Podcast Intro and Guest Introduction

When a woman comes to me and says, I have like no sex drive, I feel bad for my husband. I hear that like three times a week and I'm thinking, gosh, I really want you to like, you know, feel good for yourself.

Right. Okay. Partner's great. You know, we can get you well matched with partner. It's all about being on the same page. Welcome to My ND Unscripted, where health care gets personal and the script gets tossed.

I'm Dr. Clint Carter, ER doctor turn to direct primary care freedom fighter on a mission to challenge how our health care system treats patients in America.

In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making health care about people, not just managing disease.

It's time to rethink what health care should be and how we can make it better together. Welcome to The Bike Gas. Welcome back y'all to the My MD Unscripted podcast.

I'm your host, Dr. Clint Carter, and I am honored and I mean that to be joined by Dr. Trish. So Dr. Patricia Wallace is a urogyne specialist and so much more in California.

Uh, we've met through BTL conferences and other things. And so I was honored to see her pop up as a guest on the podcast. And we share a lot of common interests and there's so much for me to learn from her today.

I can't wait. Trish, I'm going to let you introduce yourself here, but first I am going to say that you're double boarded in gynecology and public medicine, and you're a national speaker, a yoga instructor and autism warrior mom.

I did not know that. And someone who's redefining what feminine health and strength really means. So the question I'm going to ask and then hand it over to you is, you know, we often think of strength training as something for the gym, abs, biceps, quads, but what if the most important muscles for vitality, confidence, and even intimacy were the ones you can't see?

So Dr. Trish, tell us a bit more about yourself and take it away. Thank you so much, Clint, Dr. Carter. It was such an honor to meet you. And I think we just clicked and I'm like, I have so much to learn from you.

And that's to me the most amazing thing about being a speaker for BTL and getting to meet different physicians all over the country. and sharing our stories and our successes and our tips and our sort of, you know, stumbles.

And so thanks for having me. I'm excited to be here. As you mentioned, I'm double boarded in gynecology and female pelvic medicine and reconstructive surgery.

I'm the owner of the Center for Pelvic Health and Wellness in Southern California. And that means that I take care of all things pelvic and sexual health.

I do reconstructive surgery for the female anatomy, specifically when things go wrong post-childbirth.

Core to Floor and Pelvic Health Basics

We also, though, have a very busy practice, lots of UTIs, which is bladder infections, overactive bladder, pelvic pain as it relates to the pelvic floor, which we're going to get into, sexual wellness, menopausal health.

And really, since about 2009, I've been talking about this concept of wellness. And I think that comes from my

background of fitness. I've been an instructor since I was 20. I am now 56. And I was just thinking about this early and I'm thinking, gosh, you know, most of us are playing catch up with trying to gain muscle.

I've been lifting since I was 15 when the football coach through the cheerleaders in the cheerleading coach put through us in the football room to lift weights with the football dudes and I was hooked and I, you know, maybe the next endeavor is to get out to those 20 year olds and say, lift now, lift now, because you will be laying down the foundation for your 40s, 50s, 60s, 70s, 80s.

So a little sidetracked there, but yes, I'm passionate about fitness, about women's wellness, couple wellness, sexual wellness. I mean, that all stems from my specialty in the feminine area.

It's such an intimate part of our bodies. You know, not everybody can approach the exams, the questionnaires, and then come up with a plan that, you know, women are going to just sort of really spill the beans and you can improve their quality of life and really change their lives.

I can't tell you how many times a week I hear you gave me my life back or I feel like myself again. You know, I can run with my kids. I mean, all the things.

It's just an honor to take care of women and I want to continue to learn it and do right by my patients. I know, you know, before I got into sort of this area, especially with some of this stuff we're going to talk about soon is we didn't ask those questions because there was nothing we could do about it.

Right. Like, you know, there was, there was a little that could be done very little of it by me. What's fun is that you've got all the tools from, you know, reconstructive surgery to, you know, weightlifting to everything in between.

So, you know, We thought muscle mattered for longevity. And then as it turns out, it matters way more than we thought. Uh, and then, you know, now we're, we're really like, we're bringing it down, you know, they say your grip strength after age, what's 65 or whatever correlates to your life expectancy.

