We call that central sensitization. But it can start to happen where a person's Secretary isn't doing their job, everything's getting in, and they're experiencing a threatening message with non damaging stimuli. So this is a fascinating area of study right now. There's a lot of Australian physical therapists who are making waves kind of popularizing as many of them would be interesting guests for your show to David Butler, Lorimer Moseley, Peter O'Sullivan, are some names, people who give lectures and prioritize their invention just about educating patients on pain, and how just by teaching somebody what their pain means, you can really make a big impact into how they experience it, and how they can work their way out of it by not being afraid to move.

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Lawrence: That's very interesting. And I'll be sure to look those guys up. And you talked just now about how you take from your experience as a physical therapist into the strength training domain and into your own business now, and you talk about medical screening? I'd love to hear an example of like, how might one of those sessions might go, and then how that might then inform the training protocol, and maybe some of the advice you give them or some of the discourse you might have after. So just to, I guess, give an example, for the listeners who might not have that knowledge of that type of stuff would be useful to hear that, if that makes sense?

Bryce: Sure. So first, I have to compartmentalize, right, because I'm sort of doing two things with my studio. So I have a personal training studio. And then I also have treatment rooms, where I could see patients, but that would be sort of layered as anybody myself or another physical therapist, who would see a patient here would do it under their own business, it would be a separate engagement, if that makes sense, a separate business relationship. And so if, when I do physical therapy, I perform a more comprehensive medical screening on a person to rule out non musculoskeletal drivers of whatever their pain is, right? So if a person comes to me and says, hey, my main issue is shoulder pain. And I evaluate them and I think, hey, maybe this person just needs to be generally stronger than I might funnel more towards a personal training approach.

Lawrence: How do you? How would you know that outcome?

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Bryce: Well, so that's a good question. So I mean it's, I guess, I, the way you evaluate a patient's right is by doing a number of things. First, you have to understand their mechanism of injury, right? You have to understand, Was this something that gradually snuck up on them? Maybe it could be due to just weakness and atrophy sneaking up? Or did they have some sort of acute mechanism that a pop, they fell, they threw their arm over their head, they were doing kipping pull ups or whatever. And this, now we're talking about the physical therapy side. But yeah, so you, you take a pretty comprehensive history. And then you can do provocative testing. And what I mean by that is that you can, for lack of a better term, move them into positions and such to see if you can recreate their specific complaint, right? It's easy to make them hurt. And so you, and it's easy to just say, Well, I'm gonna use 10 tests, and put your shoulder or whatever, and all these different positions will by the end of those 10 tests, everybody's going to be hurting. So it's not really informative after a certain point. So you have to sort of use some, some experience and some horse training knowledge to think, Okay, how am I going to try to sneak up on the specific complaint that they came in for and see if I can recreate their very specific problem from there, you work towards not not a diagnosis in the same sense that you might with an MRI, for example, an MRI is gonna say, hey, this specific tissue is damaged, whereas a physical therapist is concerned with finding out where instability, weakness and pain are provoked, and then trying to either promote stability or habituate to instability, maybe their shoulders are unstable and perhaps they, their

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body is very threatened by certain motions. And so you have a couple choices, right? You can make the shoulders stronger, which you should, you can also work to try to improve the shoulders tolerance of different positions with exposure. Is that sort of answer your question about?

Lawrence: Yeah, where I want to get to with this and my follow up question would be is that,, the go to exercise, I guess for a lot of high intensity trainers to work someone's shoulder girdle would be overhead press. Right? I saw you doing a very impressive overhead press on your I think it's a [Nautilus](#) piece, you've got it on Instagram. And I was gonna ask you regardless of the diagnosis, like, I'm no physical therapist or expert, but I imagine that there's a number of ways in which someone's shoulders could be compromised. But I guess what I'm trying to get at is, is it? Is it like, how frequent is it that you just go? You do the screening? And then afterwards you go, yeah, you're just gonna do an overhead press pretty much like everyone else? I mean, how do you know I'm saying, like, how often are there exceptions to that? And obviously, I understand that depending on some starting point, the protocol will be different, the load the cadence, or stuff like that.

Bryce: Yeah. So I think it really, really depends. So if I have a person who comes in looking for a physical therapy evaluation, and I evaluate them, and they have what looks like frozen shoulder, okay, or adhesive capsulitis, you are familiar with, or you've heard of that, at least I'm sure. So you can say frozen shoulder would be, is actually an extremely complex diagnosis,

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because many people with a frozen shoulder don't actually have capsular adhesions, some of them do. And sometimes the solution can just be, you anesthetize them, and you stretch their shoulder out and tear the adhesions, and that works very well assuming you don't also hurt their brachial plexus or cause any adverse reactions when you're doing that. I don't do that. But a surgeon could do that. But a person with adhesive capsulitis, or what's commonly termed that might actually just have profound neurological sensitivity around the shoulder. A person like that probably will benefit from a straightforward strength training program, provided you're able to avoid pain. And so I think that maybe that's going to start to answer your question is, for a lot of patients, the regardless of what else I might need to do the most important thing I think, and this is where high intensity training really informs my perspective is, I want to find the motions that you, that don't recreate your pain, and I want you to do them and progress them, right. And it's almost, if I could try to create a visual way of explaining it, it's almost like I'm going to try to raise the pyramid under one point or raise the tent under one pole, and lift that pole higher that one thing that you can do well, with the hope that as the tent grows taller and taller other things that you're having struggled with will now be covered. And we'll be able to be more tolerable. So if it's the shoulder press, then I might have to get tricky if maybe I have a person who can't tolerate any shoulder press movement, right? And if that's that, that will be the trigger, right? If they can tolerate a medic shoulder press or a [Nautilus](#) 2ST shoulder press or some other tool that I might have, then that's probably where I'm going to start because like something I can

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easily and quantifiably progress. But if their limitation is that they can't tolerate any overhead movement, well, then I want to bring their range of motion down. So maybe I'll start them with a chest press or if they can't even tolerate that I might start them with a limited range of motion, see the dip and work my way out. But if a person is that limited, and maybe that's the answer to your question, if they can't go overhead, then that's a sign that they need some physical therapy, or what I would say they need some physical therapy and more, more specific interventions,

Lawrence: What might those look like, those interventions?

