

# Ep #207: Hip and Knee Recovery: Retraining From Limping to Smoother Walking Patterns



## Full Episode Transcript

With Your Host

**Susi Hatelty**

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## Ep #207: Hip and Knee Recovery: Retraining From Limping to Smoother Walking Patterns

**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 am in the middle of my new mini series on helping people to optimize knee and hip rehabilitation post-surgery. This miniseries is designed for the yoga teachers and other health professionals who are integrating yoga into their practices as well as the clients themselves.

This is because I work with both groups of people. I have a one on one client practice as well as an IAYT accredited yoga certification program, along with a catalog of courses that offer continuing education and help clientele get well again. The reason I've set it up this way is because my reality is that 95% of the yoga teachers and other health professionals I train also have pain. So they need as much help for themselves as they do their clients.

And as the health professional gets better, they also become that much more effective at working with their clients. So the way that I teach integrates what to do and why to do it, and it's offered to people who are engaged, who are thoughtful and who want to know how to help themselves.

If what I am offering in this episode really resonated with you and you want to dig into it deeper, then I encourage you to join my upcoming program on hip and knee recovery post-surgery. And it's a program that's designed for people who are three months out of surgery and who are wanting to improve their function, their strength, their mobility, their stability. You can learn more about that at [learn.functionalsynergy.com/hipknee](http://learn.functionalsynergy.com/hipknee). That's all one word, hip knee.

So now onto the episode. This episode is focused on clientele who are limping and they are three months post hip or knee surgery and who want

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to smooth out a better walking gait. So whether that is you, you being the one who is limping, or you are the yoga, fitness, Pilates or rehab professional who is helping your clients, this episode is for you.

Now, before I get into this I do need to mention that for this episode I have a few assumptions of where you or your client are at on the spectrum of healing, and here they are. The first is that the joint, whether it was the knee or hip, post-surgery is healing well and that the critical three-month window has passed.

The second is that there is still struggle present with walking smoothly and there likely is some pain present, but that pain has been cleared by the medical team as being nothing to worry about regarding the integrity of the joint. There's no infection nor is there any other issue that would be addressed by a medical team.

The third one is that there are signs that compensation patterns are present. And these may include breath holding or shoulder issues, tightness around the back or top of your head, back pain, foot tightness. I mean really anything that has arisen since your surgery.

You might not know specifically what the compensation pattern is, but you can sense that it's there. You may know what the pattern is and you might not know how to solve for it. Either way, the key is that there is some kind of clarity that there are compensation patterns and that those patterns are related to the limping.

So with those assumptions in mind, let's now get to work. I'm going to discuss three things to consider related to retraining better walking patterns post knee or hip surgery. And those are, number one, that limping is totally normal and we can also retrain out of it and into smoother patterns. Two, to solve for this you need to understand the simple basics of gait.

Three, you need to be able to both zoom in on joint function as well as zoom out to the function of the whole body and be able to hold both abilities

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to see simultaneously. Think of this like the aperture of a camera lens and how adjusting that aperture affects the depth of field for your photos. This ability of yours to zoom in and zoom out, to see close and see broad and then see how it all works simultaneously becomes very valuable in the process of recovery. So let's dig in.

Number one, the limping is totally normal and we can also retrain out of it and into smoother patterns. The reason why limping is totally normal is when we are unable to bear load through an affected joint, limping is an excellent compensatory strategy to avoid feeling the associated pain in getting from point A to B.

It helps us get somewhere the best way that we know how in that moment. This can lead to a common misnomer, though, which is if you limped prior to surgery, the reason for that limp was because of the structural issues of the joint that has led to surgery. So if the joint is replaced, the limp will go away quite naturally, right?

Well, no, that's not right. However, that being said, it does make sense that this thinking is common because with just a quick Google search on limping, you'll read that limping results from issues including osteoarthritis, an injury to a ligament or tendon, an injury to a painful leg or a foot. So the emphasis is on the structural limitation. So it makes it quite easy then to have the assumption that if the structure is then fixed, the limping will go away. And

As I've said, this isn't the case. Limping is a neuromechanical process. It's a habitual process. And in order to walk better post-surgery, you need to retrain the neuromuscular patterning that leads to the habitual process in the first place, right? So the bottom line here is that limping is a normal, totally perfect compensation pattern. And if we are post three months surgery, it can be something we can totally retrain.

