



Cunning Conditioning - ref253

with Karen Grinter

18th August 2022

TRANSCRIPT

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Steven Bruce

Good afternoon. Here we are again with another bite sized bit of lunchtime CPD for you, a very practical one today, because today I've got Karen Grinter joining me in the studio to talk us through some cutting plans to help our patients keep mobile, even when they're in pain. Now, you might remember Karen is a very accomplished Pilates instructor. She's in huge demand by patients, but she's also highly regarded by our local osteopaths, physios, chiropractors, and orthopaedic consultants, which probably explains why we've had her on the show so many times in the past. Karen, thank you for giving up your time to be with us again today.

Karen Grinter

Pleasure, Steven, happy to be here.

Steven Bruce

What have you got for us?

Karen Grinter

A few little hints and tips for dealing with people with dodgy hips, dodgy knees osteoarthritis, so joint pain, basically.

Steven Bruce

So this is going to help us maintain compliance with patients who might otherwise avoid exercise or mobility.

Karen Grinter

Exactly.

Steven Bruce

Right. Well, I know nothing about this. So I'm going to hand over to you.

Karen Grinter

Thank you. So I've got Veronica with me, who's one of my clients, a long-standing client of ours, and also has been a patient of Steven's in the past too. And Veronica has a few little issues with tissues, don't you, darling?

Veronica

Just a little bit.

Karen Grinter

So, we're just going to have a look at what we can do with Veronica and people like Veronica to just help them keep mobile. The most important thing I think is working with people with pain. And some people may think that actually exercise is the last thing they should be doing when their joints hurt. And we want to show that actually, just because something's painful, doesn't mean you should avoid doing it. Quite the opposite. So it's, how do we get that across to them that you know, what's pain? The sort of levels of pain, how do they judge it. So if say, it hurts for the rest of the day, great, good on you, crack on. If they

end up with pain for the next two or three days, we probably did too much. So we would definitely sort of look at winding that back. And also giving them ideas that actually, you know, drugs are perfectly good, not that we have any qualifications to tell people to take drugs. But you know, sometimes a bit of ice and a paracetamol is better, and you keep moving, than just giving into it and sitting on the sofa and making things worse, okay. So we're going to have a little play with, we're not going to use that just yet, we're going to throw it away. But particularly with hips and knees, the bits that sort of really, we need to sort of look at strengthening are usually around the glutes, and also sort of knee mobility. So if they've got osteoarthritis in the knees, obviously, you will know that that is slightly different to having osteoarthritis in the hips. And we're just going to sort of do stuff that's going to strengthen both of those areas. But there will be sort of little things that you do slightly differently depending on whether it's in a knee or a hip. So the first thing I'm going to ask Veronica to do is just mess around and find her bum. As you do, so what I want you to do darling, is put, so the heel of your hand in your hips, so go that way round, and then thumb around the back, all the way around, there you go. So thumb around the back. And this is a great way for people to understand how their bum sort of works and the difference between glute max and being a Kardashian and the minimus and medius and getting a bit more support around through the hip and knee joint. So there are other bum muscles in there that they seem to forget about. So come to your knees bent for me. And then being spine safe here, you're going to do a little hip hinge for us, we want a neutral spine. Perfect. So I want Veronica to think about where her head and neck and everything is and a nice neutral back, and a bit of pelvic floor action. And pulling in the belly a little bit, making your waist smaller a little bit, it's all going to help. And all I want you to do here, darling, is just rock from one heel to the other. Okay, so what you're looking for is for your patients to sort of feel where their greater trochanter is, and hopefully where your thumb is. She's nodding, excellent, I knew it was a good idea to bring her. She's going to feel that moving in her hip joint, which is great, because you know, there's a few muscles attaching in there and we want to get them fired up a little bit. Okay, so now come back and find your sort of centred position. Lovely, I feel like I'm not in good alignment here. So don't look at mine. So now what I want Veronica to do is just to rock forward onto her toes a little bit, and then rock slightly back to the heels. Then just stay there on your heels. So it's like she could play piano with her toes if she wanted to. So a bit more weight through the heels. Now lean forward a little bit more for me. Lovely. So abs on, as before, now I want you to shift your weight slightly over to this right heel just a tiny bit. And then lift your left heel off just a tiny bit. And hopefully what Veronica can feel going on is a lot of activity in her right buttock. Yeah. Excellent. And then come back to centred and then rock over to the left foot, lift the left heel off just slightly, pausing and coming back to the centre, and then just keep doing those for me. So just keep that little hip hinge forward. That's it, don't fall over. And then, that's lovely. So it's a really simple way of just getting your patients to understand where and what's going on in these lateral hip muscles because that's quite important. And they don't necessarily always kind of feel what's going on. So then, have a little breather. Right, that feel okay? So then you can take that on a bit by just messing around even more with it and you can do lifting the leg up. So lift your heel and then float one foot. I call this dog cocking leg exercise because I can't think of a better thing to call it, back to the centre, and then same to the side, so lift the heel up first, and then float that leg off, and then have a breather. We actually met walking our dogs. So, what you're looking for with these is, what are their knees doing. And then sometimes, if you've got somebody that's really deconditioned, when they kind of lift the leg up, put the weight through, this leg that starts to really wobble like a dodgy Elvis impersonator. But over time, hopefully, with a bit of sort of targeted exercise, you can really get this a lot more sort of strengthened and more support, and that's going to support an arthritic hip, and an arthritic knee. So hopefully, there's

