

Ep #23: Yoga and Physiotherapy with Kristie Norquay



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Susi Hatley

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Male Announcer: You're listening to *From Pain to Possibility* with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Susi: With this episode I'm delighted to introduce you to Kristie Norquay. Kristie is a pelvic health and orthopedic physiotherapist, yoga teacher, and a certified yoga therapist. She's actually completed my IAYT Accredited Yoga Therapy Program. Her extensive training in physiotherapy and yoga has helped build a bridge between conventional Western healthcare and more holistic healing approach.

Her post-graduate studies include certification in therapeutic yoga, pelvic pain, pelvic floor dysfunction, and courses on movement system impairments, yoga biomechanics, and pain science. She has a clinical practice at Intrinsic in Calgary, Alberta, teaches online and in-person physio-yoga classes and is a guest teacher for a variety of yoga teacher trainings. Kristie's goal is to help her clients heal, strengthen, and better understand their bodies in a whole new way so they can flourish in life.

I am delighted to be speaking with Kristie Norquay who as you heard from the bio is a physiotherapist also known as physical therapy in the states, but we call them physiotherapists here in Canada and also, a yoga therapist. Kristie completed my Yoga Therapy Certification Program a little while ago. Kristie, you can give more details on exactly the date and what I really wanted to bring Kristie in for is to share a little bit about what she does as a physio who integrates yoga to give a perspective on what integrative medicine from this perspective can actually look like.

So, she's going to share a little bit about where her journey has taken her and where she is now. It should be a really fun discussion. Welcome, Kristie.

Kristie: Thanks, Susi. It's super great to be here.

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Susi: So, give us the brief version of when did you get your degree from physio? When did you get into yoga? When did you have the moment of wanting to make yoga more of a component of your physio? Did you ever want to get rid of physio? Because there's lots of physios who I know who leave or want to leave physio to find yoga and then they circle back and integrate the two. What's your story?

Kristie: That's funny and maybe a common theme when you start to branch out you kind of want to throw away the baby with the bathwater sometimes, but I'm happy to say I don't think I had length of time where I was ready to toss physio, but there were definitely some moments. So, I got my degree back in 2009, I graduated from physio school and I worked as a physio for a couple years and was doing yoga. I was practicing yoga in a studio. I was the one in the back of the beginner's class giggling, thinking yoga was so silly and all these funny noises and things like that.

Then, I started to really like it. I started to go regularly. I was going at least three times a week or so once I had moved to Golden, BC to a cute little studio there and I really loved the calming effect as well as some of the physical aspects, but definitely noticed a lot of stress relief from practicing yoga.

As I was working with my clients I was noticing that quite a lot of clientele are quite high-stress or stressed about their pain or stressed about their injury and so it seemed to me that it was a nice compliment. Because I was a physio, I had been told by multiple yoga teachers in the past, "Oh you'd be such a great yoga teacher. You already know so much about the body. You should go do your teacher training." So, I thought, "Sure, why not?"

I decided to go to India to do my teacher training because I did have such a solid Western background in anatomy and physiology through my degree so I went to India to seek more of the spiritual side, energetic side. Kind of the stuff that I didn't really know much about but I was curious about, and I actually found it quite entertaining and a little bit infuriating at times how much the physical body in my training program was dismissed. It was just

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something to be transcended above and ignore the pain and ignore the sensations in the body. So, as a physiotherapist it was definitely challenging for me, but I certainly got more of the mantra, chanting, meditation aspect of a yoga practice in India which was great and was precisely what I was after. Then I came back and started integrating some things in my physio practice, but I took a Sivananda yoga teacher training and so we learned the 12 primary postures and sun salutations. So, it wasn't terribly suitable to be teaching all of my physio clients headstand, shoulder stand, [inaudible], things like that.

I felt like a bit of a disconnect. I could teach a yoga class and I could be a physio, but I didn't really feel like they quite worked together just yet because there was such a gap between the clientele that I was seeing and being able to do a sun salutation, for example. So, I felt like I really needed something to fill in that gap and figure out how to get yoga more accessible for my rehab clientele because I knew it was so valuable and really wanted to get it integrated. That's where I found your program.

I found the Therapeutic Intensive which I took. I knew right away I wanted to do cert, so I took the intensive and then applied right away out of that for the certification program and the rest is history. I feel like that really, really kind of broke down a lot of the yoga postures, filled out a lot of the gaps, and rounded the sharp edges that I had previously learned and really made it accessible for a much wider population and for the population that I see in the clinic regularly.

