

**EPISODE 97**

*“KE: Physical therapy in such a broad scope kind of area of healthcare that, really, it’s helping your body get back to a functional level that it’s not at currently, so that can be something as minute as an orthopedic injury where like your neck, where you hurt. It’s specifically in a class. It was affecting your day-to-day life. You wanted it to go away. Sure, we can help with that.*

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[INTRO]

**[0:00:52.1] AS:** You know battling food in your body doesn’t work. You want to love and accept yourself, and because you’re insatiable, you want results too. You bring the same intensity to your life, wanting to maximize your time, potential, and experiences you have here on our beautiful and wondrous planet Earth. Fair warning, it will be a rollercoaster. But for those insatiable, this is your primetime to thrive. Here is just saying yes to the hunger of wanting it all.

I’m your host, Ali Shapiro, who is dedicated to pioneering a saner and more empowering approach to health and weight loss.

[INTRODUCTION]

**[0:01:33.2] AS:** Welcome to episode 97 of the Insatiable Podcast. What is it and when do I need it? With physical therapist, Karen Emery.

Many people have an image of physical therapy based on a bad experience from a friend or family member or that it’s only relevant after major trauma, like a stroke, but that’s not true. One

of its superpowers is the ability to get to the root cause of chronic pain issues, like back and neck pain and many other things.

In today's episode I sit down with my client, Karen Emery, who is a physical therapist to discuss how you can use PT in your own life. We discuss the unexpected reasons you may want to see a PT instead of starting to explore your pain with an MRI or CT Scan. How your doctor may not even be aware of when to refer you to a PT and how you can be a better advocate for getting pain relief. Lastly, how to access and find a phenomenal PT for you as well as movement guidelines for health and better posture. Karen also shares with us some great exercises that we can do to keep our self in better alignment. Enjoy today's episode.

[INTERVIEW]

**[0:02:45.0] AS:** Welcome insatiable listeners to episode 97 where we're going to talk about physical therapy, with Karen Emery. Thank you so much for being here, Karen.

**[0:02:54.7] KE:** Thank you for having me. I'm so pumped to do this.

**[0:02:57.0] AS:** Yeah. I can't wait to pick your brain. Before we get into the episode on physical therapy, one announcement just for those of you listening, Truce With Food: Tapas Style, which is a seven-week introductory into my acclaim Truce With Food methodology is open for registration now and through September 25<sup>th</sup>. If you've been wanting to work with me or curious about really, really changing, not just learning more, but actually changing, how you relate to food discourse will help you do that. It's a very different program.

In fact, Karen, was a client of mine who took the program and we're going to talk a little bit about it before we get into the episodes so you can really understand why that it's really different, but it's going, in essence, help you transform stress and overwhelm rather than using food. If you're interested in the course, you can check it out all the details in much more detail at [alishapiro.com/truce-with-food-tapas-style](http://alishapiro.com/truce-with-food-tapas-style).

Again, registration ends on September 25<sup>th</sup>. It's \$500. There are scholarships if you're in social justice. You can apply for one of those and 10% of proceeds of this round of Truce With Food:

Tapas Style will be donated to — Split between Black Lives Matter and the Southern Law Poverty Center. We are a very inclusive group and I want our values to reflect that. Yeah, check it out, because it's a great program.

Karen, so — I'm like, "Okay. I got a bridge." We work together privately and then also you took Truce With Food for a round, and the Tapas Style isn't going as in depth as we did privately or in Truce With Food, but we're focusing on stress and overwhelm. I would love if you can share a little bit about kind of what you thought your health challenges going in were and then once you got in what you understood what it was about related to how you see stress in your life.

**[0:05:09.1] KE:** Good question. Going into working with you, I generally just that I felt stuck all the time. I felt like I knew what I should be doing. I'm in the healthcare field. I'm educated. I know what to do. I couldn't figure out how to do it, and I felt extremely stuck and frustrated, and it just kind of had a ripple effect. I wasn't as motivated in personal life, work life, school life. It just sort of was pervasive.

After working with you, one of the things I realized was that I am more in that all or nothing perfectionist type of mindset and kind of switching that to the growth mindset and seeing different possibilities, seeing different options. One of the other paramount things I learned was self-compassion, which was key in terms of handling stress differently moving forward.

**[0:06:00.7] AS:** I think that's such a good point, because we hear about self-compassion and we know we should do it in theory. How did you actually start doing it in times of stress?

**[0:06:10.5] KE:** I think it was mostly just stopping and recognizing that I have feelings and that their normal and they're allowed and just acknowledging that there is a reason for that and to be okay with exploring what those are and helping to sort of navigate through different options of ways to alleviate that. Whether it was a work event that I was stressed about and I felt like I only had one option that I had to go with and it was stressing me out, realizing that those feelings were potential insecurities and I was afraid of failing and how to see different options and ask for help, and then know that that self-compassion of that's okay and that helped me feel better and didn't make me run to food after those kind of stressful events. It was recognizing feelings, seeking out options and a lot of times asking for help.

**[0:07:06.6] AS:** I love that, because what you're describing is actually going out into the world in an embodying compassion, not just kind of journaling about it. This is helpful, because the first part you said is you have to see what's actually happening. I think when all of us are in that all or nothing mindset, we only see what we think — We see what's happening, but there's many versions of what's happened, right?

**[0:07:28.6] KE:** Absolutely. Journaling has helped, and that's something that I go back to if I'm feeling like, "Oh, I can't pinpoint this. I'm not sure exactly what's going on." I'll go back and journal and that'll help be a key of just kind of a gateway into that more get in the real world and practice self-compassion technique.

**[0:07:44.6] AS:** Yeah, I don't want to dismiss journaling. I meant journaling is part of the process, but then you have to know what your own patterns are so that you're not just kind of journaling in circles and circles and circles and then taking it out into the world. Awesome.

