Unclenching the Nervous System: Dr. Joe Damiani on Healing Jaw & Neck Pain Transcript

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Introduction to Nervous System Strategies

Another thing I tell people is the strategies that will make you better, you've probably seen them a thousand times, and you can go on YouTube right now and you can learn every nervous system trick available, every exercise available, every lifestyle thing available.

You can read the results for any blood tests you need, right? You can use AI to figure things out, but it's all the gray area that actually makes people better.

You know, people are taught, like I have people tell me every day, it's just like, I just want to plan. I'm tired of just trying stuff on the internet and seeing what happens, wasting time, years, just trying to figure it out on their own.

And it's like, it's not about which exercise, it's about how you put that into a system. And so when you start going into what you're talking about, That's what it's all about.

It's knowing how far to push and when to switch. And like, that is really where the magic happens. This is Doctor Talks. Real talk from real doctors on the issues that matter to you most.

Today, Dr. Joe, I'm so excited to be talking to you about this topic. We're talking about TMJ, we're talking about jaw pain, neck pain, and that association that it has with the nervous system, which is one of my favorite topics.

It is a topic right now that's blowing up because we all realize that we are burnt out, overstimulated, overwhelmed. So what got you to bring the connection with neck, jaw type pain and the nervous system?

Well, just basically, honestly, treating patients in the beginning and not getting that full result that I wanted. You know, I'm a physical therapist, so we're taught to always think in joints and muscles and mechanics, which is a piece of everything.

But there was just a chunk percentage of people who just would never get over the hump. stretch it, you can massage it, you understand the mechanics and just was not working.

And so when I really started zooming out and understanding, okay, the nervous system fuels everything.

TMJ, Jaw Pain, and the Nervous System

It determines if your muscle is hard. It determines if your muscle is soft. It determines if you're contracting, if you're relaxing, if you're stressed, if you're not.

And so I started realizing that You know, it's a loop. So if you get the mechanics working properly and that signal gets sent up to the brain and the brain doesn't believe that it's working properly, it's still going to send the dysfunctional signal down and vice versa.

If you would do the neuroplasticity work and everything is processed correctly, but there is a mechanical issue in the joint, there's going to be a signal that goes up to the brain and it's going to throw it off again.

So we need to kind of get all of it together at the same time. And that's what I came to. I love it. I see this sort of thing all the time. I was actually reading some studies coming into this topic and my team and I were blown away.

There was a study done and it showed an association between TMJ, so jaw pain, and psychological factors. It

showed that there's a increase of 34% likely that you're gonna have some sort of TMJ pain when you've had some sort of psychological factor triggering stress.

I mean, that's a massive increase in pain. You're a third more likely to have it. So I love that you're looking at it from a perspective of the nervous system, stress responses does actually affect the physiological function of the body because, you know, as a chiropractor, as a person who has done musculoskeletal work, it's just missed.

Honestly, the majority of the time, she's like, well, start doing these exercises. Well, doc, they're not working. But it's because there's something that's at the root bringing the problem back, right?

Yeah, exactly. So, I mean, it's funny how overlooked it is. We all understand and are educated, chiropractors, physical therapists, that the nerve impulses from your brain are what determine if a muscle's turned on or off.

And so the idea that if this muscle's tight and you just massage it or stretch it, the problem's gonna go away, it's crazy. what was sending the signal to the muscle to make it tighten up in the first place.

And if you don't address that, the muscle is going to be tight again. It's the oldest analogy in the book, but it's like you have a water stain behind the wall.

It stains the wall, you paint over, it looks beautiful, next morning stains back. I mean, that's what it comes down to. And to elaborate a little further on the study you read, When I think about jaw pain, so not TMJ disorder, but jaw pain, there are three buckets or main causes of it.

The first is an actual joint issue in the TMJ. Yes, there's a mechanical issue. That's a real thing. The second is actually referred from the neck because there is a trigeminal cervical nucleus where the nerves of the neck and jaw connect.

And so when we have dysfunction in the neck, For whatever reason, the body sometimes gets confused and it sends the pain out towards the jaw. So it could be a neck problem and we can go into all that later.

But the third bucket is stress tension. Nothing's wrong with your neck. Nothing's wrong with your joint, but your nervous system is sending firing signals down to the muscles.

And those people, they have tension and pain here, but there's no joint issues. There's no neck issues. And so the first step really is determining like which bucket are you in?

