

Ep #122: Clamshells - Why I Don't Love This Exercise



Full Episode Transcript

With Your Host

Susi Hatelty

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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.

Welcome and welcome back. I am so delighted that you're here for this episode of clamshells. Clamshells are a really common hip exercise that are provided by a lot of rehabilitative professionals. And I see a lot of my clients coming in having been prescribed these exercises, and I see them doing them in a way that does not support their hip function or them reducing and eradicating pain.

I've seen this for so long, like pretty much the entire of my career. And so I've decided today to talk about clamshells. Along with this episode you'll find in the show notes a link to YouTube where I go through compensatory patterning and considerations for clamshells. So you can tie what I'm saying here with what you can see on YouTube.

This is something I'm going to be doing more of because really, one of my wheelhouses for supporting people in reducing and eradicating their pain is helping them become really objective about their movement patterns.

How I started, was helping people move better. And what I mean by that is like subtracting the compensatory patterning out of their movement so then they could build up habits where they didn't need to use extraneous muscles to do a pattern. They simply needed to do the muscle that was designed to do it.

And that was a big reason, initially, why I got so much progress and made so many gains with my clientele. These concepts are taught in my paid programs and I thought that I would experiment with sharing them on the podcast and on YouTube and just see how you all take to it and how it supports you in your process, whether you are a client or whether you're a health professional working with people.

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Because I'll hear, talking to colleagues of mine who've either trained with me or who get what I'm talking about here, they'll say health professionals, whether they are physicians, or osteopaths, or chiro's, or physical therapists, or OTs or whatever, they will say to their clients don't compensate. But then there's this blank spot of like, well, what does that actually mean? And I want to help direct the conversation about what that actually means and why it's so helpful.

In an upcoming episode I'm going to share more about my recovery postpartum from a C-section and why I recovered so incredibly well. And I also had a diastasis, and why reducing compensatory patterns made such a huge, huge difference. And we'll just keep this conversation going. Okay?

So this one is about clamshells. And if I'm really honest, and maybe a bit sassy about this, I don't actually love clamshells. I don't often understand what the hype is about them. And the reason I use hype is when I did a bit of research on the researcher of researchers, Google, I mean, really. What I found so fascinating is going through Google there is a lot of celebrity status that the clamshell exercise holds.

And I'm kind of gobsmacked at that because I get the idea of doing the movement of clamshells is meant to engage and activate your glute med and some fibers of the glute maximus. But I don't know who out there is doing that because when I see the group of people that I see, they aren't. And they're wondering why they still have pain, and yet they're doing clamshells which are supposedly this go-to exercise.

So I just, I find it super interesting. Now granted, I see a small, small, small, small, small, small, small subset of people who are recovering from pain. And I don't doubt that clamshells work for some people and they are like the most amazing thing ever. But I don't get it because even though I see a small subset of the population, I see a lot of people still and I just find it interesting.

And maybe it is simply that slice of people, because the people I see have persistent pain. They have persistent pain and they're fed up with it. And

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they know that there's a way out and they can't find it. And so they come and find me.

And when they're doing clamshells here is what I see happen. Clamshells as a movement pattern are done typically on the side and the leg bone is moving in the pelvis and it moves up towards the sky opening like a clamshell. The movement itself is a combination of rotation and abduction.

Now, it depends on the version of clamshells you do whether there is more rotation or more abduction, but let's just call it really simply it's a combination of rotation and abduction, leg bone in the hip socket. You'll notice that there was no extension and there was no flexion in that motion. And yet what I see so often when people are doing clamshells is their hip flexors get all involved.

Often times their pelvis will hike up or move in their frontal plane, hike up towards the ribs. It will often roll forward or roll backward. The bottom leg often pushes into the floor in order to help the top leg lift. And there can often be bracing in the ribcage, the shoulders, the jaw, the head, the pelvic floor, the breath, the abdomen. All of this additional work that doesn't need to happen. That is all compensation.

And when we can reduce all of that, then people begin to really feel it, like my clientele really begin to feel it in the area of that hip abductor and the glute maximus fibers. But before that, they often don't feel it there. They're utilizing so many other areas of their body to make the movement happen.

So when I'm working with people, what I often ask them to do, bit by bit by bit, ultimately is reduce the compensation. Subtract out the effort and the energy that's not required so that the brain and the rest of the nervous system and the myofascial system can really tune into what is actually meant to be happening. Compensation patterns are necessary at times, they certainly help us get from point A to point B.

When we're in a recovery process though, they are the thing I find to be, if we can get that really sorted out with people, holy smokes, their persistent

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pain really does reduce fast and eradicates because we're not asking the breath to hold while the leg bone moves. Because what on earth does the breath holding have to do with like bone movement? Or the ribs bracing? Or the jaw getting tighter? What do those things have to do with the leg bone moving?

So when we can actually really settle out those areas of the body, really everything else that's not required to move that leg bone into a clamshell movement, now we can down regulate, relax, just use way, way, way less effort. And then the area that is meant to be working, the glute med and the glute max fibers, they can actually do the job.

We're asking the body to do only that which it needs to do and that's it. It's as simple as that. And yes, it can sometimes be a little bit difficult and a little bit challenging. But if you want to get better, that is sometimes what we have to go through. Sometimes we have to do the challenging work in order to retrain patterns, change habits, so that forces move through our body differently and we can experience a new reality.

