

# Ep #165: Reducing Persistent Pain by Integrating Yoga Therapy, Physical Therapy & Podiatry with Ros Tobe



## Full Episode Transcript

With Your Host

**Susi Hatelty**

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## Ep #165: Reducing Persistent Pain by Integrating Yoga Therapy, Physical Therapy & Podiatry with Ros Tobe

**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.

Susi: Welcome, and welcome back. Today I am delighted that you're here because I am presenting a case study of a client who's worked with me since the summer of 2022. And sometimes when I present these case studies, I just talk about a client or a group of clients and the principles of how I work with them.

But this time, I actually have Ros Tobe here with me and she is going to be sharing her experience of working with me. And what I think is really important here is that she is someone who does the runDisney. Now, if you don't know about runDisney, I'm going to let Ros talk about this, but it's like three days of running.

And I'm all for multiple days of activity, but when you're coming off of broken bones, and pain, and all the things, what she has been able to show very clearly, is what is possible as you're learning to move better. What's possible in terms of tissue change when you've got, like she had broken bones. There's parts of her skeleton that don't move as well as they used to at all. And yet, tissue can change.

And she has plugged together so many components of how her body functions and moves, and has come so far in recognizing her yellow lights, in listening clearly. And I mean, if you've followed me on his podcast for a while, you'll know that I talk a lot about feeling. But it's a tricky concept for me to teach, because people aren't walking around on the planet saying, oh, I wish I could just feel more wish. I could feel my body better, that would certainly get me out of pain. They think it's like, how do I get stronger or how do I do whatever?

And the reality is that if you don't feel, if you don't grow your awareness, the chances of you getting out of pain are pretty slim in my understanding

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and what my experience is with working with clients. And so to see Ros and to see what she's been able to accomplish is really awesome.

And so I'm delighted that she's here to share her story. And what I'm hoping you'll get from it is even though you may never do runDisney, you may not even have the desire to do runDisney, but I think there'll be pieces in here that will really inspire you to say, okay, there's something available here.

So with that, I welcome Ros, I'm so glad you're here.

Ros: Well, thank you, Susi, I'm glad to be here.

Susi: Awesome. So what we're going to be talking primarily about is we're going to talk a little bit about her skeleton and her tissue. And she's also worked with PT right alongside with what she's been doing with me. And so we're going to talk a little bit about the integration between physical therapy and the yoga therapy she's been doing with me.

And then Ros is also a person who, she's got some great ambition for her runs and she's able to push through some amazing pain. And how I've helped her adapt from pushing through pain, to really being able to listen and then channel that ambition and that ability to push to another way. So I'm looking forward to this chat with her. And again, like I said, I think you're going to get some really great things.

So, Ros, let's start off with a little bit about your background and how you got here, where you are today.

Ros: Well, I was fortunate to find you through Corinne Crabtree's No BS Weight Loss program. And you had given a presentation to one of the subgroups, the 55 plus subgroup. And I was listening to that and it was starting to make sense. And then I started following your website. And then I got to meet you in, I think, June, I think in Nashville. And I think the rest kind of fell into place after that.

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Before all of this I had had some ankle surgery with mixed results. And I wound up with really the most articulate thing I could sometimes tell a health professional was but it hurts to walk. And I know when I first started to see you, Susi, my podiatrist was like, it's a pain management problem and we can work within all of that.

And I think kind of what I've done is integrate what you've done, shared your information with my podiatrist, shared your information with my physical therapist. And I've been lucky in that both of them are kind of open-minded, particularly my PT. He does yoga in the morning, a lot of what he will do is yoga-based kinds of things. He also does some Pilates kinds of things and he gave up on me because I don't have the coordination for Pilates.

A lot of what he would be working with me would be things that required more attention to where your body was moving in space. And that is not a skill set I have a lot of. It can be taught, yes. But I would wind up just getting frustrated with Pilates and say can't I go back to the weight room?

Susi: So you've been working with me since July. And it's interesting that you said how your podiatrist said this is a pain management problem. And in part, it is. And what we've seen over this period of time together is just how much your tissue can change.

And so you've mentioned how, you know, in the most eloquent way of describing your ankle, despite the surgery, it still hurts to walk. And yet you're also somebody who is not just walking, but at times running the Disney run. So I find that fascinating. And I mean even when you came back from this past weekend where you got further in the run than you have before, it's still remarkable how often you do these runs.

So let's first tell people about the Disney run, for those who don't know what the Disney runs are.