a few little things there that you can sort of try and play with. And please do try it out on yourselves first, obviously. So, from there, are you hovering Steven, are you about to say something?

Steven Bruce

I was about to ask, you know, when you would choose to use the exercises you've just demonstrated? I mean, you've mentioned arthritic knees and hips. But is this part of a standard package that you would say to anybody who comes in?

Karen Grinter

For most people, most of us are sitting, aren't we, such a lot so, I think a lot of clients come through the door, not necessarily with dodgy hips and knees, but certainly with deconditioned bums. So anything where you can get all of that sort of posterior chain working is going to be really helpful.

Steven Bruce

And how long are we going to do it for?

Karen Grinter

We usually do sort of fives or 10s of stuff. Again, it depends on the client. So if you've got somebody really deconditioned, you may only do five and start to build up.

Steven Bruce

Would you judge that on the basis of how long it hurts for afterwards? Or when you've got them sort of cocking a leg and moving from side to side?

Karen Grinter

Yeah, how stable they are, when they're sort of doing cocking leg, and also asking how they felt each class. So how was it last week? How long did it take you to recover? I mean, ideally, if they're in discomfort for the rest of the day, great. You know, that's just a bit of work really, isn't it? But if, as I said before, if I'm upset them, and it's really sort of gone into orbit for a couple of days, then you know, sort of toning it down a bit. And it's just that sort of progression. And at the end of the day, even if you've got, whatever you've got a dodgy knee, or a dodgy hip, you've got to be able to sit on a chair, sit at a table, sit on the sofa, sit on the loo. So it's a functional exercise. And that's the bit that's really, really vital.

Steven Bruce

And you mentioned as many reps as the patient is likely to tolerate, but how often, is this daily?

Karen Grinter

We probably start sort of twice a week, and then move to three times a week. And just again, just building stuff up, because this is the sort of muscles that are really easy to switch off. And even more so when you're in pain, because again, you stop doing stuff because it hurts. And I guess that's your role and to a certain extent, my role is explaining what pain means. And you know, how to work through it, and where the benefits are. Because if you're only sort of 50 and you're heading for a hip replacement, you've got a lot of living ahead of you, so you may as well get your head around it and get on with it. And also, I mean, I've certainly had two clients last year who both have had hip replacements. And one of them I'd been

nagging and nagging and nagging to go and see somebody for ages, but he was totally resistant to it. And I think it's partly that we think that because we're only 55 that I don't need a hip replacement. That's something for an old person. But when it got to the point that when he was on holiday, they had to drive to the beach to then walk the dog, then he started to realise that impact on his everyday life and enjoyment and they thought, okay, maybe I better go. And he's had the hip replacement now, instantly free of pain. Why didn't I do this two years ago? Because you didn't listen to the Pilates teacher or your wife. So our sort of how we treat pain, isn't it and our experiences and where we are with life and all of those things.

Steven Bruce

And I'll shut up in a second, one one more question though. And it was the reason for the question about frequency of doing these exercises. These are obviously a lot milder than going to the gym and pumping iron.

