

# Building A Successful Rolwing® Practice

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## INTRODUCTION

Beginning fifteen years ago, and extending over a period of five years, I published in *Rolf Lines* a series of articles, reports and suggestions about various aspects of building and maintaining a successful Rolwing practice. The focus then, as it is in this article, was not on the clinical aspects of the work, but on supporting Rolfers in having exactly the size practice they want, be that six or 30 sessions a week.

I believed then, as I still do, that the difficulty some Rolfers experience in achieving the goal of 100 percent success in this dimension of their work is only partly a function of the environment in which they find themselves, an environment shaped by the general level of awareness of Rolwing, the lack of widespread insurance coverage, the reputation of Rolwing as painful, and the ups and downs of the economy. Each of these factors has an influence on each of us. However, when Rolfers address the issues they themselves bring to the table, they can take control of the situation and shape the results they achieve quite directly. These issues include their knowledge base about the strategies and techniques of practice building, their skill levels, attitudes and emotional liabilities about practice building, and their willingness to focus on practice building as a significant component of their professional lives.

I base these views, and those earlier articles, on my own experiences in creating two of my own Rolwing practices and in supporting the practices of four Rolfers during the years in which I engaged associates. It also draws from what I learned meeting Rolfers from around the country as I offered a series of one- and two-day practice-building workshops, from my phone, e-mail, and mail consulting service with individual

Rolfers, and from a variety of life experiences.

In the past decade, I have seen that the Rolfers with whom I consult are increasingly less familiar with my earlier articles, as might be expected. It seems like a good time to review, revise and recap some of that information. I will not restate all I wrote then; there is too much material and in any case I have modified some of my thinking over the years. Instead, I am aiming for an updated review in a format that will help new Rolfers and experienced Rolfers who have not developed the caseload they would like to assess their situations and hopefully act more efficiently and creatively to achieve their goals.

There is "How to do it" material here. However, the specifics of how each Rolfer approaches practice building will depend on that person's skills. For example, are you good at working with groups, writing, or phoning? Do you have money available for paid advertising? Do you already have a history of contacts in your area? Is your community big or small, geographically compact, sophisticated, wealthy or poor? Do you have competition from other Rolfers or related body workers? How long have you been in your community, and do you anticipate a short or long tenure?

Regardless of where you fall on each of these dimensions, I believe you can have exactly the size practice you want, if you are willing to work at it as part of your job as a Rolfer, in a disciplined way. You need to bring to the task of practice building a commitment to getting the "numbers" side of your practice handled. You did not come into this field because of a preoccupation with practice building. You came because of your attraction to the work. Be playful, be appropriately intrusive with yourself

and others, be consistent in your efforts, and get the size of your practice where you want it so that you can get on with your main interest, the work itself.

## CONTEXT

### Attitudes

Ideally, Rolfers would all approach practice building with the points of view, clarity and enthusiasm they have for the work itself. In fact, it is not a huge stretch to say that practice building is an extension of Rolwing in another realm. In both, we educate others about possibilities; we disrupt old patterns; we intrude; we elicit in others an inherent impulse for well-being. In both, we develop in ourselves new skills, and we organize the job at hand into manageable segments, with time lines, short- and long-term goals, and feedback mechanisms.

Many Rolfers dislike the activities of practice building, and are anxious about them. They lack confidence in their skills or in their ability to develop those skills, and even have created elaborate justifications to support these self-defeating stances, for example, "The people who are meant to find me will find me." "I live in a community where few people have the income, education or attitudes that would bring them to Rolwing." "As a professional, it is not appropriate to promote myself or my services." "I'm good at Rolwing, but I'm not good at 'selling.'"

I have seen, over and over, that these issues and limiting perspectives shift as Rolfers learn more about the practice of practice building, as they find their own strengths in it, and as they zero in on the strategies that fit them best. If you see yourself in some of these common views, I encourage you to try out the following perspectives, at least temporarily and experimentally. These views, attitudes and assessments are not the way it "really is." They come from inexperience and anxiety. Give yourself a six-month "tentative reprieve" from them. Focus on practice building, viewing problems as obstacles to overcome rather than as impenetrable barriers. All you have to lose is the free time you intend to assign to your professional life. (See *Rolf Lines*, Winter, 1992, "Suggestions for Success.")

### Practical Suggestions for Creating a Successful Context

Set Goals. First, set them for the size prac-

tice you want. Get an exact number, not a range. How many clients per week? How many weeks per year? Take the vagueness out and put your commitment in writing.

Then, set goals for the various activities of practice building that make up your strategy. Begin with a time allocation. If you would like to be Roling twenty clients a week, and now Rolf ten, and if you schedule 1 1/2 hours per session, counting talking and administrative time, then you have fifteen hours a week that you are prepared to devote to professional life that is not used for it. Your challenge is to fill fifteen hours a week with practice building activities, less as your practice grows and always some, even when your practice is full.

If you determine that lecture/demonstrations are a potentially useful component of your effort, how many demos will you create in the next three months, six months, year? How many newspapers—city-wide, neighborhood, or specialized, such as sports-related or New Age—will you contact in the next three, six and twelve months to attempt to generate press coverage for your practice? Likewise, set contact goals for talk shows or soft news segments on radio and television stations. How many allied health professionals will you contact with an offer of a free first session in the next three, six and twelve months? How many one-to-one enrollment conversations will you commit to per week based on your personal contacts? How many conversations will you have with existing clients about potential new clients they might refer?

