



EPISODE 902

The Truth About Back Pain and Sciatica: How to Eliminate Back Pain FOREVER

With Guest Dr. Grant Elliot

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SHAWN STEVENSON: If you or a loved one has ever experienced back pain or sciatic nerve pain, this episode is going to be a game changer. Today we have the physician behind the number one back pain program in the world, and I'm telling you. So much about what we've been told about back pain and conventional medicine is flat out wrong. And this is precisely why back issues are not getting better, they're getting worse, they're becoming more prevalent, and people are not truly getting better. But all of that is going to change today with these powerful insights. And before we get to our special guest, a major part of our fitness and functionality is centered in our cellular health, and in particular the health of our mitochondria.

Our mitochondria are well established to be the energy power plants of our cells, and our mitochondria actually require key nutrients in order to function. One nutrient of specific importance is magnesium. In fact, your mitochondria requires magnesium in order to make copies of itself making more mitochondria or mitochondria. Genesis is dependent on magnesium and other key electrolytes. As a matter of fact, other electrolytes of extreme importance are sodium and potassium. Pretty much every process that our body is doing requires this sodium, potassium pump is keeping the lights on, keeping the energy flowing.

We've gotta have ample amounts of these key electrolytes in order for everything to be functioning at a high level. If you're not eating crazy amounts of ultra processed foods that are littered with really low quality sodium, sodium and salt tend to be used synonymously. But there are multiple types of salt. There's magnesium salt, there's calcium salt. The list goes on and on. Sodium isn't the only type of salt, but it's well established that if we move away from ultra processed foods, which is where the average person is getting upwards of 80% of the sodium in their diet. We can likely find ourselves in a deficiency, especially for focus on eating real food, whole natural foods, which eating real food is a great place to find a lot of these electrolytes.

But today, another issue that we're dealing with is that many of the natural foods that we evolved eating are very abnormal as well. If it's not in the soil, it's not getting in the food, and we're dealing with mineral deficiency, nutrient deficiency overall in our soil today.

And so yes, we want to eat real foods base, our diet on that, but also this is a great spot for the majority of us. Especially dealing with all the things that our bodies are dealing with, with this very abnormal condition in the environmental exposure that we're dealing with to help our bodies to be more resilient is to supplement with a high quality science-based electrolyte.

One of the most important things is to get the right ratios of sodium, potassium, and magnesium, and that's what you get with the number one clean electrolyte supplement in the world. It has no sugar, no artificial dyes and results that you notice. I'm talking about the electrolytes from LMNT and right now just in time for summer. LMNT has a brand new lemonade salt that you're absolutely going to love. And by the way, with every purchase of any of their electrolytes, you're gonna get a free sample pack to try out all of their classic drink mix flavors. And as always, LMNT has a no questions asked money back guarantee. So you have nothing to lose and only better hydration and performance to game.

Just go to drink LMNT.com/model to take advantage of this right now. That's drink LMNT.com/model. Definitely check out the lemonade salt right now. It's fire. I keep it on hand just in time for summer. Amazing, with a little bit of ice. So we're hydrating for performance. Head over to drink LMNT.com/model. And now let's get to our special guest and topic of the day.

Dr. Grant Elliott has a master's degree in sports medicine and rehabilitation, as well as a doctorate in chiropractic. He's the founder and CEO of rehab fix and online training program to help people around the world resolve their low back pain, disc herniations and sciatica. Let's dive in this conversation with the one and only Dr. Grant Elliott. All right. According to the CDC, 40% of American adults experience back pain including sciatic pain within the last three months. This is obviously an epidemic issue and it's growing in prevalence. What do you think is going on? Why are so many people experiencing back pain and sciatica pain today?

DR. GRANT ELLIOT: A combination of us not moving as much, but also the overwhelming prevalence of misinformation and misguidance within the overall healthcare system and within the societal narratives surrounding back pain, that is instilled the beliefs that this is a disabling, incurable condition.

SHAWN STEVENSON: Hmm, yeah. So we've got psychological as one part, and also practical physical things that we are doing and not doing. A hundred percent is creating this recipe of pain, both, and I'm so grateful to have you here today because we're gonna unpack all this stuff and provide some powerful insights for everyone and some powerful tools that people can use for a lifetime. But first and foremost, let's start with your superhero origin story. All right. What got you into this field? What got you interested in health and fitness, and why did you focus your attention and energy on back pain and sciatic pain specifically?

DR. GRANT ELLIOT: That would start with my parents. I'm the youngest of three boys. They had all of us in all the sports growing up we're always active. And, once I started kind of getting into fitness myself, I had known I always wanted to be something health related doctor of some kind. I didn't know exactly what that would be, but I was a competitive mountain bike racer in high school. I raced for three, four years and I was getting scholarship opportunities for that.

I was quite good and I was getting good, I was getting better very quickly. And then my last season, the most important one, uh, I started developing low back pain myself, and as many will resonate with, it just slowly came out of nowhere. It came on insidiously, which is the most common onset of low back pain and didn't think anything of it until it started to notice it more and more and more and more until it started impacting my races.

Well, at that point, once you progress through classes, your races become more intense for longer. So two hour races all out, like the whole time my back started not being able to make it through the races. And I started getting off the trail, stretching out, getting back on the bike, trying to keep going. And as you can imagine, time is very important in a race. So I started slipping, slipping, bang, have my races. Okay, what do I do? Well, went to see what I know now is a traditional old school chiropractor, not of quality. The, oh, you gotta do x-rays first. Your spine's crooked. You need to see me three times a week and there's no end in sight.

But we didn't, I didn't know any better at the time, neither did my dad. And so I did that, that typical thing, most, most people's experience. And wow, it didn't help. And so, my races kept getting worse. So I quit racing, quit racing, lost my scholarships. So I was like, all right, I guess

I'll just. Hit the gym more. I'll just work out more 'cause I don't have an outlet now. A couple years into working out, I saw an individual at the gym and he was doing some cool like warmup, like mobility activation type stuff. And I was like, that looks interesting. That intrigues me. So I approached him, stroke up conversation and realized he was a chiropractor too.

And then the things that he was talking about and the things that he was doing, I was like, this, it does not seem at all like what my previous experience was. And so he invited me to come shadow him. I shadowed him and he was doing rehab, he was teaching movement, he was doing soft tissue, he was doing all the types of things that I did not get in my experience. And so I thought to myself, this should be all of healthcare. Why did I not get this? I wish I had, my story could have been different. So even though my story begins with a bad experience with a chiropractor. I said, okay, because I'm exposed to what it should have been. I'm going to become a chiropractor to be the best one and ensure that more individuals can get the quality of care that they deserve.

So that's what made me decide to be a chiropractor. So even going into college, I, I knew what I wanted to be. So now how did I end up focusing a hundred percent on low back pain? A little over halfway through school, I had the realization. So this would've been 2017. I, yes, around 2017, I had the realization I should start posting on social media. I should start some kind of growth. And I didn't know exactly what that meant, but I was very rehab focused, sports medicine focused, movement focused. And so I thought, okay, I'm just gonna start sharing stretches, sharing information, sharing rehab. 'cause I was really, really into rehab and being the best at that.