So you don't waste thousands of dollars and months and years of time treating the wrong thing. Love it. So that same study just to continue to compound on you.

And I was, as I was going through it said 70% of cases that have TMJ pain or myalgia are preempted or preceded by some sort of life event that's stressful.

You could be getting married, divorced, have a death in the family or whatever, but some major event precedes pain 70% of the time. I know with myself and my clinic, I'm always asking the question, hey, this thing started when?

Okay, and I get that information. I go, did anything happen like the year before even? And so much of the time, if we really dig, we can get to the point where they're like, actually, yeah, you know, this thing happened to me.

I started law school and I was really stressed out. And I'm like, okay, so we got a nervous system component to it. Right. Yeah, a hundred percent. And, you know, that nervous system component, which could just be pain, just pain in the muscles and central sensitization.

So that means that your nervous system. So if you poke me with a needle here, my tissues here are supposed to send a signal to the brain. So the tissues don't send pain signals.

They just send a signal to the brain say like, this is the situation guys. Should we, what should we be feeling? And the brain determines if you have pain or not, if it thinks you're a threat and you would have pain.

So that, so you move away from the needle and then it, and then it's over, it goes away in a couple of minutes. It dissipates with central sensitization.

What happens is the nervous system has a dysfunctional response. So now if you've been in pain a while for whatever reason or stressed, you start touching that area and has a pain response.

Stress, Central Sensitization, and Pain Loops

And you're like, what? I just touched it. And that's because it's misinterpreting signals or your brain is in such a state of fear and confusion of why isn't the pain go away?

What's going on? That it's hypersensitive. It's like having your car alarm set hypersensitive, like a leaf blows by and it goes off because your brain is in protection mode.

And then that, as you know, I mean, I'm talking about pain and with you, what you do with root cause and functional medicine, all of the systems of the body can be impacted by this very same thing.

Yeah. I mean, I do entire talks on how trauma itself, so trauma, stress, when your body is so burdened, whether that be from mental stuff, like you work too much, emotional stuff, you lost someone, infections or toxins, all of these can trigger the same physiological pathways that generate inflammation.

So you could have a stressful event that triggers the same reaction as coming into contact with black mold. You could have the same kind of inflammation happen.

So I love this topic, especially talking to a expert in physical therapy here, a DPT. That's awesome. So I, you know, another piece that I talk about a lot is the role of the vagus nerve within your immune system, your digestion, alongside of how your body responds to fight, flight or freeze.

So what are you seeing as the vagus nerve role when it comes to TMJ, head and neck pain? Yep. So the vagus nerves, one of its driving roles is to keep you in that state opposite of fight or flight, parasympathetic state.

And so the nerve, which is coming from the brainstem, it's integrating with the ear, the mouth, the throat, all the way down to the diaphragm, it can be dysregulated in so many different ways.

We know that people who are shallow breathers and in that fight or flight state, they're relying on the vagus nerve input to calm you down. And then that same person who's in that fight or flight response is going to be clenching their jaw.

They're not going to be going through the normal process to flush inflammation. And so we need the vagus nerve to be able to bring you, we rely on it to bring you back to that state.

And so I use that as an adjunct. It's a tool we can use. It's not going to be a whole piece of the picture, but we can use it in the short term. Like, hey, I'm having a lot of pain.

Every time I try to move, it's very painful, and I can't figure this out. Let's use some vague nerve strategies. pull you into a better state and now suddenly that restricted muscle or joint, you can move through it.

Well, then clearly it's not an actual restriction. It's the state you were in. It's the nervous system. So, or as someone who's always in fight or flight state, which is more of like the severe cases, we need to teach them how to integrate these strategies over time.

A couple of simple ones I like that you can stimulate are like First of all, gargling, because it's integrated throughout

the throat. Gargling and humming, you can quickly switch on that nerve and get yourself into that relaxed state.

We can do things like cold exposure to the face, the simbacontra, which is a piece of the ear where acupuncture uses this point a lot in dry needling, but you can actually at home, pinch it and each of these strategies can be done for like, like I said, two minutes if you want an acute response.

But then you can use it throughout the day if we're really trying to like make a shift. So it's a big piece of it. I love that. I give some of those exercises to the people I work with.