Next, organize a tracking and recording system for each of these goals. Set it up by week. Notice if you are meeting your time goals and your activity goals, and how this varies over the months. Use this information as self-correcting feedback. (See *Rolf Lines*, July/August, 1990, "Statistics for Practice Building.")

Keep a journal specifically for practice building. Write in it every day. Record your activities, attitudes and thoughts about practice building. Brainstorm new ideas or possible contacts, remembering that brainstorming involves your first impulse, uncensored. Recreate phone conversations, in writing, with potential clients as close to verbatim as possible, including some with people who did and some with people who did not sign up for a first appointment. Try to notice what processes led to each out-

come, focusing especially on the role you played. Assume the outcome had 100 per cent to do with you.

Create a support system for yourself in the practice-building component of your professional life. This might consist of one person you recruit to be a sounding board, as that person's gift to you, or they might be a paid consultant. It might also be a small group of two to four people who are willing to meet together with you once every two or three months, perhaps for three or four times, as a Board of Directors to hear your plans and offer feedback. If you are making public presentations at lecture/demos, or on the air, solicit a designated observer with whom you can debrief and evaluate. When you are struggling or just learning, get some help.

## DEVELOPING A STRATEGY

### Short, Intermediate and Long Term Components

Develop a game plan. Of course, you will refine it as time goes on, but have at least a beginning blueprint. This will involve short term, intermediate and long term components. For example, create a lecture-demonstration opportunity that can be accomplished within a few weeks. If you are invited to speak to an existing group of people, such as a runner's club, workplace brown bag lunch series, or a staff meeting of a mental health center; if you are successful in exciting audience members about the possibilities of Roling (See *Rolf Lines*, Spring, 1992, "Creating a Successful Roling Demonstration"); if you offer one half off the cost of an initial Roling session for those who sign up for it at the demo; then you potentially can generate a handful or more of new clients reasonably quickly.

If you follow some basic guidelines I will offer below (for more, see *Rolf Lines*, Summer, 1992, "Generating Media Coverage"), within a few months you might be successful in having an article appear in print about Roling and your practice. This usually takes more time to ripen than does creating a demo and is less in your immediate control, but has, potentially, a large impact when it happens. This is a mid-term project in your overall strategy.

An example of a longer term strategy is networking with other health care professionals. There are many ways to go about

this. Here's one. Each week for a month or two, mail an introductory letter and a brochure to some manageable number of M.D.'s, chiropractors, osteopaths, physical therapists, massage therapists, psychotherapists, and other healers. Invite them for an introductory session as a professional courtesy, i.e., free. About two weeks later, call them, ask if they have questions and reissue your invitation. Because you do need to follow up by phone, adjust the number of your weekly mailings to the number you can follow up within a week, starting two weeks hence. Yes, these professionals are hard to get through to. Yes, your response rate will be low. It can still be worth doing, over time, to increase recognition, especially if and when your clients show up later in their offices, speaking well of Roling and of you. And some of these people will accept your offer for a first session at no charge and will go on to become full series clients. (For a more elaborate model, see *Rolf Lines*, Winter, 1989, "Educating Physicians About Roling.")

The organizational scheme of the remainder of this material is as follows. The next two sections address talking to potential clients, and keeping clients in your practice once they start. These discussions presuppose that the phone is ringing. For too many Rolfers, it isn't. The remaining sections focus on making that happen.

## SPEAKING WITH POTENTIAL CLIENTS

Having a new person enter your practice will always start with a conversation with that person, sometimes face to face and more often on the phone. Particularly when you are talking with a person who has initiated a conversation by approaching you to ask more about Roling, or who has called you, you are talking with a highly self-selected individual, someone who is a motivated potential client. A very high percentage of these conversations will result in that person making an appointment for an initial session, if you are aware of the dynamics of the enrollment process and shepherd it along. Here is a review of that process (See *Rolf Lines*, January/February, 1991, "The Enrollment Process.")

No one will decide to be "Rolfed" who does not have some basic information about Roling. Even a person who has introductory information about Roling from a brochure, the Internet or a friend, is likely to

start a conversation with you by asking, "What is Rolfling?" Obviously, you need to answer this basic question, and in your career you will answer it many times.

When doing so, speak in everyday language, not Rolfl-ese. The language of a Rolfling class is not the language of enrollment. Be accurate, and don't talk down, but skip the jargon. For example, a goal of Rolfling is not structural integration, but is improved posture, fewer aches and pains, more energy and greater flexibility. The technique of Rolfling is manipulation, stretching and lengthening the wrapping around the muscles that lock the body into shortened, compressed and twisted patterns. Start your description with the reasons why a person would be "Rolflfed," which is to say, with benefits. Leave out the history of Rolfling or the reasons that bodies get out of alignment, unless you are specifically asked about these areas.

Here is a sample of a quick answer to the "What is Rolfling?" or "Tell me about Rolfling" question. "Rolfling is a hands-on kind of bodywork that helps people to have better posture, fewer aches and pains, more flexibility, and more energy. It works by lengthening and freeing the wrappings around the muscles, which is a kind of connective tissue called fascia. This is the part of the body that holds everything in place. Rolfling makes use of the fact that these fascial wrappings are plastic. The basic Rolfling series typically requires ten sessions, each about an hour, each different, and building on one another. They are spaced anywhere from one to three weeks apart, so that the whole process typically takes three to five months to complete. Within three sessions, most people will know whether or not Rolfling will produce the changes they are seeking."