So just started posting here and there. Started getting views, started getting questions. I thought, okay, I should continue this so that when I graduate and I go to a brick and mortar, that I have a portfolio so to speak, so that when I'm engaging with individuals networking, I can say, look at my page. It would provide an immediate snapshot of my mission. What am I'm about, what I can provide. It would be good for building authority and building a name for myself. That was the intention was just purely to post a bunch, to have it as a portfolio. Well, me being a driven person in anything I do, and I am addicted to growth and improvement.

As I started posting more and views, got more and likes became more, and followers became more, that became the focus of just how can I make my videos better? How can I post more? How can I gain more followers? And that became the game. So I went from posting once a week casually to, you know, two, three. And then I heard a podcast, where they were like, if you wanna really grow, like just post every day, do it. And so this was a year before graduation, I said, all right, I'm gonna post every day until I graduate, which was a year getting a hundred thousand followers that year. And then where the steering went towards low back pain was towards the end of that.

Once it was time to launch my business, really, I was starting to listen to more business mentors and those types of subjects. And I started to hear the concept of forming a niche and niching down and whatever your audience is telling you, that's what you need to focus on. And at that time, I was posting everything. I was posting, shoulder pain, neck pain, hip pain, foot pain, jaw pain, all all types of things. And it was growing my channel but I analyzed it. I said, what's my audience telling me? And all of my low back pain videos, my sciatica videos, my disc herniation videos, those are the ones that were always the most viewed.

Those were the most questions I got, and that's just what I am absolutely killer at helping. So I went, okay, this is it. I stopped posting about everything. I started only posting about low back pain, and now we have over 3 million followers across our social media, number one online, low back program in the world. And this is all we do, and it's all we preach.

SHAWN STEVENSON: That's amazing. Such amazing story, man. I, I love that. And again, just looking at the data, 40% of American adults having a low back problem of some sort in the last three months. That's like an exceptionally large amount. Of people you know versus again, they're all kind of mechanical. And we could talk about the mechanistic stuff and also the psychology and psychosomatic issues that can happen with all parts of our bodies. But there's something about the low back that is so like prevalent and so, you know, widespread today, what are some of the kind of common underlying issues that can lead to low back pain? Let's talk about some of these things, both mechanistic and also maybe some of the psychology behind it.

DR. GRANT ELLIOT: Understood. So what are the most common things that can lead someone to developing lower back pain? So one aspect that is unavoidable age is a component, but I'm going to add a secondary phrase to this. Okay. Which is naturally as we get older, we develop more musculoskeletal pain. Just generally speaking, that does not mean we have to. Age is just a number. If we take care of our bodies and we keep moving, that doesn't mean we have to, but just purely based on the evidence, we develop more musculoskeletal related complaints.

Low back pain being a primary one, naturally as we age. So that's one component when category that's like, okay, not necessarily a controllable factor. What are controllable factors? Controllable factors are what we do with our body, both from a movement standpoint and what we do from a nutrition standpoint at any aspect of our life. So the number one reason we can really develop any degree of musculoskeletal pain, but especially lower back pain, is not moving enough or doing movements that are not ideal for our situation. So a basic example would be if I sit all day, but do nothing at all to counteract the stresses that are on my body and to counteract and stagnant my body is as well as sleeping poorly.

As well as eating poorly, having excess adipose tissue, all things that increase inflammation in my body, as well as having a poor belief system around pain and low back pain. That's someone you're gonna have low back pain for sure. So it's a, it's a cumulative, manifestation of all of these things that would drive someone to develop lower back pain. It's not ever just one thing that's important to understand. 90% of lower back pain is deemed non-specific low back pain, meaning it cannot be traced to one specific injury or one specific thing or one specific cause. It is a multifactorial approach.

SHAWN STEVENSON: Hmm. Okay. Let's talk about some of those factors that can be involved. So you mentioned musculoskeletal issues. So muscle can be an issue. DISC can be an issue. Nerves, let's talk about these different components.

DR. GRANT ELLIOT: Yep, yep. So of that, of that 90% nonspecific, it's, it's because it's a, it's a culmination of factors outside of that. So I, I had mentioned sleep, diet, stress, worry, all these things. But then from a tissue standpoint, it's gonna be a combination of disc muscle joint. So

that is 90% of back pain. I'm actually, you, you prompt a thought in my head. A lot of people with low back pain have been told or believe that it's from a strained muscle, and this most of the time cannot be further from the truth.

And, and here's why. Let's make it very simple. You're a fit guy. You've been involved with fitness for a very long time. You're aware of if you were to hurt a muscle in the gym, just like if you're training, you're also damaging a muscle. Intentionally, you're breaking tissue down, you might be a little bit sore. It recovers within four to seven days and you're good. So what is a muscle strain? A muscle strain is a little bit more of that. I'm training a muscle. I broke it down a little bit more. Okay, that's a muscle strain. Generally speaking, Shawn, muscles, muscles can recover like pretty well, right? Like you're in the gym, okay, I did this a little something too much.

You know, a little bit too heavy. All right? Like your muscle can recover. Muscles don't remain broken down for months and months and months. That's does not happen. So if someone has chronic lower back pain or sciatica and they're being told, oh, your back hurts from a muscle strain. But they've had this for months and months. It does not take a muscle months and months and months to recover, at all. From a physiological standpoint, that's not at all accurate. So people are misdiagnosed with that label all the time. Oh, low back strain. It's just a muscle like, rest it and you'll be fine. No, wrong diagnosis, wrong approach. Rest is only gonna make that person worse.

Rest, almost always quantifies pain. Well documented rest is not advised for lower back pain causes fear avoidance behaviors, delays recovery, makes people more fearful of movement, which further less movement, they move less. Now things get worse. They're more stiff now. They decondition decondition even more. They become more weak. It just cascades the direction that you do not want to go. So that is my thought when someone says, what comprises low back pain, muscle joint disc, that's my tangent on muscle joints, the joints of the lower back, they're called zeile joints or facet joints. It's all the little ones that interconnect throughout the spine.

Yes, these can become stiff in limited as we limit our movement. If someone is sitting, most of the day sitting is not the new smoking. Sitting is not the devil not moving enough to counteract that is. So if I'm sitting, my spine is in this current position, but if I don't take my spine out of this position and expose those joints in my lower back to all the ranges that they were meant to go through, that I'm going to develop joint pain. So let's use my shoulder as an example. If I never move my shoulder overhead, I never reach up here. Let's pretend I keep my shoulder to my side for months and months and months. Do you think it's gonna be easy for me to then go overhead? No. I'm not exploring the range of motion that my shoulder was designed to go to.

So then all of a sudden my shoulder becomes stiffer. Now there's pain. Now it hurts to go into an overhead position. So that is sometimes an easy analogy for people to digest or an easy comparison. The same thing for your lower back. If the joints in my spine are meant to go in all these different directions, extreme ranges of motion, our spine can move a lot, but we don't take it to those ranges then the same thing applies. Now it gets stiffer. Now it's difficult to go into those ranges, and now we have pain. Simply put, that's the issue with joint, with discs. Okay, first and foremost, the term disc bulge, disc herniation. These are scary words. But they shouldn't be. Disc bulges and disc herniations are extremely common.