A really common population I work with is those people where their body's in true fight or flight. They've got chronic disease, chronic illness, autoimmune, and exactly what you're talking about a lot of times they're like pulled forward because their body's trying to protect itself shoulders way up at their ears right so if you're if you're listening right now you're going wait a minute like i'm always trying to like pull my shoulders down or i feel like my neck's really tight it's really hard for someone to fix that a physical therapist a chiropractor if all day you're like They push you down and they adjust you or they do massage, they do trigger point, they do dry needling.

And then you walk out of the office and you're like, well, it only lasted like two seconds. Yeah. Well, yeah, there's other bigger things that need to come in.

And I mean, we have a guide that we just hand out, like, here you go. Here's gargling. face in cold water, humming, Valsalva maneuver basically, just really reconnecting the body.

And it's incredible. And I know that one thing you talk about is the effect on symptoms that this can have that don't even seem connected, right? So you've talked about how downstream symptoms from pain from jaw and neck can be dizziness, brain fog, anxiety.

So as you break these feedback loops, you're seeing a lot of positive impact on those things too, right? Yeah. Yeah, absolutely. So you put it very well, it's downstream effects.

So like when we talk about even brain fog, so we can go into a couple of different things. So like brain fog itself, On a very simple level, if we're talking its relationship to the nervous system and pain, because obviously fatigue and brain fog can be as a result of a lot of different things.

But if we're talking about the nervous system and pain, if you think about your body and your brain like a computer, When you start running too many tasks, when you start opening too many windows, it slows down.

Now, pain is a major taxing effort on the nervous system. It's causing it to work over time. It makes it feel like something is horribly wrong. Your brain's job is to protect you.

Vagus Nerve Tools for Regulation

The number one thing it needs to do is keep you alive. So when it feels you're constantly in a state of pain, it is in protection mode. It's like, all right, forget the diaphragmatic breathing.

What's that? Like we got to keep this guy alive. And so it starts going to protection mode and that just kind of weighs down your system. It runs too many tests and you start having that fatigue.

It also shuts down parts of the prefrontal cortex when you're in protection mode, which is responsible for planning and focus. And so again, in simple terms, it's just too much going on, but there's actually like neurological impacts to the brain as well.

So that that's brain fog, dizziness. One thing is that there's such an intimate relationship between the jaw and the neck. Like if you can't open your jaw all the way, or if you can't breathe properly due to an airway restriction, you can actually lift your head up and as you tilt up, it opens your mouth.

So if you have trouble opening or breathing, you lift your head up. Now that's gonna impact the neck. Likewise, if you injure the neck, it's gonna send signals to the jaw.

And where it comes to dizziness, our balance system, is integrated with the inner ear, so anyone who has ever had vertigo knows about that and the crystals and how terrible that is.

It integrates vision. So we have the inner ear, we have vision and it also has proprioception, which is your body listening to which muscles and joints have stretch on it to understand where you are in space.

And if your neck is really tight or restricted in a certain direction all the time, your brain thinks you're in a twisted or falling or moving position and it tries to account for that and you have dizziness.

So once we started dressing the jaw and the neck and balancing things out, your brain has more regular input. And just to add one more thing on top of that, this is something if you follow me, I hit on this so much.

And maybe you see this in what you do as well. Sometimes the things that are going to get people over the hump, they tried two years ago. but they had a bad response initially.

And so they bailed on it when really it's about tweaking. It's about what's the intensity? What's the duration? What's the frequency? If your body has a negative response to something, at least in my world, that's like a compass to the problem.

And so so many people have bailed when it was wrong. And so I get, when I work with people, it's all about how do we make adjustments to this exercise?

And that's what will get you over the hump. I love it. You're the physical therapy version of my functional medicine practice. And there's a way you're thinking about things because we have people that come in all the time.

They're like, I can't take any seat. No, no, no. Beef items, absolutely not. Magnesium, oh, that's going to get me. And I'm just like, I get it, you have had that reaction that was real, but you have magnesium in your body.

You have to, you'll die without it. You have B12 in your body. You have to, you'll die without it. And acetylcysteine is a precursor to glutathione, which is again, is inside your body.

So I know you can tolerate these things at some level. It's about the amount and the intensity that's coming in. And if we can dial that in and get the body to work with us instead of against us because it's stuck in that fight-fight response, you start really making progress.

I always tell people it's the order of operations and the speed you go at is going to be everything for the success that we're going to have. And I haven't really ever heard anyone in the physical therapy realm talk about it.

So that's an incredible difference that I just don't hear. Right. Well, I'm happy to hear that, but that you relate to that. And I'm sure you can relate as well.

