# Out of Pain, Into Power: Online PT Coaching for Women with Dr. Krista Fazio Transcript

(Transcripts are generated by AI and may contain errors)

## Podcast Introduction and Guest Overview

Welcome to the Health podcast, where health junkies get their weekly fix of tips, tools and techniques to have limitless energy. Sharp minds and fit physiques for life.

Hey health junkies on this episode of the Health Fix podcast. I'm interviewing Krista Fazio. She is the wife of Adam Ross and Adam Ross. Nutrition are nutritionist.

You've heard me talk about him before. He's been on the podcast a couple times, getting real about what we want to be thinking about when it comes to nutrition.

Now she is working on the fitness side of things in their joint business, and so she's a physical therapist. She's a licensed athletic trainer. She's a diverse background in treating patients from athletes, and she's talking about some Olympians in the podcast that she's working with and some post-op stuff. And beyond.

Now we go into what it takes to stay fit for life, and we talk about what she's doing with her clients, who are mostly women, 35 to 65, and how she's helping them to gain strength but keep the strength going.

And why isn't just something you just go and then stop. And also why there should be progressions to your therapy exercises and how she's integrating them into workout.

So it's not doing your PT and then doing your workouts that it ends up being an enormous amount of time spent working out. So we kind of bust the myth that you don't have to work out two hours to be fit, and strong.

We also talk all about how the hips are so crucial for your health, especially for women. We talk about rotation. We talk about your feet and how those have some clues as to what might be going on with pain you have in the body, and why you need to be looking at your feet.

So this is a fun podcast. We even wore the same gray tank top for you guys. We didn't plan it just on accident, but nevertheless, that's for you guys who are watching the podcast.

We wear look like Twinsies here, but her and Adam have such a cool thing going where they are tackling both sides of health that is so needed for folks, the nutrition and the strength, mobility, fitness side of things.

They've got an app coming out later. The end of October here of 2025. I look forward to that coming out. We'll keep you guys posted on that. But until then, let's introduce you to Krista Fazio.

Boy, during this podcast, I really want you to just be open minded to what could you do if you had your pain dialed in and your fitness even better? Let's jump into the podcast.

Krista Fazio, welcome to the Health Fix podcast. Thank you. Thanks for having me. Well, I've been wanting to have you on since. Of course. Adam, your husband talk to you up.

And folks who are listening, this is Adam from Air Nutrition. We've had him on the podcast a couple times. He speaks the truth about nutrition.

## Why Online Physical Therapy Works

And so I'm like, you know what? Let's bring Krista on and talk about her side of things and physical therapy and

and all the things physical therapy that you're helping folks with online.

So I'm really excited to talk today. One of my big things that I have chatted with folks about over and over again is one, just like we were talking about before hit record, it's becoming harder and harder to get into physical therapy and to sometimes it's really nice to do physical therapy exercises at home because now we can learn what to do.

You can use your equipment at home and all those things. So tell us a little bit about how long have you been online doing PT and what kind of things do you love about doing online physical therapy?

Yeah, so I've worked in a outpatient clinic for like eight years or so. It was a long time. And then I finally, like made the switch over to online. And honestly, I wasn't sure about like, I was like, I don't know if people are going to like, really do this.

Like, it's kind of seems like it's something that everyone's going to want in person. Like, I don't know if this is if we make this work. Like, we'll kind of like, see what happens.

And to my surprise, it's been awesome. It's really great being able to connect with people all over the world. People who are, like, limited and that can't, they can't find, like, good help or quality care.

Just like being online just makes things so much easier. And, having, like, being able to build people out these custom programs that don't have to be held by what the insurance company wants you to do and how we have to bill and all these crazy limitations that you get in the clinic.

I mean, I used to treat like up to like six patients in one hour. So, like, how are you giving people really like the attention and care that they need and deserve when you have six other people that you're trying to get to?

It's insane. So honestly, I found that moving online has I've been able to actually give people better care, which sounds crazy, but I'm actually able to like focus in on what they actually need and build them out these custom programs, and we can tweak it and adjust it.

And, you know, we're not on this like time constraint and, you know, handcuffed with the insurance company. So I honestly I love it. It's it's really been great.

And I will probably never go back. Never say never. But I, I don't see myself going back. I don't blame you. I don't blame you. I mean, having left the insurance world, it's so freeing because, as you know, I mean, how can anyone learn anything from a physical therapist when it is like six patients in an hour?

And most of the time I hear, like in the common models, it's like hand off to OT, you know, or not OT, but physical therapy assistant. And then you know, no no disrespect to some of the some of our awesome.

It's more just that's that's how it goes. And and a lot of times folks are telling me they're getting, you know, they'll have they'll go through that exercise and they sit with ice for like a half hour, like something ridiculous on the back.

Yeah, yeah, the heat and stim for like 20 minutes and then like the classic three exercises and like a little rub down and ice and you're out the door is like kind of the, the classic treatment that.

Which is why I was just like, I can't do this. Yeah. Oh, it's definitely something that, you know, I've always looked at that model and and like, oh no, that doesn't work.

And not only that, I think a lot of women are really struggling with joints that will get frozen, like especially the shoulders as we get older and the intricate like muscles we need. Like, I don't know if you've seen this, but so many women will reach to the back of their car to grab their purse, and then they're like, I can't move my arm anymore.

And yeah, it was like, this should not be happening, right? Like we should be stronger than that, I think. So tell me a little bit about, you know, what are the most common things you see from from women 35 to let's go to 65, like what

kind of things often happen to us and, and what kind of things can we be looking at and go, could I benefit from P. T.

here? Because a lot of people are going to be like, I'm just stuck with this pain, or I'm just stuck with this limited mobility. Let's open up their minds a little bit here.

Yeah, I don't like I think people kind of see it as like, okay, I'm getting older. I should expect to have these aches and pains and I'm going to get more limited because I'm older.

And that's just not the way we should be thinking about it. If we keep ourselves moving and we are following like a proper program that has the mobility and the muscle activation and the strengthening that we need, there's no reason why you can't maintain that stuff as you get older.

