

Catching YOUR Memories

THE PODCAST

WITH DIANE ATWOOD

An interview with Phil Finemore, PT, DPT, Cert. DN, Cert. VRS
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[00:00:00] **Diane Atwood:** Everybody has a story or a memory to share if only someone would ask. That's where I come in. I'm Diane Atwood and you are listening to the *Catching Your Memories* podcast. My guest is Phil Finnimore. He is a physical therapist here in Southern Maine and he's also an entrepreneur.

He owns WorkFitME Mobile Physical Therapy. Phil recently interviewed me for his podcast *Strength For Your Purpose*, which I enjoyed a great deal, but now it's his turn to be interviewed because Phil has a story to tell. He went to school for quite a long time to become a physical therapist, but he also had to set up his practice, his business. Well, that's what we're going to talk about, mostly, the business of being a physical therapist.

Hi, Phil. Thank you for being here with me, so glad to be able to talk with you again.

[00:00:56] **Phil Finemore:** Yes. Hey Diane, thank you so much for having me. Our last conversation was so great and I'm really excited to continue it on, and it's nice to not always have to be in the driver's seat as you know, so that's nice too, and I appreciate that.

[00:01:08] **Diane Atwood:** Yeah, you're right. It is nice to just sit back and talk. Yeah. Well, before we get down to business, I would like to ask a couple of background questions. Foremost is why and maybe when did you decide you wanted to become a physical therapist?

[00:01:26] **Phil Finemore:** Yeah, great question. I think if you put a hundred of us in a room, probably 90, three of us would give you this answer. But I had PT growing up a little bit here and there for sports injuries and things like that that happened and I found it to be very interesting. I actually thought, I initially wanted to maybe be an athletic trainer, but the athletic trainer at our high school was, he was a great guy, but also really great at what he did and really encouraged me to look at other avenues beyond just athletic training, and he encouraged me to look into physical therapy as well. And so I did that and beyond my own experiences, did some job shadowing and just realized through the job shadowing that there was a lot more out there than fixing knees of young football players. And, those things seemed just as impactful and amazing as helping people with what I personally had experienced, and knowing how to have an impact on someone's life in that way was just really, really intriguing to me. So, it was my junior year, the end of my junior year of high school when I really figured out this is what I think I'm gonna be passionate about and what I want to do, and I consider myself lucky that I never wavered from that through the rest of high school and through undergrad and into graduate school. At the end of graduate school, I even checked in and went and did another job shadow just to make sure it's something I felt like I still wanted to do cuz I knew I was heading into the thick of it. The next three years were gonna be pretty much school year-round, very intensive. You can't get anything less than a B minus, or you could fail out of this program. So I knew that I had to be darn sure that's what I wanted to do, and I was able to reaffirm multiple times from junior year of high school through the end of undergrad, that that's exactly what I wanted to do.

[00:03:05] **Diane Atwood:** I don't think the average person realizes how much school you need in order to become a physical therapist.

[00:03:10] **Phil Finemore:** Yeah, it's a mandatory doctorate program now. That changed, I wanna say in 2005 or 2006, somewhere around there, the students that were going into PT school that were gonna graduate in '05 or '06 actually had a choice whether they wanted to continue on the master's track or they wanted to go down the doctorate track, but since then everyone has had to get a doctorate degree, so most places you have to do four years of undergrad and three years of graduate school. So it's seven total years of school to get the doctorate of physical therapy. I went to Husson University for my undergrad and graduate schooling, and they had a bridge program that as long as I had a certain GPA at the end of my junior year of college, I was able to get in, automatically get into the professional phase of the program, the graduate phase of the program. So I got mine in six years, but it was through an accelerated program.

[00:04:00] **Diane Atwood:** That's still, that's a long time. So you are a doctor of physical therapy, is that what we call you? Correct. Yeah. And I saw on your website you go by Dr. Phil.

[00:04:10] **Phil Finemore:** Yeah. Dr. Phil, not that one.

