

# Ep #262: Osteoporosis - With Laurie-Anne Lamothe



## Full Episode Transcript

With Your Host

**Susi Hatley**

[From Pain to Possibility](#) with Susi Hatley

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

**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.

Susi: Welcome and welcome back. I am particularly delighted that you are joining me here today on this podcast episode because we are starting a new miniseries and it's all about bone health. This is something that people have been asking me to do a lot. A lot of yoga teachers, "Susi, do you have a program on osteoporosis? Susi, when are you going to do a program on osteoporosis?" And now is the time that I am running a program on yoga and osteoporosis and I couldn't be more delighted, actually.

I've got an amazing crew of speakers and teachers who will be assisting me with the teaching of it. And I think it's just a really great program where, again, it really highlights the notion of from pain to possibility.

With this episode, this is an intro to the miniseries, and if you really resonate with what you're hearing through this miniseries I really encourage you, I would so love it if you could join me in the program. And you can find more at [functionalsynergy.com/bonehealth](http://functionalsynergy.com/bonehealth).

Today the speaker I have who is going to join in really introducing the concepts that we'll be teaching is Laurie-Anne Lamothe. And she's a trainee, almost a graduate of my yoga therapy accredited IAYT program. She has done a lot of work with people with osteoporosis, has helped people feel less scared, feel more safe in their bodies, experiencing more ease. And she has also borne witness to her clientele gaining better bone health.

And so this is something, it's so tremendous, I've had something similar. It's not like either of us are going after trying to have people return osteopenia from osteoporosis or improve their scores. It's not about that, it's just super fun when we're working with people and they come back with another scan and that scan is showing something is improving, which is terrific.

[From Pain to Possibility](#) with Susi Hately

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

And not only that, I think what's even more important is that they're feeling safer, more nimble, more agile, less afraid of falling and that just goes a long, long way to one's overall health. Mental health, physical health, the whole thing.

So, Laurie Anne, I'm so glad that you're here. Welcome, welcome, welcome.

Laurie Anne: Thank you, Susi. I'm really excited to talk about osteoporosis and moving with clients. It's something I'm passionate about. 75% of the clients I deal with in group classes or in one-on-ones all have osteoporosis or osteopenia.

Susi: Love it. So, this is going to be a great, great conversation and how we've set this initial conversation up, Laurie Anne was one of those yoga teachers who was like, I don't know what I'm going to do with these people. Like, I don't want to break them. Like, what am I going to do? And so, she has done a lot of work on her own to get very well-trained and to interact and really connect with teachers.

I want to chat a little bit about why there's so much fear present around osteoporosis, because it's coming from a lot of different angles, and then how Laurie Anne's teaching style evolved. Then when she added in the functional synergy way of thinking, how that shifted. And then we're also going to give her a chance to share some case studies of clientele.

And where I'd like to begin is really at this level of where Laurie Anne was before, where a lot of yoga teachers are before. Where you've done 200 and 500-hour teacher training. The teacher training, I think, generally speaking, is really well done overall across the board, helping teachers be in front of a class, run through a series or a sequence, and provide modifications where needed.

There's not enough hours, typically, to be able to really dig into how someone's moving. So the modifications are really workarounds to keep a class going. So it makes sense that when someone comes in with

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

osteopenia or osteoporosis, they're afraid because they've been basically told, don't fall. You know, fall is all planned, right? I'm being sarcastic. And so they're kind of walking around on eggshells themselves, and they don't want to hurt themselves.

The teacher doesn't want to hurt themselves, but they don't know what to do. And so then what, right? And when you do the research on osteoporosis, there's a ton around scans and the pathophysiology of why this even happens. There's very little research on how to prevent it. There's very little research on what to do post-fracture, so sort of in the physical therapy world. There's very little that's out there, relatively speaking, so there's a huge gap.

And something Laurie Anne and I were speaking about before we started recording is there's a huge care gap. And so all these angles just feed the fear conversation. And there's a future episode with another PT, Melanie, that we've recorded around the fear and just how the fear is a big deal. Like it impacts us on all levels. And if you're trying to, if I put it in air quotes, not to fall, right, if you're trying to stay on your feet, that mindset can be breath holding in and of itself, bracing in and of itself.