Be alert to "information junkies." A person needs information to make an informed decision about Rolfling. However, if someone is soliciting information endlessly, that person may be trying to address or express an underlying concern that is not surfacing directly. If that concern is not addressed, your conversation is more likely to end with a "let me think about it and get back to you," which translates to a 99 percent certainty that the person will not be "Rolflfed." Typically, these concerns are the fear that Rolfling hurts, that it will lead to another disappointment or failure to handle some problem the person has dealt with, or anx-

ety about spending money and time without a good result. If you discern, through active listening to the questions, that a consideration of this sort is lurking, address it.

For example, a useful and honest strategy for addressing fears about Rolfling being an investment of time and money, potentially to no avail, is to tell people the "try three" rule. By the time most people have done the first three sessions, they are likely to have a fairly clear idea about whether or not Rolfling will address their issues. Tell people that, of course, they can try one session and stop, but that three sessions is a reasonable period for evaluation. This is a very comforting idea for potential clients.

If a person is expressing a concern about the pain of Rolfling, let them know that they are in control of the speed and depth of your work in that you will stop the moment you feel them tightening against you; that you will stop the moment they say "stop"; that the depth and speed of your work is adjusted to their need and their ability to release, and that the moment the pressure is taken off there is no lingering discomfort. Then distinguish "good hurt" that releases from "bad hurt" that injures.

Conversations about a person's concerns about Rolfling may occur early, late or never in your conversation, but ideally, once you have provided basic information in response to someone's questions, the next, and most important order of business is your investigation of the concerns that have led that person to contact you.

The reason for this is that absolutely the most enrolling part of the conversation occurs as you inquire about the person's presenting issues with their posture, flexibility, fatigue, discomfort, aging responses, and so on. Draw them out about these concerns; express your appreciation for the significance of these concerns; and, indicate, if it is true, that while you cannot promise to resolve the issues, though the first three sessions will speak to that question, problems of that sort are the bread and butter concerns of Rolfling, and that you have dealt with problems of this sort with many other clients.

This way of eliciting information and responding does two things. It puts the potential client more fully in touch with the driving force that brought them to you, a driving force that is the most powerful impetus for overcoming their concerns about

Rolfling and for overcoming the human tendency to procrastinate. And, it reveals your humanity and your confidence in the face of their issues.

The final phase of the process, all too often dropped out by Rolflers, is what in the world of commerce is called closing the sale. It is simple to do and there is a formula. Practice the following question until you can ask it with interest and intention, and at the same time from a position of disengagement and neutrality, so that the questions highlights that individual's stake in the answer, not yours. Asking it does not turn you into your worst fantasy of a hustler, and the answer does not validate or invalidate you as a Rolfler or as a competent and valuable individual. The question is, "Would you like to make a first appointment?"

## KEEPING CLIENTS IN YOUR PRACTICE

Do good clinical work. Do it in a caring manner. And, do the following.

If any significant number of your clients are starting, but not completing, the basic series, chart the point in the series at which people have stopped. Go back through your previous months or years, if you have them, and record for each year the point in the series at which clients stopped. If there is a pattern, did it change over time and what can you learn from it?

The key to reducing dropouts, after the quality of your work, is goal setting with clients. In my practice, I allot an extra 45 minutes for a first session, most of which is devoted to history gathering and goal setting, both in regard to specific structural issues and broader issues of well being. Because the months during which a person is being "Rolflfed" are a time in which that person often is particularly body- and health-focused, goal setting frequently involves exercise, nutrition and alcohol and cigarette use. In areas beyond the structural, I do not present myself as having special expertise, but rather as a committed listener and a person with whom the vision and commitments of the client can be lodged. All of this is both good service and good business in that it places Rolfling in the center of a focus on a lifetime of well-being and increases the potential value of the client's encounter with you.

After many decades, I continue to find it useful to take before and after pictures. I still use an old Polaroid camera, though the computer technology has wonderful features. "Before" pictures are a good talking point about what you hope to accomplish in the series and about the linkage of a more specific issue that brought the person to Roling initially with the logic of a ten session realignment process. The after pictures are also, at their best, a further confirmation of the value of the series and a linkage to post-Ten work. Dramatic, or even reasonable demonstrative before-after pictures, which I always give to the client, are often powerful enrollment tools, in the client's hands, with people around them.

If a client is unsure after three sessions that his or her goals are being met, though this is not a usual occurrence, I will take an "after Three" picture. Often the clear changes in structure, revealed especially by the lateral line at that point, are persuasive, even if the client is not yet conscious of the changes experientially.

Another component of keeping enrolled clients active with you is developing your post-Ten practice. (See *Rolf Lines*, May/June, 1990, "Building a Post-Ten Roling Practice.") At the end of the ninth session, tell clients that as part of your final session you will have a conversation about ways they can make use of Roling after the completion of the basic series. I give clients a brochure that outlines the possibilities, ask them to read it before the next session, and tell them we will review these possibilities with their particular situation in mind. At the final session have that conversation. The options, to which you have given thought before the session, might include continued single sessions for a while, perhaps monthly or bi-monthly, to nurture a problem area; repair work in the face of any new injury; a three-session maintenance series in six to twelve months; or the advanced series. Describe possible patterns of usage over a lifetime. Then, make any suggestions you have about a pattern that might make sense for that person, or an array of possible patterns. It is common, at this point, for clients to say that they had been wondering about possible future uses of Roling, are glad to know these options exist and, in fact, have given thought to what they might like to do in this regard.