And even if you have let yourself go for a few years and you you're getting all these aches and pains and you're not moving, well, there's no reason why you can't get them back.

It's not like you are too old. I hear people say like, oh, I'm too old. Time to be able to do that. You're not like, you're really not like you can take someone who's like 90 years old and start, like helping them with, like a squat or something, and like, you will see improvement.

Like, it's not you're not limited by your age. I think that's more of like this. Like mental, like societal thing that we've kind of just put in our heads that like, okay, we're getting older, time to kind of scale it back and like, I don't want to hurt myself and I can't move like that anymore.

Like, I think that's really something that like, we just as a society just need to like, get over and like leave in the past. But some of the common things that I typically see, I mean, back pain of course, is like rapid, like everybody has back pain.

And I think that people get very freaked out by their diagnosis is like, people will go get MRI and they'll see, you know, degenerative disease and disc bulges and maybe a couple herniations.

And they think, okay, I'm broken. Like I, I have, you know, all this stuff going on like, this is crazy. They get all freaked out, they get all stressed out.

And the truth is, is that our bodies are gonna degenerate over time. It's just the way it is. It's totally normal to have a spine that's degenerating.

Like, that's literally normal. If you look at anybody over the age of 35, we're all going to have these little degeneration going on and some bulges and some different things going on.

## Common Pain Patterns in Women

And not to say that you should, you know, overlook those things, especially if you're getting like severe, you know, pain and stuff. But I just think that putting the label on it, it just does more harm than good.

You can bring yourself back and it doesn't mean that because you have this certain diagnosis is that you're always going to be in pain or you're always going to be limited.

That's not the case. Like, you can have all these things and literally have no pain and full motion. But if you go to the MRI, you'll still have the degeneration and some disc bulges, and that's kind of normal.

But I think we just kind of freak ourselves out. And like, I think a lot of doctors kind of like just strut, like, you know, they just make you nervous without all these different things going on when really, like, you can work yourself out of those, out of the pain and you can you can totally, like, make a full comeback from those things.

Another thing that's super common is just like the postural changes over time. Like we're all just so, like hunched over on our computers and yeah, our shoulders are super tight, our chest is tight, our back gets weak, our neck our chin comes forward.

You get that little like, hump in your back. That's like another thing I see a lot. And it really affects, like, the shoulders, especially on women. Like, their shoulder blades are gliding properly when you like, raise your arm up over your head.

So that's another, like, big thing that we work on a lot is like stabilizing that shoulder blade and opening up your chest. And just like, restoring the posture and strengthening up the muscles in the back.

And, you know, getting your getting your chin back and everything. So those are probably the two biggest things. It's like back pain and shoulder issues.

I would say percent. I would agree, I would agree just knowing myself even and and looking at, you know, imaging I think that's a great point you made about the degenerative, you know, disc degenerative or you know, this and that.

A lot of people come to me and be like, I'm falling apart. I'm like this. I wish that terminology just wasn't there. You know what I wish it was was like, okay, we got some signs of aging.

So we deal. Yeah. Older. Yeah. Yeah, yeah. So yeah. And I think people are like, I'm broken. I'm like, no, you're not broken. You're just you're aging like we're all aging.

It's it's it's okay. It's totally normal. Like, we just got to get you out of, like, that pain cycle. Like, it doesn't mean that you're going to be like this forever.

Absolutely, absolutely. Well, the pain cycle is a big thing. And and this is something I would love to talk about because I think for a lot of women, what'll sometimes happen is they'll notice, like all of a sudden they're not able to get, you know, on the floor and get back up, right.

Like all of a sudden they've lost that. Or like I always describe it. And this is why I love doing squats. And my kind of joke is like, if you're going to go to a public restroom, you need to have your quads to do that because you do not want to be sitting on something. You are you guys are in New York.

You know what that's like. So it's a matter of like, okay, how do we help? How do we help folks understand? Like what is key here to maintain over, over like a lifetime what's important.

So when you assess someone's posture, assess someone's strength. Where where do you like women need to be thinking about like oh, or maybe like what kind of things like from getting from the floor up.

Like, what kind of metrics do you have people look at to be like, oh, I might need some pity here. Yeah, 100%. And I think it's it's based on more like functionally like, what are the things we need to be able to do as we get older and right now, like everyone's doing the same movements right on repeat. And you might notice that over time you're like, that's getting kind of hard.

Like, I can't I can't do that anymore or whatever it is. But I mean, definitely like everyone needs to be able to do a squat that's like, have you ever, like, tight went bent down to tie your shoe or like pick something up or pick up a package or even like pick a kid off the floor or anything like that, like a squat is like absolutely like necessary, reaching overhead, like putting the dishes away or, like putting anything overhead or doing your hair, like, those things are just like, you have to do them.

Like, it's kind of hard to not be able to do that. So yeah, so definitely like a lot of shoulder mobility, hip mobility is huge as well, like you said, like getting up off the floor like God forbid you fall or, you know, you're on the floor playing with your kids or whatever it is you need to be able to get up.

And sometimes you won't have someone there to help you up, or you might not have something to grab on to, to pull yourself up. And you're relying, you know, on your muscles and your strength to to get up and be able to do these things without, you know, it's scary, like to be like on the floor and not, you know, not not be confident that you can get yourself up like no one wants to be trapped in like, that situation.

So just staying, you know, mobile and functional in, in the ways and the things that you need to do. I even have people who like older people who like they love to travel.

But guess what? Your luggage is like 50 pounds. Like you need to be able to carry that luggage around and bring it up the stairs and put it on the overhead bin.

And when you travel and like, all that stuff takes, takes mobility and strength. So a good combination of the two is definitely like vital for just being able to live out like a healthy, happy life and do the things that you want to do, not be limited by your own body.

Absolutely, absolutely. Well, one of the things you know, I think is really important myself, but for myself, but I think for a lot of women is what can we, you know, maintain just like you've described to, to do our adventures, but also to stay out of nursing homes, to stay out of assisted living, you know, for if for as long as possible or, you know, maintain your independence for as long as stinking possible.

