

Ep #78: Should You Push Your Client Through Pain When They Are Recovering From Knee or 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 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 back, I'm so glad you're here. With this episode I want to dig into the pain that comes post knee and hip surgery. And this will be particularly helpful if you are a fitness, or a yoga, or a physical therapist and you integrate yoga, to help people recover from their hip and knee surgery and you're noticing that the outcomes for them are not quite as good.

So with this episode I'm going to talk about how I do my work and how I talk about pain. And how I help my clientele focus so that when I speak with them about moving through pain or not moving through pain I have a very biomechanical way, and also psychological way of how I work with them to really guide them in their process. And it's one of the reasons that I've got such amazing results for people who are recovering from hip and knee surgery.

Now before I get there, I've got one favor to ask, I started this podcast back May 2020 in the heat of the pandemic. And the whole purpose of it is to show people what it is that I do. I have freaking remarkable results with my clients and I am merely a kinesiologist and yoga teacher/yoga therapist.

And I don't say that to put myself down, I say that because I don't have scalpels, or pins, or needles, or ultrasounds, or massage techniques, or adjustment techniques, I got none of that. I have my eyes, I have my ability to communicate, I have my hands. And I haven't even had my hands the past two years because I've been all on Zoom.

But the point is I have very little tools in my tool kit truly, compared to a lot of other health professionals and yet my results are freaking amazing. And

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so I started this podcast to share how I got those results so that people could get them too. So let's get into this.

With pain post knee and hip replacements, to give some background on this, I have always worked with people who are older than me. Right from the start, the majority of my clients were always older. So a lot of people when I was in my 20s, and it's easy to work with older people when you're in your 20s, but I still had a lot who were in their 50s, 60s, and 70s.

I think over the course of my career, I've worked with over 100 people post-surgery and helped them through that recovery phase. And then a lot of those people I worked with pre-surgery and helped them with the pre-hab side of things.

And I've also worked with people who were possibly needing revision surgery of their joint, or they were just having some biomechanical insufficiencies around their recovery process. So I saw them like two years or three years post, and I've been able to help them get to a place that is a lot more functional and a lot more easeful.

So I've had a lot of experience working with people. And what's interesting is that knee surgeries anyway, are getting a lot younger. And the expectation from both the professional and the patient is way higher. It's no longer just to help someone get back to life, which is what I did when I was a university student at the Vancouver hospital.

I was literally given a template of what to say for exercising and how to care for the hip joint post-surgery. And really, they had like a 10 year lifespan on that joint, that was it. And things are so different now. Expectations are so much higher, and what's possible is also so much greater.

So I share that because we have such an important role as kinesiologists, or yoga teachers, or Pilates people, we've got such a role as that level of

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professional. And in Canada certainly and certain parts of the United States the amount of formal rehabilitation that's happening post-surgery is way less.

So we actually are getting a bigger and bigger role as the future continues because people are getting maybe three months of formal care. Sometimes it's only eight weeks. And yet it's a good year to truly recover and some would say two years to really get back into what it is that you want to get into.

So we've got a really strong place to support people in their recovery process so they can get back to living the life they really, really, really want to live. So that's where this episode comes into play.

I also want to mention that I'm someone who's very much in line with medical guidelines. So if I have a surgeon or an outpatient team member or a physical therapist tell me certain contraindications, I will follow those to the letter. I am very, very collaborative in nature.

I've had a client who has said to me that she thought the contraindications were hooey and she did not want to follow them and I said well, I'm not going to work with you. Because I feel I'm a collaborator, I don't think medicine is hooey. I think surgeries are an incredible act of engineering, and my job is to support what that surgery was meant for. And so that's where and how I do that work.

So then what becomes interesting is when it comes to this pain conversation, because every single one of my clients is told by their surgeon and their outpatient care team that they will need to move through pain. That this thing is going to be stiff, and it's going to hurt. And for you to get through to better range, you've got to move in pain. It's just what the nature of the game is.

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Now, what's interesting is, I started taking stats on this early in my career, because I found it so fascinating, is that 95% of my clients who had been through surgery had a slowdown in their recovery because they were moving through pain. They had an issue because they moved through pain. So it's curious, isn't it? Yeah.

Now what I'm not saying, so don't misinterpret this, what I'm not saying is that it's because they were told to move in pain. I'm not saying that. What I'm saying is that it's curious that they moved through pain and they had some troubles that they had to sort out and figure out. Like a really swollen knee, or a huge flare up around their hip. And a lot of fear around, "Oh my God, did I wreck something?"

So what I want to get into right now is why I think this is. So a key one is that first of all, pain is subjective. No one can see it and the only person who can measure it is the client. And it is highly related to one's mood and attitude on any given day. And so their mood and attitude can alter the pain scale reading. So if they're feeling and hopeful versus frightened or resigned, that can have an impact on the rating.

Now, what's also interesting is that how the client might talk to their professional could also be misinterpreted or interpreted in whatever way based off of how that professional is on a given day. The mood and attitude, the filter that the professional has can certainly hear the client in a different way.