[00:04:13] **Diane Atwood:** And you don't dispense any other kinds of advice along the way? No.

[00:04:18] **Phil Finemore:** Well, therapist is in the title, Diane, so sometimes the conversations do go that way in treatment sessions, but yeah, no, not by trade.

[00:04:26] **Diane Atwood:** I think that's funny. I remember when we talked before, you told me that when you expressed an interest when you were younger, that your dad was having some physical therapy and he used to drag you to every single appointment so you can see what it was all about.

[00:04:39] **Phil Finemore:** Yeah, he did. He was like, hey, if you really wanna do this, you better figure out pretty soon whether you actually want to do it or not because, you know, our family, we had looked into what it takes to become a physical therapist. So, he knew it was gonna be a commitment if I was gonna do it and he goes, hey, I'm going, you might as well go learn something. I'm going to these PT appointments for my knee after the surgery that I had. You might as well come along and, and learn a thing or two as well, and pick the brain of the PT that he was working with and stuff like that. That was actually the same PT I wound up doing other job shadowing with. He was very nice to allow me and actually one of my high school classmates to go periodically and job shadow appointments in the afternoons after school.

[00:05:15] **Diane Atwood:** I think that's really a practical thing to be able to do. do a job shadow, maybe be able to even do a little bit of apprentice work if there are such programs, to really understand what it is you're getting yourself into. Hmm. After those grueling six years, you didn't start your practice immediately. You went and worked with somebody else?

[00:05:35] **Phil Finemore:** Correct. Yeah. So I was with two different companies just shy of a five-year period. I was still working in what we call the outpatient orthopedic sector of things. Mm-hmm. So, for those listening, that's a physical therapist you go to if you have neck pain or back pain or there's a trend now, thankfully, that prior to something like a knee replacement, you're being sent there to help treat some of the things you have going on prior to even

having a knee replacement. Or it's a place you would go outside of your home, outside of the hospital that provides you with PT services. So I've always been more passionate about that setting and helping people not just take care of pain that we know is treatable almost no matter how long you've had it but also, I would say it's never too late or never too soon to get started. But, I was passionate about that, but I've also been really passionate about prevention, so that was something I always put an emphasis on as well. But yes, I was working with two different companies through the first five years of my career, the world shut down in March of 2020. Yeah.

[00:06:33] **Diane Atwood:** So I have some questions. You know, traditionally I think most people, again, think of, you go to physical therapy when you've got something wrong with you. But you've mentioned two things. One is, preparing for surgery, like a joint replacement surgery to maybe work on some of the things that led to your issues and then maybe to get you in a little bit better shape for your surgery. And then you talked about injury prevention. Mm-hmm. So that's a departure from traditional kinds of physical therapy?

[00:07:01] **Phil Finemore:** Yeah, very, very much so. it's not 100% because some people in my field don't believe that's how we should operate. I think it's a little bit more of a byproduct of our current medical model more than anything. You know, an insurance-dependent medical system that's a little more reactive than proactive. And that's just sort of how things have been for a very long time. But yeah, it's always made sense to me that if you come to me with back pain and pain shooting down your legs, sciatica pain, and we're able to pick up on the things that are causing that pain and fix and treat the ones that are fixable and treatable we can probably identify when those muscles that are weak that we need to strengthen, and those joints that are tight that we need to get moving better, we could probably pick up on those things before you ever have pain and by working on them, prevent that from ever being a painful area for you. Mm-hmm. Or at a minimum, prevent it from coming back. Say you had a small bout of pain that went away over the course of five days. That's still a great time to work on some things to make sure that it's not a problem again. You kind of nailed it, Diane, with the treatment before a knee replacement or a joint replacement in general. The idea behind that is to improve strength and flexibility and mobility, how well that joint is moving. Decreased pain in that area so the area is functioning as optimally as it possibly can be heading into that surgery so that you start from a much higher level. So whatever deficits you wind up with after the surgery aren't pulling you back as much. Right. The natural healing effects, the natural inflammation happening in and around that area of the body after surgery, we feel the effects of that a little less and it really makes the first three months after a joint replacement, which is the hardest three months of recovery after joint replacement, a lot easier for people. The other

