

Ep #206: Hip and Knee Recovery: Improving Range of Motion, Stability and Strength Post Knee and Hip Surgery



Full Episode Transcript

With Your Host

Susi Hatelty

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

Welcome and welcome back. I'm in the middle of my new mini series on helping people to optimize knee and hip rehabilitation post-surgery. I'm sharing how I work with my clients post-surgery in two distinct ways. One is alongside their medical teams, and then also after they've been cleared by their medical teams to move in more and more complex ways, moving them more and more to the activities they really want to do.

On today's and next episode, I'm sharing some key factors that have helped my clients improve their range, their stability and strength post hip and knee surgery. Today will be more of a high-level view. And then the next episode will be related to helping clients retrain from limping to a smoother gait pattern, so really bringing into some of the concepts that I'm teaching here today.

Interestingly, as I was prepping for this episode I came across a recent comment on one of my social channels. The person was disagreeing with what I was teaching, and in their post said the following. "People must be mindful that if they could not do it before surgery, don't do it after surgery because the knee and the hip does not have the range of motion it did before."

That comment made me scratch my chin and say, hmm. And the reason for that is that if that comment were 100% true, then what about all the people I have worked with who could not do a lot of things with their knee or hip pre surgery, and were able to do those things post-surgery, following the combined work of the post op protocol and the therapeutic applications of yoga, biomechanics, breathing and mindfulness?

And what about the many, many, many clients who were able to unravel compensatory patterns post op that were very much present pre op. And

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they were present pre op for a very good reason, because their knee or their hip joint were a problem. But now with this new knee or hip, now we can start to work with and start to unravel many of those compensatory patterns that were part of the issue and were key, key things that are part of the recovery process.

What I'm sharing with this miniseries, as well as really the whole podcast here, is a testament to two key points. We really have no idea what is actually possible for anyone post-surgery. But I do know that the power of a healing relationship between my clients and myself, a solid understanding of biomechanics and helping a client to tune into their body, helping them become their own best body whisperer is vital to the whole healing process. And belief is powerful.

The comment that I've mentioned above highlighted a belief that can exist about the rehabilitative and recovery process. If I had a dime for every time someone told me that a treatment provider told them that they will never do something again, and then they did through the care and the attention and teaching from either myself or one of my graduates or any of my amazing colleagues, I'd seriously have a ton of super fancy soap.

Seriously, think about it. If those words are being spoken by someone whose job it is to help someone recover post-surgery and that person, that authority figure believes, well, if they can't do it before surgery, then don't do it after, then how on earth will their client or their patient improve? Can I simply sum this up as a WTF?

Or how about this, what a recent client and graduate said to me when I shared with her the comment that I shared with you? Her comment to me was, "Sounds like they are covering their butts." That is saying it really, really well perhaps. In truth, the reality is I do not know who the person who commented is.

I have no idea what the intent was behind the comment other than they were disagreeing with what I was sharing, which is totally cool. Disagree

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with me all you want. I don't know their experience, so this truly has nothing to do with them.

But as you can clearly tell through the tone and the passion in my voice, this is exactly why I teach what I teach and why I'm teaching my upcoming knee and hip program this coming November. As well as why I'm now including a post-surgery knee and hip certification to those people who register for my full certification program.

Let's face it, already formal rehabilitation is being cut back. And where are those patients landing? In yoga studios, fitness studios, Pilates studios. My team and I receive weekly and sometimes daily questions from our certification trainees who have yet another potential client or a friend or a family member who is seeking help three months post-surgery.

They are struggling. They want to feel better and they need a bridge. They need a stepwise process to support them in regaining their movement and their capabilities. Not someone who's going to be a Pollyanna, of course, but someone who will take the time to actually teach them.

To teach them about their body and show them how when their compensation patterns, those ones that built up over the time they were limping pre-surgery, how when those compensation patterns reduce and better patterns are trained up, they will get more and better range of motion, more sustainable stability and a heck of a lot more strength without having to push and or force.

The bottom line here is if we want to have sustainable results, we need to start with sustainable actions. And if we want to have resistive, tight results, then push and strain your actions. And from what I've seen, the former leads to a much better range of motion than the latter. So how can we actually do this?

Now, I'll be speaking more on a granular level in the next episode about how I support people who have a limp still post-surgery, and how I have

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helped them recover from that limp and get a more smooth gait pattern. So for now, I'm going to offer up some really simple things that you can add into your practice, whether you are a professional working with clients, or you are a client yourself and you're seeking some support.

The first one, not surprisingly, breathe and feel. And these really go hand in hand. These are my cornerstones to the recovery process with my clients because they can really help my client to tune into the various sensations in their body. All of them, whether it's pain, or strain, or all the other sensations like freedom and lightness that start to arise as the recovery process moves along.

To highlight this particular point, I have a story to share with you about a client recently who was having some difficulty coming up to standing from being in her bed. Each time she would bring her feet onto the floor, and as she would lift up she would strain in her back, she would strain in her breath and she was quite fearful of herself loading through her body.

