Introduction to Movement and Foot Health

Movement at the core is about connecting to your body in gravity. It's how we stand. it is, about every step that we take in its awareness, its presence, it's being conscious and connected to our physical body.

Because at, the end of the day, if we were not moving, we are not living. Like movement is part of life, right? Right. And then our feet are a very, very important part of that because the only contact point between the body and the ground are our feets.

So the story of foot ground control, the absorption of energy, balance and stabilization, all of this is coming from your foot function, your awareness.

And yes, every foot movement affects your knees, hips, lower back, up the skeleton, shoulder, and all the way through your neck. So it's really, really powerful and influential.

My passion within this movement story is sensory stimulation and sensory science. That's the neuroscience component of it. In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and we how can make it better together. Welcome to the podcast. Hey guys, and welcome back to the My MD Unscripted podcast.

I'm your host, Dr. Clint Carter. And today we are blessed to be joined by someone who understands feet and movement in ways that I absolutely don't. So I cannot wait to introduce you guys to Dr Emily Splickle is a functional and regenerative podiatrist.

a human movement specialist and the founder of Noboso. With more than 20 years of experience, she integrates barefoot science, fascial dynamics and neuroscience to reframe how we think about movement, longevity and performance.

She's the author of Barefoot Strong and Sensory Sapiens and is known globally for teaching that the foot is not just a structure, but the sensory gateway to the whole body.

Dr. Emily, thanks for joining us. Of course. Thank you for having me on. So tell us a little bit more about yourself and how we got here and what you're up to.

Meet Dr. Emily Splickle and Her Practice

Yeah, absolutely. So podiatrist, so I treat feet. However, I treated from a very unique perspective. I am a functional and regenerative podiatrist. Formerly trained as a surgeon, did surgery for five years out of residency and then put the scalpel down for the last time in 2017. And I founded the Center for Functional and Regenerative Podiatry.

And what that means is I look at the body from a very integrated perspective. I appreciate functional movements, so the basics and the dynamics of bipedalism or walking.

It's a big part of my practice. But I also factor in things like diet and sleep and stress. And I'm very much into supplementation and alternative modalities such as red light and PEMF, etc.

And then on the regenerative podiatry side, I do a lot of biologics and peptides, and I treat a lotta chronic tissue injury. And I try to play the role of the provider who is, one, thinking outside of box, not doing the very stereotypical orthotics, supportive shoes, physical therapy, or just live with it.

That's probably a lots of what traditional podietry is about. But I also try to give options that are before surgery. So not everything has to go towards a surgical correction.

Within the regenerative space that can help tissue injuries that used to have to to surgery and now no longer need to. Awesome. do surgery in the system, classic podiatry, and then moved into the functional space doing, doing so much more with prevention and movement and really how it looks like there's, we're going to get into how the, your foot and feet health really affects the entire body and vice versa.

That's why, you know, talk about sleep and diet and all those things as well. You're treating a whole person who happens to have feet. So, one thing that, Part of my story is being a residency trained family medicine guy and getting out looked, regular clinic jobs looked awful.

So I went to the ER because why not? And then that was fun until it wasn't. And so by the grace of God, we started this practice and I just like, man, I've got nothing but time now with my patients, an hour long visit, actually be able to fix everybody.

I had such a large population of people that I couldn't really make, I could get to a point, and I just couldn' get beyond that because I was just dealing with classic in the box, you know, residency trained tools, one of which was not movement.

Right. Diet and exercise are more like a punchline in most of my training because no one really changes and all those things. And so if, you know, one of the things that I've got, I do have a subset of patients that their movements limited because of their foot health and pain and those other things as long as, as well as those same patients usually.

are dealing with back and some other things as well, but oftentimes it's just the feet. How come, you know, if movement's one of the most powerful forms of medicine, how come we're just not, we are not prescribing it like it is important in the system, You know?

I do agree. I think it it highly, highly underappreciated. And ironically, even in a longevity space, no one is talking about movement. Yeah. Movement is, and this is movement beyond just, we are recommended to take 10,000 steps a day or 5,500 steps per day, or elevate your heart rate for at least 30 minutes, you know, twice a week.

We have these kind of rough. governmental-based standards of exercise that are given, which is really not the full story. Almost like nutritionally, it's not a full-story.

Movement at the core is about connecting to your body in gravity. It's how we stand.