If you look at the massive abundance of evidence, we know individuals, 20 to 30 years old, 30% of them will have a disc bulge, no pain. Individuals, 30 to 40, 40% disc bulge, no pain. 40 to 50, 50% of them have disc bulges, no pain. Disc bulges could be considered a common and somewhat normal asymptomatic finding for us to have inexperience in our lives. These are not scary things, but most of society is scared of that word because everyone's, you know, brother and their mother has been told, oh, disc bulge herniation. You're done either. This is it for life. You gotta quit exercising, you gotta quit your job, stop moving or the only thing that will fix you is surgery.

When in reality, an amazing study done in 2020 that was conducted over 280,000 individuals with lumbar disc herniations, 97% recovered without surgery. But on the flip side, how many people with lumbar disc herniations are being advised to get surgery? Probably 97%. So it's completely flipped. So disc bulges are common, somewhat normal, not somewhat. They are

normal. In normal society, if, if, if we took an MRI of everyone in this room right now, it would be completely expected for about half of us to have a disc bulge and not know it. That's expected. So I wanted to mention that as we move into this discussion, that it is not a scary term. It is, it is a common thing.

Now can acute disc bulges and herniations occur and result in pain and suffering? Absolutely. The most common presentation of this typically is someone who is either lifting something off the ground, maybe squatting or deadlift heavy, maybe just sneezing, maybe picking their child off the floor, maybe turning the wrong way, feeling a pop in the lower back, followed by significant stiffness. Usually very difficult to stand up straight the next day. Some people describe the sensation. Yeah, I, I had to crawl to the bathroom 'cause I just couldn't stand up straight. And now they're experiencing a lot of low back pain or radiation down the leg if the bulge is hitting a nerve. So, the mechanism there is imagine, there's an outer ring and then inner fluid.

So the outer ring of a disc is called the annulus fibrosis. It's a tough ring. It's what keeps the fluid in the middle. The fluid in the middle is called the nucleus pulsus. When the outer layer begins to become compromised or weakened, or tear, the inner fluid bulges out or pushes the outer ring further, creating a bulge, which can then impact sensitive tissue or the nerve, thus creating the pain. But once again, these things can be seen on MRI and have no problem, no issue at all, and do not need to be addressed. Other issues, if it is causing pain, if it is symptomatic, it should be addressed and can be fully resolved with a right, with the right rehab program without surgery.

SHAWN STEVENSON: Phenomenal. Thank you so much, man. That is, that's just amazing. This is like a masterclass on this stuff, you know, and just thinking about standard of care right now for these issues, I was actually gonna share this study was from over 10 years ago, and this was published in the journal, clinical Rehabilitation found that up to 97% of various forms of disc injuries had significant improvements without invasive treatments.

Without invasive treatments. As a matter of fact, one subset of sequestered disc injuries showed complete resolution of the injury 43% of the time, without invasive procedures. But

as you mentioned, the standard of care is stop mobilization, right. Stop movement and medication and also become a candidate for surgery. And what you're sharing is so enlightening, which is essentially saying one of the worst things that you can do is to immobilize yourself. And yet, that's the thing that we're often recommended, and I know this firsthand, you know, when I was a, a kid, when I was 20 years old and dealing with disc issues, you know, I was given a permission slip.

Basically I was given bedrest. Right? And I had like a little note to give to my job. Like I'm, the doctor gave me bedrest, I can't do anything. And so that just went on and on. I see another doctor, they gimme another note for, you know, and I just, it wasn't just my spine and all the muscles atrophying, like the rest of my body was atrophying. Because as you're sharing, I became very good at sitting and your body adapts to the conditions that you put it in. And so this is so enlivening and one of the, how I initially found out about you were these amazing videos that you share on YouTube and also you've got other platforms obviously, but on YouTube and sharing some things that are very counterintuitive.

But even when I say counterintuitive, the intuitive part might be there. You know what I mean? Counterculture is a better way to put it of these exercises and these, these mobility protocols for resolving herniations, disc bulges and just really helping our bodies to adapt. And so I want to ask you about this because you know, with the standard of care, part of that you mentioned was imaging, right? And you are out here sharing that imaging. Yes, it's a valuable tool potentially, but using the wrong circumstance, imaging MRIs, x-rays can actually be counterproductive. Talk a little bit more about that.

DR. GRANT ELLIOT: They can be incredibly counterproductive, and the overuse of imaging is a well-known problem in westernized medicine, and majority of the time causes more harm than good. How could that happen? I've made videos where the hook of the video is, MRIs can hurt you, MRIs can damage you. What, how is this, how is this possible? It's because of exactly what I mentioned earlier where there are so many asymptomatic findings where there isn't a problem there. And now one is created and an important lead in I'll have here is you mentioned the term, sequester disc earlier, so this is really important as, as what you brought up here.

Proven in the evidence. We see that when we look at disc issues on an MRI, there's various levels of the degree of a disc herniation. So there's disc bulge, protrusion, extrusion, and sequestration, that is ranked in order of the size of it. But what majority of healthcare has done is they take the size of it and then they have replaced that with the severity of it. And those are not the same. Because in that study you found, which is an amazing study, I believe it's called the spontaneous resorption of a herniated disc, they found that the greatest size of a herniation has the highest chance of recovery.

SHAWN STEVENSON: Right.

DR. GRANT ELLIOT: Of all of them beneath it. So the mistake here, now leaning back into why is imaging bad, is because I could have a very normal low back pain experience. It could have been a week where I had a lot of stress at work, poor food as a result, poor sleep as a result poor, you know, relationship at home as a result, and I've also been moving poorly the last six months, let's say. And in that particular week, I'm going to have a common low back pain experience. So I get low back pain. And let's just say in this scenario, if I did absolutely nothing and I did not worry about it, let's say it would've been complete resolved within a week, which is a majority of low back pain. But because of now the societal narratives and my belief about back pain, I go, oh no, I have back pain.

Something is wrong. So the first person I go to is my general provider, which is the wrong person to go to. They're not trained in lower back pain. It's like going to a dentist for an eye problem. It is the wrong provider. But that's the only thing they know to do. So they go to the general provider. What happens 90% of the time, more than 90% of the time, seeing a general provider, they do the only thing they know because they're not trained in back pain, which is here's your muscle relaxers, here's your anti-inflammatories, here's your pain medication, here's your script for an MRI.

So then you go and get an MRI. Now what they see on the MRI is a disc issue, but that disc bulge or herniation or sequestration could have been there for the last year and not caused any problem at all. But because the circumstances in their life that particular week triggered their symptoms, triggered the manifestation, the straw that broke the camel's back, literally

now they're going and seeing the, you know, a physician for this getting an image, and now they're being told the reason for all this pain is because this disc and this disc is not only there, but it's a really bad one. This is such a bad disc. It's the worst I've ever seen. And now something that would've been a normal low back pain experience is now feeling like the end of someone's life. Oh my gosh. The worst they've seen.

