Introduction to chronic pain and posture

Welcome to the MS and Immune Summit. I'm a doctor, Wahls your host. And we're going to be chatting with Doctor Yoni Whitten. Now he's an expert in the art and science of permanent pain resolution.

In addition to his hands on work with patients over the last 18 years, he's spent years researching and sitting with experts in manual medicine, functional medicine, and rehabilitation.

Through his practice, he's developed really a revolutionary approach to chronic pain. And of course, for those of us with M. S., an autoimmune conditions, chronic pain is often a serious, and very concerning problem that greatly compromises the quality of life.

So I'm really looking forward to our conversation with Doctor Whitten. So, doctor Yoni Whitten, I'm so glad that you were a part of, our interview today.

So, let's get right into this. Why is posture a big deal for people with multiple sclerosis? Well, as you know, stress is the big thing that we're looking to control clinically.

As far as managing symptoms for people with multiple sclerosis and many autoimmune conditions. Stress is a major trigger. And when most people think of stress, they think of emotional stress.

I broke my phone. I lost my keys. One of my kids is sick. Those things are important. Managing emotional stress is crucially important. But there's a whole other element of stress, and that's physical stress.

And physical stress is particularly damaging because it's relentless. It's constant. And the worst part about it is that it's progressive. It gets worse over time.

Why forward head posture matters in MS

And so when you're talking about posture, posture can be something that really liberates a person on one end of the spectrum. And it can be something that is a major physical stressor.

That's like think of like a huge cannon ball strapped to your leg while you're trying to swim. And posture can be that as well. It can just be dragging you to the bottom all hours of the day that you're not lying on your back.

And the main thing that we see in modern society is forward head position. Us? Yes. Everywhere nowadays. And you're you're nodding your head about this.

So you're seeing it in your, clients, I'm sure. But the crazy thing is, we're seeing it in kids nowadays. It never used to exist in kids. It was like type two diabetes when I was a child.

I remember a friend of mine's father having type two diabetes when it was referred to as adult onset diabetes. And now we don't even call it adult onset diabetes.

That term is a relic. Now we call it type two. And the reason that we changed it is because so many kids started getting it forward. Head position was exactly the same thing.

It used to be referred to as reading neck or scholar's neck, because it took decades of having your head buried in the books to develop this kind of posture.

You only could you sort of demonstrate that and more, if you could show us in profile how our heads should be and

what's happening to us. Yeah. So with a normal posture, which is what I was talking about earlier, at one end of the spectrum, where it actually elevates your health and improves your life in a major way.

And we'll talk about that in a second. Normal posture would be when looking at the body directly from the side, the whole of your ear is directly lined up with the midpoint of your shoulder.

Okay. And so it's sort of hard to check yourself, but you could have your spouse or a friend. The best thing to do, Doctor Walls, is to set your phone up and then take a video of yourself just standing from the side.

Oh, okay. This makes this is excellent. We all have smartphones, so that's the way to easily do that. Or even better, get somebody in your family, a spouse or whatever to take a picture of you from the side when you're not paying attention.

Because when people know that their postures being assessed, they tend to straighten up and we do better. Yeah. So what a forward head position is, is if you imagine, a line directly from my ear through the whole of my shoulder and actually we'll do it from the from the center point of the shoulder, rather through the whole of the ear.

Imagine a vertical line passing straight through those two points, and then the head starts sneaking out in front of the line of the shoulder. So you can see there my head is poking out in front of me.

And there's all kinds of names for this nowadays. One of the things that it's being referred to is neck hump, which is really interesting, but the focus is on the wrong thing.

The focus should be that the head is out in front. Now, the result of that is the appearance of a bum down here, which a lot of people will complain of.

Yes. Yeah. The problem is, and you know this, that's a hump at the back of the neck can also be caused by other things. Yeah. So it could be due to a dowager's hump, which is a different situation where somebody usually has compression in the middle part of their back.

It can also be a buffalo hump that's due to, you know, chronic dysfunction where the body's actually laying down fat here and you're getting like the moon face appearance.

And, and this is a completely different situation. So the focus needs to be on the forward head position. Because the forward head position is far more common.