thing we found specifically with knees, I have had many people go through a round of PT with the intent of, hey, when you're done this round, let's check back in and see if you need the knee replacement or already have a knee replacement scheduled to do the round of PT and go back to the doc and say, I don't need this anymore. Wow. I'm not gonna have the surgery right now. That doesn't mean they'll never need it. Right. We can't promise that they'll never need it, but joint replacement surgeries are getting either pushed off or completely canceled for a lot of folks that are going through a real good round of physical therapy before that type of surgery.

[00:09:16] **Diane Atwood:** I hadn't heard that. That's wonderful.

[00:09:18] **Phil Finemore:** I agree.

[00:09:20] **Diane Atwood:** Well, I have a great love of physical therapists having had not any joint replacements, but needing physical therapy and I think you guys are wonderful. Oh, thank you. The other thing that I recall is that, After some of the joint replacements, people get out of bed like the same day and one of the first people they see is the physical therapist who's got them up and walking.

[00:09:43] **Phil Finemore:** Yeah. Yeah. It's crucial cuz those are typically, nowadays, especially Covid, it's a day surgery. They do not keep you overnight if they can get you in in the morning and get your surgery done and get you through recovery and at a point where the physical therapist can see you, make sure you're safe to get in and out of the car and go up and down a couple of steps to get in and out of your home. They will do a day surgery procedure with you these days, especially with hip replacements. Hip replacements are a lot easier to recover from the knee replacements just because of the way the joint works and it's not as direct of a load-bearing a joint as the knee is, and it's a smaller joint than the knee is, but they're doing a lot of them outpatient, you know, day surgery if they can, depending on the person's risk and other health factors and things like that. But, at the most, it's a night in the hospital and day of surgery if as long as you didn't have a surgery in the afternoon and the PT department at the hospital can actually get to you, yeah. They'll get you up and moving around and see how all the muscles around that knee are working and yeah.

[00:10:41] **Diane Atwood:** Wow. In the old days, I was an X-ray technician. Yeah. And I remember going to the or during, replacement surgery and the person would have an incision from their hip joint all the way down to their knee and then I remember, I don't know how long ago, maybe 10 years ago,

hearing that they now do minimally invasive hip replacements, like a tiny little what? Centimeter or two that's pretty amazing.

[00:11:04] **Phil Finemore:** It is. Yeah. We've come a long way.

[00:11:07] **Diane Atwood:** Yeah, we have. And so have you, so you've graduated, you worked for five years, and then the pandemic descended, and what happened to you?

[00:11:15] **Phil Finemore:** Like many out there listening, I was furloughed. My boss and I went from the months prior to the onset of the pandemic, talking about what we would need to do to potentially open an office that I would run. That was something I felt like I wanted to do, and he seemed comfortable with that too. And then, He went away on a vacation, came back, and was like, what happened? Where did all these people on the schedule go? Things are starting to happen here in the United States and people were pretty nervous about it and not wanting to come in to appointments and stuff like that. And we went from talking about opening a third office of this business that I would take over to sitting me down at lunch going, hey, you can finish the day and see the last couple of patients you have today. But, after this, You're gonna be home and we'll let you know what happens. You know, we're furloughing you. So I kind of took it as a bit of a sign of I'm gonna do something. I've gotta figure out a way. Even from the time we started talking about what we would need to do to open that other office, there was always this part of me going like, not all of this is gonna be able to be in my vision. I'm gonna have a certain amount of autonomy, but it's not gonna be everything that I exactly would want it to be if I ran my own place completely. And then getting furloughed with zero promise or outlook of when I might even be back if I would even have a job beyond that day. I was like, I've gotta do something to make it on my own here. I've gotta do something to have more Mm-hmm. over how these situations go. And my initial thought in starting my own practice was not to start a fully mobile physical therapy practice initially, it actually was speaking to my passion for prevention, a workplace injury prevention consulting practice.