Fascia, Sensory Science, and Whole-Body Connection

it is, about every step that we take in its awareness, its presence. Its being conscious and connected to our physical body because at end of the day, If we were not moving, we are not living.

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My passion within this movement story is sensory stimulation and sensory science. That's the neuroscience component of it and connecting to our fascia.

And that's really highly misunderstood in the medical community from a traditional perspective is just what is even fascial tissue? How does fascia hold onto emotions?

how does Fascia connect with your body in a very rapid way to trigger stabilization patterns? None of that is really described. I didn't learn any of this in podiatry school.

No. I didn't learn any of that in medical school. Fascia becomes a thing in your feet when you get plantar fasciitis. That's the first time and last time that pretty much any us think about our fascia.

So I guess for our listeners, back up a slight bit, what is fascial then and why should anybody care? Yeah. So your fascia is a connective tissue web that wraps around every single aspect of your body.

A lot of people will think of it around muscles. It's this saran wrap that surrounds your muscle group and then the muscle itself and every fiber and fascicle.

As the muscles keep breaking down smaller and smaller to its elements, it's still wrapped in this Saran Wrap, this fascial. And then that fascia becomes the tendons, the ligaments, it actually becomes a joint capsule.

It becomes periosteum, which is a saran wrap on the bone. it becomes these surrounding of your blood vessels, It become the surrounding into your nerves, is continuous with your gut.

Essentially it's a very, very powerful, continuous web that is packed with nerves. There's 100 million sensory nerves in your myofascial web. So to me, I consider this saran wrap, this continuous web, as an extension of your brain.

And it is continuously reading your body, the environment, every shift, communication with the ground and with gravity to tell you how to stabilize. But it also houses a lot of interoceptors.

And interoceptors are special nerve endings that are often associated with your autonomic nervous system. This is your fight or flight restoration response system, it is how people perceive, am I safe?

This very simplifying this, but am i safe in my calm? Am I regulated? Do I feel my body? So a lot of your fascial system is connected to connect to perception of self.

And when you feel yourself, right? You feel your body, you actually feel calmer. This could be anxiety, depression, PTSD, children on the spectrum, autism.

All of that stuff is really a story of sensory and perception of self, which is a storey of fascia. So very, very. integrated and powerful. I think my passion is very much on the side of the emotional complexity of human beings.

And a lot of that is because I specialize in chronic patients. And I started seeing this in my practice in New York City that a lot of the chronic nerve pain, idiopathic neuropathies, if you've ever treated a patient with idiopathy neuopathie, there's a lots of emotional complexity behind it because to them they didn't do anything and they have this chronic pain in their feet.

One day it's fine, then it not, and that sock works, that shoe works. It's highly, highly frustrating for these patients. So I just started to see in these chronic patients that there was this emotional layer that I could not help them get better until we addressed the emotional complexity behind it.

And our emotional state oftentimes makes things worse. Think of any chronic neurological condition or spasticity, like a dystonia. If I start to get like worked up, I'm anxious about whatever it is, it can throw spesticity into a muscle very, very quickly, and that would be like dystonia.

or any of your complex regional pain syndrome, now they start to get the skin is turning white and purple and they're just like, I don't even know what's happening.

And their body is responding. So the mind and emotions is very powerful. That is part of this facial story. Dude, that is insane. What you just said. is kind of insane and I don't know that the, the listeners really going to catch how insane that is because in my 20, I didn't want to get into it, 25 plus years of being a doctor, never once considered the fascia at all in any of that, other than wrapped around different parts of your body, muscle groups.

The fact that it's one continuous web never entered my mind. And the fact it has all of these nerves for proprioception and affecting the muscles and the blood vessels and gut and all the things that are going on at the same time, sympathetic, parasympathetic.

The fact that it has anything to do with your emotions is crazy. And I, it's not that far of a leap of understanding at just not once was it presented at all, sorta like this.

Yeah.

Movement, Emotion, and the Nervous System

I agree. And I think the part, if I could change traditional med school, it would be this element of, okay, everyone at the end of the day, you're treating humans and humans are very complex and we have this consciousness and there's layers of awareness and perception and trauma and like just a different, just that element to it.

Right. like in the ED where you're just like, okay, this patient is like dying, right? You have to become mechanical, but then under that there is this thread of we are souls.

