

Ep #205: Hip and Knee Recovery Post Surgery



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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.

Welcome, and welcome back. I'm so glad that you're here because I am running a new mini-series. I also have an announcement and I've got some teaching that I'm going to be sharing with you on this particular episode.

This mini-series is another version of getting out of pain. So it builds upon nicely with what we were talking about in the last mini-series. But my focus here now is going to be related to knees and hips, and specifically knees and hips post-surgery. And I can't stress the importance of this topic, the timeliness of this topic, and really the significance.

In North America and in some areas of Europe when I've been talking with people that I know over there, specifically though in North America, there is becoming less and less formalized rehabilitative care post knee and hip surgeries. Where at least in Canada, there used to be a solid three months of formalized rehabilitative care with a medical team and a PT team, both inpatient and outpatient. That has now changed.

People are now leaving formalized medical care and they are basically being left to fend for themselves. And in talking with PTs there are many, many who are livid, who are concerned because the reality is the care is just not there anymore. And that's why I am talking about it.

The reality is that our population is getting older. More and more people are going in for knee and hip surgeries of all different sorts. And if there's not a formalized medical team process with PTs who are trained in this, where do you think patients are going to land? Yes, they have a few visits now. They are getting some care in that initial acute phase post-surgery. But what happens next?

And the reality is that they are going to be landing into studios, into clinics, into fitness spaces. And frankly, most of the professionals in the yoga

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world, in the fitness world, in the Pilates world are not well trained in this regard. And many are wholly unprepared for what is happening now. This is not even what's going to happen, it is happening.

So, again, to state the obvious, our population is getting older. And to state another obvious point, there are more and more people who are getting knee and hip surgeries. More and more people are going to need our help. And when I say our help, I am speaking specifically to the health professionals who are listening to this podcast. They will need our help because the medical system is not providing that formalized medical care.

There needs to be a bridge, people still need support. And here's a reality that is also happening weekly and sometimes daily in my certification messaging channels, because within our certification program the trainees have daily access to myself and some of the other trainers that work inside my program. There are questions every single day on all sorts of topics. And I would say weekly, and sometimes daily, there is a question and a story about a client who is post hip or knee.

Sometimes it's pretty fresh, it's within that three month window. Other times it's a year or two later and their client has been struggling, and that is why they have sought the help of a yoga therapist. There are problems that are happening. People are not being well cared for. They have a ton of compensatory strategies that have not been resolved that they had before going into surgery, they have not been retrained and they are struggling post.

These are things that as a yoga therapist or as an integrative yoga care background, we can really, really support when we can integrate biomechanics and breath, a person's state of being, their belief patterns. We can integrate all of that and we can support someone in actually getting better. When we do the process properly people can improve their function, they can reduce their limping, they can gain their strength, they can get back to the things that they've wanted to get back to. It's possible, but you need to know what you are doing.

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And that is one reason why I am now offering inside of our certification program that begins this fall and into January, we're offering a knee and hip certification certificate, in addition and alongside the yoga therapy certification that we're already accredited for with the IAYT. Because it is so vital and there are so many people who actually need our help and we are training our folks really, really well to help people improve their function post knee and hip surgery.

So this is why I am running this mini-series, to give you some tastes of what you should keep in mind. So whether you are a client, you're someone who's not a professional, maybe you're post hip or knee, maybe you're struggling. Maybe you are about to go into surgery and you want to have some extra tools in your kit to support yourself coming out of surgery.

So how to help yourself, and for the professionals listening, how to help your client to really consider this. If what you're hearing really resonates with you and you feel the passion in you that I'm having for this topic, there are two opportunities that you can get in on right now in addition to this mini-series. One is the Therapeutic Yoga Intensive, which is the foundational part of my certification program.

It's week number one, we run it from October the 28th to November 2nd. It's all online, so you can take it from anywhere. We've got people who are tuning in from Europe. We've got people who are tuning in from Mexico. We've got people who are tuning in from the US as well as Canada. So it's all over the world that people are tuning in for this program. You will learn the fundamental basics to help people get out of pain, which is the foundation to really helping people who are post knee and hip surgery.

There's also a knee and hip rehabilitative optimization program that I'm beginning this November for six weeks, which will be more at a very basic level, but it will get you kind of settled into it. If you are interested in the certification program though, you'll want to take the Therapeutic Yoga Intensive first, and then move forward into our full certification.

