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CASE STUDY

PREPARED FOR

City Chiro Sports Center

Rebuilding a Wasteful Ad Account Into a Scaling Growth Engine

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ACCOUNT SNAPSHOT

INDUSTRY Healthcare - Sports Chiropractic	**BUSINESS MODEL** Two-Location Clinic
PLATFORM Google Ads	**WEBSITE** citychirocenter.com

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1. What We Found

When BrandRocket opened the City Chiro Sports Center Google Ads account in January 2026, we found an account that was spending real money on the wrong searches.

It was spending on people searching for **ATI Physical Therapy** -- a competing physical therapy chain with no connection to chiropractic care. It was spending on people searching for **Baylor Ortho and Spine**, **AOA Irving**, and **Direct Orthopedic Care Irving** -- competitors with their own clinics, their own brands, and their own patient bases. It was spending on people searching for chiropractors in **Saginaw**, **Waco**, **Pittsburg**, **McKinney**, **Frisco**, and **Rockwall** -- cities where City Chiro Sports Center doesn't have a location. It was spending on people searching for **neuropathy treatment**, **cupping therapy**, and **sports massage near me** -- services the practice doesn't offer.

Worse, those searches were showing up as "conversions" in the reports. The reports looked acceptable on the surface. But what was actually happening: people clicked on a misleading ad, landed on the wrong website, and tapped the phone number out of habit before realizing they'd reached the wrong practice. The previous team was counting those calls as wins. The front desk knew they weren't.

We also found that the practice's two clinic phone lines -- Irving's 972 line and Flower Mound's 214 line -- weren't tracked separately. Every call landed in one bucket. There was no way to tell which location was generating which patient interest.

And we found a much bigger gap: the practice's Google Maps presence -- the directions people pull up to drive to a clinic, the phone numbers tapped from the Maps panel, the website visits driven by Google's local search results -- was completely missing from the reporting. The single largest patient-interest channel for a brick-and-mortar local healthcare practice in 2026 was invisible.

That's what we replaced.

2. What We Rebuilt - Targeting

We started with a simple question: *what does a real patient look like when they're about to call a chiropractor in Irving or Flower Mound?*

They search for "chiropractor irving," "chiropractor flower mound," and the obvious neighborhood variants. They search for "sports chiropractor near me" because they pulled a muscle at the gym or got hurt playing pickup basketball. They search for specific conditions -- "back pain doctor," "sciatica treatment," "neck pain specialist" -- because they're trying to fix something specific. They search for specific services the practice actually offers -- "spinal decompression," "posture correction," "active release technique." They search for the practice by name once a friend has referred them.

So we built nine focused campaigns aligned to those real patient flows:

- A **Brand campaign** for direct name searches
- Location-specific **Chiropractor campaigns** for both the Irving and Flower Mound clinics
- Dedicated **Services campaigns** covering the procedures Dr. Gonzalez and his team actually perform
- **Conditions campaigns** mapping to the specific pain points patients search for
- Specialty campaigns for **Auto Injury / Personal Injury** and **Prenatal / Pediatric** patient flows

In May 2026, we launched a **geographic expansion into Lewisville and Grapevine** -- two nearby suburbs the Flower Mound location can serve -- and the search volume there is already producing clicks and calls in its first weeks.

The account no longer pays for ads against competitor names. It no longer pays for cities the practice can't serve. It no longer pays for services the practice doesn't offer. Every dollar is now working against searches a real patient is actually performing.

3. What We Rebuilt - Tracking

A two-clinic practice needs to be able to tell which clinic is generating which patient interest. That's a basic operational requirement -- and it wasn't being met.

We **separated the two clinic phone lines** so every inbound call is now attributed to the correct location. Irving's 972 number rings and gets credited to Irving's campaigns. Flower Mound's 214 number rings and gets credited to Flower Mound's campaigns. The office team can finally answer the question "which clinic is driving these patient calls?" with data instead of guesswork.

We **wired the practice's two websites** -- citychirocenter.com for Irving and citysportsmedfm.com for Flower Mound -- to Google Ads through Google Tag Manager, so form submissions and appointment requests on both sites flow into the same reporting picture, tagged to the right location.

And we **turned on the full Google Business Profile signal layer**. The driving directions people pull up to navigate to a clinic. The phone calls placed directly from the Google Maps panel. The website visits Google sends from the local search results. The engagement actions that happen on the Maps listing itself. All of it now flows into our reporting as patient interest signals -- and all of it is properly walled off from Google's bidding algorithms so it doesn't pollute campaign optimization decisions.

The result: Dr. Gonzalez and his front desk team can see, every month, exactly where patient interest is coming from -- which clinic, which channel, which patient flow.

4. What We Rebuilt - Scaling

Once the new structure was performing -- and only once it was performing -- we began increasing daily budgets on the three campaigns producing the strongest patient response.

The increases were incremental, evaluated against actual call and form-submission performance, and held back wherever the data didn't justify them. The Auto Injury and Prenatal / Pediatric campaigns, which serve smaller patient flows, are intentionally being held at a holding budget while we gather more signal before scaling.