So my original idea was start something that will help all these people shifting from the office to laptops on their couch or their recliner or their kitchen counter, avoid having issues in their neck, shoulders, arms, low back because it's gonna happen. I thought back to, what are the things people typically tell me who work on a computer all day?

What tends to happen three months prior to them coming to see me that kicked off this problem that they're in the office for? And it's usually some big shift

work environment or activity level or, or whatnot. And this was the shift, so I figured 3, 6, 12 months down the road, we're gonna be seeing a lot of certain conditions. We are, by the way, we're still, so you were right. we're three years here and we're still seeing those same conditions I was talking about back in March and April of 2020 when I started promoting this stuff. I did it actually initially to say, you know, geez, I hope maybe I'm back with this company within a few months. You know, we all thought this thing would blow over by July, right? And be back to real life. And I could maybe create something that would actually drive business to me in this new office that I wanted to open with this other company. And organically it just sort of started to turn into people saying like, hey, I actually need physical therapy, not injury consultant. Like, I have a problem, but I don't feel comfortable going into a clinic. Is there a way that I can work with you on Zoom? Is there a way that I can work with you even in my home? In your home? Or like, can we figure out a way? And this was people that knew me, so they trusted me, and there were, we're going to come see me if things were in a normal situation. And I said, let's figure out how to do this. And I, I did the legwork on my end and it sort of had organically changed from that workplace injury prevention consulting practice to a fully mobile physical therapy practice. And I did it a few times and I was like, this is what I need to do. really spoke to you. It did. This is incredible. And I've never looked back.

[00:14:47] **Diane Atwood:** So did you start it at the height of Covid? I mean, because for quite a long time there was very high risk for lots of people. So what are some of the measures that you had to put into place?

[00:14:59] **Phil Finemore:** [00:15:00] Early on, because it was really the last few weeks of March were really just trying to figure out what I need to do to even like have a business. I had no idea what I was, I didn't go to business school.

[00:15:10] **Diane Atwood:** I do wanna stop you there because I don't wanna lose sight of that. You may be a great physical therapist. It doesn't mean that you've got a great brain for business. Right, exactly, yeah. So how did you figure out all the business things?

[00:15:24] **Phil Finemore:** I initially reached out to a few people I knew. One of my classmates who owned, at that time a couple of clinics out in California. He owns like four now, he's crushing it out there. And then locally here, someone I worked with at one of the first companies I worked for had recently, like months before the pandemic had kind of split off and started to do her own thing. And I knew that, so I reached out to a couple people to just figure out

how to get going, you know, cuz they had done it. And beyond that, once it had organically turned into this mobile PT model, through my friend out in California, I was connected with a group called Uncaged Clinician. It's a coaching group. There's three physical therapists that own and operate this coaching business and they are all entrepreneurs and two of the three of them have or had mobile physical therapy businesses that they to run successfully the hard way and they wanted to help people who didn't know what they were doing, not have to learn the hard way, how to make all of this, all of this work. And I got in with them, and that helped me tremendously. I mean, the organic visits I was bringing in over doubled through the three-month program that I did with them just by implementing the stuff that they gave us to work on, to get our businesses off the ground. I actually still work with them. I'm a part of their mastermind program because it's been so incredibly valuable. I call it my business insurance. If I have something pop up or I'm like, I don't know what I'm doing here. I know I've got a resource of these coaches and then the community of our mastermind to be like, hey, who's gone through this and what do I do? And it's worked out really well. So,

[00:16:53] **Diane Atwood:** That's awesome. You hear so much these days about coaches, health coaches, business coaches, I think that's marvelous to be able to help one another get through these experiences that we don't have a clue about. Yeah. Yeah, help each other succeed.