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Ros: Well runDisney has a series of different events. Right now there's, I guess it's four events in their season, which starts in January and will go through November. There's an event in January where they do four races in a weekend, a 5k, a 10k, a half marathon, and a full marathon. And each one is on a separate day. The other three races only go up to a half marathon.

And so I think I came at this, not from the standpoint of I want to run, but that I'm a Disney fan and I get to run and there are characters and amusement on the course and my friends were doing it. So I started in September of 2015 with the help of a friend who sort of said in January 2015, come to the expo with me. Come watch this.

And lo and behold, I started in Disneyland. The races right now, most of them are in Florida. There's the one in January, there's one in February, there's one in April, and then there's one in November. And they all have slightly different themes. They finally, after about a five or six year hiatus, have brought back races to California to Disneyland.

So the first one will be in January of 2024. But I started back in 2015 doing the 5k on a Friday and the 10k on Saturday. And then playing in the park afterwards and just kind of having fun. And then I started doing races in Florida. And ultimately, what got me to do a half marathon, ironically, was in Florida the only way you run up Main Street in Magic Kingdom is to do a half marathon or the full marathon.

And I hadn't realized it until the races in California went away exactly how special that really is if you're a Disney fan. I will call a friend of mine in kind of happy tears walking, jogging up Main Street. And we're both sort of laughing and crying with each other on the phone of just what a magic moment it is.

And I mean, it could be for someone who is running the New York Marathon where you run through certain parts of the city, or Chicago where you run downtown. Any of those kinds of iconic places that means

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something to you. It just happens to be Main Street for me. You know, it's just one of those things.

So you mentioned the last race. I had a series of unfortunate events and injuries. Things like a sprained ankle in the middle of a training run, or actually that was actually in the first mile. Pulled muscles towards the end of a training run. And they did a number on my ability to finish the half marathon distance.

Plus just recovering from seriously spraining, straining, I'm not quite sure what I did to the tendons in January of 2022. The course goes on off-ramps and they're slanted, so that does a number on my peroneal tendons and I didn't pay attention to that.

But anyway, so the princess race weekend I finished the 5k, did okay with the 10k. Came in under two hours, and I know many of your listeners who are serious runners are laughing. But I'm out there and I'm finishing and that's what matters to me. I finished, I didn't have any worries about, yes, I'm off the pace, but I started far enough in front that I wasn't too worried.

And I got to the half and I got further than I have in a year. I got to mile nine. I learned a lot there because I had not done some long runs because we had agreed let's try some strengthening and stability. More stability than strengthening. And I kind of knew that I probably needed that long run for, yeah, the miles on the feet, but also the training that goes with that. That paying attention to your body and what are those signs and symptoms you need to eat.

Susi: So now where we are is that I'm helping Ros to get ready for the April weekend. And the April weekend, Ros, is how many events over the course of the weekend?

Ros: It is three events, a 5k, a 10k and the April event is a 10 miler as the long run, which I think I mentioned to Susi at our last one on one session. I

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kind of got this like, because I said, hey, this is a good thing and she sort of laughed at me.

Susi: And the reason why we have such a fun time with this is because I recognize that in order to do events like this well, there needs to be a certain amount of structural integrity to be able to absorb the load. And early on working with Ros, the yoga that she was integrating was really coming from a fixed place. Like she wanted to utilize it to change up some of what she was feeling and reduce her pain.

Then as time has gone on, she has been starting to recognize more of the yellow lights. So she's maneuvered from just this is this thing that can relieve pain, to actually tuning into what's contributing to the pain expression. So the pain isn't where the problem is, the pain is an expression of the problem. And you've gotten so much better at being able to tune into what's contributing to the ankle flaring up.

But I remember a conversation that we had when you said to me, well, but Susi, my ligaments in my ankle are this and my bones in my ankle are that. And I said, yes, I get that. And there is more to the structure than just the skeleton.

And there can be degeneration in the skeleton, which I've worked with lots and lots of people with the facet joint deterioration and a whole host of other types of osteoarthritic type conditions. And we can help them reduce compensatory patterns. We can help them gain an ability to tune in and really listen, that then they start to realize, oh, okay. So I'm building up an overall infrastructure so that the way force is moved through my body is better.

Do you see how that's different than just I'm going to build stability, or I'm going to build strength, or I'm going to stretch, right? There's an overall, like we've got some issues skeletally going on. So if we start to change up how someone like Ros moves, we can really change up the dynamic of the way these forces move and dissipate and transfer through her body, right?