And if there's any sort of thought pattern that you have that, well, I've got this new hip, I've got this new knee, or if this is happening for your client

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and they are really really down on the situation that they're still limping and they have this new joint, it's important, really important to recognize that tissue can change, the pattern can shift, and it's not about having the new joint, right? We need to retrain the patterns.

So to retrain the pattern, this is point two, you need to understand the simple basics of gait. Now, gait in and of itself is a massive topic. So to keep this process simple with my clients I focus on four key relationships. The mechanics of the pelvis and femur. The mechanics of the pelvis, femur and foot. The mechanics of the pelvis and the ribcage. And breathing and its impact across the system.

Now, someone with expertise in gait will probably say that I'm oversimplifying these, and they would be correct. And I will also add that when I work with my clients and I help them improve these four things, the mechanics of pelvis to femur, pelvis, femur to foot, pelvis and ribcage and the breathing component, my clients have all improved and have all eradicated their limp.

To drill into this a little bit more, in order for us to move forward, the leg bone needs to swing in the pelvis, right? The femur needs to move in the pelvis. The pelvis in this context is the platform in which the leg bone swings. If the pelvis isn't stable, then how that femur is going to swing, it's not going to be very well.

If that femur, that leg bone lacks mobility and stability, it's also not going to swing well. And if that leg isn't swinging well, the foot won't land in an ideal way. It won't be able to move through its gait pattern and its ability to be a stable base on which you then step forward will be limited.

Moving up the chain, there's a rotation between the pelvis and ribcage that corresponds to how the pelvis moves and how stable the pelvis is and how that leg bone swings. Think of all of this like gears in an analog watch, each of these pieces need to move well for the whole to function. If the pieces aren't moving well, then the whole will be impacted.

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So if you think about the mechanics described, where then does the breathing part fit into this? I bring breathing into this because it has such a multi-pronged impact from relaxation and downregulation, improving awareness, reducing the experience of fear, and overall gaining clarity on movement patterns.

When we connect with our breath, all of the various relationships that I've mentioned above function better. We have so much more clarity also on what's not functioning well. And that leads us to being able to intervene so much better.

This leads to the third point, which is our ability to zoom in to the joint function, as well as to be able to zoom out to the function of the whole body in context of that joint function, right? We want to understand how that knee is functioning or how that hip is functioning, as well as zooming out to the whole body, how it's functioning in context of whichever joint that we're focusing on.

We want to be able to look at that specific joint movement and how that joint is moving relative to the whole body. So to give an example of this, in the last episode I shared how a physical therapist I had trained was focusing on trying to get her clients' inner quad muscle, the VMO, to engage using all of her physio skills and tools, and it just wasn't engaging.

And with my help she was able to zoom out a little and had an aha moment of like, oh, I'm trying to impact the knee. And the knee comprises of the femur and the femur connects to the hip. And so many muscles that impact the knee have an attachment in and around the hip. So she did a few stabilizing movements for how that femur and pelvis were working together and then voila, the inner quad muscle, the VMO, started to engage quite organically.

I've seen the same thing happen with shoulder blades and armpits. These are very common areas that get quite limited with limping because of the

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natural way that people often pull up and hold their breath when they're afraid of loading a joint that is painful.

They're pulling up and out of that pain. And thank goodness that they are because this is enabling them to live their life, to get on with things. And then at some point, it no longer works, and that's where the work that I'm doing really comes into play and supports people.

What I really want to have land in a very positive way is that you can do all the exercises that are taught from your medical team, or the ones that you can find online, like focusing on that heel strike first, or the really common PT progression of training better hip flexion with initial foot lifts off the floor. Leading to an exercise called exaggerated marching. Leading to an exercise of lifting the foot over a small cone or other obstacle to train both the hip and knee flexion and balance while in standing.

And these are all helpful exercises. And people can compensate like crazy in doing them, so they won't actually get the return that is possible. So the point is that when I use these movements, if I were to use them as well as any of the other movements that I teach to my clients, I add in three critical things. And when these are added, it can really be a game changer for supporting clients and moving out of the limping gait pattern into something much, much smoother.

So what I'm about to offer, I really want to emphasize is an example. These are principles that you can take into any exercise that you've been provided or that you're teaching to a client. Okay, so let's consider the exercises I've mentioned above, the foot lifting or the heel striking. Zoom out, you know what the movement is. You or the client is doing the movement. So now watch for the compensations.