You are a soul at the end of the day, how do we treat that? And I just think that's why I take a unique approach to medicine And I'm blessed that it was my chronic patients that led me to this and to explore it.

And now that's completely shaped my practice. I remember when I would do surgery and there's one time I refused, I was in the OR about to go in there and the patient was just like, how'd I know?

I don't know. Like Dr. Spliffle, are you sure you're good with this? You sure your confident? And it's like you know what, you don' want that energy. You've just completely shifted and now you put these things in this universe.

So, and I refuse to do the surgery. Because that is really important. I tell my patients now, I don't do surgery anymore, but I will say, when you go in, you need to put all your faith in that doctor, right?

Like I trust you. There's a circle of trust and competency and I believe in you and just kind of that energy, which it might sound a little woo-woo, a bit, it's really.

No, and that I totally get. Now that, that have seen, And I know that to be true for sure. Yep. You get into a patient that's backing out is strong, but even just, you know, having those second thoughts and those doubts and just the bigness of the moment or whatever's going on and they feel out of control, outcomes are worse, right?

It's worth taking a breath. You know, if you don't want to put the other patient in front of them and let them, let's circle back and talk, you know as our patients advocate, as we help our patient navigate the medical world outside of our office because we can only reach so far, one of out big parts is sending them to specialists that we trust and giving them confidence in the people that they're seeing and letting them know that for sure their specialist is going to be expecting a phone call from me to see how it went and all of the Just the confidence that getting to that point was the right, we've just, there's lots of reasons why that's the moment, the move at that moment.

And then, and that was right specialist and all those things. I do procedures in the office and none of them are all that scary. But for sure the, confidence, that you're doing the thing plays significantly in your outcomes, which also, I guess I've never given thought to the fact it's kind of a woo woo thing to think, but it is for real.

Or, or you could go into well, okay, well if you are now stimulating the autonomic nervous system in a fight or flight, now I'm going to vasoconstrict.

Now you're right. So you can take it literally into a Western medicine approach on happening with the Autonomic Nervous System. I do still think it is, you know, powerful psychosomatic in the biopsychosocial side of medicine.

It's really important. And if your patient's a believer. The supplements work better, the medicines work, better the surgeries turn out better. Um, and if your patient's a skeptic, well, everyone should be a little skeptical, but if you're patient sort of like nothing works on me, nothing, works for me.

Nothing works. I mean, it's like, And nothing's going to little, I can make little changes, But there's, a limit to how far we can go with people who nothing ever works out.

It's a bummer and it makes it sound like medicine is not real, but it's, we're dealing with, like you said, dynamic, complex, emotional, spiritual, mental, and physical beings.

Physical parts only like, you know, a fourth or a fifth of what's really going on in this whole situation. So yeah, absolutely. And the fact that feet and fascia.

play such a large part in this, I had never given it any thought. So tell me more about how your, you know, how podiatry especially sets you up for taking care of your the whole patient, the way you're taking of the patient.

Even just, just in general. Cause you started out fixing feet and now you are helping fix people through their feet, maybe as that entry point into the process.

Yeah, and that's a great way to look at it. So I think my passion very early on through the podiatry school and then residency into how I was early practicing privately was that I always thought that it was treating movement.

And that, yes, feet are part of it, but it was about movement. And then what's actually interesting, which does make my background a little bit unique, is that during my first year of residency, I actually left.

I stopped. Let's say the word quit. I stepped away from residency and I went back to school and got my masters in human movement. And I did this during 2008, 9, 10, like 9-10 during the barefoot running boom.

So there was a lot of research being done around minimal feet, bare foot science, sensory science, surface science kind of that whole side. And that really, I'm so glad that I did that because I focused for two years about all of this stuff on barefoot science.

Foot-to-Core Mechanics and Gait Stability

Then I got into the fascia, then I started getting into pelvic floor, and then, how we breathe, the diaphragm, up the neck to the tongue, so all these different fascial ways.

So that when I went back to traditional podiatry, And that's where it became sensory and fascial. So for day one, I would speak to people about the pelvic floor and about they way that they breathe from a stabilization perspective.

And what's really unique is that our feet fascially, through fascia lines demonstrated in cadaver labs, our feets connect to our pelvic floors. to our diaphragm, up our neck to out tongue.

So I will teach people how we stabilize in gravity is actually fascially toe to tongue and I would teach how to activate that. Or you could lay foot to core and teach them how they get their toes and their pelvic floor to coordinate and then the same thing with the diaphragms.