We're seeing it in roughly 70% of the modern day population. That's across all age groups. So why is this a problem with well, let's help listeners understand the negative consequence of, that had been so far forward.

Let's let's go back to how we develop as babies. When we're born into the world, we have one curve in our spine. People referred to it as fetal position.

But in anatomy we call it the primary curve. And that is the curve here where the back is rounded and we're kind of curled up into a ball when we're inside of mama.

When we come out, we develop what are called secondary curves.

How posture changes the neck and spine

So we're born with the primary curve. Secondary curves develop after birth. The first of the secondary curves is the curve in the neck starts to form 3 to 6 months after we're born.

And the reason that it forms this is really cool is to make us way more functional, so that we can do more things and spend less muscular effort to do them.

So the curve that comes into our neck is the reverse of the primary curve. So if I'm facing this direction and my back is rounded forward, that would be fetal position.

The curve that comes into the neck goes the opposite direction. And the reason that it does that is to help support the weight of the head. And adult headway somewhere between 10 and 12 pounds with a minimum of muscular effort.

It also places all of the joints in the cervical spine into perfect alignment, so that we can rotate our head. Now that's really important for a three month, six month old baby because they need to find mom or dad for food, shelter, safety, comfort and of course our infants, our youngsters.

Their head is really heavy compared to their little body. So they're really working on developing neck muscles and head control. And anybody with kids knows that that, you know, kind of bobble head sensation where they're they're their kids are kind of like shaking their head.

And that's because that's literally like being at the gym and doing a curl. And your muscles start to fail and you're shaking when you're doing it. That's what those little heads are doing.

It's those muscles are working so hard that they're actually, like on the verge of failure. So it's it's anybody who goes to the gym. Anybody with kids can relate to those two things.

Now, what happens when you go into a forward head position is that secondary curve in the neck is being physically altered. So it's supposed to be backward facing in relation to the primary curve?

Yeah. And what happens is the lower part of that curve is actually being bent out of it. So the curve is straightening. You're actually losing in a curve.

And what that means is that instead of the curve holding your head in the right position, now your head is falling forward and your muscles are having to grip like crazy to hold you from basically your head falling forward.

And the research is very clear that for every inch that your head shifts out in front of that gravity line that runs through the midpoint of your shoulder, the weight of the head, the weight of the head on the neck increases by 10 pounds for every inch.

Oh my goodness, that's a lot of strain. And so when we go back to that original thing that we were talking about, which is reducing stress on the body of a person who has M. S.

or some Ottawa other autoimmune condition, you're talking about a major stressor. I mean, imagine carrying a weight around like this out in front of you for 18 hours a day, and imagine what that muscle in your arm and that muscle in your shoulder are going to feel like.

After doing that for a day or a week or ten years. Yeah, yeah, that, that that will not end well. The driver for this is our smartphones. What do you think.

There's there's a lot there's that's a that's certainly a contributor. There's no question about it. The reason why it's happening in kids is multifactorial.

There's definitely an element of spending a great deal of time looking down. There's also an element of just having a more sedentary society where people are just not as fit as they used to be.

So activities where we were looking down in the past wouldn't have been as big of a deal when we were stronger and more capable of supporting the head in that forward head position.

But when you combine many, many hours looking down more so than at any point in the history of our species, with a sedentary lifestyle where you lack muscular strength and fitness, it's just a devastating combination.

Yeah, I certainly I can see this happening to our children. And then as I'm thinking about our people with the we often have declining physical strength and stamina as per the disease process. Yes.

Is that also driving this for people with M. S.? So yes, this is this is a fantastic question and, and an awesome, direction to go with this because what happens is that, number one, most of our sensory organs are inside of the head.

So we've got eyes, we've got inner ear, we've got brain inside of our head. Right. So when the head is falling forward, the body's getting a constant stress signal that you're going to fall.

And the reason for that is where the head goes. The body follows. So if you watch a diver or a gymnast, the Olympics just happened. This was a great opportunity to watch people on trampoline when they initiate a flip, the first thing that goes is the head.