Bryce: So, if we really want to think about this, this modern wave, there's no way to answer that question without a particular diagnosis. But that's okay. So we can and will stipulate so back to the frozen shoulder. So there are a lot of hallmarks. Now things that we now know are associated with, with people who are commonly termed to have a frozen shoulder. And a frozen shoulder, for most people, you're going to be told you have a frozen shoulder, if you just have a gross restriction and range of motion, you can't rotate your arm externally, and you have trouble abducting it, and then you rotate, can't rotate it internally, limited in that order. [...] standing with your palms facing each other elbows bent 90 degrees, trying to bring your arms apart and rotate them out. That impairment, that frozen shoulder like that is actually associated with a lot of interesting neurological problems. The shoulder, it relies on muscular stability, more than many other joints. So you have a hip that's a ball and socket joint, right? gravity's doing most of

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the work of holding it together. And your muscles, the deep rotators of your hip do, act like a rotator cuff to a degree at the end range of motion and kind of hold the joint together preventing it from coming apart. But the shoulder is almost entirely reliant on muscular support. The joint itself is almost like a golf ball floating sideways on a plate. I mean, there's almost no structural stability holding it together and a person who has a neurological impairment, like a stroke, those people, sometimes you'll see their shoulder will subblocks automatically just from the brain injury, meaning that without the neuromuscular control to hold the joint together, it falls apart. Because of that, because the shoulder is like that, and relies on a neuromuscular kind of sensitivity. Anything that sort of interferes with the nervous systems ability to regulate the joint can cause all kinds of problems. So let me give an example. There's something called a way of assessing and treating call two point discrimination. So if I, if I took two pins, and I held them an inch apart, and I touched your finger, you would easily be able to tell whether there were one or two pins, because you have so many nerve endings there. But if I did the same thing on your back, you might not be able to tell whether there was one or two nerve endings, because the nerve endings or I'm sorry, one or two pins, because their nerve endings are so much more diffuse. And so what you'll find is that a person with a frozen shoulder, might actually have worse two point discrimination on that side than on the other side. In other words, their brain is less aware of what's going on in the joint, and simply by working hard to train them to be able to distinguish, okay, well, where am I touching your shoulder? How many points are touching you there, doing

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drills like that, believe it or not, can actually restore right pain free range of motion, because it it's it adds useful information and information the brain can use to orient the joint and to understand what's going on, and helps to sort of, I guess, remap what would have been a blurred cortical map of the joint, that idea of cortical smudging where your brain has a map of your body. And if any part of that map were to become blurred due to a long standing pain or an injury or something like that, simply working to try to steal the data in the map back end can be helpful to helping your body learn how to move without being threatened. Because again, pain is about threat, not necessarily damage. And so alarm bells are going off, it could simply be because your brains, finding something potentially dangerous, even if it's not causing any trauma. And so if you're able to help a person's brain to figure out what's going on a little better, you can see some pretty remarkable range increases in pain free range of motion. And that would just be sort of one kind of rabbit hole example of where a physical therapist might go, a person who can't tolerate an overhead movement.

Lawrence: Yeah, no, I appreciate it's complex. And there're so many different diagnoses that could come out of it so it's good to just just talk about one example for the listeners. Because I think a lot of the people listening to this, they are probably running strength training businesses, or they are personal trainers themselves, who perhaps don't have the knowledge of a physical therapist in most cases. And I imagine that most of them will have some kind of medical screening process and questionnaire. But I guess I'm also just trying to understand, where's the demarcation? Where should

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trainers don't have that skill set - I mean, you have both, which is probably very rare - here should they differ? When should they differ? Like, yes, go on? Sorry. That's the question itself.

Bryce: Yeah, so I think pain is a good one, right? And specifically pain that's reproducible with a particular motion, right? So a person who has just diffused back pain, right? And it's not necessarily radiating down one leg, and it's not necessarily able to be reproduced by pushing on one vertebrae, right? A person who has back pain, in general should be evaluated. But if after you've been evaluated either by a physician or a physical therapist, and they say, well, you have back pain, take some Advil, and maybe that's the type of person who probably is going to benefit from some general strengthening, right. But I think even there, you have to, it's the physical therapist or the physician's job to rule out something underlying, God forbid, there's some kind of an aneurysm or a tumor going on, right? Neoplasms of some kind that's driving pain. So I think pain is the way as a trainer, if I was just a trainer, and I wasn't sure, and I don't want to say just a trainer to demean that, right. But if my only profession was as a personal trainer, I would look at pain as something that I would want any client who came in the door to be able to tell me "Yes, I've already been screened for this". So for example, I have even for my personal training side of the business, I have an intake form. And on the intake form, my clients will list any medical issues that they have. And they'll say, Yes, I've been screened and cleared for exercise by my physician for all of these things, right? And that's, if you're a personal