And so it sounds like squats, overhead motion, those kind of things. And I mean, I don't think that's a weird ahead. No, no. Go ahead. And another movement that I find is very, very overlooked like very overlooked in in most training programs I see almost all clients who come to me like they've never trained this before is rotation.

And I don't know why people have gotten afraid to rotate or when we got this thing in our head that, you know, rotating your spine is like bad for it or rotating your hips like, we we rotate every single that.

We rotate with, every step we take as we walk. We literally rotate our body. We rotate our spine. So I don't know where we got this thing where like rotation isn't bad or we should just like, overlook it and only train in like straight planes, but like, we're not robots.

Like we do not function in like in like straight like planes of motion. Like we are. We're all over the place, like we're dynamic. So rotation, I think, is so overlooked in training programs.

I don't know why most, most people and trainers and stuff like they don't program that stuff in, but like, hip rotation is like vital. Like you can't even get into a deep squat if you don't have the proper hip internal rotation.

You're rotating your spine literally every single day. So why not train it so that we're stronger in that movement, so that when we do have to do that, we don't throw our backs out and, you know, injure ourselves.

Like, let's build up some resilience in those motions instead of just training like literal, like robots, which is not the way we function at all. It's so true. And you're right.

You know, I, I'm lucky enough to have a trainer who definitely does do that. But I've seen, you know, I mean, if you look at the old weightlifters, right, they're all like, carrying buckets and not really rotating much.

I mean, I'm rotating slightly, but it's very stiff. So what kind of, you know, someone is listening? You might be thinking like, what kind of am I doing that right now?

And especially with the hips, because the hips in the back, in the pelvis for women is such an area. Now, what kind of movements would people be thinking about?

Like, can you do it? Should you do it? You know, those kind of things? Yeah. I mean, I would say like hip internal rotation is probably one of the most important movements to train and become mobile in.

## Hip Mobility, Rotation, and Pelvic Health

And that's like you said, like that's going to loosen up your low back and even, like, affects like your knees, like it literally affects like a lot of different like deficits that people have going on when they have knee pain or back pain.

It's literally because their hips, they, they're stuck like they don't rotate. So then your back kicks in to compensate and then your knees get this like funky mechanics going on.

So yeah. So like hip internal rotation for sure is like one of those things that I like. I make every single one of my clients do some sort of hip internal rotation exercise.

I just think it helps with so many compensations. And yeah, for women especially, they'll have troubles like rotating, like their pelvis is like doing like, posterior pelvic tilt and different like deep core exercises that, you know, has to go with your breathing and your core mechanics and, you know, target like the deep core all together as one unit.

And that's something that people really struggle with, especially after they have babies, because that whole dynamic is just like really thrown off. And your core gets very weak and your pelvis is like, you know, everything's just kind of like out of whack there.

So I see that a lot in women who who have recently had babies or, or have just been struggling with like, hip pain, but, it's really like your pelvis and your breathing and your diaphragm and your deep core.

Everything's just not kind of working properly together. So, like, reestablishing like those connections for women is like, huge, especially, especially after having a baby.

Man, I think that's probably where we went wrong here, at least in the States, for so many women like now, who are in their 50s, 60s and beyond, because there was no real pelvic floor physical therapy trend.

Now it's now it's all over the place. But I feel like we would, you know, and this is something I'm going to, you know, obviously defer to you about. It seems that a lot of the physical therapists who are in the pelvic floor department are overwhelmed, like they're busy as heck.

So correct me if I'm wrong, but like you just said, you're doing some pelvic floor. Like I just said, pelvic floor tilt, pelvic tilt, and and internal rotation work.

And in different work there you could be working on the pelvis without in the pelvic floor, without having to get internal or any of that correct hundred percent.

And I think people think that like pelvic floor, like specific pelvic floor, you like you have to do like one on one with someone in like a clinic. And it has to be like this whole thing.

I also know that a lot of it's not even covered for some reason. For a lot of women, like, I've had a lot of women come to me and be like, it's a crazy amount of money, like per session, like it's just like insane.

Like I can't even, like, afford to, like, be doing this for an extended period of time. But what a lot of people don't realize is that you can do those exercises at home.

Like, there is literally things you can do, like squeezing a yoga block and getting into a certain position and deep breathing and, you know, tucking your ribs down and pulling your pelvis up and like getting your deep core to fire as you're breathing and like there's so much you can do, like at home with like, no equipment, like a lot of the things, like, you literally don't even need anything.

You just need like a proper program that's going to like, progress and progress with you and get harder as you go just to, like, reestablish those things.

But it's definitely not something that you like, have to go to a clinic to see. But I know a lot of people do think that, yeah, yeah, it's fascinating to me.

I mean, I can see in some cases, but definitely for the the general population with low back pain and hip pain and things of that nature, I'm like, what else could we be doing?

Especially if someone's in an area where there just aren't any physical therapist like my work crew. There's not any, and especially pelvic floor. Now, you had mentioned internal rotation exercises.

And I'm thinking to myself, what does an internal like give me? Give us an example because I'm like, man, I can't even pull anything in my brain right now.

Yes, I'm actually working on, internal rotation. Real right. Right now. Yeah. So okay. Let's see. So one example is sitting just normal sitting yoga block in between your knees and a band around your ankles and you're pulling your legs apart like this.

Does that make sense? It's like you said yoga block in between the knees. And then you're you're pushing into the yoga block and rotating your feet out.

I'm like trying to mimic it right? Yeah. So like that's internal rotation. And I know it's kind of like a weird movement. Like people are like, well, what the heck is internal?

Like, what does it look like? Yeah. So anything where like, your feet are, like coming out when your knees are together. Like, that's hip internal rotation. Nice. Nice.

Yeah. I'm like I'm over here. I have a little yoga ball that I sit on. So I'm like, okay, I like it, I like it, it feels good. Like I can feel it opening up my right hip.

So even folks are just sitting right now without a yoga block. You could probably like just, oh yeah, just push your knees together and bring your feet out and you'll feel like a stretch in your hips.