I would say the number one and number two thing that I see when people do clamshells is they over utilize their hip flexor, and they also roll their pelvis backward. Or both. And there's two things that I often do to support people in these scenarios.

The first one, if their pelvis rolls and they're unable to keep it steady without the rest of their body getting all wrapped up into the movement, is I have them lie against a wall so that they can tune in to what their movement actually is.

So if they notice that they lean back against the wall and they feel more of the wall against their body or more of their body against the wall, then they know that's what's happening. And they can sort of go, okay, hold on how far can I move this leg without that happening?

And then if it's the hip flexor that's overly engaging, then often what I'll do is I'll put blankets or pillows between their legs so that the leg is resting a bit

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higher up and not down. So when you typically start a clamshell exercise the leg bone, it's settled at a bit of an angle down towards the opposite knee. And so there's quite a bit of trajectory that the leg then needs to move.

So if I place pillows and blankets underneath that leg and raise that leg up a bit, then the trajectory isn't as high. And then there's less force against gravity that they need to move through and they can start to get the movement pattern more effectively. Then bit by bit I can pull the blanket and layers of pillow away and then they get more of that movement pattern.

So those are really key ways of getting that clamshell down to a place where it's actually doing the job it's meant to do. And then you'll notice the gains around your knee, or IT band, or piriformis, or SI issue, or sciatic issue or back, or whatever it is that you've been prescribed the exercise for. That's when you're going to really notice the change.

And I encourage you to go to the YouTube link that I've got so that you can see how I walk through this with people. And then you can start to play with this yourself, whether you are a client working on this for yourself, or whether you are a professional who prescribes this, or you have people coming to you who've been prescribed the exercise and you want to help them make it better.

And that's really the next place that I'll go to, because some of you might be listening to this and say, well, if you don't actually like the exercise, why do you even do it? And here's the reason why, it's not one that I will keep in my toolkit for the offering to my student base. However, if I receive a client who is coming from somebody, whether it's a physical therapist, or a chiropractor, or an osteopath, or a massage therapist, or whomever of that sort.

If they're coming to me and they've been given a list of exercises to do as a part of a program, I will want to make sure that they are doing that program well. My job here at that point, when I am being referred somebody, my job

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when they come in to see me is to be a part of the team. And I don't want to give my client, our client at this point, a whole bunch of extra stuff to do.

The last thing I want my client to leave with is like hours upon hours of exercises that don't have a cohesive, common theme. So the first step that I typically take is when I receive a client that has been referred, or maybe they haven't even been referred, they've just decided to come join me and they're also seen other people. I will ask them, what exercises are you already doing from the other professionals? Let's see how they're working for you.

And then I can start to get into a dialogue about them and understand what it is that they're doing, for what reason that they're doing them, and are they working or are they not working? And then I can also use my own eye to see, okay, this is where things are moving well, this is where things aren't moving well, this is what ought to be happening and is not happening. Aha, this might be contributing to why they are still experiencing the symptoms that they're experiencing.

So then we're becoming and getting into this collaborative whole. And then I keep the program really, really tight in a good way, in a way that the person can easily digest and work with. And then collectively we're helping the person, the client move forward, whether I engage and talk with the other professional or not. And it's not always necessary for me to have conversations with other health care professionals, but sometimes it's really interesting, if that's the way that they work.

So I think that's important to understand, is that even though I might not like clamshells, truly, if I'm honest about it, it doesn't mean that they're a terrible exercise. I just have my bias. And so if somebody else has offered it up, they've got really good reason for doing it, I'm assuming. And so I want to help the person that we're collectively seeing do it as best as they can. And for that matter, do it in a way that really serves them.

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And if they decide not to do it later, then they can make that choice themselves. Because it's their body after all, I don't need to weigh in on that conversation. Okay?

So let me emphasize some key points about clamshells that are important, I think, and can make a significant shift in how you're doing them. So the first piece of it is just notice what they are. Which is you're on your side and you're raising that leg and the movement is one of abduction and rotation of the hip, the leg bone in the hip socket. And we want to help reduce the compensatory pattern and make it as easeful as possible.

So notice if that pelvis wants to move, if your hip wants to hike, if you're over utilizing the hip flexors, really if you're using utilizing them at all. Where are you utilizing tension which is greater than when you first lay down? Where are you pushing against in order for the movement to occur? Where are you holding your breath? Where are you bracing? And then like start to subtract that.

Not all of it all at once, but just start to slowly but surely subtract that so that you are actually utilizing the muscle groups that are meant to be used to enable the movement to happen through that trajectory, okay? And then see what happens. See what happens to your pain level. See what happens to your symptoms. See what happens to your function. See what happens to the overall sense of ease.

And if you would like more of this, and you want some one to one attention, we are enrolling private session for mid-July as well as mid-August, we've got two spots opening up. So send us a note to health@functionalsynergy.com.

And if you're a health professional who wants to dig into the certification program and get really, really, really good and hone your craft and grow your business, you'll want to look at our certification program. So again, that would be an email to health@functionalsynergy.com where you can engage with our team on how to best do that. All right? It would be such a pleasure to work with you. Have a great time exploring. See you next time.

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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.