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trainer that keeps you safe, right, because you know that you're not the first person to look at it. Once that's happened, let's say a person goes and they're told "Well, my physician says, I'm good to go. I can do whatever I want to do. But my shoulder hurts, and it just kind of bothers me a little bit?" Well, I think there, you have to also recognize and again, my advice is sort of specific to the United States, because that's what I'm familiar with. There, you have to think about the possibility that the person has seen one person in the health system. But maybe a person, a physical therapist, or chiropractor, or whatever the professional is, who you know, is excellent, right? It's just like a dentist at least. You don't say you need to go get dentistry done, you say you need to get it, you need to go to my dentist, because he's great, or she's great, right. And so in the same way, I think it's good to have referral sources, especially as a personal trainer, if you want to find clients, and you want to establish yourself as an expert on safe exercise, it helps to do that to reach out to a physical therapist or a physician, or whichever professionals say, hey, I've got this person who I don't feel comfortable seeing until you screen them, that's a two way street, you reach out first and say, they're going to come back to you and say, Oh, well, just so happens that I've also have a patient of mine who needs to strength train, and that can become a very mutually beneficial relationship. But I think knowing to refer and knowing who to refer to and trying to identify the right people to have referral relationships with, not for a self serving reason, but just so you know, that you're actually doing your clients a service by sending them there is important.

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Lawrence: Yeah, I love that, that is so key. And it's so important for personal trainers and business owners of strength training facilities to seek out those partnerships and let you say, seek out high quality partnerships with people you trust, people that are knowledgeable and do a good job. And look at it, always look at it from the perspective of you're giving your client the best service possible because they are going to absolutely love you, because you are enriching their health through your network. And like you said, you then start referring clients to one another, and, obviously that can become an excellent source for your business development. So I think that's I think that's huge.

Bryce: Yeah, I think your clients will just come to know that you are, that they're safe with you because they'll know that if something comes up, a guy that you know, the right lady for that,, whoever it is, you know that they should go check out this person. And so if you have a good referral network, even if you're not receiving a lot from it, even if you weren't receiving A lot of patience if you have a good group of people to send your pet your clients to, your clients are going to feel like that adds an enormous amount of value to them.

Lawrence: So basically, what they should do, Bryce, is all other trainers should refer to you as your therapist, and then you've got an endless stream of clients.

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Bryce: I'm glad we're on the same page. Well, telehealth is big these days. So if anybody has anybody they want to, reach out to me and do a telehealth conference consultation to screen them. We can talk about that.

Lawrence: Yeah, a few questions come out of that for me a lot of stuff you were just saying. I guess, if you have someone come to you, and they have absolutely no pain whatsoever, or they might say they have a [...] but your intuition tells you that they're probably 99.9% healthy, what would their program look like with you? Would it be your typical big five or typical strength training program? Or do you still supplement that with anything that's kind of physical therapy related or other

Bryce: I don't know if I would call the ways that I differentiate myself physical therapy related, but I do like to focus on hip strengthening perhaps in a way that not everybody does. So for example, you've go to my Instagram page, you can see I've got a gladiator made by dynavax I've got a Hammer Strength adductor machine, and some other pieces so you know, depending on what I see in front of me, and I can't really separate my physical therapy brain from this are my my musculoskeletal knowledge. So if I know a person has medial knee pain, right, even if it's just osteoarthritis related and They are totally cleared for exercise, I'm going to be thinking about hip strength as well as knee strengthening for them and trying to focus on it. So, to a degree, yes. But that doesn't mean that they're going to be squatting on a Bosu ball with me, I'm just going to pick a few different machines and rotate them through a more comprehensive

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leg strengthening routine. And I think, most high intensity, conventional hit routines. Well, I shouldn't say that, I think that a big five routine is a good kind of solid way to go. But I like a few more movements, especially things to kind of target the hips a little so. But other than that, I don't differentiate too wildly. I think maybe the only other thing is that, without getting too enamored with the idea of functionality, I like something that links the hands to the feet, so I like the idea of some kind of deadlift, whatever the person could tolerate. Even if it's from a box with a light kettlebell, something to kind of make the person feel, which is very important, seal strong, and feel like they're not threatened by having to pick something up off the ground, there may be something to the idea that doing that regularly, patterns your body, gets your body habituated to setting the hips in such a way and setting the back in such a way. So perhaps it is a skill, I think you always have to be careful when you think about that, because skill is very task specific, right. And so a bag of dog food isn't a barbell. But I think that there may be some value. And I definitely think there's some value in picking up heavy things off the ground. And so I think you find a way to do that safely with each individual person, maybe you pre fatigue their lats and their quads so that we don't actually need that much weight to make it somewhat challenging. Especially if they've got any back issues, and they're apprehensive about it. But particularly for a person with a back issue, one of the best things you can do is get them to safely use their back in a way that sort of de threatens the whole thing, because like we talked about before with pain, an important element of the of your of getting them stronger, is helping them to become to be able

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to trust their body, right? Because if they can't, they're going to keep kind of staying in that cycle of fear, right?

Lawrence: That's huge. I love that I like building confidence for those types of movements is something I hadn't really thought of actually, in terms of why you might introduce something like a deadlift, because I suppose you do get that in like a basic machine based workout, let's say you do big 500 on a [MEDX](#) or [Nautilus](#) arrangement, when you start seeing that pin, pretty low on the stack and seeing how much weight you can shift. And I know that doesn't mean a great deal, depending on the form you're using. But humanly, I think that does give people a lot more confidence in themselves. When they consider they can move high loads. So I guess there is an element of that but deadlifts taking that to another level, I suppose.