Tell your clients that they are, of course, free to call you at any time if a need arises, and

that if you have not heard from them, you will call to touch base, with their agreement, in a specific number of months. Typically, if the client's initial issues are largely resolved, that might be ten to twelve months. In your scheduling book, record that person's name in a designated location as someone to call when the agreed on time rolls around. As your practice builds and you have longer and longer tenure in your community, there will be larger numbers of former clients to call each week, and more and more former clients in your weekly caseload. In a few years, these people can be the base of your practice.

Each time you complete a post-Ten session or series with a client, review options for a potential next step, establish and record a contact date, and follow up as before. Eventually, many of your clients will sort themselves into predictable patterns that continue for years, for example, three sessions every six months or year, a session a month, and so on. Having these clients in your active caseload is then a matter of scheduling them for their next work whenever you complete your current encounter, or calling them to remind them it is time to take a next step. If someone is not ready to make an appointment when you call, ask if they would like you to call in three, six, or twelve months, as appropriate, record their name at that point in your schedule and follow up when it is time.

## LECTURE/DEMONSTRATIONS

If you are invited to speak to a group of people about Roling, or arrange to have yourself invited by shopping for opportunities, you make your life easier by not having to generate an audience yourself by inviting the general public. You just have to show up. Some active publicity on your part, even in these situations, might be appropriate and useful, for example, making your brochures available ahead of time to a yoga class or a physical therapy staff meeting where you will speak, and/or offering the yoga instructor or head physical therapist a free introductory session well beforehand. The downside of situations in which you come in as a guest speaker to an existing group is that the investment of your audience in your presentation may be low. Nonetheless, seek these out. They are easy to create, they are good practice for you, they will generate some new clients, and they help spread the word.

If you generate an audience through advertising and personal invitations, you will work harder, spend money, and will approach the demonstration date with the anxiety that perhaps no one will come. On the other hand, the audience will have self-selected and your enrollment results are likely to be stronger.

There are a number of situations that would suggest you make this extra effort. For example, if an article about your practice is appearing in the newspaper, and you publicize a demonstration shortly after, you have outside assistance in reaching a targeted audience. In another example, a key figure in the local dance community offers to help you identify and contact dance groups and classes, perhaps with a flyer that includes that key person's endorsement. You mobilize for a broad invitation to the general community, using paid advertisements, posted flyers and post card sized invitations, which you distribute to present and former clients, friends and other contacts. These all require more investment but can pay off nicely if done properly.

Regardless of your audience or format, as part of your preparation take time to get in touch with your own Roling experience and your continuing satisfaction with the work. These topics may not come up in your presentation, but let them inspire you as you organize your thoughts and create an outline for your presentation.

If the situation allows for a full presentation, as opposed to a brief introduction that is sandwiched in as part of some other function, bring the following: literature about Roling; a portable Roling table if you have one, or a mat if the demonstration part of the demo will have to be done on the floor; whatever lubricant you use; three by five inch index cards and pens for people to print their name, phone numbers, best times to call them if they want to set up an appointment, and a sentence or two about the situation(s) they are dealing with that have them interested in trying Roling; several of your present or former clients if appropriate and possible; and a friend who can help you debrief and offer feedback.

Introduce yourself. Include some brief autobiographical background. Outline the organization of the presentation as follows: introductory information presented by you, with opportunity for questions; some exercises in which people are invited to partici-

pate if they wish, which are not threatening, nor hands on, and will help them understand more about their bodies; a demonstration by you of the work itself on one or several volunteers; and a chance for people to sign up for a first session. Tell your audience that the process will last between one and one and a half hours.

Your initial presentation should last not more than twenty to twenty five minutes, including questions. Speak without jargon. You might include, though very briefly, the history of Rolwing and of Dr. Rolf, the training of Rolfers, the organizational structure of the Rolf Institute, and its worldwide presence. Present Rolwing in terms of techniques and goals. "Techniques and goals" is also a useful organizational framework for brief answers to questions about how Rolwing differs from chiropractic, massage and physical therapy. Goals focus on benefits, and benefits should be presented in the framework of what we know to be the kinds of issues that bring people to Rolwing.

Give basic information on the number of sessions, time per session, spacing of sessions, "try three and evaluate," and cost. Tell people where your office is and draw them a verbal map if its location is not one that everyone can immediately identify. You want people to generate an image of themselves finding your office, which they will do as you guide them briefly through the lefts and rights. Tell people that those who indicate at the demo that they would like to sign up for a first session can do so for one half your usual fee.

Take questions as they arise, if you are comfortable with that format. Welcome questions coming from a skeptical or critical participant, because your non-defensive and kindly response will model yourself as a grounded person who can be trusted.

Invite people to participate in some experiential processes, to understand a bit more about how their bodies work and the focus of Rolwing. These might include the following directives.