So Laurie Anne, what would you add to that? Like where you were at in those early stages of like, oh boy, I need to actually learn a little more about this to help my clientele.

Laurie Anne: Well, and the care gap is very, very big when you look at treatment and information that is given to people, and even to teachers. You know, when you're told no spinal flexion, no lateral spinal flexion, no rotation. And in a 200-hour program, it's hard to get into the specifics.

And then there's also language involved, like how you cue, are you cueing to end-ranges? Every person who comes with osteoporosis has different risks depending on what has happened in their body. And so many people break a bone and then they're diagnosed. And the thing with compression fractures of the spine is they're silent. We could have them and not even know because they don't hurt until they really break.

[From Pain to Possibility](#) with Susi Hatley

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

And that's the whole thing with osteoporosis. There's not a lot of research with men either, in particular, and a lot of research with post-menopausal women. But here I was, a 200-hour trainee, and I had to research. My demographic at the studio is all in that age. And like I just said, some people don't even know they have osteoporosis until they break something.

And I was really fortunate with my 200-hour training to learn about the role of gravity on the spine in particular, and learn how to adapt and modify postures to make them more spine-sparing. I honestly was afraid, like I was afraid that I was going to hurt somebody. They were afraid to be hurt.

One of the case studies, she wasn't even diagnosed and she was like, "I don't know, I'm afraid to twist and I don't know why." And I'm like, "Well, then pull it back a little." And there were ways that I cued before I started my functional synergy yoga therapy training that encouraged hypermobility, that encouraged end range, that encouraged the chin to the chest and encouraged people to strive for something more.

And then when I began my yoga therapy training, it was like a light bulb went off because so many people want to jump into weights because that's how you build bone, is you add weight. But what are we building? If we're building a habit where a shoulder is not moving well in a shoulder socket and we add weight to that, or we cue an end-range movement, are we serving our people well?

So I started to pull back and look for where people were gripping. Are they gripping in like glutes in particular, because they're all trying to build muscle. What about their jaw? Are they clenching in their jaw? I started asking people if they had sleep apnea after seeing some of Dr. Larry's research, because the head moving forward can also be an indication of a breathing issue.

So taking all of this information and changing the way that I looked at movement and I looked at yoga as a practice, really benefited my clients and built my confidence. So there are things in life that people are going to do because they have to do it. But my rule is, and I call it a rule, in my

[From Pain to Possibility](#) with Susi Hatley

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

room, we move this way. And we move this way because life will take them into rotation. Life will take them into flexion.

We, in yoga, often forget that extension exists in the spine. That is a movement as well, and it's really encouraged. And better shoulder movement leads to better posture. Better hip movement leads to better gait. All of these things, when you look at the relationships between all the parts, which will be covered in this program, just makes us more empowered as people delivering a form of care to people who are afraid.

They're afraid of movement, and yet movement is what they need.

Susi: It's really interesting because there's so many mixed messages that are out there and how you should go about improving your situation and how a teacher ought to support someone to improve their situation. And you're right, because you can have a diagnosis of osteoporosis and be motivated to then do more weight-bearing exercise. There might be a bit of fear there, but maybe there's more motivation and inspiration like, okay, I've got to do something here.

But then there might be, yeah, the shoulder issue or the hip issue or the knee issue. So people just go into, okay, I'm just going to bear weight. I'm just going to lift more weight or I'm going to add more load, but they don't take into account the movement pattern around what's going on in their shoulder or in their hip or in their knee or their whatever.

Then that may actually lead to an injury, which might lead to them not being able to do what's needed to support their bone health. So stepping it way, way back and being a little bit less binary around now go and lift weights or now go and do blah, blah, blah, it's this person has a diagnosis of osteoporosis and how is it that this person actually moves? This person has a diagnosis of osteopenia, how is it that this person actually moves?

Because one of the things that we do know is that there is a relationship to posture. And we can say to someone, all right, let's get that chin back or let's get those shoulders back. But something I've noted over my career is

[From Pain to Possibility](#) with Susi Hatley

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

that we can so-called train posture, but a lot of it doesn't work. But if we help someone move better, if we help them reduce compensations, if we help them reduce the tendencies to borrow from some other area of their body, I.e. compensating for another area of their body that's not working well, lo and behold, as they train those better neuromuscular patterns, better motor control, their posture improves.