They told me it's a massive disc herniation. I've heard about these. My grandma Susie was using a walker for the last 10 years 'cause she had back issues. And now you're afraid and now you're being pushed to injections. Now you're being pushed to surgery because of what the MRI says. When in reality, once again, if you had just never got the image, majority of the time, that person would be completely fine. That's the issue with imaging.

SHAWN STEVENSON: Powerful. This speaks to the power of our minds and the psychosomatic aspect of this as well and we cannot discount. There's so much data on this now, we know this just throughout history, of course, but there's so much data on the impact of our mind and our beliefs. So again, seeing that MRI, even as you mentioned, so many people getting an MRI done and having, you know, 50% not having any pain but seeing, oh, I've got a back issue. It's much more probable that you'll start to feel some symptoms.

DR. GRANT ELLIOT: It it's, it's mentally paralyzing. Once again, you might have some, you might have a little bit of pain. And then you get that report. You read the scary words, you get the wrong provider reading you those words.

SHAWN STEVENSON: Yeah.

DR. GRANT ELLIOT: Then all of a sudden you're tiptoeing out of the office, you're moving like Frankenstein, you're a robot. What does that do? It only makes your situation worse. And to add onto this, once again, you brought something to my mind here is there was another grade study, I don't remember the name, I don't remember the year, but they analyzed the amount of imaging studies that were conducted amongst healthcare in one year, and then draw a correlation to the number of surgeries and injections done within that year.

And what they saw is there's a direct relationship with the number of MRIs that are done and the number of surgeries that are then performed directly connected. So more MRIs, more surgeries, less MRIs, less surgeries. If that doesn't prove it enough, then I don't know what else does. If surgeries were indicated, then those would remain constant, independent of the MRIs conducted, but it's not. They slide with each other.

SHAWN STEVENSON: Of course.

DR. GRANT ELLIOT: Of course.

SHAWN STEVENSON: You know, and what you're talking about as well, you know that it's the no SIBO effect. Right. It's the placebo effect. Having a negative injunction, especially how it's communicated, you know, with those scary words and the scary framing. And every day, like millions of people are seeing their physician and they're essentially, their minds are being, you know, we have like an inception scenario, you know, and, and these false beliefs about our potential to heal. Now, there is a place, of course, for back surgery.

DR. GRANT ELLIOT: Yes.

SHAWN STEVENSON: But we're talking about on an extreme, the vast majority of people can do so much to resolve their pain without anything invasive. But here's the thing, and this is why so many people come to you, is like, when you're in pain, you want a solution. You want to feel better now because pain takes over your life. You know, you start to see life through this prism of pain or like a, there's like a fog. And so, let's talk about some solutions, and of course, we're gonna put resources and links to everything so people can get access, because I know that there's some people in pain right now who wanna find a solution.

And what I really came to connect with you on was the fact that you were sharing these different exercises that are science backed, but also, again, very practical, simple things that the vast majority of us can do at some level. That's the thing too. You have progressions for certain exercises, and I wanna talk about dealing with sciatic pain. What are some of the things that people can do to, and again, we're obviously, if you're listening to the audio version, non over to YouTube. We'll be putting up some of these videos. You could see 'em for

yourself as well. But can you describe some of the things that we wanna do to help to resolve sciatic pain? But first, what is sciatic pain specifically?

DR. GRANT ELLIOT: Okay. Sciatica is a general term that refers to pain traveling on the back of the leg, following the track of the sciatic nerve. Your sciatic nerve is comprised of multiple nerves in your body from the lumbar spine going into the sacrum that branch form one nerve. This is the largest nerve in your body of a diameter of up to two centimeters and goes down the back of your leg all the way down and branches into your toes. What the most common connotation of sciatica, you would say? Sciatic nerve pain. Becoming a little bit more specific there. This is typically gonna be the sensation of a burning electric shock-like sensations or a tight rubber band pulling like sensation.

Some people will say, Hey, I don't have pain, but I just can't extend my leg. It feels like there's a tight rubber band back there that's about a snap and oh, I've been told it's a muscle. How's been going on? Months. Okay. Do you have any back pain? Yeah, sometimes that's not a muscle, it's, that's your nerve. So, that's the background of the sciatic nerve. And so what typically causes sciatica? What could cause this nerve to radiate down the back of the leg? The most common cause is disc bulges, is a disc bulging out and hitting that nerve directly. Later in life, typically above the age of 65, something called stenosis can also cause sciatica, which is where the holes in your spine that the nerve passes through become there's bony overgrowths.

They, it becomes more and more narrow and that can start to encroach on a nerve, which can also be conserved, conservatively managed the majority of the time. But that is a subgroup of things that can cause sciatica, number one, cause disc bulging and hitting a nerve. So in that situation, it's very important that we just addressed what is causing it. Majority of the time, disc is bulging, hitting the nerve, causing the sciatica. So what is the root? The disc. The disc is the root. But because majority of healthcare is very poor at treating lower back issues and their assessment of these things is very poor. Wherever that person is stating their pain is located, that's where they look.

'cause they don't conduct a good assessment, a good history, a good evaluation for these things. So when you experience sciatica, you're typically experiencing the symptoms in your glute, in your hamstring or in your calf, not in the lower back. You can have both. You absolutely can have both. A ton of people will have back pain that is also rating down the leg. But many people might only have pain in the leg. So if someone says, oh, I got back pain and I have a bunch of pain in my glute, or I got some back pain, but oh my gosh, my hamstring is so tight, it's burning, it's on fire. A vast majority of the time they go to a general provider or other, you know, PTs or chiro.

And so what are they doing? They're doing hamstring stretches. Which can make it worse. Pulls on the nerve, pulls on an irritated nerve. If you imagine that disc is the thing that's hitting it, causing it, if you don't get the disc off the nerve, you're just pulling the nerve across the disc over and over and over, and it can make it worse and does a majority of the time. Or they're at the clinic and they're just doing scraping or acupuncture or massage where that person is feeling the pain. And it might feel good in that moment for many reasons, but those results do not last because the problem is not in the leg. The problem is in the lower back sciatica majority of the time, but depending on the cause, is a low back problem, not a leg problem.

The leg is where you're experiencing the pain, but the low back is where the problem is, so we need to get the disc off of the nerve. How do you do that? By focusing on the back, by doing the movements of the spine that can help the disc resorb, that can accelerate that process that you mentioned earlier that can help load the disc back where it came from. Now what is that? Vast majority of disc issues are deemed flexion intolerant. What does flexion? Intolerant Flexion is forward bending of the spine. So anyone listening, imagine you're bending forward to touch your toes. That is flexion of the spine intolerant, that means does not tolerate. So your back, your disc does not tolerate forward bending motions.

