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Asuta Health - a Healthcare Facility Focused Exclusively on Peripheral Neuropathy and Finding the Right Path for Treatment



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CEOCFO: *Dr. Olson, what is Asuta Health?*

Dr. Olson: Asuta Health, which means "to be healed", is a healthcare facility focused on the care of patients dealing with peripheral neuropathy.

CEOCFO: *Why the focus on neuropathy?*

Dr. Olson: It all started because of my dad. Years ago I was still in school and he had a herniated disk. He tried many things but nothing was helping. He ultimately had to get a discectomy, where they go in and they shave the disc off. The nerve was pinched on for so long that it caused damage to the nerve and his whole leg was numb down to his foot. After the surgery, we were sitting and having lunch about six months later and I asked him how he was doing, he just turned to me and said "I wouldn't wish this on my worst enemy." He was talking about the feeling of that numbness. It was just so challenging in every way for him.

When he said that it planted a seed, I knew there had to be a better way to help people with nerve damage. From there I was exposed to a group that was doing some big things with neuropathy so I learned what they were doing. Then we just kept studying and learning and tweaking things to continue getting better and better with it.

CEOCFO: *What is the connection between a chiropractic and neuropathy?*

Dr. Olson: It really boils down to the nervous system and that is the focus of chiropractors. We are constantly looking at the brain, the spinal cord, and the nerves leaving the spinal cord going out into the body. You hear all kinds of crazy stories as a chiropractor...you can be taking care of someone and suddenly their digestion improves or they are thinking more clearly or sleeping better. There are all these things other than just neck or back pain. The whole nervous system is what our focus is and this flows right into what our specialty is.

CEOCFO: *Would you tell us about your view of neuropathy and what you look at to put the various pieces together about treating it?*

Dr. Olson: Neuropathy has three main causes. The primary cause is diabetic neuropathy. The second most common type would be chemo or radiation-induced; like people going through cancer treatments. The third one is called idiopathic, which is a fancy word for 'we are not sure exactly.' Within that, there is a list of many other things such as chemical

exposure to things like Agent Orange. This is something that would happen to people that served in Vietnam from Agent Orange exposure. We see toxic exposure from different chemicals, even things like statin drugs, which so many people are on these days. There are many variables.

What we found in over 90% of the cases that we see is there is one commonality and that is poor circulation. When we talk about poor circulation we are not talking about necessarily the big blood vessels. Typically a person is going to see their primary care doctor, a podiatrist, a neurologist, or even their cardiologist. They may have been checked for blood flow in terms of larger blood vessels but what we are looking at is the micro blood vessels which are the small blood vessels that wrap around the nerves to nourish the nerves. These are the ones that can get killed off easily. So they will shut down blood to areas that are not necessary for survival and that is the extremities.

When we start scanning people and checking for circulation issues, that is where we start to see a lot of issues as those micro-blood vessels that have been damaged or are not working properly. Our main focus with each patient is improving blood flow and circulation.

CEOFCO: *How are you able to do that?*

Dr. Olson: In the testing we are trying to determine exactly what nerves are being affected. We are checking things like vibration, hot and cold, sharp and dull. We check many different sensory inputs to determine what nerves are affected and that helps guide us as to what things are going to be best for that individual and also how much nerve damage they have. Based on those things, we put together a plan that incorporates in-office visits and that can be a whole handful of things. Some people may get adjusted and other people may not.

**“Pause to look back and enjoy how far you have come and do that frequently; enjoy the ride.”
Dr. Ole J. Olson**

We are doing vibration therapy, decompression therapy, SoftWave therapy, and laser therapy. It just depends on what that individual needs. We also have a home care program, so they are doing things at home, it could be vibration, low-level light therapy, electrical therapy, and then we have the nutritional component. We are guiding them on specific foods that they should avoid, foods that they should incorporate, and supplements they should take to help increase the production of nitric oxide which is also going to help get more blood flow and circulation throughout the body. Everything is targeted at improving blood flow and circulation.

CEOFCO: *How much interpretation of the findings goes into developing a plan for someone, and how do you know the right program for someone?*

Dr. Olson: We are looking to see if there is a sign of blood flow being an issue because that is the main part of our program. If circulation is not an issue in that person, they might not be a great candidate for what we do. Secondly, we are doing all those tests I was talking about earlier to determine the amount of sensory loss that that patient has. We are also looking at motor damage. There are sensory nerves and motor nerves. Motor nerves are how we move such as the ability to reach out and grab something, the ability to walk, and the ability to balance yourself. Balance coordination is a big one we look at as well, so we assess the risk of falls.

We can say based on what we are seeing, where they are at. Then do they have minor acute nerve damage, do they have severe nerve damage or do they have permanent nerve damage? Once someone gets above 85% loss of nerve function, we know that person will never be at 100% function again. If we are to test you and you come back at 87% loss of nerve function, we can still help, but you may never get back to 100% nerve function. We can still improve how you feel and function, but that person will never have full nerve function again because it has progressed too far. We take that into account based on severe, moderate, or mild nerve damage, how aggressive we are going to be with that person.