[00:17:08] **Phil Finemore:** Exactly. Yeah. And doing so through like-minded people that you align with. People that you know from the get-go are on the same path. You're driven by the same things. You're kind of headed toward, maybe not the exact same place, but a similar place. Right. You know, an overarching theme or goal that you all really identify with. I've been lucky to have found those people in a few different avenues that have helped me tremendously through this journey.

[00:17:30] **Diane Atwood:** So let's go back into the home. During Covid, how did you handle mitigating any risks or trying to lessen?

[00:17:37] **Phil Finemore:** Initially the first six-plus weeks, eight, eight weeks maybe, of launching this and working with people was pretty much exclusively, virtually. I wasn't doing anything in person at that time, but one of the first people that reached out to me she was one of, if not the last elective surgery they did before Covid really hit and shut everything down. So she had a rotator cuff repair, a pretty major rotator cuff repair, probably literally the day that I got furloughed, and after about a month of being able to help her just navigate the things her surgeon wanted her to work on prior to seeing someone like me

because of all this covid stuff, she didn't get as much guidance and didn't get to see the doctor as much you know? They were kinda like, well, this is already scheduled. We gotta get this done for this person cuz we still can. And then everything sort of shut down. So there are some things that people who go through that surgery have to do and they're instructed on doing by their surgeon and the surgeon's team on their own before they start working with someone like me. And she was in just so much excruciating pain from it that I was like, listen, I'm not gonna make any promises, but if we get on a Zoom call, I think I can help you do these more effectively without just being in excruciating pain. So that's where we started, but we figured out pretty quickly, hey, within a few weeks you're gonna need hands-on care to progress through this. And I have the benefit my wife is a nurse who has a lot of experience in a few varieties of healthcare. And at the time, a doctor she was working with was a dermatologist as well as an immunologist who's an MD PhD. And his Ph.D. is in immunology, so he's very well versed on viruses and how to work with them and protect ourselves from them and he knew epidemiology very well and so with some of the things that she was doing at her workplace and I heard from him via her, I was able to do some things to feel comfortable with masking and only being close to that person when I had to be, and being able to do things from safe distances when I didn't need to be right there hands on.

And. we worked outside whenever we could as well, which helped. So we were still at that time in masks and outside. Cause we didn't know what all this was at that point. But we just took every precaution we possibly could to be safe. And then as time went on, some more of the guidance became a little bit more clear because a lot of places where I would've worked like the place I would've worked, they never fully shut down because there were people recovering from things like knee replacements or rotator cuff repairs that couldn't have that stop completely, for their health and wellbeing. So they were still working. It was basically just getting guidance on what are the best, safe practices for all of this and following those as closely as possible. Most people, believe it or not, actually felt more comfortable with me coming into their home, following all those precautions than them being in a building where there are multiple therapists, multiple front desk staff, other patients having their care done. The risk of exposure got a lot smaller when you were only exposed to one person at a time, not many who have also been exposed to many others potentially.

[00:20:31] **Diane Atwood:** You put a lot of thought and effort work into that

[00:20:36] **Phil Finemore:** Yeah. Thank you.

[00:20:37] **Diane Atwood:** Were you able to make a living during that time?

[00:20:39] **Phil Finemore:** Yeah, eventually. Obviously, there's startup costs and just trying to figure out what the landscape of all of it should look like. So yeah, by the end of the summer, between seeing my own clientele and I had a per diem job at a nursing home in Portland, they were letting per diems back in the building to help with some of the weekend shifts. And by that time a lot of the therapists there were burned out and needed [00:21:00] vacation. So I was actually covering things during the week. I was working two or three days a week there and two or three days a for myself. By the end of August into September, I was in the black, as they say.

[00:21:09] **Diane Atwood:** that's due to your hard work, I think, and reaching out to other people for help. And I wanna say you had a daughter who was, was she even a year old yet?

