

# Full Episode Transcript

With Your Host

Susi Hately

**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 and welcome back. I am in the middle of my new mini series on helping people to optimize knee and hip rehabilitation post-surgery. This mini-series is designed for yoga teachers and other health professionals who are integrating yoga into their practices, as well as the clients themselves. This is because I work with both groups of people.

I have a one on one client practice as well as an IAYT accredited certification program along with a catalog of courses that offer continuing education and help clientele get well again. The reason I have set it up this way is because my reality is that 95% of the yoga teachers and other health professionals I train also have pain. So they need as much help themselves as do their clients. And as the health professional gets better, they become that much more effective at working with their clients.

So the way that I teach integrates the what to do and the why to do it and is offered to people who are engaged, who are thoughtful, and who want to know how to help themselves, whether they are a health professional or not. So I welcome both. Both the yoga teaching professionals, the health professionals who integrate yoga into their practices, as well as the people who just want to move better and feel better.

So now onto the episode. With this episode I want to dig into core stability and recovery from hip and knee surgery. And I'm going to come at it from a more meta or a bigger zoomed out point of view. And if you like what you're hearing, I get into much more granular details of how to do this with my upcoming knee and hip program that I'm running this November, which is all about recovery three months post-surgery and beyond. And you can read more about the program at learn.functionalsynergy.com/hipknee. And that's all one word, hip knee.

There's one vital key now to supporting someone in growing their core stability post hip and knee surgery, and this vital key might surprise you. It is the relationship between the client and their health professional. I know, not the standard core stability conversation, so stick with me.

To set the context I want to harken back to the healing relationship and a tool that I use called the healing helix, which I shared way back in episode one of this podcast. So often in the world of medicine there are relationships that are more like power over. There is an authority figure who knows best, and that authority figure is often not the client or the patient.

With a healing relationship utilizing the healing helix there is a power with relationship. A weaving together of two people's expertise. The expertise and experience of the health professional, and the expertise and experience of the client because the client has lived in their body for an awfully long time. And both are valid.

And when they work collaboratively together, it makes a huge difference to the client building up a solid base of dynamic core stability post-surgery. Because ultimately, what I'm doing with my clients post-surgery is helping them to connect to their own inner power, to that core force within. The one that weaves through all layers of their being, that has sometimes been withered or chiseled away over time, that they've been struggling with their sore joint or joints, and then prepping for surgery and then in and then recovering from surgery.

So to recultivate this inner power, this core force, the relationship between them and their health provider is necessary and a very powerful component. For me, it's a collaboration where my presence helps my client grow their awareness and clarity of what is working and not working in their body. Which then enables me to select or to choose a stimulus, whether that's breath or movement or stillness, which has the intention to create a better connection within their mind and the body, but also between their brain and their body. Because between their brain and body improves the neurodynamic feedback.

You can see here that this is not a protocol of exercises like pulling the navel to the spine or engaging the pelvic floor. Think about it, there's been a period of time where your client, or maybe you, your structural integrity has been compromised. Now there's a new joint and there's a rebuilding of this integrity. Keeping in mind that bodies don't just bounce back after knee or hip surgery, this rebuilding of integrity doesn't just happen automatically with the new joint.

There are new neuromuscular dynamics that need to be retrained. And when we are cultivating habit retraining, when we are changing longer held patterns, which may be both obvious and underlying and subtle, there is more than muscle engagement that is needed. Ultimately to change these patterns I'm supporting my client through a process of tuning in both interoceptively and proprioceptively. And as they do, they grow their inner locus of control.

Notice the word control, I'll use it more later. I'm using the word control deliberately because this locus of control is at the foundation of their new habit, it's at the foundation of their growing of core stability. When I can help my clients tap into and connect to and rebuild their own locus of control, and for each client that verb that describes this process will be unique to them, the depth of core is developed.

And with that depth of core foundation developed, the process of regaining their neuromuscular core picks up speed, as does their balance, their gait, their overall strength, stability and mobility. Why is this? Because when someone is able to tune in interoceptively and proprioceptively, they are able to feel what is working and not working for themselves.

They're able to choose more effectively with what they need to do to connect. They can evaluate if what they're doing is working or not. And that just improves their confidence in their own feedback mechanisms. They become more agile and nimble on all levels.

All right, so how can we connect this more directly to growing core stability? So often in core training, what is more specifically trained are anticipatory bracing mechanisms. Not only are these more surface type work, they're often patterns used before movement occurs. Think pull navel to spine, or engage abdomen before lifting, or pull up on your pelvic floor.

And while these may work in early phases of recovery in order to simply move, because sometimes bracing is needed to simply roll over in bed, for many of my clients they become lessons in breath holding and gripping, which really isn't what core stability is. And it's not super helpful as rehab progresses.

So then how do I describe core stability? In my *Anatomy and Asana* book, *Preventing Yoga Injuries*, I refer to core stability as having enough function within our core musculature. So if you have core stability, you are able to move from slow to fast, fast to slow, make quick agile turns, go from down to the floor and back up to standing. And you can move along pain-free.

As it relates to yoga, and we can even relate this to fitness, and I'll harken this back to the recovery process post hip and knee surgery in a second, but just stay with me here. If you're able to hold a static pose in yoga without bracing through your breath or becoming rigid in your body, or in any activity that you're doing, if there's a feeling of being able to float or feel tall, there's an effortlessness that continues even in the most challenging movements. That's when you have core.

And at any point you feel stuck or caught, it simply means that your core stability is not where it needs to be for the movement you're trying to accomplish. No biggie, that's what the whole point of recovery is. It's helping you get from where you are to where you want to be. And your core requirements will change over the course of that recovery process, which is why I also like to think about core stability as the control, there's that word again, and coordination that somebody has over a range of motion.