So for individuals who might be listening to this or might have sciatica, most it will experience these following symptoms. Most will notice the longer they sit, the more pain they feel when they bend forward, like putting on their socks and shoes in the morning, the more pain they will feel. Or if you have been sitting for a long period and you go to stand up

straight, it's like, ah, hard to stand up straight when doing so. These are signs of flexion and tolerant, lower back pain. So we've established bending forward, sitting forward, forward motions does not feel good. Why is that? It's because what it does is it puts additional pressure on the backside of the disc, the portion that is bulging, so it further bulges the disc.

It puts more pressure where that injury or that weakness is thus putting more pressure on the nerve. So what that person should not be doing is more forward based things. They should not be doing more things that involve pushing that disc further or stretching that nerve further, which is what a lot of people are doing. They're doing the hamstring stretches, they're doing the forward bending stretches that simply exacerbate their symptoms and they're frustrated and don't know why. What they should be doing is the exact opposite. So if forward bending motion sitting in a forward position is increasing symptoms, we know that going one way increase the stress.

So let's do the opposite way to reverse the stress. So we need to do more of what our low back is not getting. Which is extension based movements, getting out of the seated position, going the opposite direction into extension based motions. These are the types of motions, a majority in a different ways, and different frequencies and different dosage and different modifications. This is where the magic comes in. From our standpoint as the clinician, it's not a catch all fix, but that direction is gonna be the direction that a majority of issues can resolve their disc bulge, thus resolving the sciatica.

SHAWN STEVENSON: Amazing. Amazing. So what are a couple of exercises for extension?

DR. GRANT ELLIOT: Yep. Super simple examples. Imagine a typical cobra pose, like in yoga, you're laying flat on your stomach, you're pushing your chest up off the ground into an extended position. And then I'll add in some additional tips here. The reason why a moment ago I said, Hey, extension, but there's specifics and all this. A common example, if you type in disc herniation exercise in YouTube, you will see this cobra pose in so many different videos might include, you'll see all over.

But if a majority of individuals have a yoga background or they're listening to other random videos, common things that people will do is they'll squeeze their glutes or they'll squeeze their lower back while they're performing the motion 'cause they are thinking in their head, I need to be using muscles to perform this exercise. No, that can make the exercise painful for many people who have disc bulges. So they might look this exercise up, try it, do it the wrong way and think, oh, I don't respond well to that. I hear this grant guy talking about these, but those don't feel good to me. You might be doing them the wrong way, the wrong amount, the wrong dosage, the the wrong progression with where you're at.

So for that example. You wanna keep your lower back and glutes totally relaxed. Just pushing to the point of tolerance, ensuring that you're not increasing symptoms down the leg, but doing this repetitively, not holding it, not holding it repetitively. Discs love repetitive load, not a static push. They love repetitive load. It will slowly work the disc back in to tolerance. So I wanted to add in that these specifications can completely make the difference. It can take an exercise from making someone worse to making them better, even though it's the same movement. Other examples of extension exercises. There are many. I could just be, I could just stand up outta my chair and I could stand up and lean backwards a few times to take a break from my chair.

I could get in a hip flexor stretch like position, get my hip nice and behind me leaning back into it. That would be totally fine as well. I could start performing more glute bridges. Glute bridges does put the lower back into extension, however, it does increase tension in the glutes and lower back. So depending on the person's tolerance, that may or may not be helpful considering their situation. So anything that is getting that person's low back. Arched going backwards, but without significantly increasing muscular tension. That is the ideal extension movement.

SHAWN STEVENSON: Amazing. So with this extension, so you mentioned repetitive. So is there like a, a certain amount of time, like if we're pushing ourselves away from the ground. We don't wanna hold it for say, 10 seconds. We want to maybe do 10 repetitions of a couple seconds. Is that accurate?

DR. GRANT ELLIOT: Correct. Yeah. There's Ty and, and once again, I wanna be so clear here. It's always situation dependent.

SHAWN STEVENSON: Yes.

DR. GRANT ELLIOT: Always. Always. The manner in which I'm speaking in any show and in any video, my goal is to apply to the masses. It is impossible for me to say one thing that applies to every scenario that does not exist. So a majority of people, it's best to, maybe only hold it a second, maybe two, but to get more repetitions. So if, if someone were advised, Hey, do cobras for a minute in the morning, a minute in the afternoon, a mid at night, let's just say it would be. Far more advantageous for them to do it repetitively for the entire minute than hold it for the entire minute. You should use the time allocation for repetitive motions.

SHAWN STEVENSON: Got it, got it. Got a quick break coming up. We'll be right back.

Are you interested in living a shorter life? Of course not. Everybody would love to extend their lifespan and their health span because it's not just the number of years that we live, it's the quality of those years. And what cutting edge research is now revealing is that there is a specific beverage time tested, enjoyed by humans for centuries. That has the potential to extend your lifespan and your healthspan. A meta-analysis of 40 studies published in the European Journal of Epidemiology revealed that regularly drinking coffee was associated with a lower risk of death from cardiovascular disease, certain types of cancer, and all cause mortality.

Now, keep in mind, the researcher did an excellent job adjusting for confounding factors like obesity, alcohol consumption, et cetera, et cetera. But they found that drinking coffee really stood out. But here's the key. It's the quality of that coffee. We're not talking about coffee that's littered with artificial sweeteners and sugar and artificial creamers like coffee meat. Alright, we're not talking about that. We're talking about high quality coffee itself. And one of the reasons why was affirmed by researchers at Stanford University, and these scientists found that the caffeine found in coffee has remarkable impact defending the brain against age related inflammation.

In fact, they found that these compounds found in coffee was able to suppress genes related to inflammation. This is truly remarkable and again, keep in mind that it's the quality of coffee that really stands out, and there's a U-shaped curve of benefits, so it's light to moderate coffee drinkers who are seeing these incredible results, and you combine that organic coffee, that's the key. Organic coffee with time-tested medicinal mushrooms like lion's, mane and chaga. You've got something really special. Lion's mane in particular was affirmed by researchers at the University of Malaya to protect the brain against degeneration and even help to heal traumatic brain injuries. Again, there's something really special about Lion's mane, medicinal mushroom.

That's what I actually had today, was organic coffee. Lion's mane, medicinal mushroom and chaga blended together in the incredible coffee blends from four Sigmatic. Go to foursigmatic.com/model, and you're going to get 10% off all of their incredible coffee blends. Their amazing elixirs of dual extracted medicinal mushrooms. Nobody does it better than for Sigmatic. Again, that's F-O-U-R-S-I-G-M-A-T-I-C.com/model for 10% off and now back to the show.

SHAWN STEVENSON: Now, again, these are just some of the foundational exercises you share. So many, because again, it's situation dependent, arming ourselves with a bunch of tools, so we have those weapons in our superhero utility belt if we need them. And a big part of this, I would imagine, once we can get ourselves outta pain, and by the way, we'll just say, you know, somebody has a, an onset of pain, right? And their body's kind of, you know, freezing up and, and they're very tense and they're not really feeling like they could do much of anything, but we'll say 24 hours goes by, they, they feel a little bit better. Is this the time for us to start moving? So yes, doing some of these mobility exercises, but is, is there anything else that we should be having our eyes on? Maybe even just walking, like what are some other things for us to do as soon as we can do it?