So what did I do? Because the rehab team wasn't doing this, no harm to them, no fault of theirs, it was just something that they weren't focusing on. What I did was I encouraged her to breathe. So as she was coming out of the sitting position from the bed to the feet on the floor, I asked her to simply notice herself breathing and to feel the feet on the floor.

Now, I particularly like three points on the bottom of the feet. To feel the ball of the foot, to feel the base of the pinky toe, to feel the center of the heel. And I simply asked her to notice those three points touching the floor. She didn't have to rush. She didn't have to push. She simply could feel the connection between her foot and the floor and the floor and her foot, taking a moment, taking a pause.

Now, interestingly enough, she was up a lot faster than either of us imagined. And when she went back to the rehabilitative team and that they were supporting her, when they came back into the room, not that same day but it was on a different day, they were so pleased with the change that

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she was able to make because she was no longer afraid of coming out of the bed and no longer afraid to load through her body.

Simply because we took a moment to pause. I helped guide her to her breath, which innately downregulated her system and helped her come back proprioceptively into her body, helped her tune herself in interoceptively to her body, honoring and acknowledging the sensations that exist inside of her. All of them, all of them have meaning. All of them have a place to be heard and can fuel some understanding of what one needs.

The second one, honor resistance and focus on mechanics. Now to highlight this idea I'm going to share a story with a physio I was training. I was helping her to integrate aspects of therapeutic yoga with a patient who was recovering from a knee issue. She was really trying to get the VMO to activate.

Now, if you don't know what the VMO is, this is the vastus medialis oblique and it's one of the four quads and it sits medially, sort of on the inside of your thigh. And its primary function is to straighten the knee or to extend that knee, okay?

And she was doing all of the things to help wake it up, right? It just wasn't activating. It wasn't engaging. And then she paused and thought, hold on a second here. Why, if I was to personalize or personify this muscle, what is it thinking? I know muscles don't think, but just run with me. What is it thinking that has it being in this place where it's not engaging? Like what is contributing to it not engaging?

Hammering away at this thing is not getting it to engage. And then she saw it, she was like, oh, wait a second, the knee is the midway point between the hip and the foot. Hmm, well, why don't we start at the hips? And so many of the muscles that cross the knee also impact the hip. So she did some really key, very simple stabilizing exercises for that leg bone into the pelvis. Then went back down to the VMO and voila, it started to engage.

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So it just goes to show that sometimes the reason why a muscle is not engaging has not much to do with the muscle itself, but rather something else, perhaps in a neighboring joint area, maybe further up the chain, further down the chain. But it just goes to show, leading to my third point is to zoom in and zoom out.

To recognize the greater whole and the part, right? Our whole is greater than some of our parts, so we need to look at the whole while we're also looking at the part. And so often, I find that when we're looking at a knee recovery process or a hip recovery process, there can be an over focus on the specific joint. And yes, it's important at different times to do that, for sure. Zoom in, zoom in, zoom in, zoom in. But don't forget to zoom out. Don't forget to see that point, that joint in relationship to the whole.

And this is where compensation patterns really, really play in because people can move that knee and the hip, but grip their jaw and hold their breath and pull up through their shoulders, brace in their ribcage. And that just continues to create compensatory patterns and reduces our ability to load effectively through our body.

We want to be able to support people loading through their whole body in a stepwise way. So that step-by-step, in a way that feels safe to them, in a way that feels supportive to them, that they can build up that stability and that strength, believe that they can do it. Because when we do that, so much change can happen. Yes, and even the range of motion can improve.

Even if you did not have great range of motion before surgery, you can have it, your client can have it, your patient can have it post. But you've got to be willing to learn about your body. And as the professional, you've got to be willing to teach them.

And yes, I understand that I have a really amazing situation where I get to spend one hour, my trainees, my grads get to spend one hour with their clients. And there's a lot of rehabilitative processes out there that do not enable that. You maybe get 15 minutes, maybe 20 minutes. I get that.

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And I'm saying that if you can teach your client, your patient, to become their own best teacher, to help them become their own best body whisperer so that they can really listen to the whispers so they don't have to hear the screams, that they can really tune into the sensations of their body, to the mechanics of their body, you will make such great headway. You as the client as well as you as the professional helping said client.

So much is possible. So much. And if you don't believe me, then please go back through these other episodes, through all of these episodes that I've recorded so far because this is what I just love, love, love to teach and share because it really is about from pain to possibility.

If this has inspired you and you want to join me for the upcoming Therapeutic Yoga Intensive, then please do. Please read learn.functionalsynergy.com/intensive. If you would rather join me for the knee and hip program that I'm running this November, you can read all about it at learn.functionalsynergy.com/hipknee. There's no and in there, it's just hip, knee. Learn.functionalsynergy.com/hipknee.

I would love to share with you what I have seen work so well for my clients, for the yoga teachers I've trained as well as the health professionals I've trained to integrate yoga into their practices and have such, such great results.