Stand in a comfortable position. Look briefly at the placement of your feet. Trace, in your mind, the external rotation of a foot and/or the anterior placement of a foot to the knees, hips, chest and shoulders. Notice the interconnectedness of these patterns.

Take a deep breath. Notice shoulder response. Take another deep breath without

pulling the shoulders up or back. Notice how a tight rib cage makes this difficult.

Stand in pairs, one person directly behind the other. Front person feel the weight on their feet, usually too much toward the heels. Person behind press straight down on front person's shoulders, firmly but not abruptly, and front person notice resulting instability in the lumbar. Front person then shift their weight forward, from their ankles, so their weight is more evenly distributed front to back of foot. Back person press again. Notice greater lumbar stability. Switch roles and try again.

Have everyone sit. Experiment with rolling pelvis from sit bones to tail bone. Notice the difficulty of keeping the head over the trunk when sitting on the tailbone. Discuss chair height and lumbar support as factors in sitting more on sit bones. Thank people for participating.

Ask for a volunteer, who has not been "Rolfed", to receive a few minutes of work. Explain that it will focus on their neck. It should not be anyone currently in significant cervical discomfort, not because Rolwing cannot be useful in such situations, but because the demo is not the place to take that on. Volunteers are usually plentiful. Ask one person to stand in front of the group and slowly do as full a head rotation to the left and right as is comfortable. Ask the group to notice and comment on which side has more limited range of motion, noting the degree to which the head tilts posteriorly to complete the rotation and the shoulders rotate with the head at the end of the rotation.

Do three or four minutes only of external release work on the more restricted side, with the client lying on their back. If the group is of modest size, invite people to gather around as they wish. Invite the volunteer to describe the sensations, as they wish. After you have done one side, have the volunteer stand, try the rotation again, and report their experience. Enjoy profoundly, but professionally, the "oohs and ahs" if you have produced a noticeable change, and beg their indulgence for demonstration circumstances if you have not. Balance the other side of the neck, and if time allows, do one or two more people. If the first volunteer showed visible change, skip the Before-After comparison with the subsequent one or two volunteers.

Thank people for coming. Ask them to fill

out the three by five cards, reminding them of the one-half off offer for those who sign up at that point for a first session. Tell them you will call them to set up their first appointment in the next few days, or do it at that point if circumstances allow. Explain that you will remain at the demo for a while to answer individual questions. Privately, thank your personally invited guests and any other helpers for coming. Pack up, and debrief and evaluate with your informal consultant if you have one there.

If you are able to sign up some or all of the people who indicate they would like a first appointment right at the demo itself, that is a good idea. People are at their most enthusiastic at that point. However, even when someone has a definite appointment time, unless you have had the chance for quite a full enrollment conversation at the demo, most particularly tuning in to the situations they are dealing with that have them interested in trying Rolwing, give them a call a day or two later and have that conversation. That will be very helpful in reducing the number of people who call you to cancel, prior to their first session.

Here are two additional avenues to explore that do and don't fit precisely into this section on demonstrations. The first is the possibility of your participation in the health fairs that are held in many medium and larger cities. You will pay to rent space for a day or two, and will be dependent on the success of the organizers in publicizing their event to determine the number of people attending. You will also compete for attention with lots of other people promoting their services and products. I have not found them to be particularly useful in generating clients, but I know that some Rolfers have. If you have a small practice, it might be worth doing.

Bring a sign announcing yourself, an enlarged copy of the logo and of one or several before-after pictures, literature, and a portable Rolwing table so that you can offer some brief samples of neck work. Offer one-half off the cost of a first session for anyone who signs up then for a first session, and definitely follow up with a call in a day or two to explore their issues further, see how the brief sample of neck work settled in, and reconfirm their appointment time.

A final demonstration-related strategy that I have pursued off and on for years with some success is as follows. Once a week, for several hours through most of the year,

I have set up a portable Rolfling table in a well-trafficked section of an upscale and popular health food store in my community. A sign at the front of the store announces "Free Rolfling Today," with my name and title on it. Another small sign repeats the announcement at the place where I locate myself in the store.

As shoppers come by, if they approach me, I answer questions, give them literature, offer a brief sample of neck work, inquire about their interest in Rolfling, which sometimes is just their random curiosity, and offer them my usual "act now" first session discount. This has sometimes been very productive. A follow up call to people who sign up is critical since the people who do sign up generally did not come to the store planning to commit to Rolfling. They just happened upon it. The combination of their excitement about the results of even a brief sample of the work, with the special offer, can lead to an impulsive decision to commit to a session. A higher percentage of these people will cancel their first session appointment before it arrives than clients derived from any other source, but a follow up call to them a day or two later can reduce that drop out rate considerably.

The store gets the payoff of an interesting "free" add-on service for its customers, and that has been appealing. However, if the store is too small to generate much traffic or to have room for you to set up in a visible place, and if you do not have a relationship with the owner or manager of the store, this arrangement is less likely to work. On the other hand, if the conditions do allow, it is an effective and free way to educate and enroll people.

## GENERATING MEDIA COVERAGE

A newspaper or magazine article about you and your practice can be a key building block for your success. Television and radio coverage also can be useful, though generally they are less impactful because they include less information. Obtaining this kind of exposure is never a certainty and getting it is a process, sometimes short and direct and sometimes protracted, requiring tenacity over years. It is worth pursuing.