Susi: So, one thing that you tell me and that actually quite a few physios tell me when they've trained with me is that one of the big pieces that made a difference was this idea of presence. How has your own presence – let me ask it this way, how would you define presence and how has it made a difference for you in your practice?

Kristie: How would I define presence? So, I do feel that that is the big key and even if it weren't in a therapeutic yoga setting I think that would have been a big shift in how I practice as a physio anyways. So, presence is I

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suppose just being with what is and you certainly learn that through yoga practice and we certainly learned it in our certification program to just – to both be with the client that's in front of you as well as being with yourself in this space and being aware of how that's working together. So, seeing what you're seeing, feeling what you're feeling, hearing what you're hearing and then choosing your therapeutic intervention based on that.

So, to go more into how that's changed me as a physio I think in our undergrad we learned very much sort of the protocols and the templates and the research, and the majority of it is based on research, of what interventions work well for what conditions. But I think most of us healthcare providers learn pretty quickly when we graduate university that people are not textbooks and sometimes you kind of hit the nail on the head with the prescription that you're supposed to give but more often than not there's more to it than that. It's not just a simple formula of $A+B=C$ because as we're learning more and more, especially in the world of pain humans are complex beings with many aspects to themselves and to their healing and in their pasts and their future.

So, being present with where the person is at right in that moment and listening to them and seeing them is, I think, the best way to be as accurate as possible because if you're just going based on the textbook that person is not necessarily the textbook.

Susi: I'm running a Therapeutic and Yoga Intensive right now and one of the participants today she said how doing the exercise of listening to the client and not validating and asking a number of follow-up questions so does being, which might sound really weird because oftentimes when sometimes taken a history there's a lot of questions that are being asked. This listening exercise that I'm referring to I call it listening to the story, which is my version of taking a history.

So, it's giving the opportunity of the client to just let it all out. What's interesting is a lot of people when they're learning this method they find it kind of weird just to be sitting in the space and initially people will take, like

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they will speak for a minute because the other trainee is not saying anything, there's this awkward pause and then they realize they want to say a whole lot more.

What one of the trainees said when she took this into real-life was that instead of asking these follow-up questions and just sitting there and listening, that the person answered the questions that were kind of in her head that she wanted to ask, but she chose instead to listen. The result of that was the client took more ownership of the process.

Kristie: Yeah, absolutely, and it's interesting, too. I always like to say that if you listen enough a person will tell you what they need and so often it's not just all about like you said the difference between doing and being. I think we're very much trained as healthcare providers to be doing something to the person in order to be the professional, to be the one taking charge and leading the interaction and I think there's so much value of asking the guiding questions, but then also just listening and hearing not only their story, but their interpretation of their story and previous experiences and what that means to them in their lives and in their bodies.

So, very, very often you can get so much information just from sitting and listening and letting the person tell you what they need and what they're there for instead of playing this guessing game.

Susi: To add to that I think what's also interesting is initially when people are learning that process of listening is they initially think it's going to take a lot longer and what I have found, and I'm interested from your perspective, is that oftentimes it takes a lot less time and/or if it does take longer the amount of data and the quality of data about what's going on for the person is just a whole lot better.

Kristie: Yeah, so you mean like the interaction with the client will take longer and so they're hesitant to listen to the history?

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Susi: That's what I've heard some health professionals tell me, and I think it's out of their own nervousness because they're used to, as you mentioned, guiding and leading and asking the questions and making the process happen. So, to not do that and instead to hold the space and instead to allow for the conversation to go as opposed to direct it very specifically it can be very nerve wracking initially.

Kristie: Yeah, yeah, totally. That was what I was going to say is I think the challenge might be more in that in that discomfort with silence or discomfort with a pause and I know that when I was going through the program and kind of becoming more aware of how I interact with people and I found a lot of value in recording sessions and sort of observing myself and how I interact with clients.

To see and to learn how quickly I would want to jump to the next thing or how I'd want to kind of move myself away from someone or just that inherent discomfort with quiet or silence or pause or not knowing what's next, but I think I learned to be a bit more – like it's kind of exciting to not know what's coming next and to sort of just wait and see how things unfold because I've had so many sessions that start one way and they just totally unfold in a different way or you have a plan in your mind going into it and it's – the person walks in in a totally different state than you expected or the last time you saw them and so the plan goes out the window.

It's become more kind of like an adventure and excitement and curiosity of what's each session going to bring.

Susi: Then I find, too, that the client just comes in in a different mindset because there's an undercurrent or a foundation of receptivity that already exists in the room.