Karen Grinter

Oh god. Yeah.

Steven Bruce

Do people suffer from DOMS as a result of it, given they're very deconditioned? So they should expect pain a couple of days later, as well as the pain that they get during the day.

Karen Grinter

Yeah. And again, I think it's if you are dealing with deconditioned people, you know, a slightly elderly population then, somebody that's fit and healthy, I mean I see you belting down past me sometimes on your bike and stuff. So you know, you're used to it. But some people come to class, and they're not used to it. And so you've got to sort of give them permission, really, to expect a bit of pain. Because at the end of the day...

Steven Bruce

It's to recognise the healthy pain from the unhealthy pain.

Karen Grinter

You know, if I asked, you know, anybody to do sort of 100 squats, and they don't normally do 100 squats every day, it's going to hurt, whether they're deconditioned or not, it's what you're used to. So absolutely.

Steven Bruce

Thank you.

Karen Grinter

Crack on. From here, we are going to look at just balance and stuff as well, because that's, again, quite important. And whether or not, when you've got somebody that's got weak glutes, weak sort of lateral hip muscles and stuff, they sought to get the sort of the lovely little sort of Marilyn Monroe sway from side to side, which is fine if you're a 50s film star, but not terribly practical, if you've got dodgy hips and knees. So just doing simple things, if you come stand just there and turn that way, darling. So they can see you, turn to that camera for me, there. So I just want Veronica to just walk on the spot. So lift one heel up,

drop it down, then lift the other heel up and drop it down. So we're looking at what her knees are up to, are her knees falling in, which again, you know, most of you I'm sure are perfectly aware, when this lock doesn't work, then we can end up with a bit of a few problems there, which is where that little exercise we did earlier is so good at sort of waking this stuff up. So I'm just looking at balance and everything else. So easy peasy stuff, then come to standing on one leg. So lift one heel up. So kicking the abs a little bit and just balance through there. Good. So she's going to feel her ankles are working, which is no bad thing. And shall we lift up here a little bit too, thank you, and then swap to the other one. And then see, I can't see what's going on because I'm stood behind her. But hopefully you can. Veronica is working really hard here. And hopefully, as we've woken up these muscles a little bit, then there's a bit more support.

Steven Bruce

So again, a question of technique for our practitioners. Where you are at the moment, you're able to support Veronica to make sure she doesn't wobble too much or fall over. If you were doing this for a patient, would you be in front where you can see what's going on?

Karen Grinter

Yeah, normally I'm straight there, looking closely. And also, you know, if you've got patients that wear orthotics, then whenever you're doing standing work with them, make sure they've got their orthotics.

Steven Bruce

The question for people who didn't hear that, because I had muted my microphone, stupidly, was that you are standing to one side where you can support Veronica for real, if you're doing this with a patient in clinic, you'd be in front watching what they're doing and still offering support.

Karen Grinter

Yeah, yes. And again, orthotics if they need them and hanging on to a chair or sometimes a pole or something like that, so that they can work with better balance. We don't want them sort of falling over into a heap on the floor. So anything where you can sort of start to build stuff up and building up their confidence.

Steven Bruce

Would you like a specific question from the audience?

Karen Grinter

If there's one there, then happily.

Steven Bruce

I have a question from Anita. Anita says, does Karen have an exercise for a 75-year-old with gluteal wasting causing a Trendelenburg type of gait?

Karen Grinter

Yes, the one we started with, the sort of getting them to sort of find their thigh bone moving so that they can start to sort of feel their bum tightening up and they should start to feel it, it's quite a nice one for that. But sitting to standing, standing to sitting and holding static stretches.

Steven Bruce

I suppose it would also be instructive to know why this person's got gluteal wasting because if it was just through lack of use, that's one thing, if there's some sort of neurological component in it, it might be a completely different thing.

Karen Grinter

It could well be, but yes, there's quite a lot of people that walk through my door that have a nice wiggle going.

Steven Bruce

I expect there's quite a few people walk out through your door with a better wiggle going.

Karen Grinter

With a better wiggle going, feeling a bit sort of tired in the legs, hopefully. So yeah, the one we started with rocking from side to side, I also have a single leg version of that, which is exactly the same. And you're just looking to sort of sit back into the heel with the other foot forward. And then I'll use Veronica as my model. So lean forward a little bit there. And then sit back into heel, and then just lift the heel off on that front. And you should get, you can see, now lift that leg, lift that one up. I mean, again, you're working on balance.

