CASE STUDY · GROWTH AUDIT – MARKETING STRATEGY

CHIROPRACTIC & WELLNESS CLINIC

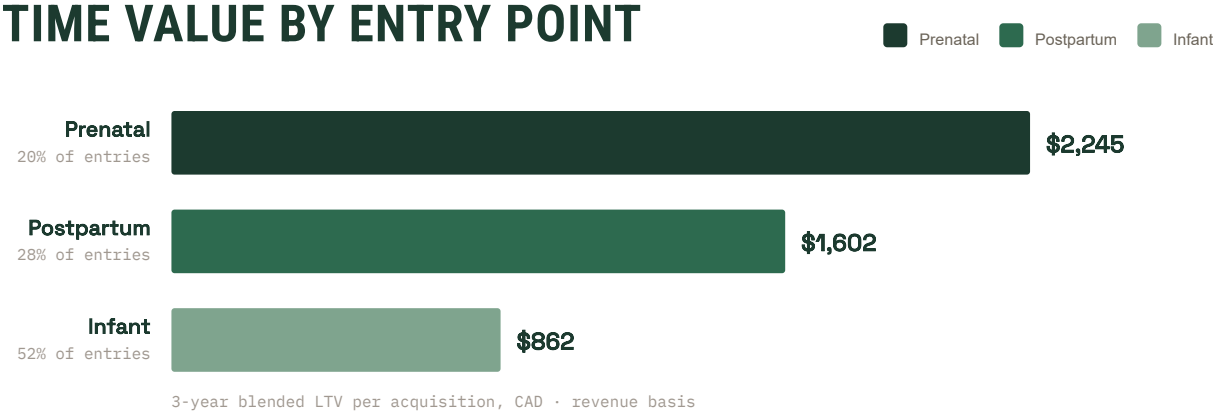
Anonymized demonstration case · Vancouver Island, BC

An established clinic ran 16 services for everyone and grew for no one, while 6 near-identical competitors ran the same back-pain message. Clariva segmented 12 months of its own records by the job each client came for, priced every entry point over 3 years, and found its most valuable client at its least-used door.

843	$438K	$2,245	2.6×	8.0–12.5×	$15K
Clients segmented	Segmented base revenue	Top entry-point LTV	vs most common entry point	LTV / CAC, new client	Floor-case net contribution
4,028 visits · 12 mo	$1.26M clinic-wide · 34.6%	3-yr · revenue basis	prenatal vs infant	margin basis	3 yr · no new clients

THE FINDING

LIFETIME VALUE BY ENTRY POINT



Source: Clariva segmentation of 843 anonymized client records over 12 months – 4,028 visits, $109 a visit, 4.8 visits per client a year – modelled to a 3-year horizon.

The clinic's most valuable door – a prenatal client worth **$2,245** over 3 years – was the one only **20%** of the maternal cluster used. The most common, infant care at 52%, returned $862: prenatal entry is worth **2.6×** an infant one because the path is longer – 71% continue to postpartum care, 54% bring their infant, 42% stay for wellness. The clinic was not short of clients; it was admitting them through the wrong door.

HOW THESE NUMBERS WERE BUILT

- **Two revenue figures, deliberately.** $1.26M is everything the clinic billed in the window across all practitioners; $438K – 34.6% of it – is what this segmented client base accounts for. Divided into each other they imply a revenue per visit no clinic charges.
- **Those probabilities are cross-sectional** – the share of each cohort observed at the next phase inside a 12-month window, not one cohort followed for 3 years. Beyond 12 months the ladder is a model, and the full report marks it as one.
- **Why 3 years.** The ladder runs as far as the records reach: a second pregnancy is measured at 28% within 3 years and is included as its own rung. Nothing past year 3 is assumed, so a client who stays longer is upside the model does not claim.
- **LTV** = each phase's revenue × the probability of reaching that phase from this entry point, summed over 3 years. Every line is weighted; none is carried gross.
- **LTV is stated on revenue**, because that is the number an owner recognises. Every return, scenario and net figure on the next page is stated on contribution margin instead.
- **Contribution margin is assumed at 50%** – after the treating practitioner and consumables. It is an assumption, not a measurement, and the report tests the range around it.

HOW THE AUDIT WORKS

THREE WEEKS. DATA FIRST, OPINION LAST

01

Your own records, not benchmarks

843 clients grouped by the job they hired the clinic for, not by demographic. Every conclusion in the report traces back to a row in the export – and where it does not, it is labelled an estimate.

02

Financial-model-grade math

Phase revenue × observed retention, stated on contribution margin, checked against capacity – the same discipline behind Clariva's bank-ready financial models, applied to a marketing decision.