Kristie: Mm-hm, that therapeutic relationship. I think so many interactions in the medical system are so rushed and so – like there just isn't that time and so as soon as a person can sit with a therapist or practitioner or someone who gives them the feeling that they have the time to listen to

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them and they have the time to devote to the interaction can make such a huge difference to just be heard and seen and that's such an important step one in laying the groundwork for the therapeutic relationship.

Susi: So, you now are fully integrating these two worlds of physio and yoga, is that right?

Kristie: Yes.

Susi: So, tell me about what that looks like. If someone were to come in to see you what does it all look like and how is it different than what you would've done prior?

Kristie: This is the grand answer of it depends very much so on who comes in and in what state they're in, but I think that it's become fluid enough now after so many years of practice that it doesn't really matter what someone books in with me for. They can book a physiotherapy session, they can book a yoga therapy session, pelvic health physiotherapy, no matter what they book or what it says in the schedule, they kind of get what they need depending on the day.

So, for example, one scenario someone would book a physiotherapy initial assessment with me. We would do the history, or they would tell me their story and after taking a quick look at them I would kind of decide, "You need some yoga." I may or may not call it yoga. A lot of people are sort of turned off by yoga and just as many people are turned off by physio, so I get an interesting variety of patients who want to see a physio but don't like physio or want to try yoga but don't like yoga and so they'll come to me.

Or vice-versa, someone will book in for a yoga session and when they come in and tell me their story or I look at them and see what's going on I think, "You know what, today we need to really focus on figuring out what's going on with you. Doing a thorough assessment, maybe some hands-on treatment," and then going from there.

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Really, it really, really depends on the person, on what their goals are, what they're after, what their body is like, what their breath is like, what their story is like, and so I feel pretty fortunate to be able to draw on this kind of big toolbox I've created over many, many years of learning to give people what they need on that day. Quite often it's a bit of both. Often we'll kind of do a little bit of movement and I'll watch how they're moving and go, "Okay, hang on, I just want to try something" and I'll get them on the table and do some manual therapy work or massage or just some kind of hands-on more traditional physio stuff.

Then, we'll get them moving again and see how it works and go from there. So, it's a nice little creative blend that doesn't necessarily need a label. I think I was pretty hung up with it at first where if someone booked physio with me, I was like, "I cannot step out of the physio box. I must stay in the physio box of everything I learned in school."

I'm a little bit more flexible with that now and especially as physio and the latest research is really catching up with everything kind of yoga-centric. Any course you take now in physio continuing education is talking about the biopsychosocial and that people are not just machinery that have moving parts. It's such a complex and intricate system and lots of nervous system talk and things like that. So, using the tools of yoga is absolutely within the physiotherapy realm, especially these days.

Susi: So, if you were asked by a physio who is considering yoga or maybe they know yoga, but they're still very much connected to the bio portion of biopsychosocial and they're struggling a little bit with getting a client to do a home exercise program or compliance – I'm saying all this because I think they're all intertwined and you can tell that there's an interest in bridging. What would you offer up a physio who wants to develop themselves, but is not really certain exactly what it is that they need to develop but they know that they want better outcomes and you when you're talking with them have a sense that there's something around this yoga piece or presence piece that would be helpful for them? What would you have to say to them?

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Kristie: I think that the big kicker for anything is probably awareness. So, whether that's awareness of how they are as a therapist within themselves or whether that's awareness of who their client is and what their client's end goal is because I often find if you're not really getting the buy-in or the follow-through and it's not a cooperative relationship where we're both doing the work like the client's going home and doing their home program and following through then it's often like me trying to maybe drag them through to an outcome that I want versus an outcome that the client wants.

So, perhaps going back to that listening piece or even just openly asking, "What are you hoping to get out of this? What's your end goal? What does this mean to you?" Asking a little bit more of those psychosocial questions, like whether it's something to do with their job or their family or how they want to feel, etc. But then, also just that huge self-reflection piece and whether they're interested in yoga or not just building some awareness around yourself as a person and being present with yourself and conscious of how you interact and what makes you tick and how you are with your people can definitely fill some of those gaps.

Whether you want to call it yoga or not I very often just frame this as body awareness, just awareness in general, awareness of thought patterns, awareness of nervous systems. You can frame this all in generally a bio way, but I think more and more we're certainly moving towards the biopsychosocial and I don't think anyone can really deny that the psychosocial aspects do play a huge role in a person's progress and follow-through healing.