[00:21:18] **Phil Finemore:** She was just shy of a year old. She turned one in May of 2020.

[00:21:21] **Diane Atwood:** So you had a lot going on.

[00:21:24] **Phil Finemore:** A couple things.

[00:21:26] **Diane Atwood:** Okay. So fast forward. If you could kind of walk us through from then to now, are you still doing that same model or has the model evolved in some ways now that you're able to be one-on-one with probably all of your clients at this?

[00:21:43] **Phil Finemore:** The root of the model's always stayed the same. We're still fully mobile with our clientele. The biggest thing that's changed is we are to go see people like in their offices now, you know, I'm seeing someone right now, in fact, that they have a gym for their employees in their building. So I'm actually seeing this person at work in the gym of the workplace, which is great. And there are a few gyms in the Greater Portland area that we work out of as well that we've built good relationships and do a lot of cross-referring and promotion and collaboration with each other. They love having someone like us available for their membership to take advantage of if they have pain or something like that interfering with their ability to reach their fitness goals. That's been a great relationship. So that's really the only thing that's changed. I think. I mean, most of our clientele though, we're still seeing in their, you know, the work from home model hasn't stopped [00:22:30] and people who don't work, people in that 65 plus crowd love the convenience of not having to drive to extra appointments. I think we all have people in our lives, whether they're parents or grandparents that are in that age bracket who almost seem busier than

some of us at work because they're going to this appointment and that appointment and running that errand and this errand and for them to be able to get some of that care right in the comfort of their home and not have to leave and go anywhere for that hour has been nice as well, so with the work from home model, not going. Probably even at this point, I don't see our model shifting away from a majority of our caseload being fully mobile because people now only have to take an hour out of their day to do this, not travel time on either side of that hour to go get that done.

[00:23:13] **Diane Atwood:** You don't have a physical location at all that people go to.

[00:23:17] **Phil Finemore:** Correct. The only physical locations we have aren't ours. We sort of crash the party at a couple of different places. EA Fitness and Performance in Falmouth and Drigo Fitness, which is also in Falmouth, have been great. Perfect Fit Health and Fitness in Scarborough as well, has let us crash the party a couple times too, so we're able to go into those places set up in an area that they have for us or that fits what we need to be doing with our clientele that day. So those are the only physical locations we have sometimes, believe it or not, that is more convenient for a variety of reasons for people to come there than be seen at their home. But I would say, 80% of our clientele we're seeing on location, whether that's at their work or at home.

[00:23:54] **Diane Atwood:** Okay. So I wanna talk about marketing a little bit. If you're a business person, you've gotta market your business in [00:24:00] order to get your clients. So this is the age of social media and is that primarily what you do? Plus word of mouth, plus going into these gyms.

[00:24:09] **Phil Finemore:** Yeah, that's exactly it., Diane, actually. It's a pretty good combination of word of mouth, getting ourselves in front of people on social media slash networking. So I'm a part of a networking group, and we also just do a lot of general networking with other business owners as you said, gyms, chiropractors, massage therapists, actually do a lot of work with dentists and orthodontists because we help people with TMJ pain, with jaw pain. So we have some dentists and orthodontists that we work with quite closely. Just doing a \ a lot of networking, a lot of meeting people where we have some mutual need where we can help and collaborate and do things like workshops. Word of mouth is huge. Our happy and satisfied or more than satisfied. Our raving fans, clients who become fans of us what we do, referring their friends, family, coworkers, whoever it might be over to us with glowing reviews is a huge part of the marketing strategy, as well. It's really kind of pounding the pavements, kind of grassroots efforts. And of course, we have our social media presence,

but that's more of just to be there. Mm-hmm. Right. We've definitely gotten clientele directly from it, but that's a much, much smaller percentage versus our word of mouth, our networking efforts, and our collaboration efforts, like workshops and things like that.

[00:25:24] **Diane Atwood:** So, sell me. Why would I wanna go to you?