Then the last question I have for you is because we have Linda on the podcast last week about how she's now taking more risks at in terms of she switched jobs and even how she's approaching that job and she's taking more risks in all of her relationships. I've noticed this trend with — Again, this isn't one timeline. As you know, in Truce With Food, we talk about everyone's on their own path. There is not a formula for this.

After usually about the year mark, after people kind of have dug themselves out from all or nothing choices that they may not have preferred to make, they start proactively making new choices and really, really getting in that groove of agency of seeing all these options. At about the year mark — Right on! Right on track, right on schedule of where I tend to see this is you decide to take another PT exam that's super big, super stressful and you decide to make it your own and study and prepare for it in your own way, you decide to buy a home at the same time and then you got into a new relationship.

What I love is when you were — You didn't just buy a new home, you also were going to renovate it, and so you didn't have a kitchen and you could've said, "Oh! Grant it we talked about, like we're never aiming for eating perfection," yet you really sailed through that time and

how now you are looking at this stress almost as resilience building, I see. Can you talk a little bit about that, because stress get such a bad rap, but it is also what shows us what we're made of at the same time.

**[0:09:35.9] KE:** I think it's a huge motivator in a lot of ways, because I have sent a lot of people including my boyfriend now that this year has been one of the most stressful and action-packed in a very long time, because not only did before I took the exam and everything, I entered a new job position. I was interviewing for a new job at work, which was within the same realm, but a more permanent position that allowed me some more growth and then I decided to take the exam and then with the whole house, even within all of these things there were things that came up that I didn't anticipate. I think resilience was something that after working with you I was better able to navigate through them with more confidence and compassion and have the ability to see that there were more options. Not getting pigeonholed and saying, "Oh, I have to do this. I don't have a kitchen. I didn't anticipate having a kitchen. Now, I need to eat out every meal, or I can only eat out — Or if I have to eat out, I can only eat out X, Y and Z because it's fast," or just seeing that there were more options was really helpful in this whole process.

I think in terms of resiliency and this stress, I was able to not turn to food as much because of the options and mindset change and that growth mindset. God! I feel like I'm getting a little bit off track. I feel like having the resilience — It really just has enabled me to take the bull by the horns in a way, and I wanted to take this exam for a long time. I was able to go into it knowing that the goal of it was to learn. It wasn't to pass, which was something that had made me feel stuck before having worked with you.

Knowing that throughout studying, my old study foods were candy and sugar and carbs and all that sort of stuff. Going into this cycle, having a more blood sugar throughout all of my studying, going in to actually taking the exam with a clear mindset, having prepared snacks for the exam instead of powering through for five hours, I hadn't thought about those things during the last exam. I really felt more levelheaded. I felt like I walked out of there knowing that I gave it my best and I have learned a lot, and so that was the goal.

Afterward, the process of buying a house was overwhelming, but knowing that I was doing it on my own, I felt confident that I could take that agency and find the people that could help me ask

for help when I needed to, and I got a really solid team that made the process really easy. Then going into moving, starting a new relationship, feeling that I have the ability and agency to know that I am who I am today because of the things that I've done and the work I've done, putting it into it. I feel more confident with the decisions I'm making when entering a partnership and knowing that I don't feel like I have to please someone else all the time and that I still am prioritizing myself with self-compassion and not feeling guilty about it.

Then just moving into the house, I didn't anticipate ripping out my kitchen within 48 hours.

**[0:12:51.4] AS:** When you feel confident, watch out what you might do.

**[0:12:55.4] KE:** I don't know. I had a gut feeling there are some really nice hardwood floors, and it turned out to be true. Yeah, I got — was without a kitchen for a couple of months, but, again, if I had to eat out at a restaurant, I continued eating gluten-free. I continued having a blood sugar balancing breakfast that I knew worked with me for the rest of the day, and there were slip-ups, of course, but I felt resiliency and I didn't beat myself up about it, and I was able to move on from it. It's been a really fun series of tests, which is what we work on a lot in Truce With Food and privately.

**[0:13:32.6] AS:** One more question and then we'll get to the physical therapy, because you're also brilliant at that, but how does it feel like — You're like, "I had a gut instinct that there were hardwood floors into there." You have the place now where you're following your intuition, and it's really working, because often when we're in that all or nothing mindset, we really can't hear our intuition, because it's more subtle and the fear of judgment and the fear of failing is so much louder than these subtle like, "Hey, maybe you should rip up your kitchen," which is like sounds crazy, but it ended up being successful, or "Maybe I shouldn't throw my body under the bus while I'm studying," and you did pass for everyone listening.

How does it feel to have taken these risks and really succeeded with a new definition of success, and now you're seeing that you can trust yourself and your intuition and these risks. Doesn't it bring like a whole level of fun, but also like un-attachment at the same time that then makes it more successful?

**[0:14:34.3] KE:** It feels like a weight lifted off my shoulders, because when we're holding ourselves to standards that are within our social norms or within our peer groups or within what we think we're supposed to be doing or what we should be doing, it's a lot of pressure and knowing that I have the self-trust to follow what I want to be doing for myself and to go with my gut and having the compassion to make those jumps and those risks, it feels like a huge weight lifted off that I have self-trust that I'll be able to make it work out, which is awesome.

**[0:15:10.1] AS:** Oh! I love it. I love it, because that's ultimately what it's about. The food is great and health is great, but we need that resilience building just kind of like when you go into the gym and you lift weights or you run or you push yourself, you break down muscle, so it builds up stronger than before, and we need to do that with our emotions as well. That's actually a really great lead into physical therapy and what it is and when we need it, why we need it, what it even is, because — When we're talking about this episode, I was saying that and you kind of confirmed this that that most people — And this had been my experience in a physical therapy. I had hurt myself in an exercise class and went and did some exercises, and I thought that that's what physical therapy was, but it's so much more holistic and broad. I can't wait to talk to you about that today.