By Month 5, monthly ad spend had nearly doubled from where we started in Month 1. Click volume had grown by close to 60%. The new structure was absorbing the increased budget without dilution -- patient signals were growing faster than spend, not slower.

That's the curve we want at this stage: structure first, then scale.

5. What's Growing Now

Inside our first five months, the account has moved through two clear phases: a **ramp-up phase** in our first two months, where the new structure was bedding in, and a **scaled phase** in Months 4 and 5, where increased budget started producing results.

Ramp-up phase vs. scaled phase (per-month basis)

Metric	Growth
Monthly ad spend	Nearly doubled
Monthly click volume	Grew approximately 60%
Monthly phone calls	Grew more than 80%
Monthly total patient engagement signals	Nearly doubled

The pattern matters more than any single number.

Spend grew because we earned the right to scale. **Clicks grew faster than the spend would suggest** because the new structure runs more efficiently than the old one. **Calls grew faster still** because we're now reaching higher-intent patients. And **total patient engagement grew almost exactly in lockstep with spend** -- meaning every additional dollar is producing roughly the same incremental patient interest as the dollars before it, with no diminishing return yet visible.

6. What The Practice Can Now See

The biggest change for Dr. Gonzalez and his team is not the growth -- it's the **visibility**.

Before we took over, the practice's patient interest was being measured through a single narrow lens: form submissions on the websites, plus a single combined bucket of phone calls. Most of the actual patient demand happening on Google -- the Maps interactions, the directions, the calls placed from the Maps panel -- wasn't appearing in any report.

Today, the practice sees patient interest broken down across the full set of channels that actually matter for a brick-and-mortar local healthcare clinic:

Patient Interest Channel	What It Tells The Practice
Calls from the Irving 972 line	Patient interest attributable specifically to the Irving clinic
Calls from the Flower Mound 214 line	Patient interest attributable specifically to the Flower Mound clinic
Calls placed directly from search ads	High-intent patients who called from the ad without visiting the website
Appointment requests through the website	Patients who completed the practice's preferred booking flow
Contact form submissions	Patients who reached out with a question first
Google Maps directions to a clinic	Patients who are about to drive to the clinic
Google Maps clicks-to-call	Patients calling directly from the Maps panel without ever touching the website
Google Maps website visits	Patients exploring the practice from the local search results
Google Maps engagement actions	Patients viewing photos, hours, and reviews on the Maps listing

The majority of monthly patient interest now visible to the practice flows through the Google Maps layer -- a channel that was 100% invisible before we took over. For a two-location brick-and-mortar healthcare practice, that visibility is the difference between making decisions on a sliver of the truth and making decisions on the whole picture.

7. Phone Calls

Phone calls are how a chiropractic practice actually books appointments. The front desk picks up. A patient asks about availability. An appointment gets scheduled. That's the loop that fills the chair.

Under BrandRocket management, the phone call story has three layers:

Volume

Monthly phone call volume grew by **more than 80%** from our ramp-up phase into the scaled phase. The growth curve is steady, not spiky -- which is what a well-structured account should produce.

Attribution

For the first time, every inbound call is attributable to the correct clinic location. The Irving 972 line is tracked separately from the Flower Mound 214 line. The office team can see, in any monthly report, which clinic's marketing is driving which patient calls.

Quality

Every call now comes from a verified high-intent local search. A patient typing *"sports chiropractor irving"* or *"back pain doctor flower mound"* or *"chiropractor near me"* while sitting in their car. Not from an accidental tap on an ad served against a competitor's brand name.

The front desk team can feel the difference when they pick up.

8. What's Coming Next

The account structure we built is designed to keep absorbing budget without dilution.

The **Lewisville and Grapevine geographic expansion** launched in May 2026 has weeks, not months, of data behind it -- the next two reporting cycles will tell us how much budget that pocket of demand can sustain.

The **Auto Injury / Personal Injury and Prenatal / Pediatric campaigns** are pre-built and ready to scale as soon as Dr. Gonzalez wants to lean into those patient flows.

The **Conditions campaigns** -- mapped to specific patient pain points -- have room to expand as we identify which conditions produce the highest-converting patient flows.

The growth curve from Months 1-5 is not the ceiling. It's the proof that the structure works. The next twelve months are about pressing that advantage.

9. What This Means For The Practice

After five months of BrandRocket management:

- The ad budget is producing patient demand at scale, with the growth curve still trending up and showing no signs of saturation.
- The practice can finally see where its patient interest is coming from -- which clinic, which channel, which patient flow -- in monthly reporting that's built for the office team to actually use.
- The account structure can absorb additional budget at the same efficiency we're producing today. There is room to grow.
- Future patient acquisition is now predictable. Themed campaigns can have budgets scaled independently. Geographic expansion is proven. Specialty patient flows are pre-built and ready to activate.

The wasteful account we inherited is gone. The scaling growth engine we replaced it with is just getting started.