Steven Bruce

I'd say it's more like bloody ballet. You're gonna get her on point next, aren't you.

Karen Grinter

Yeah, exactly. And that's exactly where you want to be feeling it. Yeah. And I think sort of fitness stuff in the past has been so obsessed with doing strong glute work. And actually, if you can be more subtle about it, you can get much more sort of targeted into those the hips on the knees to support everything.

Steven Bruce

And how about you, Veronica? I mean, you've been doing work with Karen for quite a while, haven't you? And how's it helped you?

Veronica

It's given me more strength. It's given me more strength in the back.

Steven Bruce

But normally, dare I say it for people of our age, strength isn't the important thing, is it?

Veronica

It's mobility. I'm over 70. And I'm surprised now that I can do what I do now in class. So what I couldn't do two years ago.

Steven Bruce

And in terms of normal daily activities, has that helped as well?

Veronica

Yes. With the balance, I don't fall over as much. But then perhaps I don't drink.

Karen Grinter

She's too busy in class, hasn't got time to drink.

Steven Bruce

Sorry, over to you again, Karen.

Karen Grinter

Right. Okay. So looking at knees, one thing that happens with people with knee pain, I suppose in the sense of same as hip pain, again, they stop doing stuff, because it hurts. And then particularly with knee pain, they can end up not getting that full range of movement that's available in the joints, which has a knock-on effect, and then they sort of start walking like that. It's an attractive position. And then I have a client who then had a knee replacement, but because by the time he got to have his knee replacement, he had kept the knee so still, that even though he got this lovely new joint, his hamstrings were shortened, the muscle on the calf muscles were shortened so much, he couldn't get that nice full range in there. So we do try and encourage, even with knee pain to get passive stretching going on to try and keep the muscles as good as they can be for as long as they can be. Where's my hog. Here's my hog. This is a brilliant bit of kit. It's called a hog. And you can put it flat, you can stand on it, it's a little prickly. And you can flip it upside down. And you can sort of wobble with it. There's tonnes of stuff you can do, but I quite like it for nice little passive calf stretches. So I'm gonna get Veronica to stand on it. If I ask her to stand on the top, she'd probably smack me. Now, don't do that. Without a bit of padding. And the nice thing about, don't fall over, told you not to have that gym before we came. When they're standing, in the old days, you could have used the yellow pages, but I don't think it exists anymore. But maybe a thick block or a thick book or anything like that. And you can just stand there and have little passive stretches and then you can start to mobilise your spine while you're there. So I want you to just look straight ahead and not move your head but just start to move your sort of shoulders and arms and just kind of take your arm back, so think of bow and arrow. Think of doing bow and arrow. Yeah, there. And reaching back and relax your shoulders. Thank you.

Steven Bruce

So she's doing this without moving your head. So just keeping the head steady.

Karen Grinter

Keeping the head still. And then she's getting a little passive stretch into her calves and she's mobilising the spine. So then we can play with it. So now I also want you to look at your right thumb. So as you look back, keep looking at your right thumb, reach it away and circle it down. And then left thumb. Look at the thumb, look at the thumb, and reach it away and circle down and in. And then that's it. So keep going. Shoulders, Veronica.

Steven Bruce

I was gonna say she just worked her shoulders up. Is that normal?

Karen Grinter

No, it is not. Not in my classes.

Steven Bruce

No, but is it normal that patients will try to do that?

Karen Grinter

Yes, it is. It's where they have all their tension. So have a breather but stay on there. So go a tiny bit higher up, can you go a bit further up. So once it feels kind of comfortable, don't go too far.

Veronica

I can definitely feel it.

Karen Grinter

Excellent, good. So you can move a little bit higher up. But if they start to lean forward, that's illegal. So you want to keep the hips forward, so you keep the stretch. So it's just a nice, simple passive stretch. And while they're there, I mean, in classes, I start them with their arms moving, keeping their head still, then I look down and circle around and down and circle around, because that starts to move the neck because they've been like that all day or like that, or like that. And then then we get really mean and we go up and over and circling up as long as their shoulders are okay, because that, all of those movements, you're moving the neck, which is a brilliant way to just keep everything nice and mobile, whilst kind of statically stretching through the calves. You can step off there now, darling.