Well, we're getting more specific than that and we're going away younger than that. So tell me what you mean by core to floor. Cause I've seen that and, um, where you think that comes into this whole muscle matters bit for our patients.

Sure. So as you've heard me speak, and I was not even aware of the sort of correlation until I started to, again, bring my fitness background into the fact that I'm a pelvic floor surgeon and a pelvic health specialist.

our core as most of us think of is made up of our abdominal muscles and a lot of us will think of our back muscles as part of that but we don't really think about the bottom or the foundation which is the pelvic floor and it's made up of many muscles that have very long names but most of us think of those as the kegel muscles and that pelvic floor is really responsible for stabilizing our upright trunk over our lower body and as we you know, came from walking on all fours to standing up in an evolution of man.

I also have a physical anthropology background. So that's my, my bachelor's is in physical anthro, which is actually the study of anatomy of the human body and how we've changed through time.

So it was sort of an interesting, just to bring it all back and go, gosh, we, our pelvic floors stabilize everything. every muscle connects to the pelvic floor some way because the hips are connected to the pelvic floor, the spine is connected to the pelvic floor, the abdominal wall, you know, the pelvis, the bony pelvis is the structure at which the pelvic floor holds things together.

So other people, you know, call it the cradle of civilization, but to me, it's the foundation of the core. So core to floor means being strong from the inside out, because you're not truly strong until your pelvic floor is strong as well.

And it's really hard to Gain strength there because most of us don't really have an awareness of those muscles. We think we do, but we really don't. Oh, I definitely know that I don't, you know, trying to do a kegel is a, it's a funny

thing to watch a group of dudes try to do a kegel, uh, from across the room and you'd be like, yeah, that's not right.

But you know, is it's your expertise in your experience of, you know, the reconstructive surgery part and the. sort of knowing where it all goes wrong.

When did you sort of connect the sort of the surgical pathology, the things you're trying to fix with, you know, sutures and surgery that you were able to connect?

Hey, what we really have here is a lack of strength and sort of, you know, that, that fullness of the core. So thanks for asking that. That's really interesting.

As you're asking me that nobody's really ever asked me that before. What popped into my mind first is when we are doing OBGYN as a specialty, because that's the foundation of Eurogyne, which is four years and then three extra years of surgery.

So I did seven years. You get thrown into delivering a baby and repairing a pelvic floor as an intern, and you have zero knowledge about the pelvic floor.

And I realized. By the time I was a third year resident, I go, oh, okay, those are the transverse perineal muscles, the ones that are here. Those are pretty much the ones that we come into contact during childhood.

As I went through my training and started to do, again, muscle repair is not as common as is the soft tissue repair. So when we do pelvic reconstructive surgery, we're not really touching the muscles very often because those are the, you're like, I'm going through the gateway, right?

And then I'm going in there.

Childbirth, Surgery, and Pelvic Floor Weakness

but when anal sphinctal repair and perineal reconstruction. That is absolutely muscular repair. Here's the problem. If I'm doing that in a 50 year old, who's now had a atrophied tear from when she gave birth in her 20s or 30s, that muscle does not function like it could and should.

And so I started thinking like, well, gosh, and they compensate their whole life until they hit menopause. And you're like, wait a second, the same muscles are torn, but all of a sudden we're having trouble controlling bowel and urine.

And it turns out that it's the atrophy of the muscles, the loss of the hormones, the compensatory mechanisms that now lead to those secondary problems.

Putting that all together, if you have a strong foundation, even if there's a trauma to that like a childbirth, whether it's an uncomplicated vaginal birth or something that has more traumatic implications to the pelvic floor, if you walk into any surgery, pelvic floor, knee surgery, back surgery, neck surgery, with strong muscles, you are going to do better.

It's just fascinating to look back at it and go, I do less surgery on the musculature of the pelvic floor than I ever did. Of course, the soft tissue doesn't always go back where it's supposed to when the muscles are strong, but it's a whole new way of thinking of the body.

It's really fascinating. Well, and I love that, you know, even the soft tissue repair that's not your pairing muscle, it's usually it's, I'm assuming a little bit here, um, often a secondary effect of weakness from something else.

So unless, you know, you know, you tear an episiology me during a childbirth, that's not really the muscles fault. However, you know, downstream from that, if your muscles aren't holding things where they go and you start getting recticelles or cysticelles or some of the other things that are going wrong.