First of all, let's about what is physical therapy? Can you can you help us — First, let's start with there, and then I want to get into the origins of it, because it was fascinating what you've told me.

**[0:16:09.2] KE:** Yeah. I always joke that PTs are the worst marketers. We really just don't promote ourselves as well as I think we could and should, I know there's a lot of people working on the American Physical Therapy Association to try to improve our marketing. I think part of that might be from some of the origin.

Physical therapy in such a broad scope kind of area of healthcare that, really, it's helping your body get back to a functional level that of it's not at currently. That can be something as minute as an orthopedic injury where like your neck, where you hurt. It's specifically in a class. It was affecting your day-to-day life. You wanted it to go away. Sure, we can help with that.

There are so many other areas though that a lot of people aren't familiar with including women's health and pelvic floor disorders, surrounding pregnancy, pre-pregnancy, post-pregnancy. A lot of people have musculoskeletal issues around pregnancy that physical therapists can help with. There are burn unit and burn care that physical therapists help with. There's vestibular therapy that addresses people who have dizziness, sometime dizziness isn't just something that you need a pill for. There's some actual structural changes that can happen that physical therapist can treat.

Then one of the realms that — There is pediatrics obviously. They kind of do everything involving the little ones, and then one of the areas that I work in and is my specialty, is the neurologic population, so people who have had an injury to their brain or spinal cord or nerves and helping them get back to life. Maybe they've had a significant injury and it's not one of those more minute things that I did this in a class or one weekend I sprained my ankle or anything like that. It's I had a stroke, I had a traumatic brain injuries, spinal cord injury, and I can't walk, talk, bath myself, dress myself, move anymore and kind of from a much broader scale, helping people get those skills back together. It's really broad, but basically helping you function that you didn't have before.

**[0:18:11.9] AS:** I think that's part of the challenge. Being a specialist is kind of all the rage in healthcare today, right? Yet, what we need are generalists to see how the picture all fits together, because with you guys, being able to be able to help that range of people, I imagine you have to know about posture, you have to know about muscles, you have to know about tissue. There's so much to know and it's wonderful when you have people who can look at you and kind of give you that big picture perspective.

**[0:18:45.1] KE:** It's one of the reasons why the American Physical Therapy Association moved our professional degree to a doctorate level so that everybody is trained as generalists physical therapist and we focus time on being able to rule in or rule out different conditions or diseases that maybe physical therapy can't treat, like maybe this persistent back pain is actually related to a kidney disorder or cancer or something much more systemic that they need additional medical help for.



As doctors of physical therapy, we have more skills to look at the body as a whole and really take the time to look at the interactions between what systems are working together, what's your integumentary system working with your musculoskeletal system. We even have people who are specializing lymphedema, so your lymph system and kind of clearing out lymph nodes and how is that affecting your overall mobility.

We are in a unique position, because, yes, specialists are all the rage and that big desk was for me to become one, but I'm very much — I think that having extra letters and having specialty is great in some aspects, but having the general knowledge and being able to step back, look at someone as a whole is really where we're seeing more of the impact these days. I think you have a lot of people on your podcast that sort of highlight that and really say, "We need to look at the entire person going to one specialist and getting one pill and doing one thing can have all of these other adverse reaction and someone needs to stop and look back and say, "Wait a minute. This is talking to this, and this is communicating with this, and they're all interacting, and that's why this is happening."

**[0:20:24.7] AS:** If someone is — I'm thinking of a couple of clients who have back pain or have neck issues or obviously not — I wouldn't be working with someone if they had a stroke or something like that, but if they're having these kind of plantar fasciitis, all these kind of aches and pains that we have from the way we live today and the doctor says, "Oh, here's a script for an MRI." Would it might make more sense for them to say, "You know what? I think actually would like to go to a physical therapist first to get a more holistic understanding of — Like a better accurate diagnosis," because a lot of times people go to an MRI and it shows nothing, or they get no results and then they've taken the gadolinium that's in an MRI as I have, or they don't — I guess stepping back, you and I are both efficiency people, like people's time, money, insurance hassle, would it be more effective to just start with a physical therapist and say, "Hey, can you tell me a better route? Maybe, yes, I do need an MRI in the long run," but if I start with a physical therapist I might get more answers and better results.

**[0:21:32.8] KE:** Yes. We see people a lot. We have the opportunity to see people a lot longer than your physicians do. Because of all of the healthcare changes and all of the stringencies that are put on providers these days, physician, physicians' assistants, specialists, have minimal time windows to make a diagnosis. A lot of times they're not able to spend time looking at the

way you move. A lot of people don't put their hands on their patients to really feel what their body is doing and they, in order to get more information, there like, "I need a picture. I need to see what going on inside," where a lot of the physical therapist training is looking at what's on the outside and seeing, "Okay. If I know the way that these joints and muscles are needing to work together, if something is off, we have a list of hypotheses, and if those don't check out, then we can say, "Hey, you know what? There might be something else going on. What we're trying here isn't working. How about we go back to your doctor and actually get that MRI and see if there's something that we're not really seeing," because sometimes they're absolutely warranted and they can give us information we don't need. However, we're trained to do certain special tests and outcome measures and really assess the body and the way it's moving, which gives us a ton of information.

**[0:22:55.7] AS:** I think that's the key, is like what information are you getting from the evaluation. If you can get more information from a PT evaluation than an MRI that looks at one — Again, I'm focusing on the MRI, but it could be, you know — I don't know, chiropractic — Like I feel like sometimes people feel like, "How do I know this is even going to work," and it sounds like the physical therapy evaluation really looks for a lot of things, because often where you're having the pain is not the root cause of the issue.