[00:25:26] **Phil Finemore:** That's a fantastic question. I'm glad you asked. Part of [00:25:30] our vision is to provide value to our level of service and value that they have never seen in the healthcare industry before. So we are operating in a very untraditional way, beyond just being mobile. we're very passionate about the prevention and some people do come to us to prevent an injury because we do have a skillset. I think our skillset as physical therapists is very underutilized in that realm. But those people that do come to us with an active problem, part of our goal is to not just take care of this problem, but prevent it from coming back. I have yet to have someone who is in active pain and I ask them, would you like to take care of this and also make sure it doesn't come back, I've never had them say no to the second part of that question. Yes, nobody wants to deal with that thing again. And we have the skillset and the ability to help people do that, to take care of that pain and prevent it from coming back. Controlling everything we can control. There are things we can't control. We're not gonna make any major promises, but we are guaranteed to be one-on-one with you the entire time we're with you because I'm not bringing another client to your home. You're going to have guaranteed one-on-one treatment, which is gonna allow us as the providers, the healthcare professionals, to have 100% of our thought intention, brain power, skillset you, what you're dealing with in that moment, working toward your goals of where you want to be through this process. And we stay in a high level of communication with our clients as well. We're checking in with 'em between appointments, making sure, you know, Hey, we tried something new on Monday. How's that going for you? [00:27:00] Okay, great. Hey, try this, try that, you know, we'll see you on Thursday or whatever the case might be, or we'll see you next week. I can sit here all day and say one-on-one individualized care you know, all the buzzwords you might hear but we're, we're building relationships with these people as well. Getting to know them in a bit of an intimate space in their home. And we're making sure that our care and our level of service for that person and with that person reflects that.

[00:27:23] **Diane Atwood:** Most physical therapy clinics or practices and when you're in the gym, you've got equipment that people can use. So it's a different kind of appointment that a person might have in their home.

[00:27:35] **Phil Finemore:** A bit. Yeah. I mean, we're able to, even without machines and heavy weights and stuff like that, it's amazing what a little bit of resistance and some gravity can do Diane. We can give people a pretty good workout without a whole lot of fancy equipment. And because we do have these other areas we can utilize if people get to a point where they still want some guidance from us, but maybe want to get to a higher, we can always transition some of that care out of the home and bring them to a space that affords us the ability to help them use a deadlift bar or a squat bar safely or do a bench press safely if they don't have equipment like that in their home already. So we do have some flexibility to bump things up to a bit of a higher level than physical therapy clinics themselves even can. Mm-hmm. But we work with a lot of people who might see a personal trainer who we still work with at their home and are still able to give them a very good workout and very good results for, with what they're seeing us for, with the equipment that we're able to carry with us to their home.

[00:28:28] **Diane Atwood:** You also, as part of your marketing, I guess you have your podcast. You talk to other entrepreneurs, other people about why they do what they do, right?

[00:28:38] **Phil Finemore:** Yeah. That's definitely a part of it. It has a little bit more of a health wellness slant. I would say a majority of the guests that are on there maybe are entrepreneurs but are also in that health and wellness somehow, whether they do some sort of coaching or they're a healthcare provider, gym owner, chiropractor, whatever the case might be. I've also featured people on there like yourself, that have kind of an inspiring story or are doing something inspiring that can help us because I'm a firm believer that our health and wellness is much more than how good our memory is and, and how our physical body functions, whether it's in or out of pain or how strong it is. It really has to do with how we think about ourselves and how we process our feelings and our stress and I know the word holistic is a bit of a buzzword, but it is very holistic. I also wanna offer people stories that are maybe inspiring to them, that might light some sort of fire in them to help them, you know, it's called Strength for Your Purpose cuz we wanna help people find and strengthen their true purpose in life. I firmly believe that I am doing exactly what I'm supposed to be doing with exactly what I was put on this earth to do. And if I can offer inspiring stories, whether it's specifically to help boost someone's health and wellness, or whether it's just to give them inspiration somehow to go out and be better for themselves and be better for the people around them in a way that ignites something in them. That's what I'm trying to do with the podcast.