It's things are just starting to fall. And a lot of it is the weakness of the core and the floor and just the inability to

address it. Not even knowing what you would address if you knew what to address.

And so how I look at that differently, because there was like, well, gosh, if I have a strong pelvic floor, is it going to prevent prolapse? Is it going to make my prolapse better?

And what I tell my patients is look, when your pelvic floor and your core is weak, you hold your body differently, you lift things differently. And so I do think if we were stronger and had more muscle awareness in the pelvic floor on up, we would have less prolapse because we would lift and carry ourselves differently.

I mean, you know, you have to recognize that, you know, pushing a watermelon through someone's vagina has connective tissue damages and tears. And as we have babies much later in life, our ability to repair that connective tissue, because we don't make new collagen after the age of 30 or whatever it is, that, you know, yes, those things are, they're still true damages, but If you have a strong pelvic floor, even after the fact that you develop a strong pelvic floor, you have much less chance of things coming down.

Even like if I'll do a surgery, I'll tell my patients, like, we have to get you strong because you're still lifting the wrong way or bending the wrong way or, you know, bearing down when you should be neutral or elevating.

And that's going to have a big impact on recurrence of prolapse because the risk of recurrence of prolapse and needing another surgery is anywhere from 10 to 29%. Gosh.

Yeah. And that's a big deal. So yeah, that's, that's the surgeries aren't fun once. Okay. So. Hormonally there's a, there's a player here. Cause you said it, it tends to, it tends to flare up a lot sort of, you know, as soon as the menopause hits and the, and a lot of those hormones are gone.

What do you think the biggest factors are between like, you know, hormones, you know, like you said, the trauma of childbirth and the like current lifestyle practices, like wait, how do we get to this spot?

I mean, you know, obviously having, when I sit down with people and like optimal health, you need to drink, eat and sleep. Those are the biggies. And then after that, you need a mindfulness muscle practice and then you need hormone balance.

Those are like the biggies that I talk about every single day in my, in my consultations. And people are lacking in all of those things. So not one thing is going to fix, you know, the issue, but I also understand that we're human and I'm a super practical physician, you know, and I'm not like, okay, you got to go to the gym four days a week and max out your reps.

Yeah, that would be amazing. But most people one don't have the discipline to don't even have the knowledge. So they're going to push or hurt themselves the wrong way.

So I'm like, okay, let's come up with a single day that we can do what we need to do. And once you feel confident, we're going to add a second day and so on.

And I'm super practical. Nope, you know, but so hormonally, As we age, 40s, women, men, it's a slow decline, but they really never stop making testosterone.

Women, we fall off a cliff at like 52 to 55. In those last 10 years, the perimenopause, late 30s to early 50s, we have higher fluctuations of estrogen and then lower troughs, right?

So high, low, high, low, progesterone similarly, and then testosterone just declines over time. So as our hormones go down, that's when we start to see also loss of muscle, we gain fat, there's insulin resistance, depending on, you know, how our lifestyle is, it creeps in because we've lost muscle, it's even worse.

And so that impacts our ability to not only have our optimal weight, but also to have optimal function, which is just to even, you know, move about and take care of your daily things.

I mean, not to mention exercise. Right. Right. And then, you know, we're sitting in front of computers or in a car or whatever else all day long anyway.

But, you know, God forbid you have a patient who's does manual labor for a living. They're not doing it in a way that's protecting their core and all of those things too.

Right. So. You take care of women, obviously. Do you, you know, how do you see a parallel? Do you see a parallel in men? I know that's not your primary practice.

You know, when you start getting the lack of pelvic strength there, what happens in the men, the husbands of these women that you're taking care of? So I do some hormonal therapy for the husbands.

I typically it's like a couple wellness and think of, you know, optimizing them the same way. What's the muscle like? Is there creeping in a visceral fat?

Once you start to see a little bit of that visceral fat around the abdomen, we know that their testosterone is low. Certainly if, you know, they're having some other signs, whether it's be fatigue, poor sleep, sex drive is down, erectile dysfunction, that's all hormonally related as well as is the health of their, you know, arteries.

and the health of their, their, their glucose insulin system too. So I do a similar assessment for men that I'm going to take care of. And I always recommend specifically resistance training and hormone optimization as well.