Susi: Well, I found that when I've spoken to some physios, they fundamentally know this when they're outside of the clinic. Something can change when they're in the clinic and that there's something – and this is what they've told me. It's like, there's something that needs to be fixed here and it's their job to fix it. So, there's a collection of symptoms or whichever that need to be addressed. Let's just get into it and get it addressed.

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I would like to think because I'm talking with so many human beings, I think we all innately know it, but when we're not necessarily applying what we know to be true which is the impact of human relationship and of awareness and of that feeling sense of self, when we're not bringing that into the mix that's where I think it can be frustrating because we're only dealing with a portion of who the person is.

Kristie: Yeah, and perhaps that's just our training. Maybe that's just – I mean, as physical therapists I had a colleague once that I used to work with that said we're physical therapists and he would say it in a way of like we don't deal with people's mental/emotional distress. We deal with their physical symptoms.

Like I said, with the newer research it's getting harder and harder to deny that these things are all related and that the mental, emotional distress absolutely has a direct effect on someone's physical experience and physical symptoms. So, I mean, you can absolutely just see the set of symptoms and see the things that you need to address and go for it and sometimes it works and sometimes it doesn't.

I think if you're just sort of stepping your toe in the water or testing the water of this approach perhaps you try your way first and – or the way we all learned in our undergrad first that you push this and massage that and give this, that, and the other exercise and if it doesn't work or you're not getting the results you want then maybe you start to look at the other pieces. That might be a more comfortable way to approach it because you feel like you've sort of covered your bases and did what we learned to do initially and I think I did that initially, too.

I felt really afraid to step out of the traditional physiotherapy box per se even though I knew what I was doing wasn't anything outside of our scope of practice or anything I wasn't allowed to do or anything like that, but it's just – it's uncomfortable to take that first step of what if this isn't what people are looking for? What if they just want physio?

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But I think I had to learn that people half the time don't even know what physios do or what physical therapy is, and they just come because they want to feel better. So, if I can just give them the result that they're after they don't really care how we get there, they just want to get there.

Susi: I think, too, as I was listening to you what was coming across my mind is that I – and I remember this early in my days of working more and more with people who had pain, I'm not trained as a counselor. I'm clear that my background is in kinesiology and exercise physiology. I'm clear that that's a physical [inaudible] and I'm also clear that whenever we do movement, yoga, Pilates, whatever, running, whatever, it's going to impact me and people on all planes of who they are.

I remember when I started to kind of consider the lives of the people who are coming to see me. Sometimes there was some fear because it's like, man, what happens if a Pandora's box is opened and I have no idea what to do with what's in there.

But what I quickly learned is that in a very interesting way a Pandora's box never got opened and that if there was emotion whether it was huge laughter or big tears or lots of sorrow or anger or whatever in relationship to something that was going on in their life all I needed to do was be present to it. I didn't have to unpack it. I didn't have to do anything that I wasn't qualified to do. I simply needed to be another human being that was with them and I can still do all the skill and tool – use my skill and the tools that I have as a yoga therapist to work with them.

Again, I think what it comes back to is really just our humanness and one human meeting another human. So, I wonder sometimes if I relate to the physios who I've spoken to about this as if there is perhaps a fear of like, my goodness if something were to open up then what? Has anything happened that you haven't – like, what I'm basically saying is I haven't had a scenario where it's been bigger than my box.

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Kristie: Yeah, no, I don't think I've had a scenario that I feel that I couldn't handle. I absolutely agree with you that I think that there's a fear of being interpreted as like a counselor or psychiatrist or someone that we're not and I am also very clear that the mental health aspect of it is a part of their physical experience, but it's not necessarily something that I'm qualified to counsel or treat, but to acknowledge sometimes is all that needs to happen.

Like you said, just listening to the story. It's not that you have to fix anything, you're not diagnosing anything, you're just acknowledging that this is part of their story and that this is part of their current experience that they're coming in with and they're coming in asking you for guidance and relief and whatever else they're looking for and so to not acknowledge it is almost a disservice or would be less desirable than to acknowledge what is there for sure.

You know what's funny is I almost think – I'm thinking back of like what are the times that I felt really uncomfortable as a physio or like, "Oh my God, this is more than I can handle" and it's been more in the realm of physical things, absolutely. Less so in the realm of mental health or stories or things that came up that I didn't want to come up, but actually like physical things that have happened like muscle spasms or extreme pain where someone can't move. Those have been the times where I've been like, "Oh shit, what do I do now?"