DR. GRANT ELLIOT: Yeah, so. You want to do as much movement as you possibly can within your limits as early as possible, and this applies to any musculoskeletal injury, but especially lower back pain. So we talked a lot about how rest is not helpful previously and all the same evidence that has found that rest has not been helpful. The number one thing that anyone

can do when they do have an onset of lower back pain is that the best of their ability maintain normal everyday activities. They might not be able to do everything perfectly.

They might not be able to do all of their normal activities, but maintaining as much of your normal activities as possible is the best piece of advice instead of the opposite of pulling everything back. So the simple answer to your question is, as much as you can do without significantly increase your, increasing your symptoms is what you should do. Maintain as much of your normal life. Now, if someone is not walking, let's say walking is not a part of their normal everyday life, which it should be, you should be going on at least a 10 minute walk in the morning and at night. It's so important. That's that. That's actually integrated into our program, changing someone's lifestyle that will last after our program is over instilling simple habits. That's good for a multitude of reasons.

But let's say someone is like, okay, well I have pain. Walking is not a normal everyday activity. I don't know if I should do it. Walking is a very powerful tool to get someone moving to some capacity. So if they're afraid to do other movements and they don't have any guidance, doing some movement is better than no movement. So try, go on a five minute walk. Are you okay? Alright, now try for 10. Are you okay? Alright, now try for 15. Hey, 15. That flared me up a little bit. Okay. But 10 was okay? Yes. Alright. Stick at 10 and then go to 12 and then go to 14. And then, okay, now you can break 15 sweet. Now go to 20. Whatever amount of walking you're able to do, whatever amount of movement you're able to do, do it. But walking is a powerful tool.

SHAWN STEVENSON: Ah, I love it. I love it. Are there any go-to stretches? You know, let's talk a little bit about stretching. Static stretching versus more kind of mobility work. Is there a place for stretching? Are there any stretches that you really like for low back pain?

DR. GRANT ELLIOT: Well, the term stretch is difficult to talk on because there's semantics about that. One person could say the word stretch and, and they might mean something different from another. So some people, when they refer to all of my videos, they refer to my videos as stretches. I would not call my video stretches, but I also would not say someone is wrong for calling them stretches. So there's a lot of semantics here. So when I say the word

stretch, typically what I am referring to, the connotation that I would, would assume is someone, let's just say sitting on the ground doing a typical static hamstring stretch. That's the connotation. That's focusing on just putting a muscle in an elongated position for as long as I'm able to, with the goal of increasing the elasticity of that muscle.

That's the connotation I have with the word stretch, with the majority of the movements that I show, they're focused on the joint. I do show strengthening movements for the muscle, but I don't really have any videos or any substance that's focused on getting your hamstrings looser, getting your hip flexors looser because the evidence does not support those notions for the cause or cure of lower back pain. I focus on what the evidence shows and I focus on what works. So, to get back to the base of your question, you know, static stretching. What stretching do I advise? What have you? Joints love repetitive motion discs, love repetitive motion. So if someone is dealing with a lower back issue, majority of the time, that's not gonna be from a tight muscle, that's not gonna be the association.

Normally it's going to be disc or joint. So a majority of the movements should be repetitive movements that involve, that are mobility based, mobility based of the lower back. And there's so many different things you can do. And depending on what the issue is, you might wanna do mobility one direction and not the other direction, right? As I already stated. But for most people, if they're doing these long static holds and they're noticing it's not working well, then you're, you're doing the wrong thing. Results should be very fast if you're doing the right thing or if they do have a static issue or a disc issue and they're doing a lot of forward based bending or other static stretches, that should be evident that that is not working for you either. So, stretches and movements in general that involve movement are going to be the best.

SHAWN STEVENSON: Yeah. And I, of course, I know what the answer is already. It's gonna be if we can get these inputs in, if they feel good, of course, you know, but what are the different inputs that our body's expecting from us? So this might be a 90, 90 stretch. This might be rotational stuff, but we want to integrate, especially if we can get ourselves out of pain, integrate these things on a regular basis as well, because it's not just which, which you're a

master at, which is helping people to get out of pain, but it's helping us to prevent pain in the future.

Right. And so what are those inputs that our body is missing. And what is your perspective as far as, like you mentioned strengthening as well, so what is your perspective on, you mentioned a glute bridge earlier, right? So this might be something to help with extension, but is this something for us to practice to maybe strengthen certain muscles? What is your perspective on that as far as like training, strengthening to prevent pain in the future?

DR. GRANT ELLIOT: So, you have back pain because your core is weak. That's a myth. Your glutes are weak, that's why your back hurts. Strengthen them and you'll feel better. That is a myth, but what is not a myth is. We can't go wrong being strong and a majority of the population is not strong enough, and being strong is exponentially more important the later in life we get. So it is important to be strong. I'm very passionate about being strong, helping other people's be strong to be fit. But when it comes to the treatment of lower back spine disorders, disc disorders, sciatica disorders, strengthening a muscle is not the focus.

It's not the focus for them because it's not related to the actual root of that problem. So it's very frustrating when these myths like weak core and weak glutes are being perpetuated. So is it helpful to have a strong core? Sure. Is it helpful to exercise? Yeah. I put those in the same category, but we don't wanna have people focusing on the wrong areas or being convinced that their pain is so simplistic when we know it's more complex. We wanna make it simple for them. We wanna make the solution simple, but if we convince someone the reason for your six months of low back pain is your weak glutes. When in reality they've had poor movement habits for the last two years. They're extremely stressed. All their belief system around back pain is very, very poor.

There's other psychological components that they need to get treatment for. We're discounting all of that and we're just saying, yep, it's just your weak glutes. It's, it's incredibly disrespectful to them and to how to actually address lower back issues. Now, the approach for muscles in general, many people, a muscle will feel tight when it is weak. So a tight muscle is a weak muscle. Everyone's doing these hamstring stretches and hip flexor stretches, but

not training them at all. So if you've had tight hip flexors, I got tight hips and you've been stretching them for six months, and they're still, and they're still tight, I, I don't think it's working.

I don't think it's 'cause they're, they're tight and I don't think you're loosening them at all. Train your hip flexors, train your hamstrings, load the muscle that will promote a much better adaptive response. But the sequence of these things is important. As I stated, if someone has a lumbar spine disorder, we're focusing on strengthening things later, that comes later. Step one, let's get the disc off the nerve. Let's get your nerve pain gone. Let's restore your mobility. Now let's move to a bull bulletproofing stage. We're loading the joints, loading the disc, loading the muscles much greater than someone could when they're in pain. These are separate phases. Get pain free, then get bulletproof, not I have a lot of pain. Let's work on arbitrary muscles that we think are related to your disc, which aren't, and then prolong the process and cause more confusion.

SHAWN STEVENSON: Amazing. Amazing. Are there any other misconceptions, myths about the cause of back pain, like loss of curvature or you know, you've got one leg that's longer than the other. Let's talk about some of those things.