**[0:23:22.6] KE:** Yeah. A lot of nerve pain can be — There's referred pain. So certain areas of your body that feel pain can often be referred from an actual injury in a different location. We're trained in kind of looking at those referred pain patterns. There's different kinds of pain that can give us different indicators as to what could be the origin. There's certain medications and drugs that treat those pain symptoms differently, so if you go to one of your physicians, you might get a certain pain medicine to treat that type of pain, but what we're really interested in doing is looking at why you have that pain and seeing if we can heal something, give you a different movement pattern, give you an activity pattern that can help change that origin of the pain so that you're not needing to rely on any physical or any medication or recommendations like that.

We're in a really unique opportunity, and I say that cautiously because our healthcare system is always changing. There are a lot of really good physical therapists out there who are great at looking a whole body. I think it's completely warranted if you're having any type of pain and you've — A lot of people go to WebMD and kind of look it up, sort of self-diagnose, do all that

kind of stuff and then make an informed decision. We're a culture of an informed consumers in healthcare right now. I know you've had a lot of really great people in the podcast recently kind of talking about being an educated consumer of healthcare and taking agency and having control in what happens.

Doing all your research, kind of taking some advice from wherever you feel it. Then if you want to go to your physician, talk to them about it. Mention physical therapy might be something that I'm looking into. They can write you a script and you can take that to any physical therapy place.

A lot of practitioners and physical therapists these days are gaining something called direct access, and that's a separate designation that they have treated a certain number of hours. Usually, these are certain outpatient clinics that have this, but you're able to go into a physical therapy place, get an initial evaluation and be seen for up to 30 days without a script. It's certain providers and at certain clinics, but you can find a lot of this on the web at kind of [moveforwardpt.com](http://moveforwardpt.com) is a website that's great to look for information regarding PT.

It's a good way to go if you really just want to dive in initially. The other thing I say kind of as the opportunity is that a lot of times physical therapy can be covered by insurance. That's a double-edged sword. Insurance can be a limiting factor. I like to think that all physical therapists kind of look at it and take it into consideration. Really, we want to help fix that person. We don't want to use up all their insurance or just get money from everything. The goal is really to help you.

Certain clinics usually work with certain insurances, and you can — I can give a couple of steps for helpful hints of if you want to find a physical therapist, the best way to go about that, because there's a few different caveats, but on the insurance piece, if you would like to use your insurance benefits, you can call your insurance company and see what they are even. Some people have a certain number of visits per year. Some people have a certain number visits per diagnosis, and depending on the clinic, they may or may not except your insurance. They may have a copay, those types of things. I would say if you are looking to use your insurance, make some phone calls first to see what your benefits are and what physical therapy places except your insurance.

If you're not looking to use insurance and have resources to pay out of pocket for physical therapy services, you can call the clinics directly that you're interested in working with. A lot of times they'll have an out-of-pocket rate and then they can go work with you in terms of — Sometimes they'll do a payment schedule or anything like that, but you can be able to have a little bit more freedom of where you go and what kind of services you're able to get if you pay out of pocket. Again, the opportunity for PTs is that we are able to fit in this typical medical model right now, which I think is a really big advantage.

**[0:27:32.3] AS:** Yeah. Do you think if someone goes to their primary doctor, does the primary care physician on average know what a physical therapist does?

**[0:27:41.3] KE:** Great question. I would love to say yes. I think they have a general idea. I think in a lot of people have a general idea of what physical therapists do, but I think that full scope and the scale of movement analysis that we have is often undervalued.

**[0:27:59.3] AS:** Yeah. I think let's go to the origins of this, which is why I think it probably is undervalued is because it was started by women.

**[0:28:08.6] KE:** It's funny, because I was just — I was refreshing, because I had a patient recently say to me, like, "Oh my gosh! Physical therapy must have been around forever." I was like, "No. It really is a relatively modern and new area of healthcare." It originally got its origins back in World War I when all of the men went overseas to fight in the war and came back injured or they had a lot of need for medical care. A lot of the women who were left at home, there was a new job created called a reconstruction aid, and that was the initial physical therapist. They worked in hospitals kind of helping move people after they were injured.

**[0:28:50.3] AS:** By move, do you mean like — Do they just create this on the spot? They're like, "Oh my God! We sent people off to war and now they're coming back and we didn't think of this." How did that reconstruction aid — I guess maybe it's not important.

**[0:29:06.0] KE:** I wish I knew. I'm sure there are more resources out there that I can really dive into it, because it is interesting concept. It's one of those things, like, "Oh, shoot! We got people coming back. They're not doing so hot. What can we do for them?" I think we kind of have

stumbled upon this theory that moving is better than not moving and it's kind of been proven time and time again.

After World War I, these preconstruction aids continue to work and then in World War II there was another big of needing people to help those who come back injured. Around in the 1920s, it became the — There was a governing body that was the Women's Physiotherapy Board or something along those lines. I'm not getting all the words exactly correct. Then they then changed it so that men can be included the next year. Then it evolved into the American Physical Therapy Association, which it is now.

Physical therapist became more popular in the 1940s and that's sort of where we see the more modern day physical therapy emerge. Not even a hundred years old at whole, and then this modern stuff is really only 75 years old. The interesting part to me was that it's so women-driven. The women have been called upon to kind of create this and fill this need. Since then, it's evolved so much and there's been a lot of research emerging, but there's still so much we don't know, because it's so new. Having the ability to look at the body as a whole and really doing these movement analyses are things that, really, in the last 50 years, have been looked at more seriously and more research studies have been done. I'm sure people have heard about this site that's recently come out that even if you exercise every day, the amount of sitting you do during the day adversely affects you. We're just learning so much more even within our profession these days, because it really is pretty new. I just think it's pretty bad ass. There had to be some women back then that were just like, "F it! Let's just do this, and where there's a need and we can do it, then let's go." I think it's kind of a neat upbringing and I'm sure it was a wild ride for them taking a lot of risks.

