

Ep #106: FB Live – The Knee Isn't Really the Knee – Exploring the Biomechanics of Healing From Knee Replacements



Full Episode Transcript

With Your Host

Susi Hatley

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Male Announcer: You're listening to *From Pain to Possibility* with Susi Hatley. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hatley.

With this episode we dig into the knee not being the knee. It's one of my favorite topics to speak about, especially when it's about recovery from knee replacements, managing osteoarthritis, and all things related to the knee.

This was originally recorded as a Facebook Live, you will find the link to the Facebook live in the show notes and we've also put it into YouTube. So you can find the link to YouTube in the show notes so you can see all that I am demonstrating as well as hear it in this episode. Enjoy the listening.

Hello, we're back for another Facebook Live. And here Stan and I are talking a little bit about the knee. And what I really love to share with my clients when I'm working with them and their knee, is I like to share how this knee is not really a knee. And usually the response is sort of like, "What? What are you talking about?"

And when you look at this skeletally, the only thing unique to the knee is this little guy here, the patella, right? If you look here, the top of this knee is the femur, which connects up to the hip. And the bottom of the knee is the tibia, and that connects down to the ankle. And when you actually look at the muscles that are connecting and impacting the knee, there are a lot of them that also cross the hip and or the ankle.

So when you really take a peek at it, if you want to improve what's going on in the knee, you really do need to take a look at what's going on at the hip and what's going on at the ankle. And then the truth of it really is to connect the two. And I typically like to start at the hip because there's so much

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range of motion here at the hip and so much congestion that can happen between the pelvis and the femur.

And when I can help someone get better movement of the leg bone in the hip socket, so much can change. And then once we've got that rolling, then I often will bring that back down to the foot, because the foot is the bottom of the kinetic chain. And then start to have people connect to the three points or the bottom of their feet as they do movements up and through that hip joint area.

So I've worked with people who are pre-knee surgery, and one of the characteristics that I see with pretty much all of them is that we can't really do much work on their hip at all. Like the function of their knee and the relationship of it to the hip has just become so wonky over a period of time that to even unwind this area is just, it's not possible just prior to the surgery.

Then after surgery there's a lot of work that's done up in and around the hip and people are often really surprised just how gunky and limited they are in their hip. And they'll often say to me, it's like, I feel like, this is them talking, I feel like I need to do a lot more hip work as opposed to specific knee work.

And it really is interesting, because as they get better function through that hip, they will feel better into the foot. And like I said, then they connect to the feet.

So a few initial things that I will work with someone on is for them to first gain the awareness of what's actually going on in the hip while their knee feels good, right? So I'm not going to push them into any movement where their knee is going to go into a place of increased pain or strain. So I'll focus in here.

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So I might do things like legs up the wall and crossing one leg over the other and making sure, truly, that the leg bone is the thing that's moving in the pelvis, right? If someone is starting to move their pelvis when it doesn't need to move, that's a pretty good sign that something's up. So let me just push this back and I'll give you an example of this.

I'm not going to go straight to the leg to the wall because you're not going to be able to see me with this orientation. But if I'm here on the floor and I have my legs up like this and I'm going leg at the wall, I cross one ankle over the other. And as I do that, the idea is I'm meant to move just the leg bone. But when I do that, if I move my pelvis with the leg bone, then no longer is that just this leg bone moving into adduction, it's a leg bone with a pelvis motion.

And so it might seem like, well, it's not really a big deal. And in some cases it might not be until it is a problem, right? And so the more that I can really help some actually move just that leg bone in the pelvis and start to improve the efficiency of that movement, then they will start to unravel.

So think about the pelvis then, as a platform through which these leg bones move. So if this platform has inefficiencies of movement, then the way that this limb will move is going to be a little bit off, right? So we've got a pelvis, for example, in that legs up the wall example. If we've got a pelvis moving and rocking and rolling when the leg bone is really the only thing that ought to be doing the work, then what we're building are inefficient movement patterns.