Steven Bruce

Can I quickly ask you about your hog? You said that in the days gone by we could have used the yellow pages. So the spiky bits on the top of that are irrelevant.

Karen Grinter

Yeah, it doesn't matter. I mean, you can do it this way around if they don't want, so it's just a different way of doing it.

Steven Bruce

So on the smooth side, the camera might not have picked that up.

Karen Grinter

Because you can play around, you can do little walking forwards and backwards.

Steven Bruce

How much are they?

Karen Grinter

I think they're about 25 quid, I can send you a link if anyone's interested.

Steven Bruce

Yeah, do.

Karen Grinter

They're brilliant. I use them so much. You can stand on them. You can stick them onto your bum, you can stick them in the middle of the back, you can do ab curls over them, you can do balance work with them. You can have it in the middle. You can just do little things, pressing around, I could do a hip hinge. So now the standing leg I'm working on, that buttock is working nice and hard. We do side leg work.

Veronica

Tonnes. The spiky bits just hurt.

Karen Grinter

The spiky bits are quite painful, it has to be said.

Steven Bruce

Well, often patients don't feel they're getting proper treatment unless it hurts.

Karen Grinter

It can't be working, because it's not hurting.

Steven Bruce

I've got another question for you, actually, two now. Osteoman, I don't know who that is, the system gives them these funny names. Osteoman says, what's the name of the product and where do we buy it? It's called a hog, you said?

Karen Grinter

It's called a hog, H,O,G, as in hedgehog I guess. And there's a really, really lovely company in Ireland called Back Baller. Don't buy them from 66 fit because they're rubbish. I'm possibly not allowed to say that.

Steven Bruce

No, we can say what the hell we want.

Karen Grinter

They are rubbish. So the one that's called the hog is absolutely fantastic. You could set up a trade account with them and get them, I think if you if you get a minimum of 10 that brings the price down if you wanted to sort of pass them on to clients. I mean honestly, there is so much you can do with them. Can we do the knee stuff? Have we got time to do the knee stuff?

Steven Bruce

Yeah, we have, but can I ask another question first? Somebody sent this in a few minutes ago asking what exercise you would recommend for sciatica other than the standard McKinsey, I don't know what the McKinsey is, but you might know what McKinsey exercises are.

Karen Grinter

Sciatica, I guess it's just a question of getting the spine moving and what's causing the sciatica. If it's sort of piriformis clamping around it, in which case you stretch piriformis out or you just get general good mobility in and try and get the spine healthy, pelvic floors, all that kind of stuff and then see if that eases it off in time. I don't think there's any magic cure with sciatica sadly, is there.

Steven Bruce

Well, I think the first thing is to understand what's causing it, of course and if it is piriformis, it becomes a little bit simpler than if it's a disc problem.

Karen Grinter

Than if it's a disc problem, exactly. In which case, I mean, I just think all the time, we just need to keep our spines mobile and moving. And we don't. When people are sitting and slumping, they lose that lumbar curve. So, that's why I try and combine these rotational things, because they are bonkers, I know, but you're just looking at balance, you're messing around with balance, you're messing around with the vestibular system, which is only going to help us as we get older. And just keeping all parts of the spine nicely lubricated and moving.

Steven Bruce

We better get on, because poor Veronica is bugging up her knees there.

Karen Grinter

Sit on your bum, darling. So these, actually, I'll do it on this side. So just straighten your knee out on there. So these are donkey's years old. So the classic exercise is to strengthen around the knee. So what you're looking at is, you know, where is that knee joint sort of pointing? Is it kind of just flopping out or is it falling in. So if you lean back slightly, think of your 50s swimsuit photo shoot. There you go, slightly leaning back. So this is really kind of working particularly vastus medialis. You know, just to try and support the knee joint. So all I want Veronica to do to start with is just to lift your heel off the floor. So tightening around that knee joint, holding it for, say, five seconds, and then letting it gently relax. And then you do it again. So if you look at sort of athletes, footballers, rugby players, their vastus medialis is massive, it's a big bulbous bit of muscle because they're looking for that really good stability in the knee. So this is the sort of simplest version. So for your deconditioned, 70-year-old, somebody that was asking about earlier, then she might not want to get down on the floor. But you can do it in a chair, you could literally sit in a chair and do this. So then, to take it on a little bit, think of sending that heel away. So stretch your heel down towards the skirting board over there. And then really pull that up. So a little bit more effort. Feel the difference? And obviously, you're not going to slump, are you Veronica? No.

