

Ep #87: 4 Keys for Retraining Better Walking Post Hip or Knee Surgery



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With Your Host

Susi Hately

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Male Announcer: You're listening to *From Pain to Possibility* with Susi Hatley. 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 Hatley.

With this episode I'm digging into reducing limping post hip and knee surgery. I'll be sharing with you the four key arenas that I focus on to help people retrain their walking patterns. It's such an important topic because prior to surgery it's not uncommon at all, obviously, to have a limp due to the arthritic and joint damage creating the structural issues that are leading to the surgery.

But also all of the compensatory patterns. How the neuromuscular patterns have become more and more inefficient, obviously, because as human beings we're really good with getting on with things and compensating on top of compensating, on top of compensating. It has served someone prior to surgery in order to get on with life, but then after surgery these are arenas that need to be retrained.

What's interesting about this is that a lot of people don't realize that. They have this belief, some of them, where when they get a new hip or a new knee a bunch of that neuromuscular patterning is just going to change because the structural issues have essentially gone away. But that's not the case. There needs to be movement retraining.

Neuromuscular patterns need to change in order for better walking to ensue. And we, as therapeutic yoga professionals, as therapeutic movement professionals can have a huge impact on someone's ability to walk and reduce their limp though this knowledge of understanding neuromuscular re-patterning.

Now, the timing though of where we fit in is really, really, really important. So to give some context, here is a brief overview of what happens in the first three months post-surgery. When someone completes surgery there is

[From Pain to Possibility](#) with Susi Hatley

Ep #87: 4 Keys for Retraining Better Walking Post Hip or Knee Surgery

a structured process over three months that begins with pain control and monitoring any infection and decreasing swelling and other healing processes.

Then in months two and three the medical team that's supporting the client is supporting them with movement control and strengthening. In this time frame loading the joint does not happen through much range of motion, and truly can't. Not without significant rules since the wrong movement can be really, really, really detrimental.

In that three month period there will be some focus on walking retraining. And still it's very common for clients to show up with somewhat of a limp remaining when they arrive at our doorstep or on our Zoom room.

Now, before I get into the four keys, I want to emphasize that when I speak about limping for this episode I'm referring to neuromuscular patterning. I'm not talking about skeletal leg length discrepancies, so where one leg bone is less or more than the other leg bone.

I'm speaking specifically about functional issues inside of this episode where we can work with movement retraining, movement patterns, myofascial patterning. And when we shift those up we can improve that walking ability and capacity. We'll get into some structural leg length issues down the road.

So in this context our role as therapeutic yoga, therapeutic movement practitioner really begins when the client shows up post three months after they've been given the okay to load the joint through these bigger ranges of motion and more complex ranges of motion. When considering walking as a functional pattern, it is a massive topic. Whole PhDs focus on it.

I remember being in university doing my kinesiology degree and flipping through pages and pages of stills of gait patterning and thinking, oh my God, I'm never ever going to be focused on walking. This is just a massive

[From Pain to Possibility](#) with Susi Hatley

Ep #87: 4 Keys for Retraining Better Walking Post Hip or Knee Surgery

topic. And yet, interestingly enough it's been almost 30 years that I've been helping people therapeutically reduce their pain and improve their walking.

And over the years, what I've been able to do is distill down all that complexity into four key focus areas to help someone improve their ability to walk. How I'm going to describe these four areas is not in terms of muscles. Yes, I will drip in and sprinkle in names of muscles as I describe some of these, but in terms of headlines for each key area I'm speaking more about segments.

I really love to look at the body, and the body mind for that matter, as a whole relationship. How the parts are in relationship, much like an analogue watch if you think about those gears alternate and being related to each other. So I like to focus on the segments because we can see the segments. We can see the relationship of the segments. We can see compensatory patterning really, really easily.

And when we can help with that compensatory patterning, the muscles tend to fall into place. However, we can make a deduction that a certain muscle is weak, or is strong, or is too strong, or is overpowering and we can focus in on that. But I just haven't found coming at it from a solely muscular perspective provides as quick of a result as when I focus on a segmental perspective.