CEOFCO: *Would you tell us about the emotional component?*

Dr. Olson: The emotional component is big in regards to healing anything. With neuropathy, it is one of those things that people have been told there is nothing that they can do for so long, that many people have almost lost hope. They have emotional trauma because of the injury or the condition itself. They are dealing with pain or lack of feeling or

balance loss or whatever it is, so there is the emotional aspect of that. Secondly is the emotional aspect of being told that this will never get better and only get worse because it is a progressive disease. That is what happens if you do not figure out the cause.

There is also another component where with neuropathy a lot of times peoples' feet look normal so when they tell their spouse they have pain the spouse will say that it looks like nothing is wrong, so they do not understand why they have pain. I think there is a big disconnect in people with their friends and family or they just do not understand what they are going through. I think that makes it harder for them. If you have a broken arm, a person can see that you have a broken arm, but with this, it is not as clear because a lot of people cannot see what you are experiencing. It is hard to connect emotionally to that.

One of the tests we do in the office is an electrical stimulation and when people have neuropathy there are times we put it on and touch their feet and hands and they don't feel anything at all. We then turn to their spouse or loved ones and touch them and the person nearly jumps off the chair because it shocks them. You can see that person instantly understands. It was such an eye-opening experience for them to see how bad the nerve damage is in their loved ones.

CEOFCO: *Is the medical community beginning to understand what you know?*

Dr. Olson: I would love to say yes but as with anything it is a slow process. A lot of times they do not understand all we do. Unfortunately, a lot of people who get better are not going to their doctors because they are better. There is a small percentage of people that do not respond. These are the ones that still go back to their doctor so then all they are hearing is the negative aspect of it. I let people know that there are only two types of patients that do not respond to the program.

We accept about 40% of people into care because we do thorough testing to ensure that there is a really good chance of that person getting better. Of the ones that we accept into the program, there are only two types of patients that do not respond. The first type is the ones that don't follow what we ask them to do. If I tell you to do this three times a week and you do it once a week, you are not likely to get the results that we are after. You have to do it the way we ask you. The second is a patient that may have an underlying metabolic condition, so if someone were to have uncontrollable diabetes that is something that we have to get under control because it will continue to damage the nerves more aggressively than we can overcome sometimes.

I always tell patients that if we get to the first re-examination and things are not changing as we expect, we are going to be doing some more digging into the metabolic side and see if there is something that is going on inside them that we need to address more.

CEOFCO: *How do you reach out to potential patients or people coming to you and where do you see Asuta going from here?*

Dr. Olson: We are growing one clinic at a time. As you scale into multiple locations you find holes in your systems and processes that lead to people not having the type of experience we desire for them to have. When these things happen, we work hard to fill those holes and correct those issues so they don't happen again. We are continuing to improve those to set us and the patients up for success to ensure they are getting the same quality of care at each and every visit.

All of our doctors have to go through a certification process in neuropathy before they can start seeing patients in our clinics. We have high standards for our doctors. Right now we are continuing to expand throughout the Midwest and hopefully continue to grow from there, the Lord willing.

CEOFCO: *Are your services reimbursable through any of the medical plans?*

Dr. Olson: We do complementary benefits checks for people. Some things are covered and some things will not be covered; it just depends on what is needed for that person. Unfortunately, insurance is mostly designed to make money for shareholders versus helping patients, so I don't think that will ever change the way we would like to see it changed. What I have always told people is I would much rather see people take the money they are spending on insurance and instead of paying a \$1000 or \$1500 a month premium, find a high-deductible plan that is maybe half that, then put that extra money into a health savings account. That is what we did years ago.

We got a ten thousand dollar deductible. My premium was about 40% of what it was going to be through a regular insurance program. So I took that extra \$700 a month and put it in an HSA (health savings account). Within a year-and-a-half, my deductible was covered in the HSA. I then took that extra money and put it into massages, organic foods, a gym membership, into things that were going to improve my health versus spending all that money just for an insurance company that was not going to support my health but just be there to keep me alive.

CEOCFO: *What have you learned on the business side?*

Dr. Olson: Going from one clinic to going on five clinics now, you learn a lot about leadership and about your SOP's (Systems and Processes). The two things that I have learned that stand out the most are the people that you surround yourself with are everything, and that goes from your team that works with you to the people that you surround yourself with daily. People are the number one thing you need to be looking at. Secondly is finding the right people to do the right job. Instead of me trying to do everything, I try to find people who can fill in those gaps that I am not great at.

Systems and Processes were not my thing, so we now have an operations guy who does that. Finding people to fill in the gaps allows you to stay in your lane.

CEOCFO: *Will you seek funding, investment, or partnerships as you grow and continue to look at new markets?*

Dr. Olson: So far we are not. The other offices help support the clinic as we open up. We have been able to do it internally so far. We have to be careful not to outgrow our ability to keep the high standard of care we expect of ourselves at Asuta.

CEOCFO: *What is the takeaway about Asuta Health?*

Dr. Olson: Peripheral neuropathy is nothing to mess around with. If you or a loved one is experiencing numbness, tingling, pain, or balance issues in the hands or feet, it is something to get checked out immediately.

Secondly, enjoy the process. I think we spend too much time looking at where we want to go instead of looking back at where we came from. Pause to look back and enjoy how far you have come and do that frequently; enjoy the ride.