So now I'm going to direct my attention to the professional who's working with the client. And then I will offer some suggestions to you, the client, if you're the one who's wanting to sort this out for yourself.

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So, first of all, as the professional, the yoga teacher, the health professional, you're integrating yoga into this practice. You're helping someone with a better walking pattern. You're helping them through this foot lifting exercise. You're helping them with the heel strike.

Watch what's going on in their face. Notice what breath holding is happening. Are the shoulders lifting? So many people think compensations like these are normal. And while they are, they're actually signals too, that other function is not happening as it should. That you're borrowing from one area in order to make something else happen and the whole system is becoming weaker.

So how this relates to you the client, right, how you can help yourself is to notice when you're doing the exercises your medical team has provided, are you gripping through your face? Are you pressing your tongue like in a part of your mouth: side, below, above? Like gripping your jaw? Breath holding? Are you using your toes? What are you doing in addition to the actual exercise that's not actually needed? And then can you quiet that down?

Now how do I go about doing this? When I see this happen, what I first do is I mentally break down the movement that they are doing. And I break it down into small components. This really helps me zoom in in a constructive way to see where the issue might be, like in terms of a compensatory strategy.

So if I use the example of lifting the foot into a standing marching exercise, and I break that down into components, then what I will do when I'm watching the person is this, notice what's happening as the weight is shifting before one lifts the foot. Someone is in standing, two feet are on the ground, and then they start to shift their weight. That's the first set of components.

Maybe what I see is a bunch of wiggly balance through some of that range, like the wiggly balance that's a little more than what would be considered



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normal. Maybe the jaw is clenching. Maybe the breath is being held or the toes are clenching. Maybe I start to notice their butt is really engaged or they may have either tilted their pelvis forward or back. Or maybe their arms are coming way into themselves. Any number of those things.

Then I might see them starting to lift the foot off the ground and I see more of the same happening, or maybe some other aspects of tension patterns showing up. Now, commonly, professionals who know about compensation patterns, what they will often say to their clients is this, just don't do that. Stop doing that movement. And that is actually a very difficult instruction to follow, because so often the compensatory patterns are outside of someone's awareness. And we can't change what we aren't aware of.

So then what do you do? Because we also know that if we keep training these patterns, they will become more and more normalized into our system. So what I do is I suggest to the client to only move as far as the compensations don't happen. And sometimes the client needs a lot of my help to figure out when that is because they've been unaware of the compensatory strategy kicking in.

So sometimes I'll just mention it and boom, they'll get it right away. And they'll notice it, it's now in their level of consciousness, and they can stop at the point just before the compensation arises. They can see what else is contributing to the scenario and they're off and running. Other times the reduction of compensation and only moving as far as that compensation doesn't happen will highlight where there's other functional patterning that needs changing.

And perhaps there's a smaller pattern, like something that's a layer deeper than the surface pattern. A smaller pattern or a deeper pattern needs to be resolved. So then what do you do in that situation? That's a very different situation where the first situation was a person who they were aware of the compensation pattern, they were brought aware of it, they noticed it, they figured it out, they embodied it and they're off and running. There are lots of people who can do that once we just shine the light on it.

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In other cases, it's actually not the compensation pattern. The compensation is actually compensation for another compensation or another limitation. And that's why it's been tricky for the person to figure it out. So then what do we do in those situations?

So let's work with this idea in standing and lifting the foot off the ground. And your client or you are losing balance, but you've figured out that there's something happening with the weight shift or when you lift the foot. You recognize that there's something existing that you're not quite aware of.

So what I might start with is to ask the person to place their hand on a chair with whatever level of pressure is needed for them to feel stable. And then to feel the bottoms of their feet. And I love to feel the center of the heel, ball of the foot and base of the pinky toe, because that's a tripod and it corresponds to the arches of the feet and it corresponds to some muscular attachments.

So feel the three points in the bottom of the feet. It doesn't have to be equal by any means, but just feel that. And then shift your weight to the leg where you're going to bear the weight, as if you're going to lift the other foot off the ground. And as you shift your weight, notice your breathing. And if you're willing, if it makes sense, notice your thinking and if there's any emotion coming up.

The reason I mentioned that is because sometimes when people move at the smaller level, they have thoughts about moving smaller, or thoughts about is this working, or there might be some fear coming up, there might be some concern, but there also might be like I'm on my way. It's just recognizing what might be present in terms of a thought process or an emotional process.