The process starts with you identifying media outlets that cover lifestyle and health related material. Identify relevant sections

of newspapers or magazines, including neighborhood papers and special interest papers, sections of news programs that have soft, personal interest items, and locally generated talk shows on local network affiliates, local cable channels, public T.V., and radio. Start with the most wide reaching outlet. Your first target should be the daily local paper, if appropriate, rather than the weekly alternative paper, a neighborhood paper or a community-oriented radio talk show that airs at 5 A.M. Eventually, over a number of years, approach them all, starting at the top and working down.

Identify the editor of the relevant section of the paper, the reporter who writes the health-related stories or columns, or the host of the talk show, and write an introductory letter to that person. Explain up front that you are a Rolfling practitioner in town and thought it might be of interest to their audience to know more about this powerful and growing technique of bodywork. Introduce yourself, say a little about Rolfling, offer them a no-strings attached introductory first Rolfling session as a way for them to learn more about Rolfling, include your brochure or the Rolf Institute brochure, and let them know you will contact them shortly to see what they think of the idea.

If you are the only Rolfler in your community, this introduction might emphasize that, at last, your community has this valuable service available, even if you have been there for a while. If you are not the only Rolfler, consider a joint approach with one of several other Rolflers, if your relationships are cordial, or emphasize any relevant special focus you might have, for example, your special interest as an athlete, meditator or mother, in working with clients of a similar bent. The down side of this proposed focus may be the limitation it creates in the broadness of the appeal of the article, but your purpose at this stage is to generate interest in a story. You can broaden the focus in an interview.

As you follow up with a call, expect anything. A busy editor may not have read your material, not remember it or not be able to locate it at all. Be polite, give a brief verbal summary of your letter, offer to send it again, do so, and follow up again with a call. If you get a clear rejection, make note of that in your "media file," including the date, name of the editor, and a copy of the material you sent, so that in a year or two

when you notice that there is a new editor in that role, as there often is in the media, you can start the process again with a new person. Then go on to the next media outlet on your list.

A common response is to get thanks for the material sent and a non-committal expression of interest. A hurdle for us as Rolflers is that stories about us, while of interest to the media, are not timely. They are just as relevant a year from now. If a month or two goes by with no action, you can follow up with another call, or a letter and a call, with information that makes the story more timely. A useful strategy, within your control, is to have a lecture/demonstration on the books for a few weeks hence, and invite the editor or reporter to that demo. "I have been invited to speak to the nursing staff of Joe's Hospital on (the date) and would like to invite you to attend." Another "hook" might be a client who is willing to support your work, whose story is timely. For example, "So and so has recently been 'Rolfed' and has found it useful in her pursuit of her passion for running. She will be in such and such a race next month and has indicated she would be willing to talk with you about how Rolfling is influencing her training for that event."

Fast forward to the hour at which a reporter is meeting with you, in your office, to discuss Rolfling. Ideally, a photographer is present, or will be later, and a client or friend has agreed to be part of the story as a model. Here are some guidelines for the interview.

Do not ramble. Talk in sound bites. Distortions in reporting are commonplace, not through intent or ill will, but because of the time pressures on reporters to crank out stories. Do not expect the reporter to pick out the core point in your comments.

The reporter will ask questions. If they are open ended, as in "Tell me about Rolfling," follow the guidelines I have presented about discussing Rolfling, describing technique and format briefly and clearly, and emphasizing why people get "Rolfed" and what benefits they typically experience. Offer to introduce the reporter to people who have been "Rolfed" who would be open to sharing their experiences. This means, of course, you have done some preparation work with clients. It is an easy sell.

If the reporter's questions are more specific

and not addressing the core of the message you want to publicize, take a tip from politicians and answer the question as introduction to the information you want to get out. For example, in response to "How did Rolfling get started?" the answer to which is marginal to the enrollment power of the article in comparison with information about Rolfling's benefits, you might say, "I, Ida Rolf, a Ph.D. biochemist from Columbia University, began to experiment with these techniques over seventy years ago, as a way to help people who were dealing with muscular-skeletal aches and pains. She discovered that she could help people resolve specific problems by improving their overall balance and posture." You have answered the question, if tersely, emphasizing Rolfling's roots and Ida's academic legitimacy, and you have quickly turned the subject matter to the benefits of Rolfling.

Try to avoid having your fee appear in the article, and when the reporter asks, as is likely, explain that your reluctance to have that number in print is that it does not give the whole picture, standing alone. If there is no getting around it, ask to reporter to please mention some of the factors that influence how people perceive that cost, for example, the time span over which the expense is incurred, the "try three" notion, the availability of budgeted payments, if that is something you do, the length of the sessions and the long term impact of the results. The reporter and the editor will obviously have the final say, but you will have done your best.

A word about television exposure. Whether you have a camera in your office or are in a studio, introduce visuals. Ask beforehand if the camera can focus in on before-after pictures, if you have them, or the logo, as a talking point. Will they show you doing some neck work on a fully dressed model? How about you Rolfling the wrist of your interviewer, both of you seated, face to face. If you do this, before you begin the work ask the interviewer to put both arms out and let both hands hang limply at the wrist. Pick one and work around the retinaculum, discussing what you are doing as you do it, in general terms, and eliciting feedback on any discomfort. Then do the wrist comparison again. Unless the Rolfling Gods are against you, the selected side will show a marked increase in the drop of the hand and feel freer to the interviewer. Promise to do the other wrist after the interview. Ask if they can show a background visual with

your name, business name if you have one, and phone number.