And lo and behold, they're on their feet feeling more grounded. And lo and behold, they're lighter and they're feeling taller and safer. And hey, I think I've kind of sort of got this, right? Is that what you're noticing too?

Laurie Anne: That's exactly what I'm noticing. And you know, I was taught how to train posture. But it's teaching one thing and we don't move one way. And when I looked at, with my functional synergy training and the deep core, those multifidus muscles, that's my favorite muscle to say, they're part of the deep core posture muscles as well as the deep core muscles.

And so they're supporting the vertebrae and finding space in the front of the vertebrae. Spinal fractures happen to the front of the vertebrae by compression, which is why flexion, people are so afraid of spinal flexion. And so working with the breath to build the muscles of the diaphragm and the pelvis, to bring that awareness in, is life changing to so many people.

And if our deep core is functioning well and those vibrations come through and are dissipated in a different way, that's a spine sparing strategy. But it's not all about the outer things, it's about the inner stuff and about teaching people how to re-establish a communication pattern with their own bodies.

So many people don't know how the shoulder bone moves in the shoulder socket, and yet a common fracture place is the humerus at the shoulder. They're pushing their hips for movement, and a common place to break is the neck of the femur at the hip. So having just those two movements better, changes the relationship between the shoulders and the rib cage and the hips and the pelvis, giving the spine more natural stability.

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

They don't have to think about it anymore. They don't have to go, I have to do this, I have to do this. They just move better.

And then when we're looking at adapting postures for people, there's definitely some benefits to knowing that supine postures are better. So how do we take, say, a downward-facing dog and turn it into a supine position? You've got to have good movement in the hips and the shoulders. How do we adapt that with a chair?

Every person who comes to us may have the same diagnosis and may have the same even T-score numbers, but they all have different experiences and they're carrying their life with them. And our confidence in how they move and teaching them how to move gives them confidence so they move differently in their life and they feel strong again.

If you're told if you sneeze you're going to break something, which is in a lot of the data or education around this, how do you control a sneeze? Your bones are weak, and I'm using air quotes, how do you feel strong? And so our confidence comes into them and they become confident and they move better in their life. Their movement is better. They feel better.

One of the people I work with had chronic lower back pain, not even related to osteoporosis, who now doesn't have chronic lower back pain because she's moving better.

Susi: And this is actually a great segue into a couple of your cases. So can you outline, we'll start with one case, and then if we've got more time we'll add in a second case, of how you have worked with someone and the success that they had and what was their version of success?

Laurie Anne: Sure. So I am working with a client, she's in her mid-70s, and a lot of fear around osteoporosis. Her mother and grandmother both had it, and she had to fight to be diagnosed in her 30s because she's not the typical body type that they see with osteoporosis.



## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

So she was diagnosed. She paid for her own bone density scan in her early 30s and was diagnosed with osteopenia. She maintained that with diet and exercise until her mid-60s, where she changed to osteoporosis. About two years after her diagnosis she was walking, she fell, she broke her humerus up by the shoulder, and her ulna on the opposite side.

She has some mild kyphosis and physiotherapists, I love them, they do really, really great work. She didn't feel understood by her particular physiotherapist. And five years later, she still has the shoulder pain. She still has limited range of motion. And then was able to go get some more physio.

And she came to see me because she couldn't do the physio exercises and thought maybe there was a way that I could help her move so that she could do the physiotherapy exercises because she felt like they were the same movements. They're the same things over and over and over again, and it's not changing for her.

So I noticed that she held a lot of tension in her hands when she moved, a lot of tension in her feet and her toes. And so we started working with the belly breath to relax before she moved. And then working with some of the tools, the block and strap, teaching her how her shoulder, how her parts move and work.

And then we worked a lot with the wall. She's not comfortable going onto the floor and getting back up because she's afraid. So we worked a lot with the wall and looked at what needed to be done for her to be able to take her arms up overhead, for example. And accepting that the smaller range is good, we can keep moving smaller.