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Okay, so that's that announcement there. If you want to learn more about the Therapeutic Yoga Intensive, you can go to learn.functionalsynergy.com/intensive. And if you want to learn more about the yoga therapy certification program, you can go directly to our website at functionalsynergy.com and then click yoga therapy certification and you can read all about that.

Okay, so here we get going into our mini-series for knee and hip. And the components that I really want to dig into today are considerations to keep in mind when you are going in for surgery, when you're coming out of surgery and things to keep in mind as the health professional who might be working alongside a formalized medical process.

Because what the medical team is doing post knee and hip surgery is they're making sure that the early stage of recovery is going well. That the body is taking that surgery well, that it is incorporating well into its system. They're minimizing any infection, they're helping to minimize any dislocation or any other medical problem that can arise post-surgery. And what they're doing is really important and significant.

So when I have a client that I'm working with, I usually say this upfront to them if they do have some degree of support post-surgery. I'll say to them where my role really comes in is to support you alongside this very important place that the medical team holds. Whether you are inpatient, whether you are outpatient, whether the PT is coming to your house, whether you're doing that work in the hospital, that is all how they have designed it according to what they know works the best.

What I get to do alongside you, is to support you in those associated processes that can make their job, the medical team's job, so much easier. Because when you're getting out of surgery, oftentimes pain levels can be pretty high. And we can go into our heads about those pain levels and have all sorts of different stories and thoughts and beliefs about those pain levels.

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So to recognize that that is a possibility and to recognize what you can do to sort of sort through them without, if I can put it this way, without losing your mind in the process, then you can determine if the pain that you're experiencing is something that really needs to be addressed by the medical team or if it's part of the process of recuperation. And so when you can tune into that and really recognize that, it can be very helpful for you.

So one of the things that I do and I teach my people before they go in for surgery is I remind them about their own breathing patterns. And to recognize what their breathing patterns are and to recognize that the way that they're currently breathing has, in part, a relationship to the issue at their hip and or at their knee that they're going in for surgery for.

Because if there's already pain because of what's going on at the joint, they're likely doing some level of breath holding already. They're likely kind of holding up in their ribcage is a common pattern that I see. They're often utilizing secondary breathing muscles to support themselves into breathing.

So a big piece of helping them along the way is to remind them to tune into their breath. Just the simple act of inhaling and exhaling. And I'll remind them of breathing practices that I've already taught them. And I'll link these breathing practices as well into the show notes so that you've got them as well.

But breathing practices that include what's called in yoga Viloma, or inhale, pause, inhale, exhale, pause, exhale. Or three-part breathing or two-part breathing, where we can notice and become mindful of how the breath is entering into our body and the ribcage or into our belly, and how full body breathing can be trained and can be kind of connected to, even when there are pain signals that might send us into a place of tension.

Many people will tell me that when they do just basic breathing, they're just tuning into their breath and or including the Viloma type breathing, or the three-part or two-part breathing, a lot can shift in terms of how they feel in their pain. And part of that is because they're learning how to relax.

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They're learning how to, what we now call down regulate their nervous system. They learn how to enable their nervous system to be in sort of a less tight space. And they can experience the impact of what a relaxation response can do, both to their body tissue as well as to their brain function.

And that can go a long way because when you can just even get an opening of relief and you have had some modicum of control of enabling that relief to happen, you start to have clarity on what you can control and what you can impact and influence by way of a simple, simple technique like breath.

And then when you get to recognize, oh, with my breathing, this has an impact on my pain levels, then you start to recognize what is contributing to the pain levels. And again, you start to recognize the whispers of, okay, is this pain level I'm experiencing because I'm holding myself tightly? Or is this pain level that I'm experiencing actually something that's a problem?

And when you get more and more effective at recognizing, and first of all, doing the breathing practice and recognizing the result of doing that breathing practice, you start to tune into some of the other sensations that exist in your body, which can be telltale signs for yourself as to like, hmm, this might be a problem. I need to seek a PT or I need to seek my surgical team. I need to get their opinion on this versus, oh, this is actually me holding tension and I can actually work with this.

And it's not kind of blowing past pain. It's not kind of working over pain, but it's really recognizing what those sensations are and what the other sensations that exist in your system are telling you. Because, ultimately, as I've said many, many, many times through this podcast, whatever the sensations are in our body, whether they are niggles or prods, whether they are tension or strain or stretch, whether they are pain, they're all communication mechanisms.