**[0:31:18.3] AS:** Yeah. Seriously. I like how you keep phrasing like problems as opportunities, because I wrote about like this in my newsletter or blog post or whatever we're calling it these days. Newsletter sound so — I don't know, like you get like a — Whatever. It's sounds so old. Like 2012 old. Oh my God! I just had a brain fart of what I was going to say.

**[0:31:45.3] KE:** How I'm using the word —

**[0:31:46.7] AS:** Oh! Yeah. Thank you, Karen. The great news like around weight loss and nutrition is we know what doesn't work, right? It's like, "Okay. We've been trying all these things and nutrition is such a new field too," and I think I was just talking about this with — We had our of Radical Self-Care Workshop on Wednesday. I met a bunch of insatiable listeners who are awesome, but I was talking to Sonya who is a nurse that listens to our podcast. Hi, Sonya. We're talking about how the healthcare system wasn't really designed for chronic illness, or these chronic issues that are happening because of how we were living in the past 50 years.

We kind of want to like bash healthcare all the time, but this is also systems and in methodologies and in fields take hundreds and hundreds of years to figure out and master and we're just at a place where we're learning how being so incongruent with how neat, how we were to live naturally as evolution. It's the rate of change that just the systems are equipped to handle right now or that the fields of study aren't. We're just kind of going at a breakneck pace to try to catch up as we're learning as we go as people come in with injuries and all these joint issues and stuff like that. It's kind of wild when you really think about it.

**[0:33:03.3] KE:** It is, and I think that's, again, kind of an area of opportunity for a physical therapist, because we sometimes do some preventive healthcare. Prior to a knee replacement, some physicians and surgeons are ordering people to get physical therapy beforehand, because we know that the stronger you go into one of the surgeries, the better your outcomes are coming out. Thank goodness, some insurance companies are now understanding that, "Oh, okay. We're getting better outcomes and it's costing us over all less money if they get a course of physical therapy prior to surgery and after surgery." That's just one example.

Again, kind of pre-pregnancy, post-pregnancy, pelvic floor physical therapy, kind of their pregnancy does a lot to one's body and stretches your muscles in ways that it's absolutely supposed to, but coming back from that and going back to living our normal lives, there can be different thing that people need help with. Knowing that, "Okay. During pregnancy, there's physical therapy that's warranted, and after physical therapy, there's physical therapy that's warranted."

It is finding a good physical therapist that's willing to navigate in that gray area, because it's not just when you're injured we can help you. It's not just when you're healthy, we can help you. It's sort of this in between area of let's take a look at really what's going on.

I think finding one of the really bad ass PTs who's out there doing that is key, so I want to make sure that I kind of touch on some points of how to find a good physical therapist, because everybody and their mother has had a bad experience at some point or another. They've heard of a bad experience or it's one of those things where I think marketing is sometimes tough, because our field has evolved so much in 20, 30 years. There are some clinicians who had started working and they're now using some updated information.

Finding someone who keeps up with the newest information and who's someone who's a progressive thinker, those are the people that are moving our professions forward. There is people out there that are really skilled clinicians, and it takes some agency and some skilled and educated consumerism of healthcare to find them.

One of the first things that I want to have people think about is think about what's going on with your body and do you have a back issue. Do you have a neck issue? Do you have a sports related issue? Do you have any numbness or tingling? Is it potentially nerve related, and just sort of be a little bit tune with your body and sort of what's not going well, because that will give all the more information to the physical therapist to find out what can go better and to help you find things that go well.

Once you have — If you go the route of utilizing insurance, once you have a script from a doctor and you are looking for a clinic that accepts your insurance, you can easily do a search either on Google or on Move Forward PT, there's a lot of resources on ways to find a clinic in your geographic area. Call some of those clinic and see do they accept your insurance first, if that's the way that you want to go to help get some of these costs covered. Call the clinic and ask do they accept your insurance.

Once you find a clinic that accepts it, ask how frequently they see people with the type of issue you're having. Is it a back related issue and they're a hand clinic, or is it a nerve pain issue and a neck related issue and they're people who really specialize in sports injuries and maybe lower

extremely things, or if it's a dizziness issue, you will want to find a clinic that has people experienced in treating dizziness.

Ask how frequently do you get people with this type of problem, and then ask once you get a physical therapist, you can call them before your appointment and say, "How many people have you treated with this diagnosis and what kinds of outcomes you'd have?" Ask what is similar to what you guys had mentioned about finding a healthcare petitioner. What are you going to get from this? What do they have to offer you? What kinds of things are they going to do on the evaluation that can help them make a good clinical decision about what could be some ways to help you?

**[0:37:12.1] AS:** That's one of the questions I have for you. Is there a certain evaluations or techniques if you're trained and you know that they're more up-to-date than 40 years ago, like if I know a doctors never heard of — Like hasn't studied nutrition or hasn't studied functional medicine or doesn't believe trauma influences things. When people ask me for referrals or they like, "What do you think of this person?" I'm always looking for certain clues that that person is progressive and is willing to learn and stay up to date. Are there any modalities or certain questions that they will ask you that you're like, "Ugh! This person has brushed up on their education in the past five years."

**[0:37:55.4] KE:** It's so tough to say definitively, just because there are so many different root causes of different impairments that a lot of people don't use ultrasound anymore, but there are some tissue injuries that actually do benefit from ultrasound sometimes and people respond differently to different intervention that it's tough to tell people what kinds of questions they might ask or what interventions they might say that they offer.

I would say that having a good rapport with your physical therapist is just as important as getting that good feeling from any of your other healthcare practitioners, because you want to feel heard. You want to trust them and you want to have a general good understanding of them knowing you. If they take the time to listen to what is going on, they ask follow up questions in general whether it's about certain activities you're doing, certain interventions they want to do. Having someone who's a good listener and asks good follow up question I think is one of the best indicators.