Bryce: Yeah, I think so. And I think it's easy to get. I mean, I think it's the first principle thing, right? We talk about first principles. And what I mean by that is, we can try to reduce this thing, reduce this body down to a bunch of systems, right? And say, Well, I'm gonna get my biceps strong, and I'm gonna get my hips strong. That isn't the way we express strengths in real life right? Now, I don't want to go down the rabbit hole in the wrong direction and say that, muscle masses and functional, I believe it is very functional. But it would be perhaps hubris to assume that there's no value in expressing strength from the feet to the hands, right? I think that or vice versa, in some way. I think that to assume that you would get everything

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strong between the hands and the feet on machines assumes that we know everything that could get weak and that we've identified everything that is strengthtenable, and how to strengthen it. And so we could do that, or we could just safely deadlift to find a way to do that. And cover ourselves, if that makes sense.

Lawrence: It does. So going back again, is one of the questions that came up for me, when you were talking about I guess, diagnosing someone who's got injury or pain, just trying to think this from the perspective of a personal trainer, who again, does not have your skill set or physical therapy skill set. If they've been screened, and the physician has said yet they're all clear, and they come to you but they've got a pain in let's stick with the shoulder because this is kind of the theme where we've been on and they say "Yeah, I have got a small pain with the shoulder", I guess a personal trainer should be expected to have a baseline amount of knowledge to do maybe a few movements to understand where their pain is coming from and kind of give them at least inform them on where they should start. So let's just say I mean, again, I know this is multi, this is complex, because shoulder shoulder pain can be caused by so many things, but, and you're assuming they've been screened. And let's say the pain is minor, would it be fair and I'm thinking, I'm thinking of the perspective of the listener who's just starting out who's just just got qualified, let's say they've just been hit uni, they've just got their heat there. They love high intensity training just to get their qualification or start their business. They don't want to become a physical therapist, though, because they haven't got

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the passion. So in that instance, going back to that scenario, would it be fair to say that if they put someone on overhead press, and they may be just, because obviously, with high intensity training, you're moving at such a slow speed to begin with, and maybe use a light load, that's, that's actually probably a good way to understand their shoulder better, to see how they feel during that movement. And if there is discomfort beyond fatigue, and it's actually causing pain? And obviously, stop immediately. But was that a fair approach? in that type of context?

Bryce: So if we flesh out this idea of what kind of client we're talking about, so you know, it's a person that has shoulder pain that bothers them every day, then, I think that the best answer for that person is to go and get addressed first by a person who's conservative provider, right? Somebody who's non surgical first, that's my bias, right? I figure, I have no incentive, as a physical therapist to hang on to a patient, I'm not getting better, especially if I'm in a direct pay model where my reputation is my business, right. And I can't rely on referrals from physicians to get clients. And so it's in my incentive in my best interest, and in their best interest for me to refer out quickly once I realize they're not going to tolerate or benefit from conservative treatment. Okay, so now, let's say we're dealing with a person who doesn't have pain that really bothers him with everyday movement, but occasionally, they get a little twinge of you only when they exercise. Okay. That kind of person, I think, is it I don't see anything inappropriate with a personal trainer saying, Okay, well, let's work around that and see if we can't come up with ways to not bother your body with

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exercise, because the reality is, once we all get past 35 - 40 years old, everybody is going to have some part of their body that we can annoy right way if we picked the wrong movement, right. And so I don't think there's anything inappropriate with a person who isn't a health care professional, but has a comfortable level of musculoskeletal anatomy, from for example, Simon's course [HITuni](#) would be a great place to start. But I don't think there's anything wrong with that. trainers saying, okay, we'll just work around this issue, can we put this person to a full workout without bothering them without exacerbating their symptoms? None of that seems to me to scream "they need to be referred" just because there's some issue that can be provoked, but is avoidable. So I have two shoulder machines, I have clients who can only use one, but I don't use that I don't take that as a sign that I need to be referring them or elevating my relationship with them to one of a patient and a provider versus a client and a trainer, if that makes sense.

Lawrence: So now that's a pretty good, really good answer. You raise something there quite interesting, which is that sometimes you're going to get a client who let's say they're not familiar with the type of discomfort the strength training causes. You know, those of us who, as [James Steele](#) would say, hobbyists and love to suffer know very well just how uncomfortable high intensity strength training can be, take someone who's not part of that club, and you put them for strength training or deal. They're gonna obviously, in some cases, feel that discomfort for the very first time. And then they might just associate that or miss associate that for pain. How do

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you manage that? So how do you do [...] I guess one way is just looking at the client and saying, look, are you let's say they stopped because they think they're in pain. You say you're actually in pain? Or are you just uncomfortable? Like, I guess that's because that's Lawrence Neal's direct way of dealing with it, which probably isn't that effective. But how would you personally deal with that situation? Yeah. And

Bryce: It's just about managing expectations up front with your clients, and you have to do this, whether it's a personal training client or a physical therapy patient, I think it's important to make sure they understand this needs to be uncomfortable upfront, right? That's the only way that we're going to know that we're really tapping into something meaningful here is if we're doing something your body doesn't like, right? And so we have to sort of be careful and explain to them hey, this shouldn't feel sharp, shouldn't feel like crunchy or swingy or, or stinky or anything like that. You can use whatever kind of colorful language you want with your clients. But you need to get them familiar. And so I think maybe one of the ways you can do that is to start with something that is going to be the least threatening but most uncomfortable thing which could be something like an isometric kind of like press for example, right? You say okay, so I want you to we're gonna put this out "Does that hurt?", okay, no, it doesn't hurt. Okay? So we know at this range of motion where your legs are that you're not in danger, your body's fine. They agree. Okay, now hold that still. And then what will happen is their legs are going to start burning. And you don't necessarily have to redline them and take them away through to too much