03

A plan you can hold us to

Ninety days, sequenced and budgeted, with three scenarios that say plainly which clients are moved and which are added – and a day-90 check where actuals are measured against this plan.

Delivered – LTV segmentation · Entry-point economics · Market sizing · 30+ provider scan · Segment playbooks · 90-day roadmap

THE RECOMMENDATION

OWN THE NICHE NOBODY CLAIMED

Across 30+ providers in the catchment – chiropractors, physiotherapists, massage therapists, osteopaths – **not one** positioned itself as the prenatal, postpartum and infant specialist, while search interest in prenatal chiropractic grew **+52% in 2 years**. Midwives, doulas and prenatal yoga studios had no specialist to refer to: referral partners were waiting for someone to fill the gap. The serviceable market is 91–137 prenatal clients a year against the clinic's current 20% of its own maternal cluster.

> **STOP COMPETING AS ONE OF 6 IDENTICAL CLINICS. BECOME THE PRENATAL, POSTPARTUM AND INFANT CLINIC IN THE CATCHMENT – AND ACQUIRE AT THE MOST VALUABLE DOOR, NOT THE MOST FAMILIAR ONE.**
>
> GROWTH AUDIT · POSITIONING RECOMMENDATION

PROJECTED IMPACT

THREE SCENARIOS, STATED ON MARGIN

Each scenario prices **a single year's intake** across the 3 years that follow – not a programme sustained for 3 years, which would compound well beyond these figures.

STRESS TEST · REALLOCATION ONLY

FLOOR

$15K net, 3 yr

26 clients a year enter through the prenatal door instead of the infant door. No additional clients – so only the difference between the two paths counts, not a whole lifetime. It is a stress test, not a forecast: it holds even if the marketing brings in nobody new.

YEAR 1 NET $4K · SPEND $3K

CENTRAL CASE · REALLOCATION + NET NEW

BASE

$55K net, 3 yr

35 clients moved to the prenatal door plus 35 genuinely new ones. The moved clients count at the difference, the new ones at the full path. Puts prenatal entries in the middle of the serviceable market. Fits inside the current practitioner's book.

YEAR 1 NET $16K · SPEND $8K

FULL NICHE CAPTURE

OPTIMISTIC

$83K net, 3 yr

44 moved and 58 added, taking the clinic to 137 prenatal entries a year. Takes the clinic to the ceiling of its serviceable market and to the ceiling of one practitioner's book at the same time.

YEAR 1 NET $25K · SPEND $12K

FROM LTV TO YEAR 1

A 3-year lifetime does not arrive in twelve months. Clients are acquired across the year and walk the path at their own pace – prenatal care runs about five months before postpartum begins – so a cohort acquired in year 1 realises roughly **39%** of its 3-year value inside that year. The rest lands in years two and three.

ASSUMPTION · EVEN ARRIVALS ACROSS THE YEAR

CAPACITY, AND WHAT IT COSTS

The prenatal path runs **19.3 visits** over 3 years against **8.3** for the infant path, so every moved client adds 11.0. The prenatal book is **4.3** visits a week today; the scenarios take it to 7.6, 13.0 and **17.0**. One certified practitioner tops out near 15 a week, about 121 entries a year – so **capacity binds before demand does**: the market reaches 137, but Optimistic needs a second practitioner to get there. Practitioner pay already sits inside the margin above, so a hire changes the schedule, not the per-client economics.

ASSUMPTION · SINGLE-PRACTITIONER CEILING

RETURN ON ACQUISITION

At $90–$140 to acquire, a new prenatal client returns **8.0–12.5×** on contribution margin. A moved client returns **4.9–7.7×** – lower by construction, because the clinic only gains the difference between two paths it was going to serve anyway. Stated on revenue these would read 16.0–24.9×, roughly twice as high, which is why we do not state them that way. Against what the audit itself costs, the base case returns **20.5×** over 3 years and the floor case **5.5×**.

CONTRIBUTION MARGIN · 50% ASSUMED

WHICH DOOR INTO YOUR BUSINESS IS WORTH 2.6× THE OTHERS?

The Growth Audit turns your own client data into an entry-point economics model, a positioning strategy and a budgeted 90-day roadmap – then comes back at day 90 to measure the result. It starts free: send a link and we send back a First Look – one page on how your business reads to the customer you want. A raw export is all the audit itself needs.

GET A FREE FIRST LOOK →

SEE PACKAGES & PRICING

Anonymized demonstration case. Based on a real Growth Audit delivered by Clariva. The clinic, its region and every identifying detail have been anonymized, and figures are not merely rounded but **rescaled** to protect client confidentiality – ratios and method are preserved, absolute values are not the client's own. The scenarios are projections produced by the audit's revenue model: a plan, not an achieved result, and not a guarantee of growth. Measured day-90 results are reported to the client and are not published.