And I've been very successful at getting couples to be on the same page. Literally when a woman comes to me and says, I like no sex drive, I feel bad for my husband.

I hear that like three times a week. And I'm thinking, gosh, I really want you to like, you know, feel good for yourself.

Hormones, Menopause, and Muscle Loss

Right. Okay. Partner is great. We can get you well matched with partner. It's all about being on the same page. Right. Well, then you have the ladies are like, I don't care about sex, but neither does my husband.

So we're fine. You're like, no, you're not fine. You know? Well, true. And actually if I don't push the issue, if they're on like, you know, if they're, they're compatible on the same page, but not just the sex component, but you know, if there's a drop in drive there, there's a drop in other things.

Yes. You know, quality of life, motivation, stamina, workout recovery, all the things that we don't really think of. And I'm really aware of the fact that the women in my practice that are in their 70s are the sickest group.

And I say that because, and I just started to put it together 20 years ago when Women's Health Initiative came out and everybody got taken off their hormones.

Those women are now 70, 75, 65, 75. Those are the patients who have the canes, the walkers, you know, they're just in bad shape. Now it's interesting, my ladies who make it through their 70s and their 80s and 90s, they're like these spry women.

You can't even, I'm like, I'm looking at the chart going, wait, how old are you? Just the other day, I had someone who was 93. There was no way she was 93. I was like, this is crazy.

Just looking at the big picture, we've got to get it earlier. I think we can play pretty good catch up in our 50s and 60s. But if we make it to the 70s and we're not doing so great, I think it's a little harder to build back some of that momentum.

Okay. So for the fun part, we know what the problem is. What do we do about it? So, you know, when you've got these, these ladies come in, you're talking lifestyle or you're talking hormones.

What else do you have to offer? I mean, where do we, where do you go next? So my consults always also include body comp analysis. So we get like a little baseline of where they're at.

And of course the hormone analysis we talked about. And then I do have the high-frequency electromagnetic energy devices in my office. Originally getting the mcella because the pelvic floor was like a no-brainer.

and then really understanding the core to floor component of being able to build muscle on the abdomen and the pelvic floor at the same time. And I will say that someone like myself who actually has scoliosis and has lifted weights her whole life and really has a little bit of pain every day.

And I think of one of our colleagues, Dr. Abdul Amin, he's like, well, would you rather have more function and a little pain or less function and no pain?

And I'm like, I'll take a little bit of pain if I have more function. And I realized that even though I lift weights all the time, I'm exercising, I'm acutely aware of the asymmetries in my spinal muscles.

When I am sculpt myself and I sit on my chair, I have very little back pain. And so yes, originally these devices were made to build muscle and burn fat and they work awesome for that.

Like I love, you know, trying to get all sculpted, but the whole functional application and now the pain indication. I'm just like, I mean, the FDA cleared the Emsculpt Neo to be able to treat inflammation, muscle atrophy, post-operative venous, you know, blood flow, pain, chronic pain.

And just to get my patients to literally say like, look, I want you to, I want to help you. I want to build your muscle. I want to take you out of spasm.

I want to help with inflammation. It just sort of, you know, popped open this whole world of application that I had no way to help those patients. Yep.

They're going to pain management. They're going to PT. They're getting injections and they're still not well because that's kind of a bandaid. Nobody's fixing the foundational problem.

And so it's just incredible. It's just incredible. We've had such fun. I would say it's been fun finding out how the, so the, so a little background here.

Because I've done a poor job of sort of educating my audience and a lot of my audience, you know, are, you know, they're lay people, we're lay folks. And so the M Sculpt is a, you know, it uses a magnetic energy and a heat source to melt fat, tighten skin, and then make the muscles contract.

The magnetic wave goes through there. Every muscle fiber has to contract. And then we can just decide how intense we want the experience to be. Um, and so initially that was, it was a cosmetic device.

And then we found that as you strengthen, say the abs, the back hurt less, uh, strengthen the glutes, the back hurt less. And then we've got these functional settings where the, you can put it.

on the back muscles and strengthen the back muscles and melt the fat that's between the, you know, Dr. Bula me that you referenced before. He says, you know, our back strap muscles next to the spine look like fatty steak on an MRI.