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discomfort, but then you can have them set the way down. And you can say, Okay, do you appreciate how, by putting you in that position, we weren't doing anything dangerous to you, because you weren't hurting initially. But the fatigue snuck up on you and became uncomfortable. Do you understand how that is the type of that's different from a threatening injury, like, type of pain? And they'll usually say, "Yeah, I get it, okay". And then you say, "Okay, well, that's, that's going to be about the worst you're going to experience because your quads are usually the most uncomfortable muscle group to really train hard. But you need to understand that that's what we're after here". And so I think if you almost oversell it up front a little bit. I mean, not to scare them off, but to make sure that when they finally experienced that discomfort during their first few workouts, when they're able to marshal the intensity, they will run for the hills, because they'll be ready for it. Yeah, what a great, what a great idea, like stick them on the leg press. I did do an isometric, because you're right, that is probably the most muscular discomfort they're going to experience. Yeah, it's horrible. I mean, even now even having trained like this for like, in my own case, probably over six years now. I still wuss out occasionally, on a leg press or, or a single legged squat, I still won't always go to failure, versatile world, but a lot of the time I won't because it's really hard. And so that's, that's really, and I think there is a distinct difference between muscular discomfort and actual pain One learns how to pass as are pretty quickly. And separately. And I think he kind of reiterates, pain is when your body's saying "Hey, I don't like this", right, and your body doesn't like going to failure either. So there, in both cases,

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you're dealing with your body raising alarm bells, and you just have to, you just have to explain that it's a natural and actually desired outcome. And if you tell them, "Hey, if you're charging your clients a premium, because you're delivering a high service, then they're going to want to know that they're getting value out of that service. And so, one of the things I'll tell my clients when they're right in the throes of it and they're at their worst, in that moment of anguish, when they have a leg press, or whatever it is, I'll say, this is what you paid for this feeling right here is where you're getting the results right there. And that usually they, they relaxed the oil, they're like, okay, you're right, this is why I'm here. Okay, I got it, and that, that can help them a lot.

Lawrence: That's good. Okay, I'm gonna still be there. It's quite fun, I keep pre facing questions, using the disguise of I think my listeners will want to know this. But really, it's for my own, my own selfish use. Because, I think, I've mentioned this on some of our recent podcasts, and some of the listeners might know, but I'm, I'm looking to go into business with someone in Galway in Ireland to actually start my own facility, very, very soon, probably within the next six months, three to six months, something like that. Very excited. And it's really, I think it's really important that I do that. And because it will just enrich this whole, this whole podcast and blog, and obviously the membership, and be able to bring all of my experience to bear and be able to implement what I've learned from people like you. So no, I really appreciate you sharing all these secrets. Sure.

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Bryce: That's an exciting, exciting time to be is that first stage where you're trying to think about I from listening to your other podcasts, it seems like you're trying to think about what equipment to buy and I was there over the past six to 12 months doing the same thing, trying to learn everything I could about the right pieces of equipment. And it's a fun sort of way to sweat the small stuff, in some sense, because, the difference between piece of equipment might make the difference, but really, it's your ability to get out there and find the clients that's going to do it and I know that but it is a lot of fun to go down the rabbit hole of all the different equipment manufacturers and as you can tell from my page, I my Instagram page, I enjoy that kind of stuff.

Lawrence: Oh, yeah, I mean, it's very fortunate we're in position in that we should have funding for a pretty good setup to begin with. We'll probably just be smart, we'll probably go with a minimum viable product like lean operation just to prove the concept. You know, make sure that we can get enough clients and it's successful and all that because you just don't know until you do it, right? But then there is some intention to look at things like [ARX](#) and things like that in the future. Watch this space, but yeah, super exciting. And it's really, it's gonna be a lot of fun for me to go back through my own podcasts to go "Okay, [Luke Carlson](#). What did he say about this thing I need to do?" So, yeah, it'll be fun. Yeah, I know this sounds a little bit self centered, me asking this, but I guess a lot of people listen to this episode. Maybe this is their first time listening to the Corporate Warrior podcast. you're someone who's listened to almost all my episodes, as

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you're telling me offline, so do you want to just say quickly, like, how's the podcast helped you personally? In your own exercise or business journey?

Bryce: Yeah, so I think off the bat, I can't remember if I said this earlier in our talk, or before we started, but first, just just knowing how big this community is, how many enthusiasts, sorry, there's a guy with a leaf blower outside my window right now, out of nowhere. But knowing how, how big this community is, how much expertise and information that was available to us. And then, as far as your interviews go, you've interviewed pretty much everybody that anybody would need to hear from to get started, right? Interviewing Simon and learning about his courses, interviewing [Luke](#) and listening about his business systems, and [Doug Holland](#), and listening to his advice on kind of starting from scratch. It seems like your podcast has been the blueprint for what to think about and at least who to look into, for how to get started. A was just kind of employing this training for yourself. But for me starting a business,

Lawrence: I appreciate that. And it's very much what the podcast is about, and the blog, it's evolved into a resource, which I'm trying to make basically the ultimate resource for people looking to start a business in high intensity train or in kind of smart strength training, or, shall we say, research based evidence based resistance training, that's what [James Fisher](#) likes from, isn't it? It's great for me, very fulfilling, because ultimately, if I can help people like you, and start and grow their business, it's gonna have a huge

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impact on public health on an international level, which is the greatest reward from all of this, you know?