You're trying to do a front flip, the head tucks, you're trying to do a backflip. The head whips backward watch figure skaters want to spin head whips around first.

Where the head goes, the body follows. And so when the head is in a forward head position, the brain is getting a constant signal that you are falling.

And the body's response to this, number one, it's extraordinarily stressful. Number two, it's like walking on ice. Anybody who's ever walked on a slippery surface, you take that wide gait, you tense all your muscles in anticipation of a fall, and it's physically exhausting.

And it's also, from a stress standpoint, exhausting. Now, if we go back to the actual biomechanics of it and the consequences, what you were saying of diminished physical strength, diminished stamina.

Imagine, like I was saying, holding a weight out in front of you like this all day long. Those muscles tire out and the effect is cumulative and progressive over time.

So each day that you're in that position, it gets worse and worse and worse, and the fatigue builds up over time.

Assessing forward head position and stiffness

So instead of a 10 pound head that's being held mostly by the curve, you're talking about a 30 pound head, you know, or 32 pound head that's two inches out in front.

Or if you're three inches out in front, you've got a 42 pound head. And the muscles here are working constantly to hold that weight. The only time they ever get a break is when you're laying on your back sleeping at night.

Okay, so I could see and I'm seeing some of my patients. I've seen some family members. I've seen kids whose heads are going forward and forward. What do we do when when again, our listeners are probably thinking like, Yeah, this is happening to me.

I shouldn't be doing it. I can try to pay attention, get my head back. Are there more discrete exercises that we should be doing to help us get our heads back?

Yeah. Well I love what you just said, which is increased awareness. Having awareness of the situation is where the correction begins and the way to tell in an adult, it's more, it's more difficult in children.

But the way to tell it in an adult, if you actually have a forward head position, besides that photographic analysis where you're getting that family member to take a sneaky picture of you from the side is reduced range of motion.

And so super simple, rotate your head to the side, rotate your head to the other side. You should be able to easily go 85 to 90 degrees over both shoulders, and both sides should feel symmetrical.

When you're side bending, you should be able to go 45 degrees to both sides. Easy. All right. So I'm sort of checking things out. I may be a little more stiff than what I would like to be.

Yeah yeah yeah. So the reason this happens again is because when that secondary curve is present and in the proper amount, which is crucial, the joints of the neck are aligned and the muscles of the neck are doing a bare minimum of effort because the curve is what's holding my head in place.

The muscles kind of just do a balancing act. If you think of like balancing a baseball bat on top of your hand when it's perfectly centered, you're not doing much work.

It's only when it gets off center that you have to start moving yourself like crazy and spending a lot of effort saying that same thing with the head.

So when the head is perfectly centered on that nice secondary curve, the muscles are doing very little, which means I don't have any stiffness in my neck whatsoever because all the movements are smooth and easy.

But for the person with a forward head position, they tend to be really stiff, especially in lateral flexion. This is going to be a really difficult motion for them.

Side bending the ear to the shoulder. So 45 to each ear. Those are degrees 85 to 90 over each shoulder with rotation smooth and easy and symmetrical to both sides.

That's a really good test for adults as far as the correction goes, which is, I would expect no other question from a clinician. How do we fix it? We gotta get the skull, get people on board with fixing their neck.

That's exactly right. So there's an element of awareness, which you are absolutely correct. You can't correct something that you're not even aware is going on.

So having some more awareness is key. And then you'll have to figure out the degree of dysfunction. So a person who has say forward head position on a photo but they've got full range of motion, these people are out there and I'm less concerned about those folks.

It's the people who are really stiff that I'm really worried about, because it means that their head is shifted significantly forward. So for the person who has, a forward head position on the photographic analysis or the structural part of an assessment, but they've got full range of motion awareness might be enough to counteract it, but you would also want to go one step further and address it at the root cause.

So figure out are you spending a lot of time looking down. Are you lacking general muscular strength? Is your fitness level low? These are things that you would want to address and fairly simple, right?

If you're spending a lot of time looking down, this could be at the work place or something like this. You do a modification of your computer set up. You know, one of the things that I always encourage my patients to do, patients who work on laptop computers is get an external keyboard.