Veronica

Getting in my bum as well.

Karen Grinter

Is it? Excellent, this can be a bit crampy. But we don't worry about that. Then let that relax. So then taking it on, the next level would be to do that same movement. So contract everything, lift that leg, and now lift it just off the hog, just don't lean back.

Steven Bruce

That's actually, that's challenging.

Karen Grinter

You're not here to enjoy yourself, Veronica. Your pain is my pleasure. And again, you know, it can get a bit crampy in the quads, have a breather. So now if I was really mean to her, I would close the chain up a bit more by getting her to sit up really, I won't do that to you, don't worry. And then doing that same thing and lifting and being quite closed in up here. And that's quite hard work. You must have seen these a million times, Steven.

Steven Bruce

Yes.

Karen Grinter

This is not reinventing the wheel. But I think people forget about them. There's so much new stuff out there, isn't there, and you get new techniques coming through. And we forget that actually, some of the stuff is just really, really good. As long as you do it.

Steven Bruce

I keep thinking I gotta do it.

Karen Grinter

Yeah, it's funny that, you can pay someone to sort of clean your house and do your washing and whatnot, but you can't really pay anyone to do your exercise. So moving it down a bit. They don't need a hug, I mean, a rolled up towel or cushion, whatever. If Veronica, bend your knee a bit more for me. So if she was sort of a bit painful in that knee, I would encourage her gently to sort of not press on the knee but just press on the thigh and try and straighten her knee out a bit to try and, as I said, to try not to lose that hamstring length. But then if you just relax it, so back to that same exercise again. So send that heel away there, tighten everything up and then lift that knee, just so it's a little bit more challenging there, isn't it? You could lean back further; you could go for the full lounge if you want to.

Steven Bruce

Have you just told her not to lean back?

Karen Grinter

No, for the other one. Yeah, but not to lean back too much when it was under the knee. Yeah, but she can lean back there for this one. And the other thing is to do it in external rotation. So turn the knees slightly, think of turning from the hip, turn the knee out, and then lift. And just really. Yeah, and hold it. Hold it. Five seconds.

Steven Bruce

Do you have a rationale behind how long you hold it for? I mean, is there any evidence to say this works better than that?

Karen Grinter

No, just give them a number. Because the people like numbers, they just like to know where they are. It's just, tell me what to do and I'll do it, Karen, don't let me have to think for myself. So now she's going to hate me now, scoop forward a bit and lie flat. So lie down. So I like to get hamstrings working, particularly if I can, so a bit of work in there. Bend your knees for me, and can you put your feet on the hog, go forward a bit, it's flat side up, you'll be thrilled to know. So I'm not going to crucify the bottom of your feet. So, think spine curl. So do a little pelvic tilt, pelvic floors on and lift up, no bottoms up, lift your bum. There. Now stay there. Now push your toes forward. Push them forward more, a little pause, bring the heels back, and then roll back down. Okay. And then just keep doing that, so we're looking at a little bit of spinal articulation. And then when she sends her toe forward, her hamstrings are really working hard. It's amazing, she's not just gone and grabbed them. But she hasn't. So that's all good, though, which is really nice. Now I'm going to be really horrible to her in a minute. Can you straighten your legs out a bit more. So that's it. Lift your feet up for me. I just want to move the hog forward a bit. Now go down again. Okay, try it from there Veronica. Big squeeze. And up you go. So lift up, this will be horrid. Now send those toes forward. That was particularly unpleasant of me. Never mind, don't do another one. That'll be fine. Well done. So they are horrid, but they are really effective.

Steven Bruce

Remind me what are we going to achieve with that particular exercise?

Karen Grinter

Hamstrings.

Steven Bruce

In terms of function, what's it gonna do for Veronica?