[00:29:53] **Diane Atwood:** You yourself are inspiring in a way, and you certainly seem like you have a lot of. Mm. Like, you enjoy doing everything that you're doing from working with people to interviewing people to being interviewed.

[00:30:06] **Phil Finemore:** Yeah. Yeah. I do. I do. I like to have a lot of fun. Laughter's the best medicine. If you're in an appointment I was doing with someone and we're not laughing, there's probably something that we're discussing about, you know, about their care. Something serious or maybe it's a time where we have to discuss something about care that doesn't necessarily have to have humor involved. But yeah, like to have fun, keep things light, keep things fun, and like I said, very passionate about what I do and passionate about sharing that with others so that they can find what they're passionate about as well.

[00:30:32] **Diane Atwood:** That's wonderful. Well, before we wind up, do you have something planned for the future or are we there?

[00:30:39] **Phil Finemore:** That's a great question. I think for the future, I just want to try to keep reaching out to and helping more people with this model. We just celebrated our third anniversary in business at the end of March, early April. And there's two of us now. There's myself and I have another PT working with me that's full-time now. So in that three years, we've grown to two full-time therapists and we have a part administrative staff as well. So just wanna be able to reach more people with this model cuz I firmly believe we're doing something that is helping people in an area of healthcare that they've maybe been underserved in for a very long period of time. So, my plans for the future are just to try to help as many people as we possibly can. Working in this model and hopefully afford myself a little bit more time to ramp up a little bit of the podcast as well. Would love to be able to do more of that and get even more helpful and inspiring information out to people. We're doing one a week right now.

[00:31:33] **Diane Atwood:** I don't know how you keep up that pace.

[00:31:35] **Phil Finemore:** Yeah. It's helpful when you're introduced to a lot of really great people who make it easy to get that info out. But, again, being passionate about what I do, it's also easy if I don't have a guest, to sit down and talk for 10 minutes about something that I've talked to a client about that day and get some info out. And so yeah, just wanna help as many people as we possibly can, so I think that's the end goal.

[00:31:53] **Diane Atwood:** Well, good for you. You've got a great spirit. I've enjoyed talking with you a great deal. Is there anything that I haven't asked you that you would like to talk about?

[00:32:04] **Phil Finemore:** No, I don't think so. I think this is a great conversation. I appreciate the opportunity to come on and talk a little long-form, about the journey. As I said, I like offering information that might inspire others. So if you're someone out there who feels like you don't have as much control over things as you'd like to, there's a way to change that, you know, and it can be scary to make that leap, for sure. But, it's been 100% for me. So I encourage everyone to go out there and find what they're passionate about, and lean into it. And I think if you do, once you find that you're gonna be pretty happy with the results. So thank you for this opportunity, Diane. I really appreciate it.

[00:32:36] **Diane Atwood:** You're welcome. And I can attest to the importance of finding what brings you joy in life. It can make all the difference. Hmm. Well, I wish you continued success, for sure. Thank you.

You have been listening to The Catching Your Memories podcast. I'm Diane Atwood and I've been talking with physical therapist Dr. Phil Finemore. Owner of WorkFitMe Mobile Physical Therapy. If you'd like to know more about his practice and the services he offers, visit workfitme.com. He's also just about everywhere on social media, and you should be able to find his podcast strength for your purpose on your favorite listening app. If you would like to read a transcript of this episode or leave a comment, go to [catching your memories.com](http://catchingyourmemories.com) and be sure to come back next month for another podcast episode, and if you have stories or memories you would rather not share in a podcast but would like to preserve for yourself or your family, I also record personal interviews. You can learn more about that@catchingyourmemories.com. Now go enjoy your day and please make some good memories.