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So what started to transition was how you started to integrate with PT, right? And how this started to become a partner, and how it started to become a partner with the work you're doing with the podiatrist. Because you don't see the podiatrist as often as the PT.

Ros: Right.

Susi: So share a little bit more how that integration between PT and the yoga therapy was happening, because this is a reality. A lot of people integrate, and I'm fully supportive of people however they integrate it with whatever other modalities, whether they are mainstream medical or whether they are other integrative modalities. But say a little bit more from your perspective of how you were able to work. How have you worked, and how are you continuing to work with PT?

Ros: Well, I think, one piece of background, I have known my PT for years. He has rehabbed nine knee surgeries, and rehabbed my ankle too. But the ankle rehab got cut short because of a job change, in part. Some of it started, honestly, where I sat down and said, okay, and this was right before I was seeing you. But I was kind of getting this idea and I thought maybe if I present it this way, because I wasn't walking well.

And I said, okay, pretend I'm a stroke patient, which I am not, that you're going to teach to walk again. You need to tell me what I'm supposed to move and where. And then as Susi and I started working together, what I would do is come in and show him what we did. And, you know, we did this, and we did this, and we did this, and this is what I felt. And he's like, great, keep going.

I think the last time I saw him, which was actually last week, he was excited that I had come back from a race weekend and I was walking better than I have been in a long time. It wasn't like I crawled into his office, which I have done.



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So I think it's a collaborative thing even though Susi has never talked to my PT and my PT has never talked to her, that I know of. I can't get him to write a report to the podiatrist if she wanted one. And so it's really been me kind of taking the stuff that I've picked up and then also coming back and telling Susi, hey, I asked my PT this and this is what the response was. And what can we do with that?

Susi: So Ros is really demonstrating this advocacy for herself to be able to share with the PT what's happening, and sharing with me. And there's obviously a respect that each of the professionals have for the other work the person's doing. And then we just get to hear back from Ros about how this integration is happening.

And the same thing happened when you went to the podiatrist. I'm able to take the information that she's been able to ascertain, and then integrate it into the overall program. So then all of us are helping Ros move towards the outcome that she really, really, really wants.

Now, I want to relay a story, Ros, because there was a period of time where you were kind of moving yourself towards I need to get my pace up and you wanted to kind of press off your heel. Remember when you were trying to do more press offs and really just like, I've got to get my legs to spin faster, kind of in the sense, in her walking.

And one of the things I said to her is I said, your pace will increase naturally. You're trying to make yourself walk faster, and get going into the run pace faster. But in the effort of her doing that she was actually compensating more in trying to make it happen. And given the distance and the multiple days that were associated with that, it was going to poop you out. Do you remember, it was just going to exhaust you.

And so one of the things we started to play more with is a very common set of principles. When I look at walking, even though walking and running, if you're, I mean, there are PhD programs around how to improve gait. And I just simplify it down into some really key points.

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If I can help somebody learn to twist better, like rotate better between the ribs and the pelvis, if I can help them become more stable between the legs and the pelvis and really allow that pelvis to be the platform on which the leg bone moves, and then connect that to the way the foot's placed. And so we're looking at the whole trajectory through the movement of gait now, then so much can change.

And so when we started to work with that, it slowed you down a little bit. And I remember you being like, "Ah." But you've been able to just tune that much more into your feet and into your knees and into your hips and into your overall pace and tempo.

Ros: Very much true. And I think one of the things that I've picked up from you so much is kind of the concept of bandwidth and expanding it or not, both kind of physical and mental. For me, the pain became noise background until I couldn't ignore it.

And as that subsided, I was able to see the other compensatory patterns coming in a lot better because I wasn't spending all of my mental energy just trying to take the next step, literally.

But I think one of the things that we did, and I need to go back and re-listen to our session, I had come back to the podiatrist and had mentioned that she wanted to have a look at, with a nerve conduction test what nerves were getting triggered in the foot. And we did some stuff and that, amazingly, between that and just everything else we've been doing, my theater felt better than they have in years. I'm not, every step, dreading taking it, which has been amazing.

Susi: And so Ros brings up a really great point here. And I hear this all the time, that when you only have pain, you have a very, very small bandwidth. And there really is a focus on let's just get rid of this pain, or let's at least reduce it. Or you're dealing with it, you're coping with it, right?