That's a big part of my practice and that's what most people know me for. is for this foot to core, toe to tongue system. And it's built in our fascia, it is built within our nervous system, there's actually a muscle synergy that is demonstrated in the brain that when you light up the extensor hallucis longus, which is the muscle that, or sorry, the flexor hallucus longas that pulls the toe down, you will activate the levator ani muscle, Which is supposed to pelvic floor, and it stabilizes the pelvis for your glutes to contract.

That makes sense when you understand how we walk and bipedalism. And when your about to push off your big toe, you need your pelvis stable because that's when the glutes activate.

So to me, things like that are completely fascinating. The foot is never treated in isolation. It is always done from a movement or treated from the movement lens.

My movement lens is fascial and sensory, and then of course biomechanics because your skeleton needs to move and joints move, but it is really the fascia and the sensory stimulation that is driving us during movement.

Yeah, that's, I mean, That makes sense. I, you know, at first I wasn't, was trying to make the leap from toe to core, to pelvic core. That make sense because you're, cause we're walkers, we are bipeds.

So as you push the, You know all the muscles that make out the gait, which doesn't stop at the pelvis technically, right. They all have to kind of sync up and then whether it's in the cerebellum or the another part of the brain and.

That does make sense. And then you reflexes, so many of your reflex is by definition a reflex doesn't get to the brain, right? It bounces right back up off the spine and comes right down probably through the fascia to cause that movement.

So yeah, that's crazy. We're talking stability, performance, but like pain modulation, we work in these regional pain syndromes where everything's, everything in that leg is angry and hurting or whatever.

And you're like, it's not following a specific pinched nerve pattern. It's this syndrome for the record, for those listening, you never want to be diagnosed with a syndrome.

Cause that means we don't really understand why all the things go together the way they do, but we've seen it before and we'll see it again. So now you have a.

Yeah. What do you think about how that all sort of fits together? Yeah, I mean, so one, there are a lot of things that I treat that fall under these fascial integrations and stabilizations and patterns of transfer stress.

So let's say someone is, just saw a patient a couple of days ago for hip pain and He was like, well, I had an x-ray. They said I have some arthritis. My wife is like get a hip replacement.

And he goes, so I went and had the x ray and they're like I guess there's some Arthritis. So then they were like. I don't know, go to physical therapy.

Like this is kind of a typical story. But we think if it hurts in the buttocks area that it's the hip joint and therefore maybe I need a replacement, right?

There's a very little translation of this. where then it was actually in the region of the sciatic nerve. And he happened to have a history of sciatica in past, but he's like, well, it's not like burning and running down.

This is very simple. Sciatical like a radiculopathy that is showing up in foot. So I started to explain to him that there could be like sciática like things where if your hip joint is not stable, if the femur in socket is stable What your nervous system does myofascially is it's going to contract and lock it down.

Yeah. Because if something isn't stable, it wants to take away the motion, right? So doing that, well, now you have these deep, deep muscles that are wrapping around the joint capsule fascia, a hundred million nerves.

And guess what? Those deep rotators connect into your pelvic floor and then run down fasciole to your foot. So you can absolutely have this. So it was kind of radiating where he was like, Oh, it kind reminds me of like the extension of sciatica, but it's still like here here.

To me, that is a fasciitis, fascial syndrome called a syndrome if you want, right? Cause it. I couldn't do an MRI and

it's going to be like, light up, right there, if I poke there.

And he would say, well, it doesn't hurt when I'm sitting here, but as soon as I move in, then I get it. So to me, that's a stabilization story, a gravity story.

That's the sensory story about this relationship of complex integrated stabilization with every foot strike. It becomes essentially a thing. You know, I tell them, no, you don't need a hip look like Sven.

What we need to do is focused fascial mobilization and understand how you stabilize in your foot, how are you stabilizing your pelvis, even something like your inability to rotate your T-spine or your rib cage can cause your hip to lock down.

So it's always appreciating. It's an integrated system. And I help patients understand that one of the biggest contributors to a lot of our Musculoskeletal stress is walking and it is the thing that we do when we think if we're, we never think it's a thing.

That is causing our symptoms, but a lot of people walk non-optimally and in a compensated way. Right.