Just having a level of trust with them is going to be important, because they're going to ask you to do some things in your day-to-day life that you need to trust that they're going to pay off me in the end, because one of the reasons why people don't love physical therapist is it's not a magic pill. It's not a quick fix. It's something where because we get to some of the root causes, some of these other things come up, where, "Okay. You need to move more in general. So why aren't you moving?" You have different activity patterns. You sit a lot during the day at work. Are there ways that we can incorporate movement into that? Is there — As Ali straightens up —

**[0:39:35.8] AS:** You know I have bad posture.

**[0:39:37.6] KE:** You and everybody else. There're so many different things that pop up then of like, "Oh, you know, if you're exercising more, you're fueling your body right," and so then we sort of get into these other areas of health and wellness that not every PT is trained and educated on giving advice for that, but I think that is an opportunity for PT's to kind of help be that other impact and figure out help problem solve. How can we make this more a part of your routine that then will help you heal? That's one of those areas of opportunity that I like to see and that I think PT has a good way of kind of moving in that realm. We'll see if it happens, but that's my prediction.

**[0:40:17.7] AS:** Yeah. I love that you talked about the relationship, because the research shows that 50% of any therapeutic relationship is just if you trust the other person, and I think as you are speaking, like do they ask you questions, do they listen. If they do that, there is a mindset there, then that's curious. That's then probably going to be up-to-date and opens new things and continuing their education and everything. I know I look for progressive mindsets of people all the time who I want to learn from.

**[0:40:45.6] KE:** Absolutely. I think one of the things you'll see on a lot of clinics have different websites, and they'll list their physical therapist there and they'll have a lot of letters after their name. Some people are really letter happy and they really feel that it distinguishes them and shows that they're progress in learning, and that's absolutely true for some people. I don't think it's the end-all be-all, but I think that there are some people who still have their bachelor's or master's in physical therapy and have developed their craft and their skill in certain areas and

have so much knowledge, but don't necessarily have the fancy letters to back it up. It's not right. You really want someone who listens who asks questions and who has the time to see you —

One thing I remember that I wanted to include is a thing to ask your practitioner or your clinician when you make an appointment with one is how much of the time are you going to be spending one-on-one and how consistent will it be, because a lot of clinics, you get evaluated by one physical therapist and then maybe you're primarily treated by somebody else or you get a different physical therapist each time or you are being seen with two or more people all at the same time. It's really important when that relationship is so important to see how much one on one time am I going to be able to get from you and what's the — How valuable is that to me, and I think that should be a pretty valuable measuring tool for what type of treatment you're going to be getting, because those subtle changes that can happen between visit and visit and that rapport you built on day one, it will carry you through the rest of your treatments and you want somebody who's familiar and comfortable and knows your body as much as they can in conjunction with the information you provide to the help guide the treatment further and get that progression. Seeing one-on-one treatment whenever possible and seeing consistency is going to be really important things to look for when finding a good PT or a good PT clinic.

**[0:42:48.3] AS:** That's a great point. I'm curious, what are some — Because I feel like posture and muscular — Like muscles and how we move our bodies is so important in everything. What are some of the surprising things that might be structural issues that people — Like I'm thinking like bloating or headaches or — Can't those often be — Like I noticed I get — You know I have like this neck thing on my left side and I can tell like I get a headache every so often and I can tell that it's from the way that I might have slept or whatnot, and so what are some of the surprising health challenges that people have that are structural related and that PT can help with?

**[0:43:31.9] KE:** I think a lot of times it's these chronic pain issues that people are sort of coming up with, so that chronic neck pain, that chronic back pain. A lot of times the origins of that are because we're sitting a lot more and not using our core as much to keep us up, we're hunched over more, and these chronic postures that are modern day life puts us in creep up overtime and it really is something that people don't think about how simple posture is. It sound so easy, but if you put a timer next to you and try to maintain good pasture for five minutes, I guarantee

most of us will be dying after a couple, but it's really, really challenging, but it's those basics fundamentals that often set you up for more success, because better posture improves your breathing, it improves your breathing, improves your circulation, which improves your overall general healing and getting out that toxic. There's just so many cascade effects of having improved posture and just moving your body in a way that's safe.

Listing is another common thing that people will throw back out by lifting unsafely and inappropriately, maybe because they have never had a job or never played a sport or had a reason to lift something heavy, so then when they make that move at a college or they buy their first house, they're upgrading a piece of equipment, one wrong lift, which is often lifting without bending your knees and incorporating some type of pivot. If you think about trying to get something through a doorway that you need to turn, because there's other furniture, you're trying to get up and down the steps with something, you're putting your body into some type of cirque du soleil contortion sometimes.

Those are the times that are like, "Oh, obviously. This is going to be tough." Even if you're — Like I find at work, I work with a lot of people who — And pretty much everybody uses a wheelchair in their day-to-day basis. When I'm physically helping somebody to stand up or to move from one place to another or to walk, I'm so careful about my back, and I'm bending at my knees and keeping my core tight and I feel great when I'm actually helping a person move, but as soon as they're safe and I bend down to pick up a leg rest, I don't bend at the knees and I like completely forget because I'm like, "Okay. The patient is safe," and it's the little thing. It's not something heavy. It's not something hard, but it's something I do repeatedly, and it's because it's more of a conscious decision that I have to make with heavy things and light things. It's not always obvious cirque du soleil contortion moments where like, "Oh, of course I threw my back out," but like, "Oh, I picked up this grocery bag from the trunk and I had my trunk twisted while I was lifting," and, boom, it can be something so simple.

PT can sort of help get you in better patterns of how about you engage your core a little bit more and we'll teach you ways to do that, strengthen your or more so that when you go to lift the light things and when you go to lift the heavy things, it'll give your back and your entire core more stability to help things move in a way that are meant to move. It's a lot of these little things that can add up over time and that can really become these nagging chronic pain issues as well as

some things that have been caused by trauma in the past. They can have some residual effects down the line as well.