It's just got this gooey. You know, marbling around that, that muscle and that muscle is meant to hold that spine stable and it doesn't do a very good job when it's fatty.

So this M sculpt helps dissolve that fat and build the muscle at the same time, but somehow miraculously, it also just makes it not hurt. It's amazing.

And then that's the core. And then the floor is a chair called the M cella that has the same technology built into the floor of it. where it sends this magnetic wave through the pelvic floor muscles and you get the, you know, a super maximal contraction of a, you know, like a kegel, but no kind of kegel that you could do.

And then we get, you know, like 12,000 of them in 28 minutes or something crazy. So that's when we talk about these devices and how they're working for pain.

They're working for muscle support. They're working for, you know, just sort of getting stability and vitality back in some of these age groups. And then here we are talking about like, man, When I get time and I think of it, I just take my computer and I set it down on a, on a stand in front of my emcella chair.

I just crank it up and start typing. Cause it's so great. And we can talk about some of the benefits to the men as well. But so you're using emcella on the pelvic floor, em sculpt.

Are you doing. MFM any other sort of vaginal rejuvenation stuff as a pelvic floor combo? Absolutely. And I do the same. I chart on the MCELA because there's no other way that you or I or anybody out there, if they go to PT for the rest of their life, they're never going to be able to cause the muscle to actually get bigger and stronger in the pelvic floor.

Couples Wellness and Sexual Health

And so we work with the physical therapists. They like they, my patients need to learn technique. They need to learn body mechanics, how to lift, what not to lift, how to bend, but you know, let me build them to at the same time.

and obviously we all do better when we're treating something from many different aspects versus just a single, you know, there's not a single answer to everything.

So yes, in my practice, actually before the MFEM, which is the BTL radio frequency device that helps renew the vulvar vaginal tissues, I had a different device that was also radio frequency.

And so that was my first wellness application in the practice over 10 years ago. And we added that because at the time, it was very controversial that women could not use vaginal estrogen cream when their tissues got thin, if they had a history of breast cancer.

Women are still scared to death to use estrogen cream. But at that point, it was like a no-go, like the oncologists were like, no. So we had to add some sort of something to help our patients.

And so we did radio frequency, which has been a game changer for the health of the vaginal and vulvar tissues. And not only does it restore the collagen, it helps with lubrication, it helps with tissue that is less elastic.

So it really just restores the tissue. So if it's too tight or too loose, the tissue just turns into this healthier tissue. certainly perks up the external tissue, which most of us, you know, don't care about.

But when we realize that we're sort of deflated down there, it makes us feel a little better. And then it helps actually, because they've now been done sexual medicine studies, men and women, it helps with orgasm and lubrication, it reduces pain, it helps with arousal.

By there then reducing UTIs, urinary incontinence, confidence, you know, improvement, quality of life. So having healthy tissue down there for women hits so many aspects of our lives.

I mean, as a male, I mean, how many jokes since middle school have been about our tissue down there? Like it matters. And then to apply that to a, you know, an intimate partner relationship that, you know, goes on for decades, you know, you've often said that sexual wellness is a part of total wellness.

100%. It should be one of the branches. Yeah, it should be. It's going to be on my wellness wheel, sexual wellness.

It's just a subgroup of physical wellness.

Have you had difficulty branching? I mean, probably not because of who you are and who comes to you and why they're there, but you know, sometimes it's hard to get, especially someone over the age of 60, whatever, to just start talking about their sex life or the lack thereof or pain or, you know, a lack of wellness in that area and in, or a 20 year old or a 30 year old, anyone, but how does that, how do you broach that topic?

And then, and you sort of blow through it and start getting into the wellness bit. I mean, my questionnaires ask very specific questions, so that makes it easy.

So, you know, in a non pelvic world, one would at least have a couple questions on their intake questionnaire about, you know, are you sexually active?

Do you have any pain with intimacy? Would you like your sexual wellness to be better? Something open ended even might be helpful. And then you could always say, today we're going to talk about this, but I see here that this might be a concern of you.

Would you like to talk about that? Maybe we'll come back next week and we'll just sit down and chat about how I can help you solo or partner. And so what's amazing, and it might just be my personality too.