Bryce: Yeah, absolutely.

Lawrence: I mean, the business success, and any financial success that comes out of is really just a byproduct. So no, that's, that's cool to hear. So just I guess before we wrap up, Bryce, I'd love to hear more about your business strength space, you just want to talk about like, how long have you been going for? What makes your business unique and that type of thing for the listeners?

Bryce: Yeah. So in terms of, from the clients perspective, so we started, putting the studio together. And hunting for real estate that six months ago managed to find our place in the early spring, late winter, and we opened doors on April 1. And what makes it unique are the things that make a high intensity training studio unique, we're around in this area, there's nothing like us, really, there are a few well equipped gyms, you're not going to find a lot of private one on one supervised exercise and strike training. The customers that I have the clients who I have coming here now really enjoy the fact that they have access to a private studio, that by itself, the fact that they can exercise without distraction, and that their equipment is waiting for them, it's huge. And I think anybody who's thinking about starting a facility just needs to consider just how much their potential clients are going to value. Having everything ready for them, when they

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show up having a dedicated trainer who they know well, to take care of them for the long term. If you're willing to work hard. And to deliver high quality service, it's not hard to deliver something that's above average. And that's well above what the market is currently offering in most places. So our studio here is a little off the beaten path. I didn't choose to go with a very costly street traffic location, mainly because we want, I wanted to ease into this because I'm still working full time elsewhere. And so I picked a place that's in a, I guess we would call it a commercial industrial area. So there are a lot of small businesses here, but they're businesses that ship or that provide services elsewhere. So I'm not relying on foot traffic. And by choosing a space like this, it really allowed me to know that I always have tons of parking for my clients, which is great, and get a very affordable place. And so I have more space to grow than I might have if I had to choose a smaller place. And so that's afforded me the opportunity to get nice pieces of equipment. It's a choice that you have to make when you start your business do I want to go minimum, minimally viable product from a square footage standpoint, but in a nice area, or an attractive area where I'm going to get a lot of foot traffic, and then I'm only gonna have five or six pieces, or do I want to go MVP off the beaten path where I'm able to have more space, but I have to work a little harder to get people , work harder to get people in the door but I have to rely on other means to do that to attract clients. So that's what we did. And then the other thing that I'm doing It's a little unique, both because it's a passion of mine, which is direct access to physical therapy. And because I want to find ways to cover the overhead and possibly produce passive revenue for the

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business is we have private, private treatment rooms that we can rent out to health professionals like physical therapists who might want to start their own business, they might be interested in seeing a few clients on the side after their day job. And rather than have to do that in the person's home, they can do it in a well equipped facility with an adjustable table and everything they would need. So right. Yeah. So it's, it's that idea, I think, is what helped me to find a business partner, because I was talking about that with a colleague of mine who[...] that as being something that he thought was really valuable. And he and I ended up going into business together. So yeah, it's been cool. His name is Matt, I'm sure he'd love me to give a shout out on the show.

Lawrence: Very cool. So is the intention for you to transition over full time to run in your business? Eventually, or?

Bryce: Yeah, so I'd love to get to the point where I have a full client load. Once I get to the point where I'm maybe halfway there, I'll start phasing out of my current job, and that I'm not, I don't have a set timeline to do that. Right. Because my overhead is low here, the amount of clients I have to see, just to cover expenses is quite low. From a big picture perspective, it's certainly not 60, or even 100 clients or anything like that. nowhere near that to have to cover expenses. So because of that, I can kind of take my time trying to find the right first employee, which is very important, right? I want to get to a point where I've got at least one other trainer in the studio here to free up a little time for me to then go ahead and into the back and

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rent the room from the business. And do you see some physical therapy patients as well? That would be my happy place eventually. I have my personal training clients, I've got a trusted trainer who's managing a large portion of the business that I'm seeing some patients on the side as well.

Lawrence: So it's interesting what you said about the choice and the pros and cons of being on the high street or a high foot traffic area versus not. And I think I've definitely been guilty of kind of seeing a common theme across a lot of my episodes, or at least two or three where people have had success and people like Jay Vinson over at Biofit. And because he was on a busy street, and because he had a lot of walk in traffic. So obviously it does work. But it's not to say that if you're not there that you can't generate business. And there are obviously other advantages, like lower costs, more parking, maybe other things I haven't thought of so certainly think it doesn't exclude you from being able to grow your business fast, just because you're not on the high street, you know. So I like that, because it kind of gives people more options and customize things for their preferences and what they're trying to achieve in their business. Before we wrap up, I wanted to ask you about some interesting drop set trick, which I had never seen before. And I'm sure it's something that someone on the list is going to be like, yes, Lawrence, we've seen that. Like that's, that's not even new. But for me, it was new, and I thought it was really cool. And so you talk about that, that's tricky to him, he had overhead press drop so, the pin for that was a very cool little tool we