It's that like, If you want to, there's levels of thought to getting someone better. And like in my world, the first level of thought is like stretch your neck.

And then you start getting into things we're talking about. The only way to get to those like levels of nuance is to actually be like in the field, working with the people.

like not in a place where you see him 10 minutes at a time. You don't learn anything from that. You need to be in there, in the trenches with them. You know, they come back to you three, four or five times a row and they're like, I haven't changed, but you hang in there with them.

And like, that's, that's what it is. So I always think, but like, no matter how big my practice gets and how, how hard it

is to accommodate, I always have to maintain that working one-on-one in the trenches because that's the only way you understand like the deeper levels of it.

And again, just like what you're saying in your practice, like if you had those people who were upset and angry and you're like, okay, okay, I won't even test that with you, you would never get them the results they needed.

Yeah, you know, it's definitely that fun conversation of a person who had a bad experience with something that I'd like to use doesn't mean I will have to.

I often tell people like, hey, let me build some trust with you. Let's move the needle somewhere else. And then maybe we're going to come back over here later on and nudge this up.

Here's a fun one for you. I've had people that have had anaphylactic reactions to black walnut. All right, throat type closing. They're having serious reactions.

Six months of work, nervous system regulation, bringing down the inflammatory autoimmune responses in the gut, working on healing leaky gut. We can use full dose black walnut six months later.

Brain Fog, Dizziness, and Neck-Jaw Connections

No side effect, positive outcomes. I've seen this time and time again. When you get the body to realize that it's in a safe environment and then it also feels safe which are different things right so you've got to be in a place that is safe so i work with mold a lot i work with people that have been through trauma so their environment isn't safe so we pull them out of that put them in a safe environment and the second place second part is then we have to feel safe in our new safe environment because that's a different thing so that's nervous system regulation you correct these two pieces all of a sudden their body makes major shifts which allows us to continue further steps along.

And it sounds like for you and physical therapy, those things still would apply, but it's also about the body may have been injured from a repetitive injury, overuse, or something else that's gone on in their lives.

And if you push the body too hard, then it locks down. And if you just say, hey, we're going to take it slow and rebuild you, we start getting somewhere.

Absolutely. Yeah. And I tell people, I'm like, let's, whatever we pick to do, whatever the first move is for your nervous system, let's do something so subtle that you're even like, oh, come on, this is ridiculous.

Like this isn't going to do anything. Like that's fine. Cause then we know that the progress is ahead of us. Whereas when we overshoot, now we need to lose all this time going backwards to find baseline and then come back up again.

And so it's just about, It's all the things that you said. It's finding the comfort, it's meeting someone where they're at and knowing when to push and when to pull back.

I mean, people also know their body well. And so like, as a doctor, you can't, you also can't show any arrogance, like I know more than you, because sometimes you don't.

And sometimes they're right about their body. And so, not sometimes, it can be very often as well. And so it's just about, it's playing that game of working together with them.

Yeah, I've learned more from listening to the people that have walked into my practice, listening to the things they've learned, the experiences they've had, than I did through my nine years of college.

I mean, I went through a lot of school, but even on top of that, you add all the conferences that we go to, I still learn more from the clients. And it's just all that information coming in, you're downloading it and you're just like, When you're passionate, like we are, I mean, I know you are, it sounds like you're really like just stopping and going,

okay, with all that physiological information we've learned, how do we put that into play?

How does that actually work? And I love it. I mean, that's, that's what I do every day. It's like this big puzzle. And you're like, okay. And I just sit back and tell people, I was like, if you ever watched some of those TV shows where this guy just sits back and it's like all these compilations above their head.

And I'm like, That's me half the time. I'll even tell a client, I'll be right back with you. I'm still sitting on the Zoom with them. I'm like, let me process where I'm going with everything you just gave me.

I'm just staring at the wall. I'm like, oh, okay, here we go. Right, right. Yeah, yeah, yeah. Well, for anyone listening, if you have a provider who doesn't do that, there's a problem.

If someone's just kind of shooting from the hip and they have an automatic response, Like I just don't buy it. Everyone needs time to process if they want to come up with the proper solution.

So if you see those, like you're saying, like the zone out moments, that's a good thing. One of my favorite lines is, You know, I can't tell you the answer is no to something that they ask.

You know, my experience isn't necessarily that that would be true, but let's try this and that and see if we can't solve the problem. And if not, we can come back.