DR. GRANT ELLIOT: Absolutely, and I will pre-phase this conversation with saying this is not my opinion, this is the evidence's opinion, so I'm just being a middleman here. There is no conclusive evidence that shows that different arbitrary opinions of what is a good curve or bad curve are causing back pain. It's, there is no perfect curve that's just created, like why is my S spine not supposed to be curved or supposed to be more than it currently is? That's the way that I was made. So a common thing that people will hear is I went to, it's usually chiropractors in this particular instance, which is outdated, not evidence-based, is I was told I'm losing the curve in my neck or I'm losing the curve in my lower back.

So our focus is restoring that so I can feel better. Okay, well the treatment that they might be doing for that might still be helpful treatment for what you're going through, but the narrative is incorrect. There's no conclusive evidence that shows loss of low back curvature or neck curvature is causing pain. There's, there's zero proof of that. And in fact, if we look at

majority of evidence, we know majority of the population has some degree of abnormalities. I don't even like that term because it's arbitrary.

SHAWN STEVENSON: Right.

DR. GRANT ELLIOT: Most people have some degree of scoliosis. Most people have some degree of asymmetry, and these things are completely normal. And that applies to, I got uneven hips, I have uneven legs. Well, great, that means you're normal because the majority of the population has uneven legs and uneven hips. The only time something like uneven legs can cause a problem is when the difference is greater than two to three centimeters. That's a huge difference. That's a very big difference, but 90% of the population does not have even legs. That's, that's normal. Another thing is pelvic tilt a lot. I have anterior pelvic tilt. I'm arched forward. All the time I was told that needs to change. I need to get my, my pelvis neutral. Not true. 90% of the population has some degree of anterior pelvic tilt.

That is a normal structural observation. There's, there's so many myths surrounding these things. When. We wanna find these simple explanations to say, this is the one reason for your pain. When in reality, if we forgot all the explanations, if we removed all diagnoses, if we removed all simple approaches and we just told everyone with low back pain, this is common. You'll be better. Just move more. The amount of back pain would hit the floor and it would probably not be the number disability anymore. Yeah.

SHAWN STEVENSON: Yeah. You know what? This really, if we are to put a label on what this is, when we're lacking movement and we're doing. Marathon chair sitting, and that's just who we are. That's a part of our lives. It's just a tremendous stressor on the body to not be mobile. And stress really speaks to a potential activator of a lot of these different issues. There's a variety of stressors. I love that you've been pointing us back to. There isn't this one thing, if I just fix this one thing, then my back pain's gonna go away because our bodies are not just operating in a vacuum.

You know, this little part over here, this little part over there. But being that stress is a more encompassing way to look at all this stuff. Can we talk about the impact of stress? Because

when we think about stress, we tend to think about psychological stress, but there's physical stressors. There's environmental stressors, there's emotional stressors. Can you talk about the role of stress when it comes to back pain?

DR. GRANT ELLIOT: Yep. So I will give two a physical stressor and an emotional stressor. And these are completely true stories. I have a very good friend of mine, he's a very high level person, super, a type every single day. This dude's, you know, running multiple miles, going to jujitsu, crushing the gym. Like, he's like, I don't even wanna sleep. I just wanna work. That's my type of guy, truly. But this guy does not slow down and he has aches and pains very frequently and very frequently. He calls me, Hey man, my, my back's hurting again or this is hurting, like, what should I do?

And I've known him long enough that now every single time he calls me, I say, you need to deload. What does that mean, deload? It means lower the amount of load that you've been placing on your body. He's a chronic over stressor from a physical standpoint. He's a load management case. So for that, he's outputting way too much. Inputting way too little. So he is not eating enough. He's not sleeping enough, he's not, you know, meditating. He doesn't have things that bring his system down, only things that are bringing his system up. So he is always having these flareups. So that's an example of an overstress from my physical standpoint and that scenario, I'm not telling him to rest.

I'm telling him, slow down or do more of nutrition. Do more of meditation, do more of things that slow you down to get that balance. That's that example. Other example, is we had a client in our program, her name's Gabriela. I'll remember this story forever. This was a scenario where she had a symptomatic disc herniation. It was very obvious. We did give her a specific plan for that disc to regress it. This, this woman was, you know, afraid for her life essentially. And we had her completely pain-free within two months, completely pain-free back to normal activities. We were phasing her into the bulletproofing stage, which is an essential component.

And she's doing great every week. Like, just, yep, great. Yep, amazing. Everything's fine. And at this point it was like, yeah, let's just, let's keep going. And then one day we get a message

from her and it's all, my pain is back. Something's wrong. This pain is shooting back down to my leg. I re-injured myself. Just the worst message you could imagine coming from such a success story. And so, what's really important is we didn't immediately go, okay, let's try these exercises now. Okay. What, what movements did you do instead? The simple question we asked was, have you changed anything from what you've been doing the last month?

No, I haven't changed anything. Same routines. Everything's the same. Okay, so then we couldn't have reinjured this, there's something else going on. So we get her on a call, joins the call. She's crying. I hurt my back. I know I had to have done something wrong. We asked again, did you change your exercises? Did you do anything outside of the plan? Did anything in your life change? No. No? No. Okay, so first step one, if you weren't in a car wreck yesterday, if you didn't have a massive fall, if you didn't try to deadlift 500 pounds, you didn't injure anything. Okay? Realization number one. Alright. I obviously did not succumb to an injury.

Why is my pain more? Okay, so that was step one, understanding that hurt does not equal harm. Just because you feel pain does not mean an injury has occurred. Very important. So that was realization number one, two. Okay. Well if I didn't do anything then what's going on? And we just simply asked, what else has happened in your life recently? I don't know, just normal things. Okay. Has anything changed with work? No. Work's been the same. And then I asked her at the time, I was the one working with her and then I asked her, has anything personal in your life happened recently? Anyone to a family member or anything? Happened to a friend? And it was silence for like five seconds.

She, she goes, my, my best friend just died two days ago. I said, okay. I had. A slow and a careful conversation about how much that is relating to your experience and how when we succumb to a very high degree of stress, emotional stress, what your body will do is it'll find an outlet for it. And if you have a somewhat recent, or even a long time ago, a, an injury that had a significant impact in your life, it will use that as an outlet. It's a way for your body to try to get that out of your system. It's real. So I had that discussion with her and explained your timeline directly relates to this massive increase in emotional stress due to this. You, you did not fall, you did not do any lifts yesterday. Nothing is injured. Your body's using this.

It's overloaded. It's using this as an escape. Just having that conversation of those two main components, her getting educated on pain and understanding that hurt does not equal harm. And then understanding that this timeline directly relates to the passing of her best friend within 48 hours, completely pain-free. Completely back to the way she was prior to the incident. And then she continued on, completely successful, absolutely no changes in her since then. And these are real things that happen all the time and having this understanding and this nuance is incredibly important.

SHAWN STEVENSON: Yeah. You're one of the people that's helping, again, to reestablish the truth, which is there isn't a mind body separation. You know, they're all existing in one entity. And you know, our minds are very, very powerful. Every thought that we have changes the chemistry in our bodies, you know, and so whether this is neurotransmitters, hormones, certain enzymes, everything's being affected. And when we get into a heightened state of stress, especially again, as if we have a past injury, you know, there can be referral pain to where something is getting activated, even though this other thing might have happened.