And that's hip internal rotation. And then just throw a band around your ankles for some resistance. And there you go. Super simple. Like sitting in our desks doing this, folks.

Yeah, exactly. Super easy. Yeah, I'm I'm doing it as we speak. I don't have actually I a band. I came prepared after rapid a couple times but I don't know what.

Yo I'm looking around this room. I oftentimes will do some of my workouts in here. But anyway, so if you guys have just the yoga block hanging out and you've got a band hanging out, you could do this right now.

Like there's no excuses. See, that's the thing. Is that the excuse situation too, like, you could be doing it while you're working. I love it and it feels good.

I, I myself tend to have a little back pain, a little hip pain. And so sometimes I'm always looking for stuff too now. And comes in terms of like, let's go with the upper body.

Because a lot of women, a lot of men to have tech neck situation going on. What is your go to to try to bring bring like you're saying, bring the chin back.

Bring the shoulders back. Like what do you love to do with folks for that. Yeah. So some like like a starting point I guess I would say for a lot of people is like, I don't know if you know, like that corner stretch where you like, put your arms in the corner and you bring your chest forward to open up your chest.

Like that's like a kind of like a classic stretch, just that, like, opens up your chest. It feels so good, especially after sitting for a while, like, just get like.

And that's the thing. Like, you can literally do this in, like, your office, like, find any corner of your office and like just stretch for a couple seconds.

But it feels so good and it makes such a difference. So that's kind of like the, the beginner, I would say like starting point for like opening up your chest.

And then you want to strengthen everything in the back. So you want to stretch everything here, strength and everything in the back. So doing any sort of like back exercises, like rows are great.

Pulling a band like straight across and squeezing in between your shoulder blades. Anything that's going to strengthen up those, those muscles in between those shoulder blades are just going to help to pull you back.

Any sort of like shoulder external rotation, like working at rotator cuff is also going to help to pull pull your shoulders back. So that stuff is great.

For next up, like a lot of chin tucks, there's a ton of different variations you can do. You can do them laying, you can do them against a wall. There are some you can do with a band, but there's just so many different movements, like tucking and rotating or tucking and extending like there's so many different, little like, tricks and movements that you can do to help to shift everything back.

Just to, like, fight that, that forward pull that we all have on us now, I think this is this is a good thing for a lot of folks to hear, because you're mentioning the old rotator cuff exercises, and that's what people think about when it comes to, you know, they think of the micro movements and yeah, yeah, they're like, it's so boring.

But, you know, I mean, like band pull parts, like I've had some serious, like, oh, you know, feelings where like, I didn't, you know, after a while I started to feel muscles there that like during CrossFit and all the other crazy stuff I've done, I never felt those particular muscles.

Yeah, for sure. And I think a lot of people think of it as like, you go to a party and like everyone does, that banded extra rotation exercise and like that's like a great, like starting point.

But if we're not progressing that, like that's not going to help us in the long run. Like no one's like building up strength from doing like ten. Like banded exercises that like they have everybody do.

And it's okay to start there. Like you might need to start there. But if we're not progressing that like that says it's a total is a time. I'm so glad you mentioned that, because I think that's what a lot of people do think, like, oh, they're just going to make me do the band things again.

And I already did them and now what? So what is the progression from doing like the eyes wise tees and all of that with the bands? Yeah for sure. And I think that's like that's where we're so handcuffed, like in the clinic.

It's like you don't have time to show people like all these other things, like when you have six other people. So you stick to the basics and, you know, maybe you'll progress like 1 or 2 things, but like, you're not gonna be able to really progress people to like a functional, like functional, like really functional strain.

When you just, you just don't have the time and then insurance cuts you off when you're like ten visits in and it's just like, okay, so, so yeah. So, like to start with those band exercises is great the eyes wise, cuz like, everyone kind of like makes you do that stuff.

But if you're thinking like real world functional strength and movement like that stuff is only going to get you so far. And I have so many clients who have come to me and they're like, you know, I've done duty, I've done it all.

Like I've done all this stuff. And like, I still have pain. Or like the second I went back into the gym, I started hurting again. And it's just simply because they were never progressed through a more like, functional program where they're they, you know, progressed from the bands to actual weights and different movements to weight bearing

exercises like nobody you'll never see in a pizza clinic, which, like, blows my mind when people doing like, weight bearing shoulder exercises where they're on all fours and they're going through different motions with their their own body weight through their shoulder joints, like, yo, you almost never see that in a PT clinic, which is really insane.

It's insane to me.

## Shoulder Posture and Upper Back Strength

But just doing things with actual waves and putting your body weight through your shoulders, it's it's it's going to have such a better or like, lasting effect and you're going to actually get like, functionally strong rather than just pulling on like these bands.

But, but like it's needed sometimes to get you out of that, like acute stage, acute flare up. But the problem is we just we just don't progress them. So that's definitely something I hear a ton from clients that make sense.

And I think that's where people cheer. They're like, yeah, I go to PTA. I do the same things. I'm board, you know? Yep. And and really the the way I, you know, look at it is like, if someone could have their eyes on you that knows functional mechanics really well, like what a game changer.

Like even for, like we were talking about the band pull apart, you know, to have someone look at. Are you doing it right? Are you getting the right mechanics?

Could you have little tweaks? I mean, just thinking like that, it's been so helpful for me to have someone do that. I'm imagining that for your clients, you've probably seen a lot of cases in which one there's not symmetrical firing, different things are happening.

Give us a little background in terms of when you observe someone's mobility, what kind of things are you looking for and what kind of things are you calling out that could be causing pain, causing issues for folks?

Yeah. So like I'll do a full assessment on everyone. We'll go through a whole bunch of different movements. We'll see, like where they're compensating, where they're weak, where they're tight.

Like, some of the classic things I'll see is like lifting your arms up over your head, like your people's shoulder blades. We'll just be doing, like, the craziest things.

Like, they're not getting that, like, fluid movement. When you go to put your arm behind your back, your shoulder blade will wing out like scapula. Winging is huge.