It's such a small investment, and it allows you to put the monitor up at a proper height and then just plug your keyboard into it, rather than having the the laptop down low on the table, which forces you to look down.

Got it? Got it. So heavy a monitor so you can look straight ahead as you were super helpful. Yeah yeah yeah. Another thing that I'm a huge fan of is active sitting, which is not a concept that many people are familiar with.

And this one has been an absolute game changer for me. And, hundreds of patients at this point, active sitting doctor walls. And I love I love the look on your face right now because you're, you're you're on it.

So the difference between active sitting and passive sitting. With active sitting, your muscles are engaged with passive sitting. You're using the backrest on your chair.

You're using your arm rest. You're using the neck rest. And those external structures are holding you up when you're passive sitting, which means your muscles get to take a break and go on vacation.

Again. Huge problem for a sedentary society. You know, it used to be really nice to have those things. If you were out and working a physical job and you would come home exhausted going into a back rest and a neck rest, an arm rest feels amazing.

But if you combine no physicality whatsoever or very little in your daily routine with passive sitting, now it's just a recipe for it's basically like going into space for astronauts where their muscles and their bones just get absolutely devastated because they're not doing any work.

So now I'm going to ask you to tell our listeners, many of whom, you know, with fatigue, have been told to rely more on passive sitting for energy conversation.

So they have backrest, they have armrests, they might have their back of their chair, lean back a little bit more so they have a little more rest.

Active sitting and posture-friendly chairs

So there's a whole lot of remediation that yeah, those people are going to have to do help us, help me break this down into bite size interventions that our listeners could begin to do.

Such a good question. I love it exactly from a clinician standpoint. So let's let's talk about it from exactly how we would discuss it clinician to clinician.

So on one end of a spectrum, we have passive sitting on one end of the spectrum. On the opposite end we have active sitting. Let me show you first what active sitting is.

And I'm doing it right now so that your listeners can see. So here. Oh yes I, I like that those were really popular in the 1980s. Scandinavian made this noticed the rocker formation.

It's not perfectly flat on the bottom. It allows me to rock up with my weight on to the front. And that is really, really important because watch this.

Here's me sitting on the back of the chair, and here's me leaning forward. Now, what happens when I lean forward is again like forward head position. My body actually feels like I'm falling forward.

And my response to that is to use the muscles of my core, use the muscles of my lower back and my butt muscles to pull me back against the little backrest that I just showed you on my chair.

Now, it's not really a backrest. It's more of a place finder because when it's angled forward like this, I can't rest on it, but it allows me to come up and feel this pressed into my back to make sure that I'm in the right position.

Does that make sense? Yeah. So I'm leaning forward like this so I can't actually be resting on it. It's just me. It's giving me a, I call it a place finder.

It allows me to find the right position for my back. So here I'm active, sitting muscles in my core, muscles in my in my lower back and my rear end are all engaged to prevent me from falling on my face.

Okay, so this this is a terrific chair that people could probably have to begin using gradually. I don't think my most folks who are passively sitting could get that chair.

And being at all day, but we could start up, you know, a few minutes, 100% exactly. Spoken like a clinician. And I love talking shop. That's why I'm so excited.

You know, we all get isolated in our silos, in our clinics. But it's so nice to talk to other clinicians. So you're exactly right. And it goes back to that concept of the spectrum with passive sitting on one end, active sitting on the other.

Now every patient that you work with is going to fall into a different position onto the spectrum of fitness between those two things. But you're exactly right.

You would never take a person who's passive sitting all day and have them immediately go to active sitting all day, what we would do instead. And here's an example of those bite sized chunks that you were asking for is get yourself a option for active sitting.

And I don't make these chairs. I don't sell them. This is not a promotion. This is one option, but get yourself an option for active sitting and begin using it three minutes out of every hour or five minutes out of every hour.

Have a little timer on your desk. Sit there for 3 to 5 minutes, and then go back to your passive sitting option. And then the next week, if you're not exhausted.

And this is crucially important, I know that I'm I'm, telling you something that you already know, but I want all of your listeners to hear this, that it doesn't just come from doctor walls, it comes from everybody who works with EMS and autoimmune patients, which is the most important thing is you can't just be passive all the time, because even though it makes these people feel better and it alleviates stress long term, it only leads to one place.

