

# Making your clinician profiles unmistakably yours

Spend five minutes reading this before anyone fills in a profile. It's written for clinic administrators and clinicians alike — and it changes what you'll write.

## Why this matters

Patients increasingly find clinics by asking AI assistants — ChatGPT, Google's AI results and others — questions like *“who should I see about my Achilles?”*. Those systems recommend clinics whose people have a visible, specific identity. Every clinic can say “we treat back pain, knee pain and sports injuries” — and because every clinic can say it, it counts for very little.

This is about your clinic rising above the other clinics in your area — being the one that gets recommended for knee pain, or running injuries, or post-natal back pain in your town **before the clinic down the road**. Your clinician profiles feed directly into the content we generate for your clinic: rich, personal profiles produce content that sounds like your clinic and nobody else's, and that's what gets you recommended first. Thin, generic profiles produce generic content. It really is that direct a line — these profiles are one of the most fundamental inputs to your clinic's visibility.

## What we're asking for — and what we're not

We are **not** asking you to prove you do something no one else does. Most good clinical practice is rightly shared, and if we asked “what makes you unique?” most honest clinicians would say “nothing — I just do the job properly.” That's not what this is.

**What we're actually asking is much easier:** tell us what you do and **how you go about it, in your own words**. Your way of explaining things. The question you always ask. How a first session with you actually runs. Someone else, somewhere, may work in a similar way — that's fine. Described in your words, from your clinic, it becomes yours — and that's what we can use.

So the crux is this: **your profile is not a list of what you can do. It's a picture of what you do, and your approach to it.** A list of thirty competencies tells a patient nothing. Three things you actually see every week, each with a line or two about how you handle them, tells patients far more — and gives us the raw material that sets your clinic's content apart from every other clinic's.

## Who does what

**If you run the clinic (owner, practice manager, admin team):** the clinic-wide facts are yours, and they live in the **Clinic Profile**. That's where you set your **services** (everything the practice offers — physiotherapy, sports massage, clinical Pilates and so on), your **conditions** (your practice's **top ten or so** — the conditions you most want the clinic known for, dragged into your order of importance, because that ranking shapes what we build for you first; not everything you treat, because that list is endless), and your **practice priority topics** (the two or three things you most want the clinic known for right now). Then your most valuable job is simple: get each clinician ten quiet minutes with their own profile, and please resist filling profiles in on their behalf — an admin typing the same tidy sentence into six profiles undoes the whole point.

**If you're a clinician:** your profile is yours. It's not admin — it's the source material for the content we generate for your clinic. Nobody can write it but you, and as you'll see below, the bar is not “be remarkable”. It's “be yourself, specifically”.

## The Clinical Voice questions are the heart of it

The six Clinical Voice questions capture how you actually talk about your work — your analogies, the myth you correct most often, what success looks like in your hands. Your answers are woven through the content we generate for your clinic — in your own words. Four things make them work:

- 1. Answer the way you'd say it out loud** — to a patient, or to a colleague over coffee. If typing gets in the way, use **Record answer** and just talk.
- 2. Use the built-in examples.** Beside every question in the app there's a best-practice example answer, pitched at exactly the level of detail we need. Read it before you write yours — it resets what “a good answer” looks like.
- 3. Think of a real patient before you type.** The best answers name real things — the question you always ask, the technique you reach for. A minute of remembering beats an hour of composing.
- 4. Then use “Polish with AI”.** It tidies grammar and flow while keeping your words and your voice. Talk first, polish after. Don't ask an AI to write the answer for you — that produces exactly the generic text this exercise exists to avoid.

## What we're looking for — worked examples

It's not only the Voice questions that carry your individuality — your conditions, treatments and niches do the same work. The same entry, written two ways:

| The question / section                                                                                         | What we don't need                                                                                                                           | What we're looking for                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Clinical Voice — “Which condition or type of patient do you find most clinically interesting to treat?”</b> | “I treat a wide variety of musculoskeletal conditions using a patient-centred approach.”                                                     | “Most weeks it's runners with stubborn Achilles problems who've already rested twice and flared twice. The first thing I ask about is their training diary, not their tendon.”                                                                |
| <b>Conditions treated (your personal list)</b>                                                                 | “Back pain, neck pain, shoulder pain, knee pain, sports injuries...” — or an equally long list of fancier diagnosis names. A list is a list. | “Shoulder pain in overhead athletes — throwers and swimmers.” A condition <b>plus who you see it in</b> . One condition anchored to real people says more about you than ten named precisely.                                                 |
| <b>Treatments &amp; techniques</b>                                                                             | “McKenzie method, dry needling, massage.”                                                                                                    | “McKenzie method — I use it as first-session triage: if we can find a direction of movement that changes your symptoms in twenty minutes, that changes the whole plan.” Plenty of people use McKenzie; what matters is how <b>you</b> use it. |
| <b>Clinical specialist niches</b>                                                                              | “Sports injuries.”                                                                                                                           | “Return-to-running after ACL reconstruction.” Or an audience: “Runners — I'm a marathon runner myself; most of my caseload finds me through the running club.”                                                                                |

Notice what the good answers have in common: none of them claims to be one of a kind. They're just **specific** — real patients, real questions, real habits, in the clinician's own voice. Specific is what we can use.

## Where your profile gives you the chance to be you

|                                             |                                                                                                                                                                                                                                                         |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Your Clinical Voice (6 questions)</b>    | Your own words, woven through your clinic's content. The most important ten minutes in the whole profile — and every question has a best-practice example built in.                                                                                     |
| <b>Clinical specialist niches</b>           | One to three areas where you have specialist training or specialist experience. A niche can be clinical (persistent low back pain) or an audience (runners, dancers, post-natal mums) — treating runners as a runner is a real niche. Deep beats broad. |
| <b>Conditions treated</b>                   | The handful you personally want to be known for — ideally a condition plus the people you see it in. "Shoulder pain in overhead athletes" reaches the right patients; "shoulder pain" on its own reaches no one in particular.                          |
| <b>Treatments &amp; techniques</b>          | Not just the names of methods — how you actually use them. The technique is shared; your use of it is yours.                                                                                                                                            |
| <b>Notable organisations</b>                | Your real local ties — the rugby club you cover, the school you visit, the employer you support. Genuine connections no other clinic can claim.                                                                                                         |
| <b>Achievements, publications &amp; CPD</b> | The proof layer. One real course with a date beats three vague claims. Important, but it doesn't need daily attention.                                                                                                                                  |
| <b>Beyond the clinic</b>                    | The human side — optional, never scored, and often the thing patients remember.                                                                                                                                                                         |

## Five rules of thumb

**Specific beats comprehensive.** Three things you actually see every week outperform thirty things you could in principle treat.

**Clinic-wide facts go in the Clinic Profile.** Services, conditions and their ranking, practice priorities — once, at clinic level. Personal profiles are for the personal.

**It's what you do, not what you can do.** And it doesn't have to be exclusive to you — it just has to be in your words, from your practice.

**Write how you speak.** Record answers if that's easier. Real speech carries your voice better than careful prose.

**Polish with AI; never write with AI.** Polishing keeps your words. Generating replaces them with everyone's words.

**A last reassurance.** Your profile completeness score isn't a reward for volume — it measures whether the things that make you recommendable are present, and the strongest of those is a profile that sounds like a real person. Write less, mean more, and sound like yourself. These profiles are fundamental to your clinic's visibility — and they're the one part of it nobody can do for you.