Karen Grinter

Oh, again, it's just trying to help support around that knee joint. We don't want it just to be very quad orientated. So it's trying to get that sort of balance between, you know, working through the quads at the front, through the piriformis, glute mede, minimus, around the back, and then hamstrings around here too. So it's just trying to get a decent balance in, which is kind of hard to do sometimes. In a Pilates class, sometimes I find it quite hard to really get into the hamstrings.

Steven Bruce

You have the advantage in a Pilates class, of course, you have longer with your patients.

Karen Grinter

We've got the luxury of an hour to teach people how to exercise and look at them and give them lots of feedback.

Steven Bruce

I wonder if Veronica thinks it's a luxury.

Karen Grinter

Possibly not.

Veronica

It is, because the outcome outweighs it. And five is always better than 10.

Karen Grinter

My favourite number's 100.

Steven Bruce

We've got a couple of minutes left, have you got one more thing you'd like attend to?

Karen Grinter

There is one more thing that I'd really like people to think about. And that is pelvic floors, which may seem really strange to do with. Whip over onto your side for me 90/90 with your legs. So I want Veronica to think about, bend your knees. Yeah. This is quite important in terms of supporting a healthy hip. So I want you to keep your heels squeezed together. Switch on your pelvic floor. So close your back passage, close your front passage, pull your tummy in a little bit, then lift that knee up by thinking of turning, keep your heels together. Lift the knee up, turn the thigh bone out and hold it there. Keep those pelvic floors on and then close it gently down. There you go. And then do that again. So switch it off completely, then switch those pelvic floors on, lift up. And the reason this is important is, obturator internus is this sort of a major sort of part of your pelvic floor if you like, but one of its functions is to turn the thigh bone out. So if you've got somebody with a ropey hip, that is painful, like a ropey knee, they stop moving it, they stop doing stuff with it, so then you're now compromising your pelvic floors, and incontinence pants are one use plastic. So I think it's very important that you know, you've got a perfectly good set of muscles here, you don't need to be buying incontinence pants, and putting one use plastic out into the world. So you've got lots of benefits. So lift that up again. Switch on those pelvic floors, lift that knee, and now hold it, hold that thigh bone rotated, can you get a little bit more range in it, little pause, and close down. So this is a clam exercise, which I know is given loads and loads and loads, and it's often done quite badly. So pelvic floors on, make sure it's the thigh bone that's moving, the pelvis stays really still, shoulders away from ears, that top hip lengthening away. So the waist is lifted underneath. So they're in a nice neutral position. And they're just working that thigh bone. So you're getting into all of your lateral hip muscles, as well as supporting the planet. There, I finished on saving the planet, Steven.

Steven Bruce

Which is a very good way to finish, of course. Would you like to stand up rather than sit down? A lot of the value of this, of course, probably comes from the way you communicate it all to your patients, doesn't it?

Karen Grinter

Yes. Usually orderly.

Steven Bruce

Yeah, you have a very good manner in dealing, certainly with Veronica, you've got a rapport and so on. Do you adapt your style according to the length of time you spend with people or the type of exercise?

Karen Grinter

A little bit. It's just trying to make it so that it's fun, and they remember why they're doing something. So now all of my classes know that they need to be working their pelvic floors to save the planet. But you know, the byproduct of that is obviously that their pelvic floors will improve. And all joking aside those muscles, that movement in our hip is so vital, it's so important. If we want to be able to do the stuff we like to do like Veronica was, what will you do, painting fence tools, or something, sort of disappearing up the back of fence panels, it doesn't matter what it is, you'll just be able to do your job, then having all of these joints, keeping them as lubricated and as pain free as possible, that's what I think is the best thing I can do with people. If you're going to do an exercise, what's the bonus? What's the point of it? How is it going to help you in everyday life? How is it going to improve everyday life. And that may be enough for getting somebody to comply with something, maybe it's going to bring golf handicap down. Or play with your kids, play with the grandkids, or just enjoy days without so much pain, whatever it is.

Steven Bruce

You also talked a bit about pelvic floor exercises, didn't you. And I was reminded of a broadcast we had a little while ago with a lady called Nikki Scott who teaches hypopressive breathing. And if you've come across that, she's coming back in March to run a course on this, and from what she was saying, it seems to be the most evidence-based therapy particularly for postmenopausal problems in women like incontinence. And, you know, most men can only vaguely understand how inconvenient, embarrassing and horrible it must be if you have to rely on incontinence pads to go about your normal day. When I got the formal date for the course, I'll let you know.