Fascial Pain Patterns and Manual Therapy

that they are walking with short little steps, they're not swinging their arms, or I used to do this in New York City, I would have a 30 pound purse on one side, and I'd be swinging one arm, that's causing total stress on the system, it is what keeps contributing, then you just have this feed forward response in the systems, we never get out of it, all we're doing is go get a massage, Think of like the boat where the, like, the cartoon and then they put a thing on the water that's sprouting out and it pops up somewhere else and they cover that hole and that pops out.

To me, that is what I feel a lot of people do muscly, skeletally. Because they don't understand the system as an integrated unit and the start of that story is feet and fascial.

If you don' appreciate those two, then you're going to keep covering the holes and things are popping up in other places. What do you think about Rosti as a short-term physical therapy alternative for some folks that have Muscles got a little pain, you know, their whole thing is they're fascia manipulators, right?

They get their magic thumbs and they dig into that tight fascial plane and, and you, know they just tell you to breathe instead of cry while they, go down and it's supposed to hurt so good.

Sometimes it just hurts, but. Yeah. You said rolfin? A Rosti, so it is like a sub, it's a subset of usually chiropractors, sometimes physical therapists that go to a special class, special training, not class like, a whole set of training.

I think it A-I-R-O-S-T-E-Y, but anyway, We have one in our town and it works to help release some of the fascia tension in that area. It's not getting to the underlying whatever you were doing wrong mechanically, sort of biomechanically.

But we've had so many patients that in the right subset of patients, allows that fascia to relax and that muscle to breathe and for that joint to get less tight and kind of stuff.

So that's something that super interesting. I think I understand why it works. A lot of times it just says, to me, it doesn't make sense that it worked so well on some of these patients.

And I mean, I guess you were a little tight, but whatever, because the fascial is so involved in pain, and I wonder if that has a lot to do with it. Yes.

So without going directly into that technique, I'm going to say, let's say it's similar to rolfing, which is, if you're familiar with the rolfin or listeners are, it is a 10 sequence thing where they stay on one muscle in each of us.

They'll do your calf for an hour and there's no like lotion. It's very aggressive. That might be similar. Yeah. Very similar. There is structural integration, which is kind of an extension off of it.

So yeah, let's call it manual body, manual tissue. That is very important in getting very localized. And tissue adhesions and stickiness, right? Where we just need to get some hydration and get those facial fibers moving on each other.

Because oftentimes you can get facial stickness, connective tissue stick-iness and it sticks the nerve down and then the nerves stuck and you get a. Kind of like a pseudo entrapment of the nerve and we need these nerves to slide and glide.

So that's where you could do it. This gentleman that I had said the example of, like his tipped. Yeah. I gave him his at home mobilization program that he has to do every single day.

And I said, in addition, you can go to a structural integration or someone who's going to the deep body work to your deep rotators, your operator internists, like into the capsule, just to like get this thing moving.

faster, but he still needs to do the work at home. Because no one is a magic hands where you go once or twice a week and that's it. Like I don't believe in physical therapy in that same sense.

You have to be doing work continuously and what I told him. Remember we are addressing the nervous system. Your nervous is kind of like a computer You have to keep reminding it and reinforcing it And we're gonna turn off something but you got to turn something else on so it's like circuit breakers turn Off that circuit bring this one back on and you have do that multiple times for your nervous System to okay.

Yes. I remember I and then it holds on to the pattern so that's That's really when you look at movement compensations, movement disorders, things like that, is it's a nervous system response and you're training the nervous.

So if someone has body work and they loosen up the hip. As soon as that body worker is done, you have to do some diaphragmatic breathing and like wake up your pelvic floor or you're gonna stand up in gravity and you gonna start moving around and guess what happens?

Your body will lock right back up to where you started because it doesn't feel safe or stable. So you to follow every mobilization with a stabilization technique and your diaphragm is one of the best ways to that and tongue.

You know, and then, you know the Airrosti folks, they definitely send you home with, nerve glide exercises or some of the other mobilization, hopefully some the opposite movements of what got you into your spot or whatever, that they decide is right for you at that time.

But I do agree, I would never have thought diaphragm when talking about, hip pain, right? Like this. The fact that that's all connected is still, still rocking my mind a little bit.

Um, well, so what, So we've got folks listening.

Practical Steps for Foot, Breath, and Pelvic Floor Health

So that means that we have people that hurt because like everybody hurts some, you know, I think sometimes, working in the ER, my wife worked cardiology during those years before I stole her into this practice.