And then shift the weight back. Okay, now, place a block between the thighs, like a regular yoga block, between the thighs. And same thing, you don't need to squeeze the block, you're just holding it between the thighs. And then, again, shift the weight.

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And notice if anything is different. Notice if how you're shifting your weight feels different in your breath. Notice if any thinking or emotional patterns are different. Notice how your legs feel. Notice if there's differences in your pelvic floor or in your abdomen or really anywhere. And then come back, let the block go. Notice now how you're standing, if anything is different.

And then grab a buckled strap or a belt and tie that around your legs. Now we're not making the legs come super tight together, we're wanting to maintain, in both this one and the block one, the legs in the same orientation as best as possible. And the block comes in to provide support and the strap comes around to provide support.

So at this point now, place a strap around the thighs. Now you could press the legs out into the strap if you wanted to, but just not hard. Just be super, super light and easy. And then move your weight over and then back. And then again notice what you feel and notice which gave you more freedom, was it with the block, with the strap not pressing, with the strap pressing?

Where did you have more freedom? And not only freedom in how you feel physically, but noticing what shows up in your thinking and your emotions. Because I can tell you time and time and time again, when someone truly feels safe and supported in what it is that they're doing, their thoughts and emotions change.

It is so unbelievable to see the awareness of ease present in one's body that lands in their body in a way that's so comforting and so them. They're like, "Ah, I've come home." That is not something that you can cognitively explain. It's not something that you can fake. It's like I call it the round peg in the round hole moment of like, bing. And it's like, ah, this is what it feels like.

There's nothing trying to fight with your body. There's not trying to coerce your body or trying to get your body back on board, or thinking it through of like, what's the right thing that you need to do. It's just this felt embodied somatic sense that yes, this is it. It doesn't always happen, but it may have

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happened with you doing this practice. Or as you do it with your clients, something might arise like that.

Okay, so now, whichever one gave you more freedom, play with that one as a practice for a period of time and just notice what you notice. And when you finish with the block or the strap, whichever one you're doing, each time come back and just feel your hand on the chair. And notice if you can take your hand off the chair, or even bring it down to butterfly pressure. So very, very, very light, whispery pressure on the chair.

If you can, great. If you can't, great. It's not about, oh, get your hand off the chair already. It's do you have the neuromuscular patterning? Does your body do it now? And you can then choose to, whether with the hand on or off, then to gently then peel a foot off the floor. Slowly, first taking the heel off so the toes stay on the floor. And then if you're feeling good inside, if you're getting all the sense inside that this is a good place to be, it's a safe place to be, then start to peel the foot off a little further.

And just notice what you notice. This is indeed a granular process. And sometimes people will say to me, "Susi, that takes a lot of patience." And early on, yes. I understand that because we're so trained to get range of motion, to get strength, to get on with things that we forget sometimes what that inner experience is.

And when there's limping involved, that tells me that we've missed out on some inner experience and there's an opportunity to regain, whether it's mobility, stability, or strength or stamina, better mechanics between a couple of parts or a few parts, who knows? Each person is different, but there's an opportunity here and it's just a matter of taking a moment or two to slow down and tune in.

I'll often tell some of my clients who I'm working with who might be a little bit nervous about doing this slowing down thing, I say just give me three weeks. Give me three weeks and let's work to really help you hone these patterns, and you might just surprise yourself. And innately by the time

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someone's having a conversation with me about this, they already know it to be true. But for many people, slowing down is tricky. It's difficult, right? It's sometimes not people's typical way.

But when we can outline the process the way that I've shared it here, and that process resonates with someone, it's making sense both from an intuitive depth of a level, kind of on that place I say on the blood level and the bone level, like it just resonates. And it makes sense cognitively. When there's an alignment between those parts of ourselves and our being, someone will do it because it makes sense to them. There is no need to convince, there's no need to cajole.

So with that, if this is interesting to you, if you are someone who is limping or if you are a yoga teacher, Pilates teacher, fitness or rehab person who uses yoga in an integrative way with your practice and you would like to dig into this with me more, I am running *Optimizing Your Hip and Knee Recovery Post Surgery: A True Integrative Mind and Body Process*, and we're beginning in November.

And you can read all about it at [learn.functionalsynergy.com/hipknee](http://learn.functionalsynergy.com/hipknee). That's one word, hip knee. It will be an honor and a true, true, true pleasure to work with you and share with you what I have seen work so well in helping people smooth out their gait and eradicate their limp. Take good care and we'll see you next time.