Sue Seecof, the Rolf Institute publicist, directs the Institute's national PR campaign. She prepared the following paragraph:

Sue's services and resources are available to members. She teaches PR classes to Rolfling students. Contact her for tips about pitching news stories to reporters, conducting an interview with a reporter, how to present Rolfling on television and radio, etc. Also, contact her for PR materials such as Rolfling articles or videotapes. Her email address is seecof@aol.com and phone number (303) 543-0009. Three press kits are available on these topics: General Rolfling, Sports, and Repetitive Stress Injuries. They include press releases, tips about working with the news media and articles about Rolfling. They are updated on a regular basis. Contact the Office Manager at the Rolf Institute at info@rolf.org to order one or call 800-530-8875. They are \$7 each. The Rolf Institute web site has a PR section called "In the Media" that includes press releases and other materials. Go to [www.rolf.org](http://www.rolf.org). Contact Sue Seecof, for copies of digital photos of Rolfling and Dr. Rolf, for use by members and editors. The AMTA website also has useful publicity information.

## YOUR CLIENTS AS A BASE OF SUPPORT

The primary purpose of your relation with your clients is to serve them. In considering ways that you might solicit your clients' help with your need, namely, practice building, be selective and appropriate about whom you ask, when in the process you ask, and what level of involvement you request. With some clients, any overtone is inappropriate. At the other end of the spectrum, many clients will be spontaneously sharing their enthusiasm with others, regardless of your intervention. Making them aware that you would appreciate their referrals, or supporting them in spreading the word by offering them brochures to give to their friends, is very welcome. (See *Rolf Lines*, Nov./Dec., 1990, "Developing Client Support for Rolfling").

At the least intrusive level, it is always appropriate to post a sign in your office to the effect that "Your referrals are welcome," or to attach a "Please Take Some" sign to a rack of brochures. You might also display a gift certificate for Rolfling that clients can pur-

chase for someone. It is common for clients to initiate conversations about how they would love to have their spouse, friend, or co-worker receive Rolfling. A simple comment from you that you have gift certificates for sale, and if they would like to give a friend an initial session, or several, as a gift, that is a nice format for doing so.

A related approach is to tell a client that their friend or spouse is always welcome to sit in on a session if the client is comfortable with that, as a way to be introduced to Rolfling. Likewise, if a client arrives for a session with a visitor, make the same point that it is fine with you for that person to sit in if both people would like that. If appropriate, you can discuss what you are doing and answer the visitor's questions as you are working, and inquire about how the visitor is doing with her body. At the end of the session offer the visitor a free brief sample of the work, fully dressed, on the neck, and then ask them if they would like to make an initial appointment for themselves. This process is usually satisfying to both client and guest and will generate several new clients a year.

There is another kind of gift certificate program (*Rolf Lines*, Fall, 1989, "A Gift Certificate Program,") that can be productive and is worth considering. Prepare an appealing gift certificate that folds over like an invitation with "A Gift Certificate for Rolfling" on the cover, a brief description of Rolfling, emphasizing its benefits on one half of the inside, and the offer you are making on the other. The offer is some version of the following. "With thanks to (your client's name), I am pleased to offer you a gift certificate for one half off the usual price of a first Rolfling session. This offer is good until...(insert a date about two months down the road.) Please call me at your convenience to arrange an appointment time. Sincerely, (your name, phone, address, and web site address if you have one.)"

Describe this gift certificate to your clients, as appropriate, and ask them if they have anyone in mind whom they think might like to receive it. If they do, take one, or several, and give them brochures to accompany it. Several weeks after you give the gift certificate to your client, ask that person if they have given it to anyone, and if they have, inquire about the reception. A few weeks later, if the recipient has not called, follow up by letting your client know that you have not received a call from that person,

and ask if your client would see it as appropriate for you to call the recipient to ask if they have any questions and if they would like to move forward. Often it is. Your call would then have this format. "I know from (your client) that you received a gift certificate for a special offer for a first Rolfling session. I am calling to ask if you have any questions I could answer and to see if you would like to make an initial appointment."

This strategy is especially useful when a client has been mentioning a person who is interested in Rolfling but, for whatever reasons, has not yet taken action. It also can generate referrals of people whose names have not come up in conversations with your clients because it stimulates your clients to have focused conversations they might not otherwise have.

On the down side, you may find, as your practice becomes fuller, that you do not feel as good about discounting first sessions, and there can be some awkwardness when clients refer people after you have ended the program and either your client or the referred person anticipates a discount. Always err on the generous side of these discussions. Usually, if you are clear that this is a program that you are putting in place for a discrete period of time, and that time is over, there will be little problem. You are always free to use the program again at a later time.

Whether or not you are stimulating referrals with a gift certificate program, give thought, as you work with clients, to the timeliness and appropriateness of asking them if there are any people with whom they have contact who have expressed interest in Rolfling, if your client has taken a brochure for that person, and if it would be appropriate for your client to give you that person's name for you to initiate a call.