And sometimes she would just come home and be like, I don't want to get old. They all hurt all the time. And, you know, and I was, I would just come home from a bad ER shift and be like driving in the car.

Like, literally don´t hurt at all right now. I should probably like soak up this moment. Because based on what I see in humanity, everybody hurts. It, in, the fact that we sit in front of TVs and in from of steering wheels and front

computers and stuff.

as it probably has a large part of it. But, so we've got listeners that hurt. What are some actionable things that you would say, hey, listen, I don't know what you got, but this fascia reaches from toes to nose.

So what are are actionable that are fairly universal that would have people start doing to start trying to get some movement away from pain in some of these sort of like more generalized pains?

Yeah, so I would say first one, feet. So releasing your feet by standing on a golf ball, the cross ball and your ball tennis ball. Whatever it is, release your feed.

If you release her feet, this would be a massage or something like that. This is you standing and doing something to your feat. Just a couple minutes.

I tell people to do this when you brush your teeth. So every morning, every evening when you brush your teeth, bring some sort of fascial stimulation massage to the bottom of your feet.

Now why it's so important is a lot of these fascia lines. So a fasciol line is continuous line of muscles that are continuous to fascias. There's a lateral line, there's posterior line.

there are front lines, functional lines there is lot lines in the body. A lot of them cross the bottom of the foot. So by releasing, massaging, use the word you want, the, bottom, of your feet, you will feel my back loosened up.

How is that possible? Oh, my hip doesn't feel as tight. Oh my knee, My IT band. All of these things are loosening up because they all cross, The bottom and the toe.

So that is one of the easiest ways. I tell people again, every morning, evening, when you brush your teeth, release your feet. So leave the ball, leave tool, use the neural ball.

Whatever it is in front of your bathroom sink and do not move it. Just wake up, before you go to bed, brush you teeth and release you feet, that's the number one thing.

Two, what I find most people are not talking about, I know we mentioned it already, is the diaphragm. Most people are not breathing and stabilizing their canister the right way.

Now breathing is a whole other thing where you can get into sleep apnea. Are you a mouth breather? There's a lot of stuff here that is really, really important.

but we just keep it centered around the diaphragm and making sure that you are doing deep belly Buddha breathing so sub diaphragmatic breathing through the nose you want to is going to start to coordinate the way your pelvic floor and your diaphragms sink so they kind of move like They move like this and down.

So every time you take a deep inhale through your nose, your diaphragm drops. Every time. You exhale your diet from lifts and we want to really have good mobility of the diaphragms.

The way we stand affects this rhythm of the diaphragm and actually a lot of people have diaphragms that are stuck so they have adhesions. So trigger points under the diaphram because they are standing maybe tucked like this.

So if I have a kyphotic spine and I'm standing like this, I just limited my diaphragm range of motion. So I am bringing in 30% of the lung capacity that I need.

We know that, you know, that's your forte of what you're looking at the way people are breathing as they go into the emergency room. A lot of that has to do with the sitting and standing.

could be the other posture where they're in kind of a rib flare. So they are extended this way. That also throws off

the diaphragm capacity to find a rhythm with your pelvic floor.

By finding a stacked ribcage pelvis and taking deep diaphragmatic breath, will help stabilize the pelvis, your low back pain, you're hip pain. Your knee pain your plantar fasciitis your Achilles issue, right?

All of that starts to affect that. So release your feet every day morning evening too would be finding deep diaphragmatic breath work. The diaphragmatic breathwork if you extend your exhale like 10 seconds, end range expiration, you will inherently be activating your pelvic floor muscles.

Your pelvic, floor man, woman, doesn't matter. You have to be able to lift it and relax it. Lift it, and relaxed it that is how it finds its rhythm in gravity.

That when you do an end-range expiration you are inherently strengthening your public floor. without me even having to cue you how to activate your pelvic floor.

Cause that's a whole other conversation where people are like, I don't know what to do. Like, what is that? Where's my pelvic. Really important. And again, yes for women, also for, for men, but really, really important if we, if want to kind of think of people in pain as post menopausal women.

Yeah. you have to have, to strengthen your pelvic floor, this has nothing to do with sexual function. This has to with decreasing estrogen changes your connective tissue.