And part of our job as being this human in the recovery process, I think, is to really recognize what those sensations are, what they are indicating to us, like, what are they communicating to us, and then us acting on that

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communication. When we can listen to those whispers, or perhaps even those screams, and act upon them, we can make really great gains forward in getting the care that we need and in supporting ourselves and gaining better function.

The second thing that is important for me to share with my clientele before they go in for surgery, and then as they're coming out from surgery, is that many times they've got somewhat of a limp. And I'll speak more about the limp in a future episode in this mini-series. The important part that I want to share right now though, is that sometimes people think, oh, I'll go in for surgery, I'll come out and I won't be limping anymore.

And a reality that is more common is that the limping remains because the limping is a neuromuscular habit. And that habit or that pattern needs to be retrained. So one of the things that will need to be focused on is helping someone improve their gait pattern. And I have some really, really simple ways of considering gait because gait, truly, I like to say is a PhD topic.

If anyone who listens to this podcast has listened to any of my episodes around walking or running or the things that I consider to be significant and very important to deal with and recognize with my clients, they'll sometimes – I can imagine in their head, no one's actually ever emailed me about this, but I can imagine in their head thinking, my God, Susi, you're making this way too simple. There's so much more. And it's true. I mean, it's a PhD topic.

And what I have noticed is when I've distilled it down into the key pieces that I have seen that are most effective in supporting my clientele, that their limping goes away, that their function improves and their pain goes down. So I'm really confident and clear about those components that I teach as being very, very effective. But here's the important thing, at least with my clients, they need to be retrained.

And many of the PTs that I've spoken to who do follow the research, they will say the same thing. These walking patterns, these gait patterns, your stair climbing patterns need to be retrained once you're out of surgery

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because they are habitual patterns. And so it's important to remember that. It's important to remember that there are habits that you have utilized to offset the pain to get your life done, to do the things that you have needed to do, because of what was going on in your joint, because of the way you were experiencing your joint.

And when you have the new joint, whether it's a partial or whether it's whole, that patterning is still there. I know I'm repeating myself, but I'm repeating myself on purpose. I really want this to land. And so there will be this opportunity for you to make that shift.

Now, the good news here is maybe you're listening to this as a health professional or as a client and you're thinking, but my clients or I am like two years out or four years out or five years out, and I'm still having these problems. And they didn't address this when I came out of surgery, that whole scenario that can start to be present to you. Here's the good news, like a lot of things that you might be struggling two, three, four or five, ten years out, and there's still change that can be made.

You've heard me say this over and over again if you've been following the podcast, tissue can change. Tissue can change. Habits can change. It will take a little bit of work. Yep. It'll take a little bit of awareness. Yep. It will have you slow down perhaps more than you want, probably. And when you do it well, when you do it in an accurate way that really meets you where you're at, you'll be really, really pleased with what the results can be.

So the patterns do need to change. Even if you're years out, those tissue patterns can shift, there is availability. Tissue, many of us in this medical kind of healing world like to say is plastic. Things can change quite a bit, and I really want to make that clear for you.

So with that, I will finish this up for this first episode getting us ready into the subsequent episodes, and that is this, this is significant. This is really, really, really important specifically in North America and also in places in Europe. We're not getting any younger. Our population is getting older. And

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even at that, younger people are having surgeries because the material that's being used is having greater longevity.

So even though our population is getting older, there are younger people who are getting surgeries sooner, and they're also demanding better outcomes. And we as health professionals who have a love of yoga, who want to integrate yoga concepts into what they're already doing, can be very well prepared to help their clientele.

And if you are a client listening to this, you can utilize yoga in a very effective way, in a very therapeutic and supportive way in those early phases, honoring what the medical team is doing with you and supporting yourself insofar as your breath, down regulating your system, improving your awareness and gaining clarity on what's going on so that there can be a really nice relationship that you have in that time with the medical team to really support you and to support your joint.

And if you want more of my help, if you are a health professional, then I encourage you to come to the Therapeutic Yoga Intensive and then into the certification program to be highly, highly trained at this. And if you want just a taste of it, stay with this episode, stay with this podcast, this mini-series and perhaps join me for the November program where we do some basic work at supporting you in recovering from knee and hip surgery.

All right, so you have a great time exploring these concepts. I will see you next week when I get into knee and hip recuperation that much further. Take good care.