Like you said, I've just sort of very down to earth with the patients, but I have these 80 year olds telling me the craziest things. But it requires being a straight faced, safe environment.

There's nothing is gonna surprise me. So I just sort of, I don't know. If you ask the question, eventually someone's gonna, if you ask the question, you better follow up on the question.

That's the first thing. If they market and you don't follow up on it, that's also not a good, not a great thing because that means that they had enough confidence and enough, you know, vulnerability to mark that off on your questionnaire.

Yeah. Well, we used to not ask it at all. Now it is on our questionnaires, but we used to not ask it at all because if a woman had stress incontinence, you know, to some extent, urgent continents, there was only so much I could do about it.

And so now it's just so empowering to have tools in our practice that are, you know, life-changing to lack of a better term. I was so surprised when we got our first trampoline park in my town and we took our kids and I was like, Steph, come on.

And she was like, yeah, no. And I was like, what do you mean no? Come on, let's go. We're just jumping around shooting baskets in this little kid area.

And she was like, I'll pee all over myself if I end up, if I jump around in there and I'm like, what? Like I was, he's a physician assistant. I'm a doctor.

We've been married a long time. We got three kids. How do I not know this as a thing? Like it's just not spoken about. And, and it's, you know, as if sex alone wasn't hard enough, but all of the incontinent complications.

I mean, the famous stat is that we sell more adult diapers than baby diapers in this country. You find that to be a big part of this pelvic floor strength and wellness?

I mean, yes, you know, I ask all the time how many pads are using a day, what type of pads, like I'm a connoisseur, I know exactly what kind of pads people use, sizes, you know, the whole deal.

Now, getting someone out of diapers is difficult once they've reached the diaper stage, but getting them into sort of a thicker pad with undies and trying to get them confident.

The hardest part for me is that once you start having significant incontinence, it changes what you do in your daily life. So for example, your wife didn't want to jump on a trampoline.

By the way, even after I'm selling trampolines are not awesome for women. If there's something about the rebound, it's the rebound that gets us. I'm telling you, it's like walking down, running down a hill.

There's something that does something there. But you know, I have patients are like, I don't want to leave the house. I want to go on this cruise, but I have to pack a whole separate suitcase of pads.

Like they have to pay for a separate suitcase, right? Because if you're going to Europe, they don't know where they're going to find pads.

Treatments, Devices, and Vaginal Rejuvenation

Yeah, they're going on a cruise. So it's a huge impact. And once we start to isolate, that's when we lose that mental component of wellness. And we and then we sort of go downhill.

So if we can make just a little niche, a little notch, excuse me, and like reduce that, that stigma, and then get them just a little bit You know, back to normal that that's all that most people want.

And we have the opportunity to do a lot of prevention in our twenties and thirties through education and muscle building then, and then continue forties, fifties, sixties.

Like I said, once we're here, it's harder to gain back that function. So there's opportunities in the older years for sure to impact quality of life. But there's also all this opportunity to maybe prevent, which is where I'm super excited to follow things.

Yeah. Wellness is so much about prevention and I think people get that, but our system's not really built that way. And so everyone sort of agrees that wellness prevention should be a major part of wellness, but in the re in the reality of the day to day of their own health.

You know, they're just busy and when something catches fire, they put it out. Um, getting this, getting the message, especially at your pelvic floor, like how are you going to protect?

You know, it, that's such a. a giant hurdle to overcome because you don't even really know it's there. I mean, you'd give it, like you said, you're like, you don't even really know.

So, you know, that sort of brings you to your, some of the more fun, exciting new things in your career. Cause you're not just a doc, you know, you're a wellness coach, a yoga teacher, you're a speaker, you're reaching out, trying to spread the gospel, if you will.

prevention and wellness, you know, in the core to floor and beyond. I mean, you know, you famously had a full muscle suit for speaking engagements and, you know, super fit, strong woman.

So how does, how does all this play in trying to educate the next generation and, and sort of just spreading the wealth about all this? I mean, you know, certainly starting with things like awareness podcasts.

If I had all day, I'd be like building social media and YouTube videos all day. That would be a dream, right? Right now I still very much am a busy physician.