Right. Like it's always just like, oh, let's let's keep that information. Let me type it in. We'll come back to this if it sticks around. Yes. You know, Here's another question for you as a physical therapist that pops up for me all the time.

And as a chiropractor, I love talking to patients about these little things. How about let's talk about the tech neck? We're talking like this. I was reading a study on this, right?

And it showed that there was a significant decline of basically nerve conduction from brain to below the brain, so below the neck, when the neck posture is like this, like down, like beyond, let's see, the cranial vertebral angle, right?

So this was greater than 50 degrees. And then what the study was showing was it directly impacted the autonomic nervous system. So your body's automatic response.

So the vagus nerve, your fear response, your immune system. Are you seeing this too? Yeah. So being in that position, I mean, it is It goes up and it goes down.

And so like that position will cause the dizziness, the headaches, the dropping. It will cause the, it can cause the stuff below as well. Like we're talking pure musculoskeletal referrals down, down the shoulder blades into the arms.

And then when you lose that healthy movement, like you're saying, when you're stuck in a position where the head is just forward like this, First of all, the blood vessels in the area, the nerves in the area, they all need normal movement.

They need stretch and movement. When they're not getting that stimulation at all, there's just conduction velocity, blood flow, it all slows down. There's not a point A to point B.

explanation for it. It just impacts all of these responses throughout the body. And so it's just like if you actually have an adjustment of the upper back, suddenly things just free up in the arms and the neck, you feel so much better.

We just need movement. Your body loves movement. Your body needs movement.

Tech Neck and Whole-Body Effects

Even there are studies that show the discs in the back, whether they're herniated in a certain direction or not, just actually pumping the vertebrae and getting movement through the discs actually keeps them healthy.

Forget like, you know, in our world, like directional preference and what causes pain in one position versus another, just movement itself. It keeps inflammation moving.

It keeps normal function. So yeah, you see all sorts of stuff. So it's not just localized problems that you see. I know that's a huge thing for me. People come in, they're like, doc, this hurts.

Yeah. I'm like, okay, well, could have an injury there. Did you injure that? No. All right. Well, let's start talking about different situations. Do we have rheumatoid arthritis?

Well, we can run the test, the blood work. Do we have that? That's what I do, functional medicine. Do we have inflammation? No, it's not there. Interesting.

Well, let's test some other muscles for strength. Let's test the forearm. We'll go up here. Well, that's a little weak too. Let's go up a little higher.

Well, that's a little weak too. That whole nerve is a little weak. Let's go on the neck. Push into the neck. Oh man, that zaps my whole arm. Yeah. might be a little bit further up.

And that's easy, that's brachial plexus, that's more commonly thought of. But as you're talking about this, like tech net going down, you're decreasing blood flow, so recovery, nerve conduction, so telling your body to move and heal properly.

But then you add that to vagus nerve, to what we've talked about, and you can have a finger injury without actually having a finger injury going on. And it's just downstream breakdown.

Mm-hmm. Yeah. It's, it's, it's all, all connected. And a lot of times, you know, you get into the, you know, sometimes with traditional diagnoses, again, in my world, you'll have someone that says, I have a herniated disc, I have stenosis, I have scoliosis, I have X, Y, and Z.

And yes, that's part of the picture, but ultimately, If you had a diagnosis like that, that in the textbook said you shouldn't move to the left, but we did treatments and moved you to the left and you got better.

We're always going to listen to your body's response. So sometimes people get these diagnoses and it puts them in a box. And they're like, no, it's not my nervous system.

It's not my lifestyle. I have a disc herniation right here. And so that actually is a limiter for them making progress because they're not willing to try anything when really we know and research keeps coming out that actually the state of the spine itself has less to do with dysfunction compared to certain things you can't see, certain restrictions, certain ways things are being metabolized and moving.

And so I always tell people, we can respect the diagnosis. And if you have red flags from your medical doctor or your orthopedic, of course, we're not going to move in whichever direction they want.

But that's so rare. And so I always tell people, we're going to start with a fresh slate. We're going to move you. We're going to try different nervous system strategies based on how your body responds.

We're going to adapt and make the next decision. And if you just do that enough times, you get better. And so that's what it comes down to. Listen to the body, make decisions, and just keep moving forward.

Love it. So what you're saying is the neuroscience of the brain, if you believe you can get better and you work through it, there's a good chance it's going to happen.