So you've got these two humans having a conversation about a subjective element called pain. It's the classic meeting of two human beings doing what humans do. And so we can make all sorts of assumptions and create stories as a professional or as the client based off of what we're feeling, but there's no objective measure for it at all.

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So it really becomes interesting and quite tricky because of this nature of us being a human. And it's also why beingness and just the human relationship, and it's what I call the healing helix, is so incredibly vital. And why in my certification program we spend an inordinate amount of time on presence and really looking at our filters and really connecting into what this is as the healing helix and the healing relationship.

Because it's fundamental, absolutely fundamental to the growth of a yoga therapist and the results that they get. And frankly, it's the reason why my grads are some of the best in the industry. And what I mean by best is they're getting fantastic, consistent results. And they've got full client bases, many of them. So it's like there's a reason for it.

So that's a big factor in being able to navigate this world that's very subjective, this thing called pain, which can be tied in around with some fear. Fear either of not making all the gains that they could make post-surgery, or fear of wrecking what the surgeon did and then that leading to certain acts of behavior.

So what I mean by that is, there's two common groups of people, I find. Ones that, as I mentioned, want to do everything the surgeon or the outpatient team has said. Move through the pain, do all the things, and almost to the point of blindly following the instructions and then not listening to their body.

So I had a client, as an example, who did this and then his knee swelled up like five times. And he still held on to the notion that the surgeon said you've got to move through pain. And what my point to him was, well, yeah, there's likely some stiffness and some stuff you've got to work with. And if your knee is swelling up to that degree, there's something up. That's going way too far.

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It's almost akin to carrots are really good for you. And if you eat too many of them, you will turn orange. Anything in too muchness, if the quantity is too high, is going to have an impact. So there's a piece around that that becomes really important.

Now with that client, what I did is I found a physical therapist who aligned with this notion of moving in a range that doesn't increase pain and to really watch and monitor biomechanical patterns. And then he was able to reduce the swelling in his knee within about a week.

And then he was like okay, now I understand it's consider how I am moving and paying attention to my moving, not just blindly following move through pain. Which is yes, exactly right.

Now we can also have the opposite where someone has been told that they need to move through pain. But what they associate pain with is damage. And I mean, that's what led to their surgery in the first place, is what they think. So it's like, but this is painful and I remember pain as being horrible. And I don't want to have that horrible experience. So they will turn their head and not follow the instruction.

And so then that can create more problems because now they're not moving at all. So not only are they not moving their joint, they're not moving at all. And that can create even more problems. So they're not breathing really well, they're not moving through their ribcage, they're not stabilizing their pelvis, their shoulder girdle is starting to get more limited. So that just continues to add to the deterioration.

So it becomes interesting, because a lot of those folks, I'll hear from colleagues of mine, they'll ask me, "So what strategies do you have to convince someone to move?" And my response is I don't have any.

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I don't have strategies to convince someone to move. Where I find I have influence is being a model of what's possible. And that is listening to the person. And really listening with a way of okay, what are they saying? And what are they not saying?

Because everyone tells us everything in what they say and what they don't say. And all you need to do is listen and be really, really, really, really curious and watch the desire to know what they're saying. And instead get really curious and ask lots of questions.

Because sometimes I can say that the client is scared because they're associating the pain they're experiencing from before they had the surgery and they don't want to cause damage. And I've had a few clients tell me that outright, but I'm sure there's another bazillion reasons why someone is scared to move through pain that they may not even know.

And so it's the stuff that they're not saying. But you can get clearer and you can get curious about what they are saying and what they're not saying to really uncover what's in the way. Because sometimes the oddest things can come up, or very surprising things can come up around potential for recovery, what it means to be recovered, what it means to have a leg or a joint that moves better, what that means for their life.

And we might think that it's all roses and cherries in bowls and all of that. But for some people, there are other things that are going on. And so unless we know what those are, or they can learn what they are for themselves, the client doesn't have to disclose it to me. But it just becomes interesting.

So what I do first and foremost, is I just am a model of listening. I just listen to what they're saying from the time they, whether it's entering into the Zoom room, or before the pandemic the moment they walk in the door, I'm paying attention. From the time that they email me I'm paying attention to

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what they're saying and what they're not saying. Every single word is something that I'm logging, I'm noticing all of it.

I know I'm talking this one, almost over talking it but I can't emphasize how incredibly important this is because it forms the context through which then I explain the biomechanics of their surgery, in terms of how I know their surgery is. And then how I can say to them how this movement, in fact, won't wreck the surgery, but in fact will promote what happened in the surgery. And how their tissue functions and how their breathing functions.

I can then show them as they disclose more information about how they're thinking about their recovery. And so it becomes interesting to help guide their brain toward the benefit of movement in terms of something that is supporting their recovery, if that is what is meaningful for them.

So that's what I'm listening for, is how I phrase the language, how I phrase the words together has to make sense to them. It has to meet some compelling reason that makes sense to them. Or if we just say to them, "Listen, you're safe, Everything is fine. The surgery went fine." It's not going to land if it's not meaningful to them.