And especially for women, I don't know, it's so much more pronounced in women than in men. But like I would say like eight out of ten women, like, have scapula wing, like, it's the craziest thing.

Like almost all the clients I see, they have some degree of scapula wings. And you can, you can, like, test it out on yourself just by literally putting your arm behind your back and you'll see your shoulder blades, like, pop out.

And that's considered winging. And that just means that the muscles aren't holding your shoulder blade down to your ribcage properly. So it's going to throw off your whole mechanics, of your shoulder.

So that's something that we always, always check. The hips are another like huge thing, like seeing the mobility in those hips, like checking the rotation.

Like looking at someone's squat, someone's lunge, balancing on one leg, seeing if their hips are dropping, if their glutes are weak. Like, glute strength is another thing that's like very a lot of people have a lot of trouble, like firing their glutes properly and getting those muscles to engage, and then their low back kicks in, or they'll feel it in their hamstrings, but they never really feel it in their glutes.

So that's like another huge thing that we look at. Like make sure that those glutes are firing. Like when you do a bridge, do you feel it in your glutes?

Are you feeling that in your low back? Can you do a single leg glute bridge? Or is it just not strong enough to even get into that full hip extension and get that glute fully firing?

So that's something that we always look at. Another thing that I feel like is very overlooked is people's feet. If you look at like the found, it's like it's our foundation, right.

Like that's what drives everything. Like we stand on them all day. It's kind of like the foundation of all of our movement. And you would be shocked at how many people have, like, knee pain or hip pain and they'll be treating their hip or their knee, but no one ever checked their feet.

And you'll see right away they have no arch. Their foot's collapsed. Everything's rolled in. So now there are knees trying to compensate for it. It's now their hips trying to compensate for it.

And now they're getting low back pain, which is actually coming from their feet. But you're treating them for the low back like it's just like this. Like kinetic chain, like disaster that like, people just kind of overlook or don't even think to check your feet because, well, the pain's not in your feet.

The pain is in your back, but it's coming from that foundational, you know, platform of everything just being caved in and then everything just trying to compensate, like right up the chain.

So I always check people's feet. I always make sure that their arches are appropriate. Sometimes they're too high a lot of times, most of the time they're they're flat or caved in.

And then especially when, like you're balancing on one leg, like you'll literally see the ankle just like, collapsing in, and then it just makes everything have to compensate straight up the chain.

So it just drives me insane when people are like, yeah, like I've had this back pain for so long and I've, you know, I've done all the back stuff and I've gotten the massages and the cupping and the dry needling and like all this stuff and I'm like, it's literally your feet.

Like it has. It's not your back. It's literally coming from your feet. It's it's wild to think, right. It's wild to think that we wouldn't look at the foundation as an acupuncturist.

I love it. I like make people take their shoes off and their socks off because then I can see, yeah, their feet look like it's like my sneaky little thing.

Plus, like, you've probably noticed too, if someone lays on a table and their feet are like, whoop out like that, it's like, well, we've got some tightness going on here.

Or if one foot's going like this and the other like that, it's it's pretty fun. Do you like, you know, I guess for folks who are listening in are like, are my feet jacked up to how do I know?

Like most people know if they've got bunions or hater or if they have flatter feet? What kind of like, let's let's go along the flat feet side of things and like the the feet collapsed in what are typical like pain patterns that go with like the collapsed like arches aren't there anymore kind of foot.

Yeah. So, it's it's funny because a lot of times you'll have collapsed arches, but you won't actually, like, people don't even have foot pain. Which is probably why it's like most often.

Yeah, a lot of times you'll have flat feet, but you'll have zero foot pain. Like, usually it will present itself somewhere further along up the chain.

A lot of times it's in the knees. You'll get like, pain on the inside of your knee, and that's just from your foot collapsing in. And then your knee starts to collapse because it's trying to compensate.

So like, knee pain, like on the inside of your knee is like classic, hip pain, like outer hip pain is super common as well. Just for the same reason. Even like back pain, like a lot of people have back pain just from, like, their knee and their hip trying to compensate and then it just throws like their pelvis off.

So yeah. So it's, it's funny because it doesn't it usually doesn't present in the feet that's an issue. Or even at the ankles like I for some reason, like usually you'll never hear people say, yeah, I have like ankle pain or I've foot pain like you'll really never hear that.

It's usually always in the knees, the hip or the low back where it presents, which is kind of funny, but but yeah, so if you are having some sort of, you know, knee, hip or back issue, like don't disregard that.

It's not coming from your feet. I know it sounds like I could be my feet like, that's crazy. But a lot of the times it does come from your, your feet.

So just definitely something to keep an eye on. So huge. I sometimes will have people when when they come in to see me, I'll be like, hey, next time you come in, bring your oldest crusty issues.

Because I like to see the wear patterns. I tend to do that.

## Feet, Gait, and the Kinetic Chain

Yeah, that's like I always catch myself like when we're in the city and stuff. I'll like, watch people like walking and I'll be like, Adam, look at her, look at her left ankle. Like, look at her foot.

Like it's so bad. I must be like, what's funny? I I'm, I'm the same. Like, I'm, I'm not looking at clothes. I'm not looking at anything. I'm like, oh, I used to run marathons and be like, how are they running faster than me?

They're like swinging your leg in a circle. And I'm like, it's just. I mean, it's a it's hilarious. But the sad reality is, like so many people, the way the walking patterns, the gait, the foot, like so many people are walking, like, on their ankles practically.

They're so collapsed and and it's so, it's so scary that we, we don't talk about these things as much and how that affects the rest of the body. I mean, it's just and I also hate when like, you'll go in for like a specific reason, but like you have to check like our body functions as literally like as a kinetic chain, like we if there's something going on at the shoulder, like you better check like your spine rotation and your mid-back, and you know, see what's going on there.

Like everything is connected. So I just think that we've gotten into this bad place where it's like, oh, you have a hip injury. Let's look at just the hip, like what's going on at the hip.

But it's like, no, like what's going on with the low back, what's going on at the knee, what's going on at the foot. Like you have to treat people as like this full unit and work on all those things instead of just like trying to, like, key in on this one thing that's happening.