**[0:46:51.2] AS:** Yeah. When you're talking about posture, I have like hunched shoulders, and so it's like — I have started paying attention even when I'm watching the dishes or like moving things. They're like hunched and I'm like, "Oh my God!" and I try to roll them back. You have constantly remind yourself. Do you think core work in general is probably like where we all should start?

**[0:47:13.7] KE:** Yes, but I hesitate saying that, because people automatically think like, "Oh my God! I got to do crunches," and nobody wants to do crunches.

**[0:47:21.3] AS:** I was thinking Pilates, like we should all be doing Pilates.

**[0:47:25.3] KE:** I mean you need to find something that you enjoy, because nobody is going to follow and exercise program that they don't enjoy, and knowing that you don't have to do 800 Jillian Michaels DVDs or like Pilates exercises a day, that's not the make or break. You'll be okay just by doing one or two and just by sticking to some consistency.

Again, it's not the all or nothing. It's not I got to go do Insanity and P90X and applying challenge that I found on Pinterest. It's not all of that that you have to do, but just thinking a little bit more, "Okay. I really want to tighten my abs because I'm standing here doing dishes and I really need to pull back my shoulder blades and get my neck on top of my shoulders, on top of my spine, on top of my legs." That's the better posture. It doesn't have to be all of those other things.

**[0:48:20.1] AS:** Do you guys do anything with myofascial? Like fascia, I should say.

**[0:48:24.2] KE:** Absolutely.

**[0:48:25.0] AS:** I've been reading about it more and more. It's like my current curiosity of the body.

**[0:48:31.1] KE:** Yeah. Myofascial release. There is a lot of — That's one thing that people can go to courses and kind of get specialized in. There are certain tools that people use. There are certain techniques that you can learn, because all of your muscles are made up of different bundles of fibers. Between all of these fibers is fascia, and it's a layer of connective tissues. It's connecting the different types of issues with in your body.

When the connective tissue is loose, which is kind of not having tight hamstrings or tight muscles that connective tissue and those muscles have good length, then they're moving a little bit more easily. If that connective tissue gets tight, like kind of people have a lot of times in their shoulders, they'll have these muscle knots, that myofascia release is sort of a release of tissue tightening and it can also can be If any myofascial people are listening to this, they might be correcting off the wall because it's something that I typically do, but the concepts are sort of to release that tension between the muscle fibers and within the muscle, within the muscles next to each other to really help things move a little bit better and help relieve some pain related to that.

It's muscle tension and muscle length is a lot of what we look at, because, again, having a hunched posture, your back, upper scapular muscles, are kind of stretched out and likely weak because gravity is pulling them forward, so your front muscles are tight, your back muscles are a little bit elongated and weak and then your neck is in a forward position. You want a lengthen some of the muscles in the front. You want to give more muscle tone and strength to the muscles in the back by your shoulder blade and you want to give more mobility to your neck sort of in that extended retracted position.

You have to come at it from a bunch of different angles and that myofascial release can be applicable with some different techniques and interventions. A lot of times the umbrella term is manual therapy is what people will get from different physical therapist. Just any type of manual therapy that could be joint mobilization, so moving your joints in a way to kind of increase mobility within the joint itself. There's different mobilizations we can do on almost every joint in the body, and then just having some manual therapy techniques at the tissue level oftentimes will help improve the mobility of the tissue, which can help the pain.

**[0:51:04.0] AS:** It's so fascinating. Just so you guys know when you're listening and considering if you should go to PT, because there're all these bodywork things available, like really start to

realize if you have some chronic pain or your posture is bad or you're not moving enough. Let's nip it in the bud before it gets to be full on back pain when you're lifting something. Can you give us, Karen, a couple of guidelines you think about how much we should move during the day and a couple of stretches, and we can put the visuals of the stretches in the show notes at [alishapiro.com/podcast](http://alishapiro.com/podcast). We'll have some visuals, but can you give us some guidelines so we can start feeling taller and more stretched out during our day.

**[0:51:48.1] KE:** Absolutely. Again, some of the newer researches coming out that even those who get maybe an hour of exercise a day either in the morning or the evening, the cumulative time that we're spent sitting is what can be detrimental. Regardless if you're kind of building up as I do a lot with a lot of my exercise coming from personal experience, if you build up these workouts, and okay, I need to do this DVD and I need to do this program and it's keeping me accountable and I have to do X, Y and Z every single day, that's good if that works for you. Also, I usually will recommend set — If you have the flexibility within your day, set a timer for every 30 minutes to an hour, and if every 30 minutes it's a reminder, "Oh, you know what? I need to pull my shoulders back and I need to sit up a little bit straighter," by having that sort of constant reminder throughout the day can help build those habits.

Then if may be every hour you have an alarm that's, "Okay. I need to keep my shoulders back and keep in alignment, and then I also need to get up and take a lap." Whether it's a lapper on the office building. I need to go to the water cooler and back because we all probably aren't drinking enough water anyway, or I need to go grab something off the copier, run to the bathroom or anything like that. Kind of incorporating any movement throughout the day is better than kind of sitting sedentary for 4 to 5 hours at a time between meals.

Again, it depends on your occupation. It depends on your day-to-day schedule, but I love how accessible technology is and how setting reminders on our phones are super easy. When we have it, nobody — Very few people are without their phones throughout the day, so it can be right there. If you have the availability, first set a timer for posture and then set a timer to get moving throughout the day. I'd say maybe get up at least every hour and check your posture at least every 30 minutes.