I am in the office four days a week or two days in surgery, two days in the office, depending on the week. And so I fit it in when I can. The next stage as is going to be, you know, in the office and then dedicated time to doing some of the creative things because There's a lot of influences out there who are talking about muscle and then some are talking about hormones and not a lot of people are putting it all together, right?

I mean, nobody's talking about sexual wellness in the pelvic floor that relates to muscle matters and it relates to hormones in a way that's cohesive who has that background to be able to do that.

And so my goal is to really try to hone in on that and Help women and their partners really live their best lives in their best bodies. That's one of my like bylines, you know, and so how can I do that?

I continue to walk the walk and talk to talk and get the information out as often as I can and just continue to take care of my patients because my patients it's all word of mouth and you know every day I hear oh you were on the Ladera Ranch Facebook group chat you know and everybody's like who you're seeing and so that's how it worked in my community.

Somehow or the ladies are doing mahjong or whatever game they're playing in the retirement community and they're like oh you see Dr. Wallace too and so there's only one of me here and then there's a few others sprinkled a little bit further away, not that far away, but you know, just doing our best we can every day, taking care of the patients and being, you know, being an example, I guess, a role model, it would like to be 56. You definitely don't look 56 and you've been, you know, working out, you know, whether knowingly or just because you enjoyed it your whole life.

And so that gives you a great spot to sort of lean forward and, and lead by example. And, you know, I've got a lot of patients and I also have providers that listen because there's a lot of docs that are sort of.

stuck in the system wishing they could get out. And we do talk about a lot of great ways that are outside the box to take care of folks. And so what, you know, it's not, it's not just about, like you said, it's not just about the urinary incontinence, you know, every once in a while, or it's not just about sex isn't what it, you know, I don't really, that's not a part of our relationship anymore.

So we're over type. It's not just about that, but it's about sort of what that means. And it's about. The travel it's about the confidence, you know, so what would you have both the listeners and the providers that are listening, understand about the link between sort of the movement of hormones.

And so really empowering, we'll say women in this case to, like you said, live their best life and their best bodies. Well, I will say that most women have to advocate for themselves.

The average woman probably gets, goes to see five providers before they even make it to my office, you know, because we are so specialized and nobody's looking at the whole person.

Um, but you know, I think that is one of the advantages of probably of social media and that there's more awareness now, more buzz. now that different influencers like Oprah and Halle Berry are going through menopause and they're like, well, hell no, I'm not going to have hot flashes.

And so I'm like, okay, well, they're like, if Oprah can take a hormone, so can I. I'm like, okay, that's perfect. Whatever Oprah says, you know, but I would say that you have to be your own advocate, understand, you know, what, what you want to do in five, 10, 20 years.

Like, how are you going to look at life and what kind of function do you want to have? Like I want to be able to travel and hike and still roller skate and lift weight, you know, play with grandkids on the ground.

It's kind of like Peter Attia talking about like preparing for whatever decade he calls it, the last decade. It has a name. I can't think of it right now.

You know, I sit down and go, oh, okay, we're going to meet today and make your 30 and 50 year plan. Like at 50, we're making your 30 year plan and your 50 year plan.

Like what are we going to do? So advocate for yourself, understand that there's not just a one answer to fix everything. So you do have to approach or demand from your providers more than just what they're offering.

And if they're not offering, that's when you start to look outside of insurance pays for illness, not for wellness. And so I think that people are understanding that.

And then, you know, continue to be a part and create a community because once you sort of get into that community of wellness and of health, that's sort of a self perpetuating life.

And it's really a lifestyle towards longevity and towards mental and physical wellness. Everything else falls into place when you have those things kind of, you know, sort of mapped out a little bit.

I love that.

Prevention, Advocacy, and Practical Exercises

I love that, you know, cause we talk about lifestyle and we talk about, you know, planning for the future and training for your next decade and, and those kinds of things that my practice too, but so much of it is, you know, what I'm the most comfortable with and what we really need is, you know, a group, a generation really of providers and physicians that will.

You know, ask the questions, put them in their question sets and look for the solutions. So, you know, I'm the only person in the greater East Texas area, which, you know, decent size area that has these devices and that's not okay.

You need to, you know, more providers have the power to help more people with some of these devices. And then really it's like you said, education and making it a part of your lifestyle.

So. Um, for listeners ready to start strengthening their court of floor, what's one simple step you'd have them take next? So meaning they're not at the gym, they don't have a device, anything like that.

