

# Ep #84: Your Age Does Not Matter: Case Study – Improving Shoulders Improves Your Knees



## Full Episode Transcript

With Your Host

**Susi Hately**

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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.

Welcome back. With this episode I launch a whole new series of podcast episodes that I will be dropping, at least at the beginning, twice per month. The focus will be on case studies of how I have worked and helped my clientele who are recovering from knee and hip surgery. How they're improving their balance, and as well how they are managing and actually improving their movement even if they have arthritis.

These will be an integration of many of the concepts that I already talk about on this show. And I will give you ideas, some quick suggestions on how you can integrate yoga and movement therapeutically into whatever or however it is that you are already doing your practice, whether you are a medical health professional, a fitness professional, a yoga professional, a Pilates professional.

So while this show is designed for that health professional, there are also a lot of people who are listening who are recovering themselves and they aren't professionals. So you're going to get some really top-grade ideas of how it is that I work with my clientele. And really a behind the scenes look at the way things work with me and my clients. I think all of you, no matter if you're the health professional or the non-health professional, you're going to get a lot from these episodes.

So today where we're going to begin is how I helped a client who has knee issues through their shoulder girdle. Now you'll often hear me say that where the pain is, is not the problem. And in this case there is arthritis in this client's knee. But how she is holding herself and how she is avoiding pain is causing her to hold up into her thoracic spine in and around her shoulder girdle.

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So that when I was working with her and we relieved and helped improve the mechanics in and around the thoracic spine, how the shoulder blades were moving, dampening out some of the tension through her ribcage, softening up through her neck, she was able to bear load better through her legs. And lo and behold, her knees moved better. Not only down into kneeling and actually bearing load in kneeling, but also squatting down to the floor and picking something up again.

This is not an isolated case. This happens a lot with my clientele who have knee issues. And so I'm hoping that with this episode you really get some great ideas of how you can work with clients who have knee issues and who also seemingly are carrying a lot of their compensatory patterning up in their shoulder girdle.

So what does the shoulder girdle have to do with the knees? They're on either side of the body, there's no apparent connection. So really, how is this relationship even possible? The way I like to look at it is that it's all about load and force and how we use our tissue to absorb and dissipate that load. Briefly, when we have pain and we don't want to experience pain, we have ways to try to get out of it.

We either pull ourselves up and out. We can kind of contort ourselves, push ourselves over to one side. We do things so that we don't have to feel as much pain. And this is what I found with this particular client. And it's actually a really, really common pattern.

Pain is felt in the knees so there's this desire or this impetus to lift up and out. To hold through the thoracic spine, to grip in and around the shoulder blades. To hold in the jaw as a way to kind of hook, imagine a hook coming down from the sky to kind of hook up and out. So that experience of knee pain doesn't have to be felt so clearly, if I could call it that.

Now, when we began working together I didn't immediately go to her shoulder girdle. We began by actually working in and around her hip. And I

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often start with the hip because the hip has a large range or degree of freedom of movement available to it. And I often find with people who have knee issues that there's often a limitation in how that leg bone moves in the hip socket. So I tend to work there just to discover what's going on.

The other thing is that when you look at the knee, the only skeletal element that is unique to the knee is the patella or the kneecap. The top of the knee is the bottom of the femur, which connects into the hip. And the bottom of the knee is the top of the ankle, i.e. the tibia, which connects down to that ankle.

So when we look at what's going on in the hips and so many muscle structures that originate at the hip impact the knee. When we can clean up what's going on with the hip, we can really make a big difference as to what's going on at the knee. So what we discovered while we were working with her hips is that there was a lot of limitation, both in the smoothness of movement and the coordination of movement. And she was utilizing other things to do what she thought was hip movement.

So we started to clean up that movement pattern so she could really feel into what was going on through that hip. And as a result, she settled out through her system. We also discovered her ability to rotate through her torso. So how that pelvis moved relative to her ribcage was quite limited.

So we played around with some supine twists, just to free up some of that tissue. And as a result she was able to settle that much more. Her breathing improved, her whole system downregulated. She could feel her legs better and feel her knees overall. She came to realize that she couldn't actually feel her knees very much previously, they were an obtuse sort of experience.

And yet as she settled out through the hips, as she settled out through her torso, she could perceive from both an interoceptive perspective and what she could feel internally, and also where her knees were in space, her

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proprioceptive ability, that went up as well. Now, interestingly enough, like a lot of my clients with knee issues, she was also better able to use her tissue, her myofascia to actually absorb load much, much better.

So I could see her standing better. I could see her walking better. Her gait improved, it was less mechanical, and it had a little bit more of that swinging and sway-ness to it, that happens when rigidity and movement patterns starts to settle out.

Out of that what became even more interesting is I could see more clearly how she was gripping up into her T spine, almost lifting up into her neck. And that's when we started to play with the shoulder girdle. Discovering how the blade moved on the ribcage, what the jaw was doing while she was in movement. And not surprisingly, when she was moving, her jaw was quite clenched. Her blades were hardly moving on her ribcage at all.