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And then you started to have the pain reduced, your bandwidth increased so that you could actually tune that much more cognitively or cognitantly into the compensatory patterns, which may have not been as available. Which is why I focus on how can I help people get relief first? Then when they have relief, and they actually realize that they did it to themselves, like Ros and work online. I'm not putting my hands on her.

I'm just seeing what I'm seeing and I'm telling her what I'm seeing and I'm guiding her along. She's the one doing the work. And so when her brain realizes, oh, my pain is down and yet Susi is in another country. And this is happening, right? I'm in Canada, she's down in the states. And yet you've made the gain. It's all on you. That's what I like to say, it's all on you. You're the one who did this to yourself. You're the one who got the gain.

And so I'm using that language in a humorous way, it's like she made the game herself. And then when I emphasize that, it's like, oh, yes, I did this. And so now someone like Ros, like all my clients, they realize that they can then make the change because they now have evidence. And then the evidence builds upon because now they've got more fuel to be like, okay, what else is compensating here?

And they become more open to the realization of what that is and also to what the whispers are and the yellow lights are, to what's contributing to that red light pain. And so now as they're tuning more and more into these yellows, as they're more tuned into their body, now they can make better and more effective change.

And so that grows their bandwidth even more. That grows the evidence that they did the change even more. Like they did it. And so now there's even more confidence that they can continue to make that change.

Ros: Well, I know one of the things that is interesting when you work with Susie one on one, and you tell her that this is what happened. The next question that comes back is, well how does it feel? And there are some

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times when I would, like I know I'm going to get that question and I don't know what to say.

Because as she started off, I didn't know exactly what to feel. And some of it was because there was only one thing I was feeling. But I think last week, I sent Susi a message where I was like, I noticed that, okay, this is going on at the knee. And I'm seeing that the hip and the ankle are trying to adjust. And not necessarily in good ways, but we can work with that later.

But I now am finding kind of what's a yellow light, because some things I still don't have a yellow light for, it's an on and off switch. But I wound up developing a minus two to plus two scale where minus two was red, and plus two was green, and kind of some stuff in the middle. Because some days my neutral doesn't mean pain free. My green might be, but my neutral isn't always. So I work within what I got.

Susi: And that's really, I love the minus two to two. And when you came up with that scale for yourself, it's another way of describing what is being felt. And I want to emphasize something that Ros mentioned before is, when I would ask her that question for so long the answer was pain.

And so there was a bit of my noodling around with her, of helping her as the pain went down. And you've heard me say this in other previous podcasts, when the pain goes down, what's now present? And so often people will say the pain is down. Okay, but what's also there? Because when there's pain and then pain goes down, something is different. But we don't often acknowledge what else is different.

And so I'll spend some time with someone just asking them, not putting words into their mouth because it's their experience, but just being patient enough for them to go, oh, it's kind of light, or ease, or, huh, there's something different. And then they'll have a name for it. And that is a different state.

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And being able to name that state is important because then when that state changes or starts to change, then that's them tuning into that the red is on its way. And so this is all a big learning experience of being able to recognize red to yellow, yellow to red, like this kind of back and forth, because that's the changes of the neuromuscular patterns.

And so, the way Ros has played with her minus two to two scale is completely her own that she's figured out herself. And so it's her way of monitoring where she's at. And it's a great way, we can almost kind of liken it to a dimmer switch even, on a light dial. And so it's a great way for her to be able to recognize those states.

And then we can get more nuanced and more refined as she continues to grow her capacity for movement and her capability for what she's able to perceive. So really, really, really, really good. Really good.

So one question I have for you is, and we're talking about it a little bit right now, is Ros has, like a lot of my clients, she has an incredible capacity to push herself. And a lot of people with pain, because they've lived with it for so long, also have an incredible ability to push themselves because you know what? They have to live life. Pain might be present, but you've got to keep on keeping on.

And so to make the shift, the runDisney is something that you love to do, right?

Ros: Yeah.

Susi: And you weren't planning to stop it at any time. I knew you weren't planning to stop it. I had no interest in having you stop it. I asked you to adjust your training for a period of time, but knowing that her compelling reason is to do the runDisney, and to do it well, and I know she'll do it anyway, it becomes really interesting because she can do the run and she can do it with pain.

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So what would really support her getting to that place that is less pain, right? And so one of those things that have occurred, and then, Ros, you can share your insight. One of those things that have occurred is my helping her really guide her mind and what she's focusing on and what she's thinking of. Whereas like yoga has now sort of morphed from this thing of being pain relief to being this tool to really help you listen and kind of tune in.