And our bodies are intelligent and they're usually giving us very clear messages that in our modern society, if we're not listening or trained to listen and to slow down. Just pay attention to that feedback. We can find ourselves just digging ourselves into a deeper and deeper hole. And so thank you for that because all of this stuff matters. And you mentioned your programs that you have available and can you share a little bit about that? How people get access, get more information?

DR. GRANT ELLIOT: Yeah, so we have a massive online program. We're the number one online program in the world, and we see people literally anywhere in the world. In a given week, we'll talk to people in Australia, New Zealand, Saudi Arabia, anywhere. And what we do is we provide people access to the highest degree of care for back pain that they cannot find access to otherwise. So we're meeting people over Zoom, we're providing in-depth evaluations, going through these types of conversations, giving people the time that they deserve instead of a two minute in and out, here's your drug script.

We're giving the time that people deserve the evaluation that they deserve to determine. Both components of, from a mechanistic standpoint, okay, what are the movements that trigger your pain? What are the movements that reduce your pain? Let's form a rehab approach that is step-by-step and structured for your exact situation to tell you exactly what you need to do to get outta pain, so you can stop guessing on your own. As well as including to the degree that that person needs, the mental and psychological, resources that can handle that component as well.

So that is, is dependent on the extent of that person's situation. Some people will be less mechanical, more other, less other, more mechanical. It's not a matter of if there is a mental component of someone's pain, it's just how much in that given person. So throughout this conversation, and I know you asked me about my program, it's an opportunity for me to plug that and I did a little bit, but I really wanna harp that. I know we've talked a lot about beliefs and stressors and all this, that is a huge component that is not discussed enough. But by no means am I discounting that all we share is exercises primarily for low back issues. And there are gonna be specific movements that people need to resolve that component of it.

We just don't wanna neglect the most neglected area, which is all this other. So we will provide you a specific rehab plan, giving you the exact exercises to do these, the exact exercises not to do, and then all the education on that component and all the other components that are necessary to complete the picture for that person so we can get them pain free as quickly as possible, and then bulletproof back to all the things they wanna do. And if I can lead this into another subject matter, that bulletproofing component is so important because so many people when they just get outta pain, it's kinda like they're thrown to the wolves from the typical healthcare system.

SHAWN STEVENSON: Right.

DR. GRANT ELLIOT: Meaning it's kind of easy to get someone outta pain, like, Hey, if you just want to give someone some oxycodone, you can get 'em outta pain. Not suggesting that as a proper treatment approach, but what's important is when someone starts to get out of pain, having a plan to get back to all of the activities they wanna do. And yes, it is possible to get

back to running heavy squatting, deadlifting, training, Ironman's after back pain. It absolutely is possible. Anyone who's telling you otherwise should not be in healthcare or not be talking to you. So having a bridge from, I'm in pain now, how do I get out of pain? But then how do we get you back into the gym or your designated activities and ensure that your spine is strong and stable in all ranges of motion so that there isn't anything that life can throw at you that your back can't handle. That is a crucial component.

SHAWN STEVENSON: Yeah. Yeah. So where can we get access?

DR. GRANT ELLIOT: At Rehab Fix on all platforms. YouTube obviously is where you found us Popular resource. Instagram is definitely our number one source for all of our clients around the world. We also have, you know, our website, therehabfix.com. But yeah, our Instagram is the place, is the place to get us. And for all those listening, I did wanna provide something to your audience, if that's okay. If you go to our Instagram and you dm just the word "podcast". That's gonna tell us you listen to this, we're gonna send you something. I created a very, very in-depth evaluation there.

There's a full one hour assessment that we take our clients through prior to joining our program to help diagnose them, real time, determine what's causing their pain in the initial exercises that they should do for that to fix it. And I created a video that maps out this process that people can basically go through our assessment on their own and will get somewhat of a diagnosis from me in initial steps that they can take from this video, that they can immediately apply that I don't have this shared anywhere else that's not accessible anywhere else. And that can give them some immediate relief. And if they want more help from us, there will be the opportunity for them to do so, to meet with us one-on-one and to get that coaching.

SHAWN STEVENSON: Fantastic. Thank you for that. So what is the Instagram again?

DR. GRANT ELLIOT: At Rehab fix. Rehab fix. All platforms message us the word podcast.

SHAWN STEVENSON: Phenomenal. This has been, again, a masterclass.

You know, I've got the right person here to help us to enlighten this subject matter. And if you could, final question, what is the model that you're here to create for your family and for your community with the way that you live your life personally?

DR. GRANT ELLIOT: Oh, gosh. Would be difficult for me to summarize, but I would say the principles that I try to live by the most would be what I try to model. And what I try to model is do what I say I'm gonna do. I seek out hard things and I have to always be growth oriented. And if I'm not pursuing growth in some category, then I am losing. So I would say those are how I want to model.

SHAWN STEVENSON: Amazing, amazing. This has been amazing. I mean, I don't even know what else to say about it. This is so important today, and thank you so much for saying yes to this mission and creating all these resources for everyone, everybody. And you know, just this is the right use of technology. You know, you having the audacity to like, I'm gonna create, I'm gonna post every day, and then finding that superpower basically, and helping so many people is just, it's, it's priceless. It's priceless. So thank you again for coming to hang out with us and I look forward to connecting much more. Man, this has been awesome. Thank you.

DR. GRANT ELLIOT: Thank you so much for having me. I'm extremely passionate about this. We love changing lives, and there's nothing more I'd rather be doing.

SHAWN STEVENSON: The one and only Dr. Grant Elliot, everybody. Thank you so much for tuning into this episode today. I hope that you got a lot of value out of this. This is one to save. Keep a tab on if you ever need this, or a friend, colleague, family member. This is absolutely invaluable information because again, back issues, disc herniation, sciatica, the prevalence is higher today than it's ever been, and people are looking to get out of pain. They're looking for solutions, and a big part of this is based in education. We live in our bodies all the time, but we know so little about them. And being able to learn from some of the best people in the world, give us a masterclass on understanding some of these issues, and of course, how to resolve them. And I love Dr. Elliot's perspective about, yes, let's get out of pain, but also let's strategize to bulletproof our bodies moving forward.

I appreciate you so much for tuning into this episode. If you got a lot of value outta this, share it out. Share it out with the people that you care about, and of course, pop over to Rehab Fix on Instagram. You could share this episode by the way. Take a screenshot, share it on social media. But remember, he's also going to send you a program and an assessment if you just DM him the Word "podcast". Super valuable stuff. And again, take advantage.

We've got some amazing masterclasses and world-class guests coming your way very, very soon. So make sure to stay tuned. Take care, have an amazing day and I'll talk of you soon. And for more after the show, make sure to head over to the model health show.com. That's where you can find all of the show notes. You can find transcriptions videos for each episode. And if you've got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome. And I appreciate that so much and take care, I promise, to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.