Because especially like, even if you have like you've been diagnosed with like, let's say like hip bursitis, right? Like, you know, it's okay, you have a bursitis inflammation in that hip.

Right? But it's like but why did it get there? Like it could have been the because of your having poor mechanics from literally your knee or something, something else going on.

So it's just because it's present in the hip doesn't mean that that's where it's coming from. So I think that's where a lot of people really like miss the ball.

Like with the diagnosis. Stuff like this is what it's tendinitis here. It's like, okay, but why is it hurting you there? Is it because like your shoulder blade in the back isn't, you know, moving properly and now your, your mechanics is, is thrown off like, that's usually like the case.

I love that you mention it because I see it all the time. Like, yes, bicep tendinitis. You know, it's not necessarily anything with the bicep. You never anything with bicep unless you like, totally strained it.

And you know, the doctor came up there but like. No usually. Right. It's usually something in the front just because of something in the back. It's, it's it's funny, but we don't think of things that way.

And unfortunately, yeah, the medical system is kind of compartmentalized. Like if it's hip pain, it's hip pain of a sort, you know? And that's all you do.

And yeah, sadly, I will often see that. That's all. That's the exercises someone is doing. So this is why it's such a benefit to have someone like you who can look head to toe in an exam.

And so when you see someone, you've eval them on online, the next thing becomes you're making a plan up to like get the body moving better strain like stronger like give us for example, if you were going to look head to toe at someone, say that they hadn't been in the gym in a while, maybe they're coming back to fitness.

They're trying to figure out their let's go with knee pain. We'll go with knee pain on this one. We haven't. We've given the shoulders and hips alum back a little.

Go with knee a little bit. Because you mentioned inside of the knee pain. Let's say they got right side inside the knee pain. You're going to look at the whole body.

What kind of what kind of protocol might folks be looking at when you're going through the whole body versus just the knee? Because I want to give folks a little perspective on what it looks like to go into a TF as versus what it looks like for someone to look cut to toe.

Yeah. So no matter what you come to me for, you're getting a full body plan. I don't care if you're here for one, the knee or whatever it is. Like you are going to get a full, a full program because that's like, truly the way I believe that.

Like, we work as, like human beings. So if you come into me with the knee pain, like, of course we're going to focus in on the things that we found in the evaluation.

You know, I'm going to put you through all the tests and think we're going to figure out, like where you're compensating, where you're weak, where you're tight, like what needs work?

But it doesn't mean that we're going to totally, like, disregard the upper body because we still need to be strong and functional in the upper body. And just because you don't have pain in the upper body doesn't mean that you don't have areas that we can still work on that you know, you're still tight in, that you're still a little bit weak in that the mechanics could be a little bit better.

So we're going to put everything in there. We're not just going to focus on the one area that is presenting with pain, like we're going to literally work on the entire body and we're going to go through all those tasks.

We're not just going to do the test just for the knee or just for the lower body, like I'm going to put you through everything and we're going to develop like a fully comprehensive program that's going to really hit on everything.

And that's really like my goal and how I want to kind of like change our outlook on this. Like I want people to as a whole get stronger but move not only get stronger, but move better, function better, you know, be able to do all the things they want for their entire life without having, you know, pains or limitations or weaknesses or feeling scared that they, like, can't do something.

So for my programs, like, like I kind of, I have kind of like a, like a format, I guess you could say that I like to use when I make people's programs.

Like, I'm always going to start you off with mobility, like everybody is going to get mobility, then I'm always going to put it in some sort of like muscle activation.

And that might be like some of the bandage stuff, just some get you firing through like the full ranges, like kind of wake up the nervous system, wake up the muscles, get everything firing properly.

Then when we go to do like our main strength program, your muscles are already going to be woken up and firing because we just primed everything. Then we'll go into like our full, bike strength program.

We'll do usually like to do like one like main left where we'll go a little bit heavier and then we follow everything up with like the accessory movements.

There's always going to be some sort of rotation in there. Rotation will be in every single person's program. Let's also typically get mass like like I was saying, like everyone just kind of does like everything like front and back.

So I will always program in some sort of lateral movement as well. And then usually we'll end off with like a fun, like functional movement kind of thing.

So it might be something with like balance or if you're like higher level, we'll do some sort of like jumping or something like that. So everyone will get like this really comprehensive.

Really. Well thought out program, not just like the classic, like ChatGPT workout. That I see, like all the time. And I just can't stand it. I love that you mention this because we're in this.

We're in the world of, hey, ChatGPT, I want to lose 25 pounds in eight weeks and my back hurts. Please create a new program. And it's like, what I mean?

And the same for same for me too. Like, hey, I have this particular health condition. What can I do? It's not personalized ChatGPT. It's you move. Yeah, yeah for sure. So yeah.

So it's more just like being smart about how you're programing things and the way you're doing things. And you're not just like doing like random movements and random exercises, like everything is like very well thought out and like programed in a very specific way.

Like nothing is randomly just thrown in there or like, I can't stand when people just like throwing in an exercise just to like, make you tired. Like it's just such like a waste of time to me.

Like, like everything should be for a reason and like a purpose. Not just to, like, make you tired and, like, burn calories. Like, that's not going to get you anywhere. Well, the finisher, yeah.

Yes. So, you know, I think a lot of people will be thinking like, wait, so you create a whole program so you're. I don't need a work. Like, I don't have to go to the gym.

## Full-Body Rehab and Strength Programming

I can follow what you or I could take what you're you're telling me and go to the gym if I'm advanced enough to do those kind of things? Yeah. 100%. And that's kind of like the bridge.

I'm trying to get people's like, mind to start thinking like rehab and strength training or working out. It's literally the same thing. Like it should be the same thing.

Like you shouldn't have to do a boring rehab program with three stretches and band exercises and then go to the

gym and do like your weights and everything else.

Like it literally should be combined in one solid program where you're doing all like the rehab type stuff, but then you're also doing like the heavier lifts and the weight lifting and the accessory movements.