Stay alert to these additional possibilities for soliciting support for your practice from your clients. Does your client know of a place where your brochures could be displayed or distributed and would your client help with that? Is your client connected to a work situation or group that might like to invite you to give a talk about Rolfling? Would your client like to come to a presentation you are making about Rolfling, and bring a guest? Is your client connected to a media outlet in a way that might facilitate coverage for you?

## PRINT ADVERTISING

Ads can make a difference, and at the same time are rarely a quick fix. If you are going to invest in newspaper or magazine advertising, plan to sustain the effort for a while. Some Rolflers have found that ads bring immediate results, but more often it is the gradual increase of awareness, and the availability of information on how to find you when an individual is finally ready to try Rolfling.

Do not judge the value of the ad by its price alone. An inexpensive outlet, or an undistinguished "wellness providers" section of an alternative paper will be relatively inexpensive, but may reach fewer people than a more expensive outlet. On the other hand, an ad in a broad circulation daily paper or magazine may be too expensive to sustain and may not be focused enough on a target population.

Ads need headlines and need to emphasize and speak to benefits. It is also very useful to use visual material, the most powerful of which are before-after pictures. It is a worthwhile project to develop a file of these over time. Pictures need to be of good quality to reproduce well in newsprint outlets. You will also need client release forms. The Rolf Institute web site, Members Only section, has a limited offering of such pictures for your use, and is working on developing additional pictures. Useful headlines with such pictures might be "This Body Feels Old/ This One Doesn't," "Bodies Work Better After Rolfling," "Back Hurting? So Was His," "Stand Straight, Feel Great," and "Body Cranky? So Was Hers."

In the absence of before-after pictures, and even if you are using them, the logo is a useful visual and makes a good statement. Try some testimonial ads, with a possible headline, "Bodies Work Better After Rolfling." Ask Someone Who Has One, "Rolfling/ It Worked For Me," or "Rolfling: A Lifetime Investment."

Benefits, if not inherent in the headline and visuals, need to be presented in a concise way, preferably with bullets, for example:

- Reduce Aches and Pain
- Stand Straighter
- Increase Flexibility
- Have More Energy

Usually an ad is not a useful vehicle for discussing the technology of Rolfling or its format, that is fascial manipulation, structural balance, ten sessions about an hour each,

and so on, or for presenting information about yourself, other than degrees and title. And remember, in the first appearance of the word Rolfling, include the registration mark (®).

Ads are particularly useful in promoting demonstrations or any other special event, for example, a forthcoming television appearance. If you are inviting the community at large to a demonstration, headline the demo, give the time, date and location, your name and phone number, and include the highlighted benefits list.

Another form of print advertising is the phone book. A limitation is that Rolfling appears in the Yellow Pages under the heading "Structural Integration," where few people would think to look for it. You can have it placed elsewhere. I put mine under massage where it is about as unhelpful as it would be under Structural Integration. For an extra fee, you can have it inserted in several categories, for example, Structural Integration, massage or even Physical Therapy.

If you have a business name that starts with the word Rolfling, you have the advantage of having your business listing in the business section of the phone book under Rolfling. This can be a useful place to invest in a larger display, with the logo, a web site address if you have one, and a listing of benefits, if your budget allows. If your business name is simply your name, it probably does not pay to invest more than the minimum for a business listing.

Though a comment on your answering machine message does not readily fit in a section on print advertising, here it is anyway. Simple, gracious and complete, please. Do not tell your caller that you are either in a session, away from your office, or in the shower. Who cares? Do not offer them a musical interlude. Do not repeat to the caller the phone number they have just called. Instead, follow a straightforward format of this sort: "Hello. This is (your name, Certified Rolfler, and/or business name). Please leave your name, number and a message, and I will get back to you soon. Thanks for calling."

## WEB SITES

I have had a web site for several years and find it increasingly useful. However, while I have checked out many of the web sites sponsored by individual Rolflers, I have not

had extended conversations with many Rolfers who have such sites as to their usefulness. My comments, therefore, are based largely on my own situation.

More and more people who are calling tell me they have been to my web site. I have not investigated the path that led them there, and that would be useful to know. How many are simply doing a search, coming from the Institute's on line directory, or going to the site having seen the address in the phone book, on a brochure or in an advertisement? The site is also useful when I speak with people as an easy way for them to get more information. It helps that my domain name is simple, direct and descriptive ([www.vermontrolfer.com](http://www.vermontrolfer.com)).

A web site does not have to be elaborate. My own is simple. I wrote the text and supplied the visuals, and a client created the site in exchange for some Rolfling. I have not changed it for years, though it could use an update. Visuals, description of Rolfling, benefits, history of Rolfling and training of Rolfers, autobiographic material and testimonials are all appropriate. If you have or create a site, get your own domain name rather than make use of the option for a free home page that Internet service providers offer you. The reason is that your address will start with their name or identification. It will also mean a change in your address if you change providers, a not uncommon experience in the fluctuating world of the Internet. Your own domain name should contain the word Rolfling and be as descriptive of your situation as possible. Domain names are easily obtained, and relatively inexpensive. Readily available sources for obtaining them of which I am aware are [www.networksolutions.com](http://www.networksolutions.com) and [www.domain.com](http://www.domain.com).

Creating a site probably would not be a first priority for Rolfers who have to pay someone to create it and who do not have a lot of money to devote to practice building. Sooner or later, preferably sooner, I suspect it would be in the best interest of many Rolfers to get going on this project. □