Your connectative tissue inherently becomes lax or less strong and this is where you get pelvic-floor prolapses and you can get organ prolapse because your pelvis floor has a very, very high connectives tissue concentration and that's where we actually start to, same thing in your foot.

Arches will fall post-menopausal in women because there's over a hundred ligaments in the foot that start to lose its strength and integrity as the estrogen goes down.

And when your feet fall, guess what happens? So does your pelvis. Then this whole thing that we've been talking about happens. Wow, that pelvic part is super cool.

We have a device at our office called the Insela, sends a magnetic wave through there, strengthens the pelvic floor. It's not the answer obviously to all menopausal women, but it's a great way to strengthen that floor, which is a hard, like you said, it is really hard for people to find and strengthen.

And then we're heavy into hormone replacement for longevity. Um, you know, trying to fight those losses of testosterone in men and women, estrogen, uh, in women especially.

And I had never thought of a falling foot and I have no idea. It had that much to do with the pelvic floor, although other parts of the pelvis. Yes. So I mean, that all, I, mean it all ties together so well for, quality of life now and later.

And like you said, your fascia being toe to nose, being part of the pain, part not being in pain. Part of feeling well. It's part your wellness.

Exercise Presence and Closing Thoughts

All those hundreds of thousands of nerves or however many you just said it was in the- A hundred million. A 100 million nerves. Even more. Dang. Nerve endings.

That's crazy. So, um, I love that. Uh, and then when, when we, you know, movement being more than exercise, but including exercise as we you, know as, we close, do you have like an easy do and don't when it comes to movement on exercise on the exercise front?

Yeah, so what I will say on the exercise front that kind of follows the thread of everything that we were speaking of

is to truly be present when you are exercising, whether it is you taking a class or you working out on your own, you're doing cardio or your doing the weights, whatever combination you doing is actually be truly, truly present.

Let's give a quick example of, let's say you're doing a bicep curl. Instead of just kinda, oh, what do I have to do? What am I gonna cook for dinner? Like people just like, I gotta check the exercise box, right?

But to be really, really present. And as you do it, can you feel the exhalation of the breath? Can you fell the contraction of your muscles? And technically you are not feeling your muscle, you feeling the fascia.

Because you have 10 times as many nerve endings in the fashion that wraps around the muscle than the actual muscle itself. So when you do a bicep curl, you're building the fashion.

But can you feel the, the strength, right? Can you just be present in what it is? Feel the weight of the dumbbell in your hands, and I just, I'm also in my own little kind of.

soapbox mission that we are a highly disassociated, disconnected society and all of the technology and everything that were doing actually connects us from ourselves.

Exercise and movement and being present and really feeling the efforts of exercise actually has a much, much more powerful effect on your state and the benefits.

So that's what I would say is to try to be really present in to feel it. Here's a fun challenge. Can you shut your eyes sometimes when you do it? And then that helps you don't fall.

Don't follow when doing it. But if you shot your rise, you actually really feel the contraction. Like when I do pull ups, I'll actually shut my eyes because I want to just really my body contracting as I I love doing yoga with my eyes shut.

Like if you're in Down Dog and the Chaturangas and you feel safe on the ground doing it, what happens if your shut your eyes as you are flowing through yoga?

Can you Feel the body even more? And as we get older, I want people to feel the strength. I Want you to be like, my body is holding myself up. And I feel strong, right?

Like, yes, Jane, you were strong. Right? My body was curving me. It seems that again, a little on this side, but It's important. I want people to trust their body and to trusted their bodies physically and musculoskeletally.

You have to, trust your body, and that it is there to help you move the best way. And it's critical for longevity. and I, you know, I too like to close my eyes when I do pull-ups, but it was mostly because I don't want to see my body struggling to get up to that dang bar again.

My legs start kicking at some point. It is a pull up. Right, right. But, and I also agree that we're a disconnected society. So as soon as we sign off here, you guys quit listening to podcasts and go talk to a friend and, uh, make a connection.

But Dr. Emily, thank you so much for being here. That's, this was super informative. It all makes perfect sense. it's going to change the way that I practice, on the day to day.

I really appreciate it. All right, bye bye. Thanks for joining me today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

If you found value in this episode, be sure to subscribe, leave a review and share it with someone passionate about transforming healthcare. Real change starts with real conversation.

So let's keep them going. Until next time, stay well, Stay curious and never stop pushing for better.