And then, you know, depending on the level, like you can still do like your functional movements, you can do your jumping, you can do your athletic style, stuff there like everything can be comprehensive in one program if it's train, if it's plans properly and like, well thought out.

And that's like the thing I'm trying to get people to understand is that, like rehab and strength training, like they are the same thing, like they should 100% be done together.

It shouldn't be like these two separate things. So like when people come to me like they have a full week worth of workouts that they go to a lot of, well, some of them do it from home, some go to the gym, but most of them will go to the gym.

And they they do like their full program and like, well, program in depending on like where they're at and what their goals are like. If they want a heavy back squat, like we'll program in a heavy back spot if they want to bench or do pull ups or whatever the heck it is, like, we'll program that in, and I work with some like really high level athletes, like, I have a few, like Olympic athletes and stuff.

And so we're literally programing in like their rehab into their full strength program. And they're doing some heavy lifts and some real athletic style movements.

But it doesn't mean that they have to ignore like all of like the rehab mobility type stuff. It's just combining everything into one solid workout. It makes it so much easier, but it also gives it purpose.

Right. And I think so many people. Yeah. Like, well, and if you don't have an athletic mindset like you don't come from sports background, oftentimes you'll think I do the PT and then I'm done. Right.

And you and you don't do the maintenance or you don't do those kind of things because, I mean, one of the biggest things that I've learned about my clients just over the years and not really realizing, like, oh, because I come from a sports background, for me, it's like always there, right?

But I didn't realize that a lot of people will think like, I'm through the space, my pain's gone. I stopped now, yeah, 100% like like, I mean, no matter who you are, what level you're at, if you are an athlete, if you're not an athlete, it doesn't matter.

Like you should always be doing some sort of like strength training and some sort of mobility. Like always like it doesn't matter who you are, like. Like, you know, if you're newer to it, if you're more of a beginner, like, you don't have to do the crazy things, but still just having a program to follow that, you know, takes you through all those things and just keeps your body, like, functioning well is like everybody should be doing that.

Like there's literally not one person on the planet who should be not doing that. It's so great to hear you say that, because I think we've lost that.

I don't know, like, you know, you'll see online there's the hacks and this and that and it's like, wait a minute. We do have to actually work to maintain the body and and it's incredible how many women will do the ten step face stuff for their esthetics after their institution was like, okay, we need this like full awesome program to take care of your skin, but you won't take the moment you know the time to like, work on the body.

It's like, what's a great looking face if you're in a wheelchair? I'm going to be drastic here. But like, really? If what? What? Why? What the heck? Yeah, I think people do you think like like your workout shouldn't be two hours long.

Like it really should be. Like, you can, like I have I work with a lot of, like, really busy moms who have, like, three

kids. They're like, I have a half hour a day. And I'm like, no problem.

Like, we will get it in and a half hour. Like, no matter what time you have to work with, like you can still do something like if it's with purpose and there's like a, you know, like a plan behind it, like it's still going to be beneficial and it's not going to just be like, like, oh, I only have a half hour. Like, what am I going to get?

Like, you can get done a lot and a half hour. Like, you know, it's just you have to program it out strategically obviously, and like get, you know, have a plan.

But like I work with a ton of, like, busy moms and stuff who they just don't have the time for it. So when people tell me like, oh, I just don't have time.

Like, I just, I just think that's like such a, like, such an excuse. Like, everybody has like 30 minutes that they can do, like you might need to wake up 30 minutes earlier, you might need to have 30 minutes less of like TV time, like whatever it is.

Like everybody has like 30 minutes that they can dedicate to, like working out and just getting like a little bit of a sweat in already comes down to priorities.

And, you know, I think it's a great it's great that you mentioned the 30 minutes because I think yes, people do think to have, you know, fitness, we have to be in the gym and swat our butts off and like grants and do all the things for like, you know, a long period of time and like the truth is.

Yeah, like you said, the so good so good to hear that. Now in terms of like follow up and things of that nature, give us a little bit of like how you work just so folks can hear because they you're you're doing one on one.

How often do you meet with people? How does it work in, in your specific programs? Yeah. So someone will sign up, will book right away. We book like an evaluation call.

So we'll do like a full video evaluation call. We'll go through, like I said, the whole body will figure out what's going on, what your goals are, where you're starting, how much time you have to work with, what equipment you have.

Like, we go through everything custom so that I can get a good idea of how to build out your program. That's and I also I want to I want to know like what?

Like what realistically are you going to do. Because people I don't want you to just to like tell me like, oh, I want to do an hour every single day, seven days a week.

But realistically, you're not going to do that. So why am I going to, like, set you up for failure? Like, let's, let's I come up with something that you can actually do that's like realistic for you in your lifestyle and with like all the things that you have going on, like, let's figure out something and that might be going to the gym two days a week and going at home two days a week, and that's fine.

Like we can it's totally custom so we can make that fit your lifestyle however we need. So we get all those details from you. And then it will take me a couple days.

I'll build. I'll kind of play with different, different circuits and different mobility things, and we'll obviously base everything off of what we found.

And so I'll build you out like your full program. I'll let you know that it's done. I have an app that will connect in, so I'll build out your program.

Within the app there is a chat feature like right in the apps. Anything you need? Any questions? I have people sending me like videos of their form, videos if they're not sure if they're doing something properly.

Like you can always send me whatever you need. I'm more than happy to check it out and send you back a video. Or if we need to hop on a call like I'm very easy.

I'm not like, oh, you only get one call a month or like, I'm not like that. Like I'm. I'm more like, whatever you need. Like you're going to get it if you need to.

If we need to hop on a call, a top on a call. If you want to send me some videos or, or whatever the heck it is, like, let's figure it out. Like, I don't want to leave anyone, like hanging or feeling like they can't get like the help that they need.

So I'm very easy with that. I literally just tell people, like, whenever you need help, just reach out to me. And if you if it's like something more that we need to, like, really talk about or if I need to, like, see something, we can always hop on a call.

I'm, I'm super easy going like that. And then you typically will keep the same program for like 4 to 6 weeks. Sometimes we'll have to adjust certain things, sometimes we'll have to tweak it, but generally we'll keep it somewhat the same for like 4 to 6 weeks.