I've actually driven a patient to the emergency room from the clinic, but I think I might have panicked more if it wasn't like I'm just being with this person. What does this person need right now? I didn't just leave her in the treatment room or leave her in the waiting room. I was like, "This woman needs help, and she doesn't have any support system and she needs a way to get to the hospital and I'm going to be the one to do that." So, that was our session was taking her to the hospital which may or may not have been way outside the realm of whatever I needed to do, but we lived in a small and it's just what you do for each other. I think that the scarier stuff has been the bio stuff more than the psychosocial stuff, for sure, in my experience.

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Susi: Isn't that interesting? That's terrific. Then, when you think about your own self and then where you're going next, and before we actually got into the recording I mentioned to Kristie that I was going to ask her this question and this being recorded during the time of COVID she's like, "Susi, I don't know." And I said, "So, then I'm going to coach the question."

With knowing that all you know now and all the work you've done in pain science and all the work you've done with public health and just the amount that you've grown, what you see in terms of – we know that research kind of catches up to a lived experience, right? So, what have you seen now as a lived experience that research has not yet quite caught up with and what do you hope for the future whether it's your own professionally or whether it's in the profession that you're in?

Kristie: I might kind of change that question around on you a little bit to answer. But I think when I was taking my yoga teacher training one of the biggest gaps I saw was the foundational knowledge about the body and maybe you recognize this as well as a kinesiologist. But in the 200-hour teacher training it's really hard to have a really solid grasp of anatomy and how the body works and what's supposed to happen and not supposed to happen and things like that. Just like sort of the [inaudible] queuing or just spewing out what teachers have heard in their training but not truly understanding what it means or whether it's actually something anatomically possible or not.

So, I think that's always kind of been a niggle for me and has driven me nuts since I became a yoga teacher already as a physio. For the past few years I've really, really wanted to be sort of an educator or mentor in the yoga world. I want to take my physio knowledge and help to further educate yoga teachers and especially like your groups, the therapeutic yoga teacher trainers, these are so important and important stuff to know that goes way beyond the 200 hours.

Over the past couple years I've just sort of dabbled a little bit in teaching and teaching in both 200-hour teacher trainings and specialized teacher

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trainings like pre-natal teacher trainings and again it's just so rewarding to see the lightbulbs going off of different conditions they might encounter or just things to be aware of working with a pregnant or post-partum population and then working with your therapeutic trainees was just so delightful that I think beyond not knowing what's going to happen next week I would really love to continue in the teaching realm.

I definitely love my clinic work and my teaching of small group classes, but I think I get the most yummy stuff from teaching other yoga teachers and then knowing that they're going to take that to their students and to their classes and just imagining the ripple effect of these really highly qualified yoga teachers who know what they're talking about and are credible and can really start to bring yoga into healthcare in a credible way and in a reputable way because I think that there is enough stigma around yoga of causing injury or not being good in the rehab world that I'd really love for more people and more doctors and physios and healthcare providers to understand the value of yoga in a rehab setting. So, I think the best way to do that is to teach the teachers and have the most qualified educated teachers out there to give us a good name.

Susi: That's great because it's also bringing it all full circle, right, so that the yoga professionals are doing what they do best with the rehab – physical medicine, rehab professionals are doing what they do really, really well and that there's an understanding of both and there's enough of a knowledge base on the physical plane with the yoga teachers and there's a biopsychosocial plane that is getting more and more intertwined into medicine which is great. Then, there's just a greater bridge between all of it which can be so helpful for the client who's utilizing those services.

Kristie: Yeah, and the biggest benefit is for the client, absolutely. I mean, the more we can round this out and build the bridge and bring it full circle I think there's – I've seen so many people benefit so much that I just want everyone to get to experience as cliché as that sounds.

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Susi: So, if people do want to reach out to you because I know you've got a variety of things that you do do, what is the best way for them to reach you? Is it a website? An email address? Social handle?

Kristie: Yeah, so I do have a private Facebook group for online yoga that anyone is welcome to join if they'd like to join. I teach two live classes a week and let the recordings be available after that. So, that's kind of my online teaching presence right now. I'm not super active on social media in a professional stance, but you can absolutely reach me through the Intrinsic website if anyone is interested in booking a session with me here in Calgary or sending me an email, my email address is available through the Intrinsic website as well if you go to my profile.

Susi: Great, okay. So, we'll put that URL in the show note's so people can easily find that. Thank you so much, Kristie. This is lovely and I look forward to us continuing to work together.

Kristie: Yeah, thank you so much for having me. It's great to talk about this stuff.

Susi: If you've been inspired by what Kristie and I had spoken about today you will love the upcoming course on the biopsychosocial model. You can find out more at www.functionalsynergy.com/biopsychosocial and that link is in the show notes.