She had a cataract surgery done, and now she can see better, so now we're working more on balance and her building confidence that when she walks and moves, that she is stable. She walks with a walking stick, one of the poles, she brings it now as an assistive device instead of I need to have it, because she can see better.

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

Working with her hip movement, she has a better gait. Her posture is naturally improving with her own awareness of where her body is in time and space. She's now set to go on a trip that she never thought she would be able to do. She's gotten better movement, better range, less pain in the lower back. Her scores haven't changed, and she's okay with that.

She's diligent with how she practices. Balance activities while she's at her kitchen counter. She's taken the movement into her own life and is not afraid now to go through an airport, to not be afraid to be bumped. She's feeling strong. She also had a secondary issue with muscle spasms, and even breathwork would sometimes trigger them. That clued me into that she's probably taking bigger breaths than she needs to, bigger movements than she needs to.

So teaching her how to feel in herself then led to confidence that these have decreased. She can move. She can go out in the world. She sees better. We can work more directly with balance because now she sees better, and she's not as afraid of the outcome of her grandmother and her mother because they died of osteoporosis-related conditions, and she sees a different future for herself.

Susi: So that's really great. That's a really great story, and what I like about it is how it is like rubber hits the road, right? It's one thing to say, don't do this, do this, do this. Here are some guidelines. And you have really shared those guidelines like in real time of where she was, where she is now, and how you're thinking it through supported her.

And it's so awesome because it's not uncommon at all for there to be other things going on like cataracts or fill in the blank, shoulder issues, whatever. And in fact, I wonder, and I wonder if this is what you see for yourself because I've certainly seen this in my practice. People aren't coming to me because of osteoporosis. They're coming to me for other scenarios, and they happen to have osteoporosis or osteopenia.

But they're not there for osteoporosis or osteopenia. They're there for the other thing and oh, by the way, this is something else that's in my world.

[From Pain to Possibility](#) with Susi Hatley

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

Are you finding that? Or are you now becoming so well-known in your neck of the woods that people with osteoporosis who want to move are seeking you out, or is it a combination of both?

Laurie Anne: It's a combination of both. Five years ago, I became a yoga teacher, and I think that I have an advantage being in the industry for such a short time because I didn't know all the different words and what people would expect. And so I didn't have a lot of preconceived notions.

And I'm really skilled at helping people feel empowered in their movement, even if it means they have to give up something. So they might have to give up a posture or we change the way it works. We come and take it into supine and add in maybe some more deep core work for the same benefit.

But people, what they're surprised about, the people that come to me with osteoporosis in particular is how the other things just go away. And then the pain, when the pain lessens, they're more tuned in to where they are. Their proprioception increases, and then their life expands.

But it is very interesting because often, like you said, people come because like, I can't move my shoulder or I broke my shoulder and I don't like the range of movement I have. And then these other things start to reveal themselves.

Or at the other client who's like, I don't think twisting is that good for me. There's something inside of her that knew, can you just watch how I do it? And it was her physical back that hurt. So outside of osteoporosis. And I started watching. And part of the success I'm going to say is the diligence of the people to practice these skills outside of the room.

So this client had osteoporosis, it started with a broken wrist. But the sense that there was something not right when she would twist, she didn't feel safe in her twist. So the body knows. And then she did some training. And then when she started coming to the classes that I taught, I saw some shoulder stuff, not related to osteoporosis, but when you're building strength and you're told to build strength, and weight bearing, weight

[From Pain to Possibility](#) with Susi Hatley

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

bearing, weight bearing, you're adding TheraBands or free weights. And then the shoulder starts to hurt.

Everybody's trying to do their best, Susi. Like I think in all the people you see, everybody's trying to do their best. The teachers, the physiotherapists, everybody's trying to do their best.

So with her, even just last week, she's gone from osteoporosis to osteopenia. So we follow the same movement rules but now, for example, she'll do downward facing dog, plank, upward facing dog with the floor instead of with the chair. Or someday she feels like just doing it with the chair, so she does it with the chair.