Yeah. I mean, just someone who's listening going, you know what? Yep. I have a lot of those problems. I need, I need that. What do I do? Well, certainly try to find a specialist who understands and even a physical therapist, I think would be the best step to start.

But at home, like exercises that are like no brainers that you can do that are so important for building your core. Like if you're backing up to the wall and you're pretending like you're using the wall as the back of a chair and you're just lowering your bum, like you're sitting, isn't that called like an earthquake or something where you're holding up the wall and you're that.

just just doing that alone is engaging your entire pelvic floor and core. Just pretending like you're sitting against a fake chair on the wall, legs are slightly apart.

That's a great one. And then just sitting on a chair and getting up and down without holding on to the to the arms. Those kinds of like total body squats.

Yeah, so important for building your you know, your core. your quad muscles. That's also been one of the things equated to longevity is the size of your thighs.

Yeah. And all my life I wanted these thighs to be smaller, but it looks like they're going to carry me through to the end. Oh, I love it. Yeah. No, having strong, you know, the new, you know, strong is the new thin, whatever muscle, muscle, muscle, muscle.

Uh, you feel better. You look better. You're going to feel better and look better for longer. Man, I love that that's the truth because, you know, before we started focusing on this stuff, it was more prescriptions and more prescriptions.

So this is so much better in every kind of way. It's so true. There's this doctor I follow on Instagram, I think his name's William Wallace, which is not related to me, but it's funny.

Um, I used one of his, uh, you know, posts and it says strong people are hard to kill. And if you look at the fact that, When you have more muscle, you have a lower chance of dying of any illness, including cancer across the board to someone.

And that's independent of age and race and gender and body weight in general. And then also having higher muscle content lowers your risk of dementia, which now, you know, dementia is up there with heart disease and fractures.

So osteoporosis, all of those things respond when you have more muscle. And once you have it, you can sit on the couch and do nothing and your metabolically active body allows you to watch that movie.

Whereas, you know, before maybe you had to do a little extra work. So I think that muscle matters and mind muscle matters. Like those are the big things.

And you know, for those that are looking for a place that has some of these devices, you know, there's, I'm sure there, you know, a Google search away, You're looking for M Sella E M S E L L A.

It's the chair that, that can do 12,000 Kegels in 28 minutes, the M Sculpt Neo. Um, but those are sort of the, those are the, that's the technology that should be augmenting your new lifestyle, your new approach to muscles and preparing for the next decade or two or three or five.

I love that. I love that. So. So for folks that want to learn more, they want to follow Dr. Trish, how can, how can people get ahold of you, follow you, keep learning from you?

So on Instagram, it's Dr. Trish MD, you have to spell out the Dr. D O C T O R T R I S H MD. And on my Instagram, I do a couple random weekend workouts with resistance bands.

So One of the things I should have mentioned is that I carry a resistance band with me everywhere I go. It's in my purse, it's in my briefcase, so that I can actually do some muscle activation if I'm traveling on a plane, if I'm in a hotel room, and I just want to get a little bit of exercise in.

Catalina is an island right off of here in Orange County in California. There's not a gym on Catalina, which is really weird. That's funny. There's not a single gym.

And so thank God I brought my portable gym. And so I was outside at this little park where they have those kinds of things. It's like an outdoor park gym.

And I'm doing workouts and the deer are just walking right by me as I'm doing my little workout there. So on my Instagram, you'll see some workouts, lots of fun things and questions.

And then Facebook, it's the center for pelvic health and wellness. So certainly reach out to me and Dr. Carter has my information as well. This was so fun.

You're so awesome. I'm so excited that you're moving towards dedicated time for more creative endeavors. You know, the world needs more of it. You have something to share that not many people do.

So. Thank you so much for spending some time with us on, on my lowly little podcast as well. And I cannot wait to see you soon. Hopefully we'll cross paths again sooner than later.

But in the meantime, thank you so much for coming on. And I just hope you just wish you all the best. Thank you. You're awesome. And I look forward to having you on my podcast in the future.

Let's do it. That'd be great. All right. Take care. Bye. Thanks for joining me today on MyND Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

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

Until next time, stay well, stay curious, and never stop pushing for better.