And that's not a place that these people want to be. You have to at some point build fitness, but you have to do it in a sustainable way that does not fatigue the person.

So all physicality has to stop well short of fatigue. They should not be tired when they go into this. If three minutes is too much, start with one minute.

Start with whatever that person can sustainably do over time and not feel tired, worn out, or exhausted after doing it. Now I'm going to throw in another question.

Because I like telling my followers that it's really great to have a timer on your phone so that every hour you're getting up and taking a few steps. And I'm thinking that this could be part of that.

You get up a few steps that you you could try this kind of rock or chair. You could alternatively take your current desk chair and pull your back away from the desk.

Absolutely. Pull your arms up off the armrest and just be sitting unsupported for a a brief time. Then you get up, walk around a little bit. There's let me just let me let me fine tune what you said.

Just a little bit. It's not exactly unsupported. It's unsupported by external structures and now supported by your internal structures. Yes, yes. Exactly, exactly.

Are you familiar with Brewer's relief position?

Brewer's relief position and hip mobility

No, no. Tell me. So this is fantastic for the people who don't want to spend the money on a a rocker chair, kneeling chair. A Brewers relief position can be done in any chair.

This is fantastic, because most people already have chairs. What you do is, this was developed. I believe Brugger was a physiotherapist, but he developed this position for people who were spending too much time sitting and sitting is the number one posture that's associated with pain.

And so the longer a person sits, the more likely they are to experience pain. And Brugger developed this what they call brewer's relief position. And what you do is you scoot your rear end to the front of your chair so you are away

from the backrest like you were just saying.

So this is following along with your intuition, and then you open your hips. So you go into an abducted position with your hips. Imagine like you're making space for an exercise ball in between your knees.

Does that make sense? Yep. Okay, I've got that visualized. And I now have adjusted how I'm sitting on my chair to do this. Great. So you're scooted forward and you pulled away from the backrest.

Now you're going to externally rotate the shoulders, which means palms are going to go into this position where your palms are turned out, and you should feel your shoulder blades squeezed together.

Now your hands are going to be dangling down, elbows straight along your sides and their outside of your thighs. Does that make sense? Yep, yep. Okay. And I just saw you get taller on the screen.

This is fantastic. And then you just push your head up nice and tall to the ceiling's ceiling and squeeze your shoulder blades together and create an arch in your back.

And you're going to feel all of the muscles on the backside of your body turn on. Yeah, absolutely. I could feel that. And so that's Berger's relief position.

And he developed it. And there's been many, many studies showing that just going into that position for 20 to 30s several times a day can make a huge difference for people.

And you don't have to spend a dime. You can do it in any chair. I think that sounds marvelous. I'm going to, encourage you to, in addition, take a few steps to get out of a chair, take a few steps, come back and do this progress position.

So, walk us through that one more time. I've scooted my my butt forward. Yep. So you've you've pulled yourself away from the backrest, just like you were saying.

You're going to open your hips so that you're making room for an exercise ball in between your knees. And the reason that we do this is because the hips, doctor walls, they get stuck.

You know, in Western society, we only use our hips for one thing, which is flexion. We only flexion is where we bring the knee, towards the torso. Yeah. So like lifting the leg.

But the hip is the second most mobile joint in the body. Behind the shoulder. It's a ball and socket joint. And it can do a bunch of different movements and joints are like new joints, like our digestive tract.

It likes variety. A lot of different varieties of fruits and vegetables. A lot of different varieties of meats for health of our digestive tract and overall health.

Now with with movement. Our body likes a lot of variety. Any movement that a joint is capable of doing, we have to use it's use it or lose it. And it's absolute flexion only doesn't cut it with the hip.

It's the reason that we have so much hip dysfunction in the United States, even among sedentary populations. Like people can look at a professional football player and say, I understand how he wore out his hips, but how do you look at a person who's been sitting on a couch or in a ergonomically perfect chair for 40 years, and how did they wear out their hips?