So we noodled around there, she was doing some retraction, some protraction, some elevation, and some depression. Started to incorporate some of those blade movements with twisting, all the while keeping her neck and keeping her jaw and keeping her eyes really, really relaxed. Helping to retrain her whole system about what was needed in movement and what was not needed in movement.

Her awareness grew, her clarity grew. And overall, the connection through her whole been improved. And as a result of that greater connection to her body, she was able to tune more into the inner feedback mechanisms, which ultimately grew her awareness overall.

After the series of movements that we were working with and we brought her back up into understanding, it became really interesting to see how she was standing. There was just this sense of embodiment, an ability that she was more in her legs.

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And to describe that on audio is a little difficult to do, but the wording that she used with me, which again, is a very common set of words that clients will use with me when they feel more in their legs, is they feel more grounded. They feel like their muscles are firing more easily. They're not having to think about having to move their legs, their legs just have a spirit to them, a fluidity to them, and they just feel like they are more in their bones.

We discovered this occurring after doing a lot of the shoulder girdle work. It was like the third piece of the puzzle. First, how the leg bones moved in the pelvis. Second, how that ribcage and pelvis were interacting, that ability to rotate in and around that torso. Third, coming up into that shoulder girdle, allowing that to not hold or duct tape herself up to try and pull her up out of her knees.

But now letting her whole system bear the load and dissipate, absorb the load more effectively. Both the weight of her body and gravity, as well as absorbing the ground reaction force coming up from the ground. And her ability to move a little bit quicker, with a little bit more agility, with a little bit more smoothness. She had more ways of going about doing a day to day activity like getting down to the floor and picking something up off the floor.

She had more agility, she had more fluidity. She had more ways of doing any given activity. So where before she had trouble coming down to the floor, she now could do it without having to hold on to the chair. She didn't have to have a wall in order to pick something up off the floor. Or when she saw something off the floor, it wasn't a matter of holding their breath and doing her best to get down there.

And when you think about holding the breath, that's innately a bracing or a gripping type of sensation in through that ribcage. So when she was able to free up her ribcage, when she was able to notice what was going on in your shoulder girdle, she just didn't have to use that. So overall, there was a

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greater efficiency in her movement pattern, a greater connectivity, a greater smoothness.

Now, the question might come next is, well, how long did this last for? And in this particular case, the result lasted for about a week. Now what was interesting for it is when she came back for a visit, and we looked at what her movement patterns were, even though her symptoms of her knee had started to come back up again, what was different was her awareness.

She was more tuned into when her hips were becoming less smooth and less coordinated. She was more clued into what the tension felt like in through her torso. And she knew when she needed to twist to help relieve it. She was more aware of her blades becoming stickier.

So her ability to notice when good feelings started to fade was a lot higher. And the reason why that's really powerful is even though her symptoms came back, they had not come back at the elevated place that they were when she had first started to see me. Instead, she was making progress. She was tuning into what her body needed.

She wasn't right back at the start. She wasn't right back at red light pain. She was able to tune into her body. She was able to tune into what the symptoms were asking of her. She was able to tune into how the sensations were signs. So it takes this idea of symptoms are something to solve, they are a problem to solve, and they're also signals.

So then, as a result, she gained more power, she gained more clarity. She gained more confidence that even though her knees have arthritis, that she was able to do so much more with them. Her myofascial tissue still had a whole lot of potential to support her. And that's what's really powerful here.

So many people recognize that they can feel good, and they can also feel crappy. And that good feeling will fade is what they believe. And then when they feel crappy, then they need to do something to feel better. And there's

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a lot of truth to that. And what I'm offering through this episode in then the upcoming episodes around knees, hips, balance, no matter how old or how young you are, your age does not matter.

The key is that there's significant change that's still available, even if there is skeletal degeneration and or inflammation. That there's still a lot of potential within your tissue if you can tune into it, if you can listen to it, and if you can intervene at that whisper level.

And when you can listen to them at that whisper level, now you can begin to intervene. You get more clarity, you have more connection, you rely on and can interact with that inner feedback mechanism. You and your body are working collectively together to help you move in the direction that you want to move. And then you become surprised at the possibility of what you can do when you recognize that your body is actually engaging with you. Listen to the whispers and you don't have to hear the screams.

I hope you enjoyed that episode. If there's questions that arise out of it, send us an email to [health@functionalsynergy.com](mailto:health@functionalsynergy.com). If you enjoy listening to this podcast, you're going to want to check out Your Age Does Not Matter, where we take this material to the next level. Join me at [youragedoesnotmatter.com](http://youragedoesnotmatter.com). And that is does not matter, full words, [youragedoesnotmatter.com](http://youragedoesnotmatter.com). See you there.