So without further ado, here are the four key areas that I find to be super helpful in helping someone reduce their limp, improve their walking mechanics, and not only their mechanics, but also their ability to walk further and faster.

The first one is that the pelvis is a platform. I like to begin with this idea of the pelvis as a platform because it's through the pelvis that the leg bone swings. It's through this platform that the leg swings back and forth. Without steadiness, balance, stability through that pelvis, that leg bone is not going to swing really well.

[From Pain to Possibility](#) with Susi Hately

Ep #87: 4 Keys for Retraining Better Walking Post Hip or Knee Surgery

Now, let's go further down the chain. If that leg bone is not swinging well, how the heel places or where the foot is placed, that starts to get impacted. So starting with the pelvis being the platform, and supporting that pelvis to be steady, and stable, and balanced can be very, very important. And when I say that I'm also including SI joint stability. If the pelvis is not steady, if the pelvis is not balanced, that leg will not move as far as it could. So we need to keep that in mind, the pelvis being the platform.

The next one builds off of number one, the leg needs support. So the leg bone moves in the sagittal plane, it moves into flexion and extension as it moves through the platform of the pelvis. And while the sagittal plane is the driving primary plane through which that leg bone is moving, in order to move through that efficiently the musculature around that leg bone in the transverse and in the frontal planes needs to be functional as well. So there needs to be transverse and frontal support to help that leg bone move through the sagittal plane.

Now, what's interesting is that how those muscles function to support how the leg bone moves in the socket also support that pelvis being a platform. So there's a relationship between the pelvis being the platform and the leg bone swinging in the pelvis.

We can look at the pelvis and zoom in on the pelvis, we can then zoom out a little bit, see how that leg bone and pelvis move in relationship to each other. We can zoom in on the leg and the structures in and around that leg or the femur. And then we can zoom back out again and see the relationships between the pelvis and the leg. So we start to see these relationships between these segments.

So the next one, the kinetic chain, is also going to make a lot of sense. The kinetic chain runs between the spine, through the pelvis, down the leg to the heel. And how that kinetic chain functions is going to be dependent on what goes on through that leg and through the pelvis where that foot is

Ep #87: 4 Keys for Retraining Better Walking Post Hip or Knee Surgery

placed. But also the function of that foot is going to have an impact on how that whole kinetic chain works.

So if the foot doesn't have good function, our ability to absorb ground reaction force through the foot, and then in turn through the leg, is going to be impacted. So the ability of that foot to actually work, so the mobility, the suppleness, the ability for it to ground, that becomes very important in the whole context.

So again, we can zoom in on the foot. We can zoom in on how the foot functions, and then zoom out and see the greater whole between the foot, the leg swing, and the platform of the pelvis.

The fourth one, which is surprising for some, is the rotation of the torso. This relationship between the pelvis and the ribcage where the obliques are the engine of rotation, are the engine of the twist. Lots of people forget about spinal movement in walking.

And a great way to understand this is to think about a running race. And if you've ever had the opportunity to be at the end of a race where you see the faster runners run through and it's like wow, they float they just are like gazelles moving along. And then you are waiting for more of the people near the end of the pack and you'll see them shuffling their feet, they're slumping.

They don't have a lot of movement of that leg bone moving in the platform of the pelvis. They don't have much rotation anymore between their ribs and their pelvis, they're slumped. There's not much fluidity, there's certainly not floating, it's more of a shuffle.

When I can help people improve that capacity of rotation between the ribs and the pelvis, we generate more energy, more efficiency through that whole kinetic chain. So again, we can zoom in on the pelvis. We can zoom in on how that leg bone moves in its sagittal plane through that socket.

Ep #87: 4 Keys for Retraining Better Walking Post Hip or Knee Surgery

We can zoom in on that foot placement. We can see through the whole kinetic chain.