So if you can allow yourself to simply listen, just listen. You'll be amazed at what you uncover. With that in mind, then when I'm directing them about their biomechanics I focus on the things that they can do. So I don't focus on here are the exercises you must do. But I focus in on what they can do, that they can do themselves.

So it may be up in their shoulder girdle. It might be in their breathing. It might be ankle rolls. It might be moving in the range that doesn't increase pain, so that I can show them their body can do it. So that I can guide their brain to gather the evidence of what isn't painful, of what is functioning better when they bring their focus there.

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What starts to get relief, or what starts to get release, or what starts to feel better. Whatever terminology lands for them, I basically guide their brain to show that the evidence of what they are doing for themselves.

And this is where myself as a yoga teacher/Kinesiologist is so powerful, because I am asking them to do it to themselves. So again, I can guide their brain towards the evidence of them being able to do it. And they see that it's relief, that it's not increasing pain, that it's improving their breathing, that it's settling their nervous system, that it's down regulating, that it's relaxing them.

Now they start to go, "Oh, this is different." And they have what I call a novel experience, something that they weren't expecting, an aha, an insight. Something they're like, "Oh, I think I can do this."

Okay, now I want you to notice something, when someone has an aha, or an insight, or an "Oh, I think I can do this" moment, that's a change, even slight change in their belief. And a belief, as we know, is a long standing thought.

When they have a change in belief, now that opens the gate because once they have a new-ish belief, now that starts to change the way they feel. Hope becomes present, possibility becomes present, they start to feel emotionally different. And that emotion vibrates differently in their body, and that changes the way they act. Because all of our actions are driven from our emotion.

This is so important to know and understand. And so all the intellect in the world telling them all about the science isn't going to help them because if they're scared, they're going to act on fear. Whereas if they're coming from hope or possibility and they have that novel experience of insight, of like, "Oh yeah," now they'll start to take more consistent actions.

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So what's important here is what I'm not doing, is I'm not egging them on. I am not ignoring their words. I am not telling them that they're wrong. I'm truly addressing them as a human and wanting to kind of get at the root of their fear. And I'm listening because, as I mentioned earlier, they are saying everything I need to know, in both the words they're using and the words they're not using.

What's going on in their body language? What's going on with the tempo, is any change of tempo, any change of just the way they're saying things? So it's supporting them along the way so that they can believe in themselves is a way I can put up.

So this is, again, why I don't tell people that they interpret their pain in their brain, not early on anyway, not with everybody, for sure. Because even though as we know, this is the science of the day and that we know that pain goes up or down with how we interpret it. I would rather show people very tangible ways of them working on their body to show release.

And I don't even need to show them like, "See here, look, duh, duh, duh, that is happening." They have the experience of it, you can't fake an experience you haven't had. If they have the experience of it, they have the experience of it. And if they can really feel in their system, their whole state of being that I'm not trying to convince them to do something, then they feel it.

Whereas I'm just being a model of what's possible. I'm just listening to them the way I want them to listen to their body, I don't have to convince them to do anything. I'm simply asking them to notice what makes their pain go up and down.

I'm asking them to notice their yellow lights. I'm asking them to catalog what's contributing to what they're feeling, to notice emotional bandwidth, to notice and to enable their brain to see the evidence of reduced symptoms.

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Which then grows their own clarity and their courage and their confidence in what their body can do, what they can see from a recovery standpoint, and overall grow their confidence.

So really interesting. Really interesting in terms of supporting people through the process of when and how to work with pain and supporting people through that process. Because as we know, pain is a very natural and normal physiological phenomenon. And sometimes it's a part of a recovery process.

And what we get to do with our client base is to support them in really understanding what it is as a signal, how they can utilize it as a guide, understanding what the subjective measure is, and how they can use it. How they can explore the quality of pain because different experiences and qualities will mean different things to different people.

And if we give them those tools, they're going to be rockstars with their recovery process. And you'll be a real key support for them, not only in the months shortly after the surgery process, but well through that year as they get better and better and moving better, and starting into the weightlifting, and getting back into their activities that they want to be doing. I mean it's just you've become a real partner in their process.

Now, if you want to dig into these concepts of joint recovery, whether it's hip or knee, I am running an optimizing joint recovery program in January and I would love for you to join me. And how you can find out about this eight week program, you can email us at health@functionalsynergy.com.

It will give you all the tools that you need to support your clients through the use of yoga and biomechanics and being able to see. I'll talk lots about the cognitive processing, how you can utilize tangible things to support people in shifting their beliefs, and to support them in really developing and honing a great body mind connection so that they can have outstanding results.

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You could be a great collaborator with the medical community and become someone who people can rely on to get results for knee and hip joint surgeries. Because frankly, this is something that's just going up because formal rehabilitation is going down. So if that's of interest to you, do send us an email to health@functionalsynergy.com. I would love to work with you. Take good care.