Doesn't make any sense. There was a study years ago that compared aged match populations in China and the United States in terms of osteoarthritis in the hips.

And what they found is that in the United States, our rate of hip osteoarthritis is 80 to 90% higher than age matched peers in China. And one of the theories about this was that it has to do with the difference between eastern and

western toilets.

So yeah yeah yeah yeah, yeah. So you're sitting in a chair basically on a western toilet, the same position that you go in at, you know, most of your day.

You know, there's research now showing that people are spending somewhere between 12 and 15 hours a day in that seated position. But in the Far East, they use a squat toilet, which means the hip is going through an exhale.

Hang on. Our listeners may not know what a squat toilet is, so let's, let's let's describe that, for everyone. So in the Far East, the squatting position.

And this is like in the, parts of the Middle East, certainly all of the Far East. You're talking Japan, Korea, China, Thailand, that, that whole area, the Philippines.

The squatting position is a standard resting position across the population. You see it among kids, but you also see like seniors in a full squat. So imagine the toe.

So hang on I'm going to describe this Salsa's. Get this. The squatting toilet is a hole in the ground. There are two foot pads. You put your your feet, other foot pads, of course.

You drop your drawers, put your feet on the foot pads, squat, bring your butt all the way down, do your business. And in many cultures you rinse with your left hand with water nearby and then you stand up.

So in the cultures where I've been, the adults are all very, very comfortable in a deep squat where they can have their feet on the ground and they settle down, their heels don't raise up and they can have conversations.

They can play with their kids in the squat. And I would, I would I would add to that that when they're dropped into that full squat, you made an excellent point that their heels are on the ground.

They're the backs of their thighs. Their hamstrings are actually resting against their calves. They are not exerting hardly any muscular force to be in that squatting position, which is why they can hang out there so long.

And there are very few Americans who are able to do that. That's right. I'm working on it. I still can't do that yet. But. But I'm making progress. Awesome.

Yeah, I this is a funny story. When I remodeled my clinic years ago, I wanted to put in a eastern toilet, and it was going to be part of my initial assessment of all patients.

And the idea was, are you fit enough to go to the bathroom in any part of the world, or are you not? And the interesting thing about this, which, you know, I hadn't realized until just having this conversation with you is in nowhere, in no place that I've ever been to.

I've traveled to many countries that have eastern toilets. Is there any type of assistance for getting into or out of that squatting position? In other words, if you can't do it under your own power, there are no bars.

There is nothing to hold on to. It's either you have the leg strength to get there where you don't. Yeah, so that's my recollection as well. But this is the whole the ground, two foot pads and a bucket.

Squatting, sit-to-stand training, and closing resources

I know now you would have lost some people, doctor. Walls with the wiping with the left hand. I want to assure your listeners that in the far, far east, in the Asian countries, that is that's not common.

They use toilet paper while in that deep squat, which is, you know, it requires some dexterity and strength to remain in that squat and reach out for toilet paper and do your wiping and then and do everything from that position.

It's it's quite amazing. One of the theories about that study that I was telling you about, actually, there have been a few is that going into that ultra deep squat and moving the hip capsule through its full range of motion, you're going into external rotation, you're going into full flexion.

You're using every part of that joint capsule is you're secreting way more synovial fluid. And you're doing that for 1 to 2 minutes at least every single day of your life.

From the time you're a toddler. Yes, I'm you're in your 80s and 90s and so and then getting into and out of that position also means that you're forced to maintain a base level of fitness and physical strength to at least be able to move your body into and out of that extremely deep position.

So again, our listeners there are probably thinking about this, and they may be checking like, okay, could I go down? Yeah. Is going down. My heels pop up and it's a struggle to stand back up.

Yeah. So what are your suggestions for them to improve that range of motion? Improve the strength I love it. So I'm going to go back to the same concept that I've been beating this whole time, which is the spectrum.

So on one end we have standing on the other end, we have the perfect deep squat that's required for an eastern toilet, and everybody's going to be somewhere on that spectrum.

One of my favorite movements is something called a sit to stand. Are you familiar with it? Yes. Yeah. Okay. So sit to stand. I have a setup in my clinic where I have a basically a box, but we could do a modification for your listener so they don't have to buy anything but hear me out so that you get the concept.