And then after that we'll do like a full progression. And I like to do that because I like I don't want people to plateau. I don't want you to be like, okay, it's starting to feel better, but like, we're not there yet.

So I progress everyone. After 4 to 6 weeks, we'll do a full revamp of the program. Everything will get like slightly harder. Or if we have to, as if some people like you might need to scale back.

Like whatever it is, whatever you're feeling or whatever is hurting you or feeling better or whatever it is, we'll progress the whole workout and then we'll go for another 4 to 6 weeks on that program.

Before we progress it again.

## The Upcoming App and Where to Find Krista

So it's just like you're consistently progressing everything, and like, I want to get you to a point where, like, your body feels great, you're getting stronger, you're getting more mobile, you can do all the things you want to do, and it's something that you can see yourself doing forever.

It's not something that you, you know, okay, I'm going to do this for like one month and then I'm going to, you know, like stop and like it's something it's it's a workout.

So it should be something that you can do for the rest of your life. Absolutely, absolutely. Yeah. That's what we want fitness for life here. Very important.

So of course you are. You are the wife of Adam Ross. And so the fun part about that is you guys team up. And so you've got the nutrition side with Adam.

And then we've got you for all of the beauty and fitness. So you had mentioned that you guys have an app that's coming out possibly in October 2025. So this podcast is airing in September.

But stay tuned guys. We'll make sure we have a link there for for everybody. Tell us a little bit about, you know, kind of how you two are teaming up and what you're up to with the app so that folks can interact with both of you.

Yeah. So we basically have gotten almost like maxed out with there's only so many like one on one people, I can see where I can still give people the proper attention.

But there's only so many hours in a day. Of course. So, like, we do have to cap our numbers somewhere. So we started thinking we were like, all right, like, how can we still, like, help people who are reaching out, and like, get

them started in like, another way or if they want, you know, programs to follow or whatever it is.

So we're coming out. We've been working on this new app. Hopefully it'll be done by the end of October. And basically what it is, is it's there's different 12 week strength programs on there.

So there's like a beginner program, a more advanced program. There's a bunch of quick, like 30 minute things that you can grab and do. There's like 30 minute kettlebell workouts, 30 minute like dumbbell only workouts.

People always are constantly asking me about my mobility stuff. So I have like a full mobility program in there. There's different like core programs in there, muscle activation thing.

So it's just going to be like a full app just with like everything you would need from like a workout side of things, mobility side of things. I'm also going to put in certain like rehab program.

So if somebody like comes with like just like general low back pain that they've had for years, like you can grab the rehab for the rehab program for the low back.

And it will kind of like walk you through everything. There's different phases of it. So it's going to progress you over time. So I'll hopefully you're going to have those out for like the shoulder joint.

The knee joint. And then I'm going to have like his whole, like nutrition side of things. So he's going to have like different, like cookbooks and shopping lists and, you know, like different, supplement things and looking at bloodwork like things that we should just be focusing on and like, kind of like the questions like, ask your doctors and, stuff like that.

And there's going to be like a chat in there. So you can like ask both of us, like anything you need whenever you need it. We can also do lives in there, which is really cool.

So we're going to probably go on there like once a week and do like a live, like Q&A with everyone. Yeah. So we're super excited about that. It's been a lot of work to say the least.

But we are very excited about that. Just being able to like, reach more people and help more people, without having to be like the one on one, like intensive stuff.

Because not everybody needs that. Like some people, they have a lot going on. They need it. But some people also just want like a solid strength program that they can follow that, you know, has all the things that we were talking about.

It has the mobility and the muscle activation and the mean levels and the accessory movement. So, it should be like a really nice, like comprehensive, group of things that you can grab on there and hopefully it will help a lot of people.

Awesome. I'm looking forward to it. I mean, anytime we can, we can have something that is easy for folks and has good, solid information in there that's going to keep them from getting hurt, which is the big deal as we get older.

I mean, just such a big thing, such a big thing. So to wrap up this podcast, I think my my last thing is you had mentioned rotation and you mentioned sweet as being overlooked things.

Where would be the first space you would have them start smoothing out what's going on with them. What would you have them do? I see it would be the hips, like 100% like, I feel like your hips are kind of like the center of everything.

And like, like it's so common that like, it's something at your hips, but you'll have like, the low back pain or the knee pain, like above or below, and the hips, like, it's very common that people's hips are very tight and just like, not functioning well.

So I would definitely say like key in on that hip rotation. Like I guarantee you if you've never like, focused on it before, I guarantee you like you are tight there.

So definitely work on that hip rotation and your hip mobility for sure. I would say that's like the number one place to start for sure for like mobility and like just having everything like feel good, nice, nice, I can resonate.

I'm definitely, definitely vibing on that for sure. I'm gonna be working on that myself. Oh my goodness. Krista Fazio, thank you so much for coming on and chatting with me.

I look forward to hearing how the app goes and when that comes out, we'll make sure we promote on our end. And then of course, we have to tell folks where they can find you in terms of Instagram and you're on the AR nutrition website, but where where else can we find you?

Yeah, Instagram is has been like my main hub right now. Doctor okay physio. Physio is my Instagram. So there's my websites like linked on there. Everything's like in my bio.

So feel free to shoot me a message. I'm always happy to talk to you or answer any questions that you have. But yeah, Instagram is probably the like my main hub right now dear.

Yeah. So I'll put that on there and then. Yeah. For all the other stuff we've got are nutrition dot net. We'll put that in, in things as well. That way there. Got down there for Instagram there.

Put the notes in there for you guys and we'll make sure we get that all put out there and look forward to hearing how things go with the app. Thank you so much for coming on. I really appreciate it. Yeah.

No this has been great. So thank you for having me. I appreciate it. Pleasure. Hey fellow health junkie, thanks for listening to the Health Mix podcast.

If you enjoyed tuning in, please help support me to get the word out about the podcast, subscribe, rate and review and just get that word out. Thanks again for listening.