And I didn't mention the knee on purpose, because the knee really is the midway point between that foot and the hip. So that knee, zooming in on the knee, then zooming out, seeing the relationship between that pelvis, the leg bone, the foot, how that impacts the knee, and then that torso and its ability to rotate.

Now, some of you might be wondering, well, where do the arm movements fit in? Certainly, those are important. And you're right, they are. What I have found though, is that when I'm working with these four key areas I'm ultimately bringing in arm movements to the picture. So the arms naturally improve by way of improving all of these four individually and in relationship to the other.

So where does that then take us? Well, when we're considering where to begin or how to work with a client, what becomes important first off, is who shows up? Who is the human being that's showing up? What is their interest? What are their goals? What are their outcomes? And where is their body at? Where's their brain at? Where's their mind at? How are they thinking about all of these things?

We can't talk about movement without talking about all of those things. Once you have answers, or responses, or an understanding of those things and you begin to look at how the person is moving, then you can start to figure out where to begin with that person.

Now, you might be wondering, well, certainly there is the same place you begin with the person all of the time. Well that depends. It depends on if they can get to the floor, if they are allowed to get to the floor, or if they are staying on a bed, or if we need to keep them in sitting. It all depends on what's actually going on.

Ep #87: 4 Keys for Retraining Better Walking Post Hip or Knee Surgery

There is a tendency, I will say, for me to begin at the largest joints first. There is a tendency for me to begin where that leg bone fits into the pelvis because it covers off so many of those four points. When I can help that large joint, that leg bone in the hip socket move better I am covering a whole lot of issues around support, around coordination, smoothness, steadiness, and balance.

I'm giving a chance to help that person improve their awareness and their connection. And while they're doing that I can help bring their awareness to their feet and their feet placement. I tend to like the cueing of feeling the three points on the bottom of your foot; center of the heel, ball of your foot, and base of your pinky toe. So that whether you're standing or whether you just have your feet on the floor and you're on your back, you can feel those three points like a tripod.

Those three points also correspond to the arches of the feet. So when we can feel those and just notice where our placement is, not necessarily fixing it. But just notice where that placement is in relationship to how those leg bones are moving in the pelvis, that can be a really interesting starting point.

And as I mentioned previously, I might not start there if that is not a place where we can start, whether there's an issue for laying on someone's back, or coming down to the floor, or the ability to lay on something higher is not available. Then, instead, I might start in standing or I might start in sitting, and maybe begin more with the rotation element of the torso. Or, again, depending on how the person is showing up I might begin with breathing, or awareness, or mindfulness.

But the idea here is that you really can begin anywhere because all of them relate to the other. As you are working and you zoom in to a part and then you zoom out, you start to see the relationship of the parts to the whole and the whole to the parts. You begin to see how each of them are impacting

Ep #87: 4 Keys for Retraining Better Walking Post Hip or Knee Surgery

the other, where the inefficiencies are, perhaps where the deficiencies are, and where they're moving really, really well. And then with those results you can then choose the next thing that you do.

It's a really fascinating process to just distill it down to these four arenas to be able to use these as a measurement tool in their person's progress, in their awareness, and just how they know themselves to be. And as they improve those neuromuscular patterns, as they improve their awareness for how they are walking, it's amazing what you will discover in terms of how that naturally picks up speed and length of time that they're able to walk. And even walking on more uneven or unstable surfaces.

So in the end and as a summary, what is key, key, key here is that we can retrain movement patterns. Where our role fits in as therapeutic yoga and movement professionals is really at about three months. After the medical team has given clearance for larger ranges of motion, greater load. And from there we can help improve and continue to improve that person's awareness over how their body functions and to help them get back to the life they want to lead.

Now, if this is interesting to you and you want to dig into this even further, we are currently running our Optimizing Recovery Post Hip and Knee Surgery. And you can find that over at youragedoesnotmatter.com/programs. Again, that's youragedoesnot, that's does not, matter.com/programs.

I would love to support you in training others. And if you're someone who is having knee or hip issues, or you yourself are recovering from knee or hip issues, I would love to support you in your own recovery. See you there.