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Bryce: Sure. So actually, I think I first heard about that on [Doug McGuff website](#) on his forum. And I think [Skyler Tanner](#), chewed me and threw a comment on there to the manufacturer, but the manufacturer is [...] and they make a product called a [Performance Pin](#). And it's it's pretty simple little piece of technology. It's got a pin and a spring in it. And basically what will happen is you pin the weight stack at your drop set weight, let's say that's 100 pounds, and then you put the load jack pin down at whatever it is 150 pounds, your starting weight. And once you first engage the weight stack, once you first lift the weight up, the pin will engage. And what that means is that the next time the weight stacks touch, it's going to pop out and lower the weight automatically. And so it's a great way to do it to train yourself, especially if you're training on less than ideal equipment where getting past a sticking point is a problem, then you can use that to get to a deeper level of fatigue, and not be limited by maybe a subpar piece of equipment. It's also a really great, great way to teach smooth turnarounds for a client, and I use it for that for my first few sessions quite often because they'll say, "Okay, I'll teach them how it works. And I'll show them what happens. And I'll have the person initiating, I'll say, I want you to touch the plates together without popping the pin." Right? And so they can't unload at the bottom. So they have to come down, they have to hear them touch and then go again. And then when they finally can't smoothly turn it around, it'll pop and they'll go "Oh no, it's there". They've failed, or so to speak. And I encourage them and say "no, no, that's fine. I just wanted to use this as a teaching tool". But if that goes everwell, clients

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like that it's an easy way to reinforce the smooth turnarounds. So there you go. Hope somebody finds that helpful. Yeah,

Lawrence: I love that. It's a great idea for that purpose. And also it's funny because I'm watching you do the over press and I'm like, it's not gonna stop there. You have more [...]. And then and then obviously, the pin goes, and then suddenly you get the weight to drop. And then you're still going on, like, "Oh, I got it, right?". And it's interesting to me, because it's a great way of doing a drop set, and almost keeping tension on the muscle, right? Because what you would normally do for those that are familiar with this type of thing is you would set the way down when you hit failure. And then you would pull the pin and put it in a lower load, low resistance, and then you'd start, you'd go straight into your next set. But obviously, that does take tension off the muscle for at least a few seconds. So that can be kind of less, I guess, less productive, probably not a huge amount in it. And probably let's let's be completely frank, it probably makes absolutely no difference by hypertrophy. But it's just a little bit more seamless, I suppose.

Bryce: If you're really going for some occlusive effects, we have all this literature pouring out about the effects of blood flow restriction training. So if your goal was to occlude the muscle for a long period of time then maybe you could use a tool like this to, to help you keep tension on it for an extended period of time to create a more of an anoxic kind of a vector or

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environment for the muscles. So sure, there's, there's I think there's benefits but is it gonna double your muscle size? Probably not.

Lawrence: What was your view? I've had [Borge Fagerli](#) on the show recently talking about my reps, a chatbot [...]. So he was on [Sigma Nutrition with Danny Lennon](#) talking about a rest pause tactic that he uses. It sounds like there's a few people talking about the utility in adding additional volume through some of these advanced techniques. And they're either using my reps, drop sets, or rest pauses or something similar to that, which I think is quite clever, because it can add additional volume and help one get past sticking points, whether or not it stimulates greater hypertrophy. I'm not sure I'm highly skeptical of that beyond just going to a single set to failure. But what do you think about that stuff?

Bryce: Yeah. So I think, first of all, I think a lot of people, they come up with cooling intensity extending techniques. But I would be interested to know if they've used something like [MEDX](#), like press right, or, or something with a really elegantly designed resistance curve that allows you to kind of have no sticking points. So not to say that I know that they haven't, but a lot of these people are using these tools on, maybe a dumbbell shoulder press or something like that, where it might make a lot of sense. And so it's tough to know whether it's necessary when you have really nice equipment. And then the other thing is that I was intrigued. I don't know much about how what the literature says on this, but I was intrigued by what Borg said about

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Bryce: neural fatigue versus muscular fatigue. The idea that your synapses would be depleted of neurotransmitters, even though your muscles themselves might have more contractions in them, right. So I think that's an interesting idea I don't, I'd be interested to learn more about, if there's a way to continue to recruit and to budget, he seems to be suggesting that by doing the mile rep approach, you're budgeting your neurotransmitters essentially, to prevent so much depletion that you can't complete another contraction. So that way, you're able to make sure you milk all the contractions out of the muscle itself. That sounds to be what he's describing. And it's interesting, I don't know, honestly, if it's more effective or not.

Lawrence: He's incredibly knowledgeable about this stuff. A lot of his podcasts really did make my head spin, it did definitely open my mind up to experimenting with some of these other approaches. I mean, he's really, I mean, him and people like [...], they're just so obsessed, I mean that in a positive way about, finding those approaches that are going to like coax the most amount of muscle gain for someone, and obviously, I think one of the big debates is around whether or not that's some people will say, "you know, you get to a certain point, and then it's like a pound a year", and then you've got some people that will say, "Well, no, you've actually got a lot more you could gain, but you've got to unlock it and know how to do that". And it's that latter assumption that I am highly skeptical of, personally. Because I'm not even I'm not even like pro high intensity

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training to be the most effective method. I'm like, you know what, all roads lead to Rome. And I could be wrong. But that's just my opinion. And I like high intensity training, because it's quick, and I kind of enjoy the meditative suffering aspect of it.