So it's a box that has that's made entirely of pads that are this tall, so I can make the box 60in tall and I can make the box one slice, which is, you know, something like, two millimeters, two centimeters.

And I can reduce the height of that box two millimeters at a time. And so I can get somebody who's not fit at all and has extreme difficulty squatting, and I can have them drop there, but say they only go this far the first time, and that's a victory.

And then we build up to the point where they can do, say, 10 or 15 repetitions. Moving there, but this far. And then you know what I'm going to do. Once they can do that I'm going to drop the box two centimeters, take one pad off.

And now they have to go just a little bit further. And I'm going to cut their repetitions from 10 or 15 or whatever they're at to one third of that amount.

We're going to try and get 3 to 4 repetitions with greater range of motion. And then I'm going to slowly building back up to the point where they can do 15.

And then I'm going to drop the box by another two centimeters. And we're going to start that process all over again until we get them to the point where they can go all the way down.

And it might take a while, but that's progression and it works. Now some of our listeners won't have access to this lovely box. Yes. So what you do is you do that chair and or a couch and you place books on top of it, make sure that it's stable so that you you can go this far.

Well, you would set the height of the, the whatever you're trying to reach your rear end to. And I guess I should describe what a sit to stand is for, for your listeners who aren't familiar, sit to stand is where you start off in a standing position.

You drop your butt, down, hopefully to a chair. So I'm going to touch to a chair, and then I'm going to stand right back up to my starting position. Now it's typically used to build strength, but one of my favorite ways to use it is to build strength and mobility at the same time.

So I'm going to set the height of the chair to a level that challenges the person's current level of mobility. So if they can do, say, 30 degrees of flexion at their hips where they're bending this far.

And so I would set the height of my box to match where their rear end goes. And then I would work on systematically lowering from that point. So you could put extra cushions on a couch cushion.

You can add a few pillows on top of it as a makeshift way of doing it. At home. You could use Phonebooks. I know nobody has a phone book anymore, so I've just dated myself, but that was a normal thing when I was growing up.

Okay, so we start with a couch, put on pillows, and then we get so you can get to the couch and come off the couch pretty well. Then I probably have to look for, a lower super solid coffee table or you start stacking, you know, large books like dictionaries or encyclopedias off the floor.

I'm sure nobody has encyclopedias anymore. Everything's on the cover. We're start stacking self cell phones. I guess. The other strategy that I've been using, was having people, open a door, hang on to the door handles.

Sure. And, slowly go all the way down. Try and keep your feet flat on the floor, see how far you can get. And then stand, with the goal that eventually will get.

So you can go all the way down. All the way up with very little support. From your arms, as you hang on to that door. Yeah, I so that's that's an assisted squat.

I really like that motion. Great for mobility. I think it's fine to use the arms and especially to, like, pull yourself forward, because one of the things that people have a tendency to do with that assisted squat, where they're hanging on a doorknob or, say, the edge of a sink to drop their rear end down, is they tend to hang their their, their butts real far back with like, straight arms.

And so using the arms to kind of pull yourself in and keep the proper alignment of the body as you drop down, like something more approximating the alignment that a person would be in when they're unsupported.

In other words, the body is kind of stacked. And the reason is obviously because we don't want to fall. Okay. Well, doctor, what this this really has been excellent.

We could go on for hours, but, we should wrap this up. Can you tell me until the listeners how they find you here? Yeah. But pain fix protocol.com. But for time. Your pain.

Pain fix protocol.com. Okay. Excellent. Yep. And then I've got a YouTube channel. That's under my name, Yoni Witten. Doctor Yoni Witten. A first name is spelled y o and I tons of information on there.

We've got like something like 250 videos up, lots of videos on posture correction and correcting forward head position, where I go through the ins and outs for people who are interested, self diagnostics for people who are interested in using simple at home exercises for people who have more advanced forward head position, who actually need to put the curved back into the neck.

Tons of information there that'll show people exactly how to do that. Okay, well thank you. This has been absolutely phenomenal. Pleasure talking with you.