And so if we have inefficient movement patterns, then we don't have a smooth, stable, coordinated platform from which to move down through here, right? And so don't get me wrong, we all compensate and the compensations work until they don't. And so often, when someone is

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starting to experience knee issues we're at a place where maybe they're not working anymore.

So when we can start to uncover them, because lots of times these patterns are under our level of awareness, but when we can start to uncover them huge gains to be made.

So that's one example of legs up the wall. Another one is this, so a classic movement in yoga is taking the ankle up onto the knee like this, right? And when someone does that, the movement should be the leg bone moving in the pelvis, right? That's what it should be.

But often, what we'll see is as they lift the leg, the whole pelvis starts to tilt left to right, or up and down. And then the other thing we'll often see is the pelvis will start to tuck up like this, or as the leg bone moves in the hip socket, you'll see a pelvis moving like this, and people often don't think much of it.

And yet, again, because we think we're doing the movement, right? We think we're doing the movement, when in fact what we're doing is we are taking the leg up and we're doing this instead, right? So we think we're rotating at that hip socket, but in fact what we're doing is we're doing this, right? Which is the pelvis relative to that ribcage.

Or if we are thinking that we're doing this motion and doing that, except we're doing this or we're doing that motion as opposed to flexion of the hip, now we're doing all sorts of stuff up through here and not through here. And then that can then impact how the load gets transferred down and through that knee and down and through the foot.

So if somebody has, if their weak link is the knee, if that's where their stuff happens, then that's where their stuff happens. So even though the movement pattern efficiencies are coming up through this area, the

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expression of those inefficient patterns can be expressed down through there.

So when I'm working with people, so whether someone has just a long standing knee issue, like an osteoarthritic knee or something like that, I am playing initially up and through here showing them examples like I just showed you.

And then if someone is recovering from knee surgery, so whether it's a totally or partial knee, once they have finished their post-op physio and then they're looking for more, then I might come in and do something very similar. Initially, though, when I'm working with someone post-op, I follow the guidelines from the physio absolutely to the letter. That they're doing the postdoc physical therapy exercises properly.

Because so often people can push through pain and exercise, but they're bracing with their breath, or they're bracing with their shoulders, or they're gripping with their skull, or they're really holding up through their pelvic floor. And when that happens, then they're actually not doing the exercise for their knee, right? They're doing all this other work elsewhere in their body, right?

And so then they don't make the gains that they really think they should make, or they fall backwards and the movement slows down or the progress slows down. So a big piece of what I'm doing in those initial stages is to help them do those movements properly so that they improve that overall platform of their pelvis and they can start to transfer load and weight much, much better. And so it's a very, very collaborative approach with that physio.

And then after, much like I said, then we start to really get into, okay, let's take a look at some of these sticky congested patterns that are going in through this area.

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Now, another thing I think that's really important, and I've been sharing this lately, very, very frequently with my private clients, and that is I want people to understand that even though I speak a lot about compensatory patterns, and that compensatory patterns, they work until they don't. And oftentimes, when I've seen someone who's got pain and strain, they've got a ton of compensatory patterns.

What I want people to understand, whether it's related to their knee or anything else, is that the fact that you compensate is great. It's one of the greatest skills our body has. Our brain or our mind has an ambition or a drive and our body finds a way to do it.

And so if we don't have the physical ability to do it, then the body will find a way, it'll find the path of least resistance, which is an incredible skill to have. And some people will get angry with their body and say I can't believe my body broke down on me. I can't believe my body is cheating. Or I can't believe my body is, fill in the blank.

When really the body is just saying okay, brain, mind you have an ambition, I will help you fulfill that. So the body is just helping to fulfill that which we have in terms of our desire. So it really is an incredible way, this compensatory patterning because it's showing, it's illustrating our creativity.