What else have you noticed about where you now focus your mind?

Ros: Well, I know that the breathing exercises with yoga help me calm my mind and open to what's going on. And I think after working with you for a bit, you hit on it where you have the patience to kind of tease out, not really the answers. But you ask good questions. And I have done a fair amount of teaching myself, and sometimes that's the hard part with a student, is how do you ask the right questions?

Because anybody can ask a yes or no question. And that's usually the default when we're talking. But it's asking the open-ended question and taking what I've given you back. And then the next question. And that's what's really made a lot of difference in shifting my thinking is to, well, let's see, where do I check in? Should I check in and kind of start at the top and just go down? Or start at the bottom? Or is this focused in one area?

And you recently said this about I need to back up and kind of not just focus on where the pain is, because sometimes that isn't where the problem is. Sometimes in my case, it actually is. But also, where does this connect? And those are the things that I'm learning as we go forward, is how the leg connects all the way up the chain. How from the hips to the shoulders and to the neck is connected.

Susi: And I think what makes it interesting, and this is a message that those of you who are listening can consider, is when we know, you know the song from childhood of like this bone is connected to that bone, right? And yet, sometimes it's difficult to pause long enough to be able to feel those

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connections inside. We all can race to try and find a solution quickly, and we might miss out along the way.

So it takes a little bit of pausing and being engaged with our own system to be able to tune in. And the reality is, I can't see the connections in Ros. And nobody can. He PT can't, her podiatrist can't. There's a place where we each can work, but ultimately it's Ros who needs to tune into the connections.

And then as she's able to express that subjective nature of those connections, that will then feed each of what we do, like the PT, the podiatrist, and myself. And I think this is really, really important because so often so many clients/patients in the medical world will look to their health professional for the answer. And while we all can provide part of it, it's really part of it.

There's an element of it that we, and I say this all the time, but we have to really, really remember that even when we're looking at formal evidence of like do this for that, like this research says this, is that the research is saying that X percentage of people with ABC symptoms benefited from a protocol. It doesn't mean that all 100% did.

So then how do you know that you are in that percentage it benefited for or not? And the thing is, you don't. That's why you're the one who has to pay attention to what's actually going on and then feed that information back to the people who are helping you.

And when you can have that back and forth, really tune into your own inner self, your own inner wisdom, and with what the expertise that the provider is providing, then magic can happen, really. So much can shift. And Ros isn't 20, right? And it just goes to show that even as we get older, tissue can change despite or in spite of some of the things that have occurred for you like in terms of bone breakage and ligament issues and many surgeries and all those things, right? Tissue can still change.



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Ros: Very much the tissue can change. I think also just fixing the movement patterns and unwinding my compensations on top of compensations from years of not knowing what else to do but needing to live my life.

Susi: Yeah, and that makes such a difference. So if we're going to wind up here, Ros, if you had some words of advice to somebody who is in pain and they're listening, what would you share with them in terms of supporting them? And they're active people, not unlike yourself, and they would like to get out of pain but they don't want to sacrifice their exercise or their movement to do it. But they also know that where they're at isn't quite right. What would you offer them as insight or advice?

Ros: I would be open to exploring a lot of different opportunities, including working with you or someone similar. I still manage pain with a wide spectrum of stuff from tape and a brace, to taking aspirin, or doing a yoga practice, to sometimes just, okay, my body said no, we're going to not do anything.

And I think it's really kind of learning to listen to what your body tells you. And that may mean you have to slow down a little bit. It doesn't mean you give up, it doesn't mean you quit. It means you take a rest day.

Susi: Nice. Love it, Ros. Thank you so much for being here and sharing your experience.

Ros: Thank you for asking. And I look forward to our next session.

If you've enjoyed what you've heard today between Ros and I, and you are a health professional who really wants to take your practice to the next level or you're a yoga professional and you want to take your practice to the next level and you want to learn the concepts that I teach to help people reduce and eradicate physical pain, I would love to work with you at the therapeutic yoga intensive. And you can read all about it at [learn.functionalsynergy.com/intensive](http://learn.functionalsynergy.com/intensive).

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And if you're someone who has no ambition at all to become a yoga therapist or a health professional who works in this way, but you yourself have physical pain and you want to work with me for six days, I encourage you to check out that page and see if it feels like a fit for you. I would love, love, love to help you experience a whole new state in your body and mind. Again, that's [learn.functionalsynergy.com/intensive](http://learn.functionalsynergy.com/intensive).