The smoother, more ease filled and the less braced or breath-held their movement is over a range, the more adaptable, the more responsive to changes internally and externally they are. So let me just verify here what I mean by bracing. I'm talking about the muscle bracing that often goes hand in hand with breath-holding. There's a rigidity in their ribs, and therefore a lack of flexibility and a lack of elasticity.

They tend to brace through their lats, their QL, the rectus abdominis, the external and internal obliques and their psoas. As opposed to enabling connection and contraction that allows a more easily slidable, I know that's not a word, but slidable relationships between the muscles and the tissue, promoting movement, elasticity and strength with ease.

Said another way, core stability is really about being responsive. So the smoother our movement, the less tight our movement, the more ability we have to be responsive. Said one other way again, smoother and ease filled are patterns or habits of movement, so are braced and gripped. Which patterns, which habits do you want to build? Which patterns, which habits do you want your client to build?

All in all, my work is not about gaining range or accomplishing a movement per se, though both do occur. The key is in the quality of how that movement is being completed. And that is really game-changing because the quality of movement is at the core of the habitual pattern. Bottom line, if you don't have the control and coordination over a small range, you are not going to have it over a large range, no matter how much anticipatory bracing you do. If you continue to brace, that is the pattern and that is the habit you will build.

And from what I have seen through my trainees in my certification program who are working with clients who've been discharged by their rehab teams with less than stellar movement outcomes, like they are still limping, they can't get down to the floor and they can't get up off the floor, they have all built out habitual patterns that aren't serving them. They have built out

these habitual patterns because the rehab team doesn't tend to focus on the quality of movement.

The team isn't focused on the healing relationship. The team isn't training their client to regain their core on all levels of their being. Now, the argument back to me could be that they don't have the time. Perhaps, but I disagree because from what I have seen with my trainees and with my clients is that when they can learn how to feel interoceptively and proprioceptively, which are both very much qualitative types of experiences, not quantitative, the rate of healing speeds up. Their velocity for healing is faster.

So let me bring this down into some more actionable ideas that you can consider. When I am working with my clients in the first three months postsurgery, the control and coordination I'm supporting them with is helping them to improve how they're using the medical protocol. In these early phases I focus on their global compensations, like breath holding and jaw tension.

So if they're moving through their knee or hip and it's super stiff, and they're like, "Oh," and they're gripping and they're bracing, I'm helping them do that, with less of that. I know, such seemingly small potatoes. But when it comes to these first three months, the power of retraining compensatory patterns at these early stages by tuning in interoceptively and proprioceptively enables them to begin to retrain out of the compensatory patterns they had for all that time leading up to surgery.

This early work also helps them grow the seeds of their dynamic control, not brace control, and improves control and coordination between their parts so that they rebuild a good foundation which will take them through to the next series of days, weeks and months post-surgery. Bottom line, I don't want to teach my client to build strength on top of an unsteady foundation. That would be like building strength on top of a house of cards.

So now as my clients are moving through to the next three-month window, they are now getting up, moving more, being more agile in how they're stepping, and the same principles apply. I'm helping clients get to the floor and back up again. And they're adding more complexity, more joints, changing the orientation, position.

I also want to help them have more ways of doing something. This gives them more variability or more choice to their movement, which is essential to being responsive. If you have only one way of doing something, the chances of yourself pushing through no matter what are higher because you have just one way of doing something.

And on the flip side, it's also a lot easier to get resigned and not try at all, coming to that place of, well, this may be just the way it is. I want to support my clients in gaining the variability so that they are able to adapt to everchanging constraints in their environment. And if we have successfully built this foundation early on in those first three months, this becomes less hard, it's less difficult.

We can build upon the awareness gained in those three months, the focus is still on breathing, tuning in and where their actual range is before the bracing happens or any other whispers or yellow lights. And if I can help them relax just a little bit more as they come into their movements, it can make all the difference.

And I want to note that this component of awareness, this component of tuning in is really quite important because it helps grow the capacity to move from standing to kneeling, to being on the floor and then coming back up again. That foundational patterning from standing to the floor and back up again has a lot of components to it. Parts of our body are doing many different things.

Think of it like the gears on an analog watch. There are a lot of components necessary to work together to make it happen. And when there is better awareness and better understanding, there's more clarity. And if there's

any fear or hesitation or concern, oftentimes those emotions are less paralyzing.

All right, so all well and said for when I'm working with someone in the window of time post-surgery and beyond. But what happens if you're someone who's working with somebody who hasn't had great outcomes in those first three months, and now they're coming to see you to improve their outcomes? Or maybe you're the client and you have not had great outcomes and you're thinking, "All right, who do I need to work with to support myself?"

What happens if you don't have that fundamental foundation that I've just spoken about? Well then what? The two of you start where you are. What can your client do? How aware are they of their movement? What is working or not working? Remember, no matter where someone is at in their healing process, tissue can change.

In other words, all is not lost. So much can still change. And by the way, the age does not matter. The tricky bit often is when outcomes are less than stellar, they've often had health professionals or other people around them tell them that, well, this is as good as it gets. Or if you couldn't do it before, you won't be able to do it after.

And those sentences, while they're not ill-intended, they're not true for one, but they can impact a person's thinking. The good news is that this can change. So take it for what it is, meet them where they're at. The fact is that if someone has shown up, they have at their foundation an inner locus of control. They have the foundation of core stability right there, they've shown up, they're wanting to change. So begin where they are and work from there.

If this resonates with you and you want to get into the granular details of how to do this and how to support yourself or your clients, then please check out the upcoming knee and hip program. Early Bird registration is on until November the 5th. And you can read more at

learn.functionalsynergy.com/hipknee. I look forward to working with you and I'll see you next time.