But the other day she said, my wrist is sore. I was lifting weights. I keep going back to the weights and every time I go back to the weights, they hurt me. Like I do too much. And I said to her, well, your numbers are really good, so why do you think you need to keep going to the weights? Well, because I was told that I need to keep doing weight bearing activities.

But when your arm is moving out to the side, away from the body, it is a weight. It weighs more. It's like 15 pounds your arm weighs when it's away from the body. And your numbers are good. So we talked it through. We had to talk through her belief that she wasn't doing enough and that maybe weights just aren't for her. But her numbers were still good.

You know, it's about numbers. It's about types of breaks. It's like every person is an individual. And in that space, that's where you can start to find the gray areas of the movement. You have to teach and treat each person as an individual, even though they have a common diagnosis.

And my people with hypermobility don't know the end-range, so I might put bolsters beside them when they twist. And I have two that I can think of right off the top of my head. And we know that with hypermobility. That feeling, that in-between space might not be where their strength is, so it's going into the end range.

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

And I would bolster or put her beside a wall so that she couldn't, and I've done this with more than one person, so they couldn't move into that end range so they could start to feel where their body was in the in-betweens.

Susi: So it seems like what you're really doing with these folks in a really impressive and significant way is helping them grow their interoception. You're helping them with their ability to feel into their own self. You're helping them grow their awareness. You're helping them grow what I like to call their inner healer so they can feel into their yellow lights and their whispers.

And then they're learning the skills and tools of anatomy and biomechanics that work for their body so that in the end, they don't feel as restricted in their life. Their fear is way down. They feel more on their feet. They feel steadier. And they're making the choices that work the best for them. Yeah, they're supporting themselves in their own infrastructure and in the way that they're moving about in their life.

Laurie Anne: Exactly.

Susi: And the piece that I love, which seems to really be the common thread through so much that I read and I hear about with osteoporosis, whether it's from the student or whether it's from the teacher, it's the fear. Like the palpable fear that is had on both sides, right?

Like even the term fragility fractures, like even that just sort of feeds into it all, right? And again, as you said, and I agree, everyone's doing their best. Everyone wants the best outcome for people. And it's so interesting that there's still this pool of fear that just kind of inadvertently we're all swimming in.

And there's a way out, is what my point is. There's a way out. There's a way through. And a big piece of it in my mind, and that's why we're running this program, is first of all, recognize that fear exists and recognize sort of the nature of it. And then what are some of the tools that we can utilize from an anatomical and biomechanical perspective?

[From Pain to Possibility](#) with Susi Hatelly

## Ep #262: Osteoporosis - With Laurie-Anne Lamothe

And how can you utilize those tools in a way that serves the person who you are with so that they can learn those skills for themselves? Because that, to me, is really the essence of being a great teacher, is you're teaching your students skills and tools that they're learning themselves to help resolve a problem. And then while they're doing that, this embodied way of learning helps them really connect into their own inner healer.

And isn't that what we all want for our people, is to really tune into themselves and make those best choices for themselves? And I love the work you're doing, Laurie Anne. And I love what we're putting together here with the other trainers that are a part of this program.

And if what you're hearing in this episode is resonating with you, you're a teacher, you're a health professional, this program is designed for the health professional who loves yoga, the yoga teacher who wants to feel more comfortable and confident, same for the yoga therapist who wants to grow their skills, this is for you. And you can learn more about it at [functionalsynergy.com/bonehealth](http://functionalsynergy.com/bonehealth).

Laurie Anne, is there anything more you would like to add as we finish up?

Laurie Anne: I am really excited for this program because it empowers people. So as yoga therapists, yoga teachers, other movement professionals learn more, their confidence builds. And that transfers to our clients, the people who show up.

And it's a really well-rounded program looking at things from so many complementary perspectives that totally support people on their healing journey, education and healing. When I started working with things, my posture improved. I grew an inch and a half.

Susi: So good. So, so good. Laurie Anne, thank you so much again. Thank you, so great.

Laurie Anne: Thank you, Susi.

## **Ep #262: Osteoporosis - With Laurie-Anne Lamothe**

Susi: And for those of you listening, I'm looking forward to sharing the upcoming episodes with you, so come on back and we'll connect next week.