Bryce: Yeah, and I think, [Dan John](#) has a great line. He says, "the best program is the one you're not doing". So maybe it is beneficial to just periodically mix things up a little bit and provide your skills being safe to spend a few weeks with a little bit higher volume, or a little bit of higher reps per set, even if you're still doing a single set. I don't I don't know if there's much to lose by doing something like that. Providing that you don't let training start to eat into your life or predispose yourself to an overuse injury. I think it's possible. So I think you need to be smart about it. But yeah, it's the siren song of more gains of that pound a year, Lawrence, I'd love a pound a year. I mean, at this point, I feel like I'm much stronger and I'm more athletic now than I was in high school. But it's not easy to promise a client that they're going to gain a pound of muscle year indefinitely. And so I'm, that's why I'm all ears for the board to keep talking about budgeting the neurological fatigue, or the neuromuscular fatigue, for sure. But yeah, I'm with you, I think at the end of the day, my favorite thing about this is that I can be busy and still stay in good shape and I don't need to devote an enormous amount of time. And that's just, that's very liberating, right? Like, I don't feel like I need to be a prisoner to that next ounce of muscle, I just let go of it.

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Lawrence: Yeah, and I talked about this briefly, because I know just based on the response to the podcast with Borg, I mean, the post got over 100 comments. Kudos to Borg for actually spending a ton of time on there and giving his opinion and getting into base for people I really appreciate. And he's like, super busy, a very well known guy, could be spending his time doing lots of different things, and probably making loads of money. And I just really appreciate him spending time to do that. Because it just created this really, really, I mean, it was a super in depth debate on trying to optimize for hypertrophy, essentially, which some of my listeners might think, it's not that important. I'm all about high intensity training for health and so on. But there is a faction of my listeners that absolutely, like obsess over trying to get optimal gains. And, and I'd be lying if I said that, even though I hear people and evidence kind of telling me it's like, genetics determine everything. And, if you're training to a high degree of effort, you're probably going to get what you can get, when someone kind of just arouses that, or someone comes up with something new. It's so seductive. Right? And not to say, and I'm not saying I really want to be clear on this. I'm not saying that that's, that's a bad thing. I mean, sometimes it's bad, right? Because, like, you go on [YouTube](#), and I won't name anyone but there are plenty of people on there selling false promises, who are using it to try and market their products and services. And there it's complete bullshit. Like they're basically saying people like if you do this, you'll lose X amount of fat or build this, this month. It's complete nonsense, and it is really, and I know I'm not the only one who inferiors in fury is probably a lot of my listeners are very, very intelligent.

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But then you get people like Borg and people like [Menno](#), who are part of this slay, all about optimizing, well shouldn't say all about but they're very much powerful they do as optimizing muscle mass and physique. But they do it in a very kind of light. "Look, I'm doing this through evidence, I'm doing this through a scientific lens. And, I'm not just trying to sell something". And I like that. So that's why I have more time for those guys.

Bryce: Yeah, and I almost wonder if it isn't just that the internet makes this a problem, right? Because it might be that if you sit down with any one of these optimizers, that you're describing these evidence based guys, they're able to show you what they've done with the clients. And there isn't all the noise of, you're not having to listen to them through all of the noise of the internet and all the BS that's out there. And they're able to show you what they can do. And you can work with them. And you can find out if it works for you, right? But we're in this environment where we're having to try to make decisions for ourselves based on what they're saying they've been able to do for their clients. It's easy to say, "hey, that doesn't work", but you're not working with them. So it's, I don't know, I it's, it's it's very easy to just get sucked into the rabbit hole, I'm totally with you some things that somebody says something or makes a video and you're like, man, maybe I'm not doing something right. And it's so easy to think that way. And so I kind of have to have a place where you center yourself right for me. And you say, "Okay, well what's really important to me", right? and nine times out of 10, for me, it's "well, I just need to make sure if I stay lean enough, I'll look fine, right?"[...]. Being satisfied is a very

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hard thing for any human to do, right. And especially [...] not like me, or you and we love this stuff, it's very hard to ever be really satisfied with it. So what's the [Naval Ravikant](#) quote from the [Tim Ferriss](#) show, he says, “desire is a deal you make with yourself to be unhappy until you get what you want”. And so yeah, so you just have to decide whether you want to be unhappy, or you want to be satisfied. And it's just there. I don't think there's any way to get around it other than to make that conscious decision to be satisfied with it. And that's it. I don't know.

Lawrence: It's good advice.

Bryce: But now I'm gonna go mix my program up and change a bunch of variables. So...

Lawrence: I love that that's one of my favorite [Tim Ferriss](#) episodes ever. I think. The [Naval Ravikant](#) is credibly wise. I should go back and listen to that one again. Well, I'm glad we got there a little bit in at the end. I think that's one of those things that I guess you and I could probably geek out on or talk about for hours. I also want to mention before [...] find out more about you Bryce. We've talked about [HITuni](#) which is the go to place a lot of my listeners go to to get accredited, in high intensity training. There's a ton of courses on there to help you get skilled up and learn more about high intensity training. You can obviously get 10% off with my coupon code, which is CW10. And obviously I get recognized for that, and I very much

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appreciate your support. And Bryce, what is the best way for people to find out more about you and what you're up to?

Bryce: Thanks, Laurence. So for my business, the website is strength-space.com. But Strength Space VA is the Instagram page and I'm on Twitter at [@EBryceLee](https://twitter.com/EBryceLee) and so if they're interested in following what we're doing with the business and seeing what kind of training techniques we're using, they can go to the Instagram page and if they're interested in following my thoughts on inflammation and pain and physical therapy kind of related topics. I'm more active on Twitter for that.

Lawrence: Sounds good. And you're very active on the socials. I do encourage people to check you out on those, and they'll obviously be featured on the show notes and to get access to the show notes for this episode, please go to <https://highintensitybusiness.com/dr-bryce-lee/>. And that will direct you straight to the blog post. And for the page of all the episodes, please go to <https://highintensitybusiness.com/podcasts/>. And until next time, guys, thank you very much for listening.

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