It's like, it's like anything else. We know that in every area of life. It's like, we tell this to our kids, keep trying, don't give up. You failed, learn from the failure.

And it really, when it comes to the body, that's like one of the biggest, most profound things I've learned probably in like the past like five years is that it's like, let's just keep moving forward.

Let's just figure this out and take it slow. And like, before you know it, it's like, there's an analogy. If you have to drive like across the country in the dark, And you have your headlights on, you're freaked out because you can only see five feet.

Well, that's all you need to see. And then you see the next five feet and the next five feet before you know it, you know, you're in California. That's across the country for me.

It's only halfway. I'm right here in the center. You can stop and say hello. You know, we've talked about vagus nerve, we've talked about some of the tech neck stuff, even the emotional connection.

So these are some of those uncommon conversations, at least within like physical pain that I, from most of the people that are out there talking about it.

But if you run into a wall, if you feel like you're stuck and you've got some sort of pain loop that just isn't breaking, what are the things you're going to be looking at?

So we've touched on some of it already. So basically we, you know, if you feel that you keep no matter what, let's take a strategy or let's take, let's say that every time you wake up in the morning with headaches, let's say, and then every time you're sitting, those headaches are worse.

You start trying different strategies. You start trying different stretches or you start working with the nervous system. and it flares you up. What I always tell people is like, we have an acronym, which is IDF, I don't fail, intensity, duration, frequency.

We're going to take whatever strategy we're looking at with you, We're going to bring everything down in half. We're going to do it half as intense, half as duration could be frequency sets, and then half as often.

Finding the Right Dose and Progression

Then what we're going to do is we're going to build up with the intensity first. We're going to work that intensity up little by little by little until we feel that you can make it to a more significant degree.

Then we're going to do that a little bit a couple more times in that session, and then we're gonna do it a couple more times that week. And so by doing it that way, we're just controlling each variable, and you can slowly build up.

And then we take it from that variable on. And the other piece is if most of the people that I work with, it's not just one thing, it's head, neck, and jaw, just a kind of dysfunction of everything.

I always tell people to list their problems. Like what is the number one thing that drives you crazy during the day? Number two, number three. We're going to start with number one.

Let's build a plan around that because there can be a trickle down effect. Once we get 50% through number one, we may get through 25 or 100% through the other one.

You don't want to get too overwhelmed and distracted in complex cases. We pick that number one thing. We pick the best strategy to start with. We control the intensity, duration, frequency.

Once we work through it, we might add a couple more strategies and then we go to the next and then whatever's left to the next. It really just comes to using a formula.

That's what I would say and let the pain guide you. said beautifully. It sounded like you to me were talking about hermetic stresses a little bit there as you were walking through the, we're going to take you to your threshold and then maybe a little bit more but not too far.

I was reading a study when I was at a conference with Dr. Tom Moorcroft and he presented on hermetic stress. Hermetic stress is a good stress, but yet it is stress and it's going to push your body.

But there's an amount you can go before the body has a trigger where it becomes a problematic issue. So when you go to the gym, this is hermetic stress.

When you force yourself to push a little bit further and learning, it can be even hermetic stress. If you hold your breath a little bit longer, right?

All of these things can push you in a positive way. And there's about a 30% increase where it can be uncomfortable. And that 30% window, give or take, was the average of what people could handle where it became good and then you pull back and you allow the body to recover.

And that's how we build muscle. That's where you get stronger and more athletic. But if you push beyond that, you start going beyond that, your muscles will break down.

You start tearing tissues. You might even end up with rhabdomyolysis if it was a workout thing. So it sounds like you're kind of doing the same thing.

You're pushing just enough for improvement without going so much that there's breakdown. That's exactly right. And it's so important to use this kind of approach because Another thing I tell people is like, the strategies that will make you better, you've probably seen them a thousand times and you can go on YouTube right now and you can learn every nervous system trick available, every exercise available, every lifestyle thing available.

You can read the results for any blood tests you need, right? You can use AI to figure things out. but what people don't, but it's all the gray area that actually makes people better.

It's like, you know, people are taught, like I have people tell me every day, it's just like, I just want to plan. I'm tired of just trying stuff on the internet and seeing what happens, wasting time, years, just trying to figure it out on their own.

And it's like, it's not about which exercise, it's about how you put that into a system. And so when you start going into what you're talking about, That's what it's all about.