**[0:53:40.6] AS:** Okay. Thinking of like the scapula in the back, like pulling the back and pulling your neck back, because I think we're all usually like forward. It's like — What are —

**[0:53:51.4] KE:** Those are the two — I'll give those two image references for sure, because that would be a lot of times our scapular muscles are weak. Whether or not you want to incorporate those into your exercise regime, you can decide that down the road or have some guidance from your physical therapist, but one of the things that we can all benefit from is almost squeezing your shoulder blades behind your back as if somebody have their two fingers right on your spine, kind of right in the middle of your back and you're trying to squeeze your shoulder blades together against them and then holding that for 5 to 10 seconds longer if you can and realizing that strengthening those postural muscles that get so much hunched, just relaxed all day when your gravity is pulling them downward. That's a really good one that people can do throughout the day, that kind of every 30 minute reminder.

Then the other thing, which I tell a lot of people who have difficulty with posture, and I joke with you, I actually have my headrest in my car, like total nerd alert set so that if I want to look through my rearview mirror, I have to get into this posture. If you think about your head on your neck, your entire head without kind of looking up or down is going to move backward. You're doing almost a little bit of a chin tuck and you can kind of put your fingers right on your chin to sort of help guide it backward. If you get a double chin, you're doing it right. Don't think about what you look like when you're doing these, and you're just thinking about moving your entire head backward toward your spine and you should feel a little of a release or a little bit of the stretch kind of in the back deep muscles of your neck and being able to hold back even just while you're sitting day-to-day is good, and there's ways to progress that as well, kind of going against gravity or going against resistance to get those muscles stronger and in a better posture that can help with the neck and back and everything like that down the road.

**[0:55:45.9] AS:** That is so helpful. When you were describing the scapula, it's like I did that and it's like so tense, because like mine are so elongated. They're not in a good shape.

**[0:55:55.3] KE:** Yeah. If you find that that is something that you notice feels really tight in the front, those front muscles are your pec minor and pec major muscles and they attach sort of right between your — Kind of right by your armpits. You can — I can add a picture of this one

too. I always hesitate to give this to someone who's not being monitored as much while they're doing it, because if it is painful in anyway, you might be doing it wrong or not getting as much benefit, but you can stand at a doorway and put your upper arm or elbow next to the doorway and just sort of lean with your entire body forward to get a stretch in that front pec muscle.

There's a whole bunch of ways if that doesn't feel good. There's a lot of ways to stretch your pecs, but it's a good complementary exercise, because if you continue the tightness in the front of your chest, you're not going to be able to fully go against that by doing those scapular retraction. It's a good complementary activity to do together.

**[0:56:57.5] AS:** Wonderful. Thank you. Again, we'll have visuals of that at [alishapiro.com/podcast](http://alishapiro.com/podcast) for this episode 97.

Karen, thank you so much. I feel like physical therapy — I have such a different view of it. I'm putting you on the spot, and people can pay people millions of dollars to come up with branding taglines, but if you had to come up with the tagline for physical therapy, because people listening — I think some of the key points that people need to realize is that many people could benefit from physical therapy, yet your doctor may or may not realize that.

Again, when we want to become informed advocates for ourselves and know our choices, you may have to suggest it to your doctor.

**[0:57:45.0] KE:** Yeah, absolutely. I think everybody knows that exists, but I think the details and the breadth and depth of what physical therapist can provide to somebody is often undervalued. Asking the question and seeking a little bit further and trying to find a physical therapist that will listen to you and ask questions and try to get to the root of the matter can really pay off in the long run. I think PT should be what moves you in a lot of ways if that could be a tagline.

**[0:58:15.1] AS:** I love that. I love it. Check your own mindset about thinking that MRIs and CAT Scans and all these things that — Especially if your insurance doesn't cover them, or if you're like me, a cancer survivor, you want to avoid CAT Scans like the plague. I also think MRIs too, even though — I know they're not radiation — Whatever. People can tell me what they want, but my gut tells me minimize all of these testing. You may have a lot more effect with someone who



can help you manually, because — Often, I'm guessing if a CAT Scan or an MRI find something, you're going to end up at a physical therapist anyway. You might be able to save yourself a step.

This isn't saying don't get your MRI or whatnot, but just know you have other options and it should be what moves you, and move more so that you can avoid being seeing a physical therapy in a reactive instead of proactiveness.

Karen, thank you so much. Thanks for being you. I always loved chatting with you and learning so much. Anything parting that listeners should remember with physical therapy? I think we kind of wrapped it up.

**[0:59:20.2] KE:** Just have an open mind and try it, because a lot of people have these built up ideas of I got to go all the time and I got to pay all these money and all that stuff. Just give it a try to. Seek it out. Go with an open mind.

**[0:59:34.3] AS:** Love that. That's pretty much a good idea for life.

**[0:59:38.5] KE:** Live life motto.

**[0:59:39.2] AS:** Yeah, #growthmindset.

**[0:59:43.4] KE:** Absolutely.

**[0:59:44.3] AS:** Alright insatiable listeners, if this episode — If you know someone who could really benefit from this episode, please pass it along. Again, if you could leave an iTunes review, it helps more people find the show. It helps the show grow, which helps me to continue to prioritize it and etc., and not to prioritize it. I'm always prioritizing it, but i don't know. I'm an extrovert. I feed off of the reviews of people telling me that they tell their friends, which is important since I'm the sole generator of content.

If you can leave a reviewer or pass along to anyone you know — Remember, if you're interested in Truce With Food: Tapas Style, registration closes this coming Monday, September 25th and it will be really valuable. You can head into the holiday season with much more compassion and a

growth mindset, like Karen described, rather than just saying, “Oh, it's the holidays. It's an excuse to eat and drink.” You can actually use it as a tremendous resilience building and fulfillment time.

Thank you everybody, and we'll talk to you next week.

[END OF INTERVIEW]

**[1:00:49.0] AS:** Have questions or reactions about the episode? Reach out to me on Instagram and Twitter @alimshapiro, or Facebook at facebook.com/alimarieshapiro. If you love this show, please leave an iTunes review and tell one friend this week about how to get the Insatiable Podcast on their phone.

See you on social media.

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