My job then, when I'm helping someone post-op, when I'm helping someone recover from pain, when I'm helping someone move forward in their life, my job is to show them that creativity. My job is to help re-channel that creativity, that strength and stamina, so that they can utilize it really for good and they can become stronger and like truly stronger, truly with better endurance, and connect into like their best life.

Because when you're overdoing it with compensatory patterns, you're being inefficient. When you're inefficient you're pooped out, you're

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exhausted, you're tired, you're tired. So let's not be tired, let's move a little bit better.

And so as it comes back to recovering from knee issues and knee pain and knee surgery, you can kind of get a sense that progress can happen really quite quickly, if we start to improve these connections between, first of all, in our hip, and then between our hip and our ankle, really connecting to the way our feet are on our floor.

So if you want to think about one that's really great, is I want you to think about this exercise here. You take the legs wide, I think some people call this Horseman's or Goddess, and then we rotate the leg bones in the hip socket. Notice, what I did not say is I didn't say turn the feet out because the feet, while they can turn out, the feet are moving because of what is happening at the hips. So we rotate those legs out, right, to the ability that they can.

Now watch me over here, if I'm here and I rotate out but I don't have that ability, let's just say I'm trying to make it happen but it doesn't happen, lots of times something like this will occur, right? Or other things like that, right? And so we want to watch for those other compensatory patterning.

So we're looking to like letting the foot be the bottom of the kinetic chain with the motion happening through here, while all this is nice and quiet and easy. And then we can start to take ourselves down into the position.

So notice if this thing starts to happen, right, and I'm exaggerating it but you know what I mean. And one way to play with this is you take the hands on to the outside of the thighs, you pay attention to the bottom of the feet. And one of the things I like to pay attention to for the bottom of the feet are three points, center of the heel, ball of the foot, base of the pinky toe.

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Hands on to the outside, feel those three points, let the legs settle back into my hands. So I'm actually utilizing a bit through my butt to be able to keep my legs in good line, but I'm not doing it from the knee. I'm not trying to move the knee back, I'm helping do the movement from the hip, right? And then come on down.

Now, something else I want you to see, okay? I want you to see my feet. And if I bend my knees and I press my legs out into my hands, you can see how the arch starts to change, right? Now, lots of people in the yoga industry, what they will do is they will say, we want to lift your arches, so lift your arches. Specifically lift your arches. And for some people that can work really well, but for tons of people that creates more tension on their feet.

And there's a huge correlation between really tight feet, pelvic floor function, hip function, and it can just get really tight and restricted. So what I want you to think about is just take your hands out to the outer thigh, if you've got an issue with feet that overpronate, then take your hands to the outer thigh and then press those guys out into the hands and take a look at what happens to the whole chain.

Now, of course, notice what's going on up in here and if there's tension, or tightness, or held breath, and blah, blah, blah, right? Like keep all this easy. Easy breath and just notice what goes on. So you'll notice that so far everything that I've shown has like everything to do with the knee, but nothing to do with the knee, right?

So when we get this functioning well and we get the ankle and the foot functioning well, it's really remarkable what can happen with that knee. All right?

So some things that you can think of as you watch this and over the weekend and just ponder and think about, all right, what's really happening

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with the knee? Is your knee really the thing? Is the knee really, really? Is it? Is it really the problem? Or could there be something that's lying under your level of awareness?

Now, if you would like my help to help uncover that, you can certainly send me a direct message and we can work together. And I work with people one to one in three month contracts, you could come to the therapeutic yoga intensive where you can learn what it is that I teach, and then learn to teach others as well as uncover a whole bunch of patterns for yourself.

So send me a direct message if you want to connect, all right? Have a great time exploring.

If this episode has resonated and you're looking to deepen this idea of getting your body back on board, of listening deeply to your symptoms, of listening to the whispers so you don't have to hear the screams and you're looking for one to one support or professional training, then reach out to us at health@functionalsynergy.com where we can customize your learning path. That's health@functionalsynergy.com. Looking forward to hearing from you.