It's knowing how far to push and when to switch. And like, that is really where the magic happens. Absolutely. Yeah. Well, I'm curious because with my clients, when they ask me, well, how do I know how far to push?

I'm like, well, partially that's my job is to help you. to teach it. Secondly, when it's physical, I go, if you're wondering if you should do more sauna, go for a longer walk, start going to the gym, because some of the people I'm working with, these things are too much for them.

When we get at the beginning, or maybe that hour long sauna session at 160 is too much for them, which is a little bit harder of a push, right? Or CrossFit's a little bit too far of a push, which I used to do CrossFit, so I'm not hating on intense workouts.

I'm just saying, you just need to figure out where it is. And this is my statement. I'm wondering if you agree. If you go and do the thing, say today, and then tomorrow you feel wiped, not in the way of like, I'm sore, but I am just down.

I feel a little burnt out. I feel drug out. I got maybe burning eyes or I just feel depleted. You probably went too far. If the next day you feel that like, I feel good about life.

Maybe I'm sore or maybe I feel like, you know, my body's flushing out toxins in my case, but overall, like the body feels resilient. That's okay.

Listening to the Body and Closing Thoughts

So if you walked a mile and you were good, but you marked a mile and a half and you feel burnt out the next day, let's go a mile and a quarter and see if that fits better for you.

Yes, I 100% agree with that. It's a good way to put it. I mean, people deep down kind of know good from bad. They just kind of, I think, looking for permission to make a decision on that but like you said like that depleted kind of feeling where it starts becoming an emotional feeling versus an emotional well-being feeling and being sore it's different everyone and you know it's when people mix that up is when it gets scary for them it's like you know, if we're talking just pure, like something like sciatica, it's like, if you had a good leg workout and your legs were sore, you would the whole day be kind of riding on it.

Like, ah, they're so sore. I love it. But if you for a second thought that was sciatica, you would be in a whole different state the whole day. Like, oh my God, this is terrible.

This is horrible. Like, am I going to be able to go on vacations anymore? And like, people just need to be able to understand good from bad. And I think a lot of people, at least in my experience, they're misinterpreting like the good, like let's keep going for the bad.

And when the nervous system comes into it too, it's like what I realized with clients, there's the deep emotion piece of it. But generally when you're in pain, there's three different ways that I look at it.

There's either the emotions that fuel the nervous system. So if we're talking about neuroplasticity causing pain, It's either the emotions, meaning that you've been in pain for a while, you're fearful, you're confused because it's getting different opinions from doctors, you don't know where to go next, you're worrying if it's gonna impact your career.

This all fuels the nervous systems to become more dysfunctional. So that's one person. The other person is just trust with the body. Like, hey, last time we moved like this, you injured me.

So now I'm only going to let you move here before you have pain. And you think there's a joint or some type of issue with your nervous system protecting you.

So that trust piece is something that has to be reconciled. And so you have the emotions. And then there's just awareness. Some people You're just thinking about it all the time.

If you've been in pain for a while, you wake up. Am I in pain today? Is it going to be a good day? No. All right, I'm putting on my shoes. Does it hurt now?

You keep asking. You're sending that signal. It's like an addiction. If you smoke cigarettes, the more you think about them, the stronger the addiction becomes.

Just like with the musculoskeletal piece, we need to do our due diligence to figure out the root cause, like what I was saying about the jaw pain. Is it the joint?

Is it the stress? Is it the neck? When it comes to the nervous system, is it the emotions? Is it just the trust by the actual nervous system? Or is it the awareness that you're so tuned into it?

And that's actually the starting point for the nervous system that I begin with. And then we just put more into whichever bucket you fall into first. And then like I said, there's usually a trickle down effect and then you can move through different buckets.

Man, I feel like that is a great place for us to come to a close because that is a exceptional explanation of where people can fall and just a little bit of like how to help themselves move along.

Is there anything else you want to add before we end this podcast? I mean that, I agree that's a really good place to end. If people want to learn more about kind of what I'm doing, they can check me out on social media.

But my website is physio loops.com. So just about breaking the loop that you're stuck in. And in there I have different like programs and things that can help you to kind of navigate your way through this.

Love it, man. Well, if you're listening, go check that stuff out. I have not heard another physical therapist that seems to have this much understanding of the connection of the musculoskeletal pains and rehabs and association with the nervous system.

So thank you so much for joining us today, Dr. Joe. Thank you so much, Dr. J. We really appreciate it. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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