Karen Grinter

Oh yes, please.

Steven Bruce

Because we're on a mission, I set myself a mission to get this out to a lot more people in the country because it does seem to be extremely effective. But we need a lot more instructors out there because midwives like it, if they find this really useful to brief their patients on and it doesn't take too long to learn. So we'll let you know about that. Let me just check. Have we got any other questions? We haven't got any other questions at the moment, but I just noticed, behind you you've got a rubber band. You're not gonna do anything with your rubber band?

Karen Grinter

I won't embarrass Veronica, I'll get in it myself. The stuff we did earlier with the little hip hinges and rocking onto one leg, you can use the band for. But also, it's things like gait work, if you're looking at doing gait work with patients, just sort of stepping forward, and coming back, with somebody like your 75-year-old with weak glutes. So it just gives them feedback. So you can do little sets, and then are their knees collapsing in, because lots of people will kind of walk like that, she says exaggerating madly. So with the

band, they've got something to push against, sitting to standing, standing to sitting, haven't got a chair, but pretend I've got a chair. Grab a chair. One there, Steven.

Steven Bruce

I'm trying to avoid crossing the camera.

Karen Grinter

Going in front of all the cameras.

Steven Bruce

So where would you like the chair?

Karen Grinter

Anywhere you like, there. So for somebody, maybe that was quite deconditioned, if you ask them to sort of do a squat, they might just kind of go and collapse completely. So start small, just start with a little hip hinge, and then using the band, so that they, and you may be holding their hand and just getting them to come up a little and come down. And that's quite hard work on the old knees and on the bum. And again, you can progress it until they're doing a squat, but they've got the safety of the chair behind them. So they're lowering themselves down. And it doesn't even have to be all the way down, it can be just going a little, and then pausing and holding for a count of five, a count of 10, a count of 100 and coming back up. So they're holding that position. And if you've got dodgy hips or dodgy knees, you're not then moving through those painful joints. But they are strengthening because they've still got to be able to sit on a toilet, even if their hips hurt. Unless of course you've got a maid.

Steven Bruce

We're running out of time, I'm afraid, Karen. I've just seen a comment from somebody called Ambo, who says this is so simple and straightforward and communicated brilliantly and with great humour. So thank you for that. And we've had 300 people watching you.

Karen Grinter

Oh, my goodness!

Steven Bruce

That's a pretty good number for a lunchtime show for us. But that's all we got time from you today. So we are nearly done. But as always though a quick heads up on our next few shows. And it's worth noting that we've had to alter our normal pattern slightly here because of various factors. First off, next Wednesday, I've got Rob Shanks coming into the studio to talk about spinal decompression using the IDD machine. Rob's going to be talking through the whole process, you know, patient assessment, patient selection, as well as demonstrating the patient journey using a live model on the IDD machine, which is over there in the corner of the studio. So this is going to be useful whether or not you use the IDD therapy yourself because we've all got patients who don't respond to manual treatment. And many of those could be perfect candidates for some of these highly sophisticated traction techniques that the machine uses. We will of course, be looking at the evidence for this modality and we will contrast it with the current alternatives. So that's next Wednesday, the 24th, 7:30 to nine o'clock in the evening. That leads us on to

September. I've got the wonderful Gillie Woodhouse back in for a lunchtime show on Monday, the fifth to talk about how you can recession proof your business. And then two days after that on Wednesday, the seventh, I've got an evening show with orthopaedic consultant, Ian McDermott, and he's going to be talking about articular grafting, something which he admits himself is in a total mess in the UK at the moment. That's Wednesday, the seventh 7:30 till nine o'clock. That leads us up to Tuesday, the 27th of September, and I have got Dr. Gillian van Hagen in the studio with me. Gillian is an obs and gynae specialist, but she's going to be talking to us about psychosexual therapy. Now, if you think that sounds a bit off piste, then I think you might also be surprised to hear just how much that can be an actual overlap between what she does and what we do in practice. That again, it's an evening broadcast at 7:30 till nine o'clock. And you can of course see all of this stuff and you can watch the show through the APM app, which is completely free to download from the usual sources. That's it today from me and from Karen and from Veronica, thank you very much for watching. Have a great afternoon. Thank you very much both of you.