THE MODEL HEALTH SHOW

EPISODE 927

How to Eliminate Pain, Heal Faster, and Perform Better

With Guest Dan Swinscoe

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SHAWN STEVENSON: Welcome to the Model Health Show. This is fitness and nutrition expert Shawn Stevenson, and I'm so grateful for you tuning in with me today if we're going to be training and challenging our bodies and just getting out here and playing, having fun, testing our limits. It comes along with the territory that we are going to experience some bumps and some bruises and even some injuries along the way. But what do we do when we are faced with those challenges? What do we do when we want to heal and get better and get back to playing and enjoying this incredible life? While this very special episode is going to be absolutely filled with powerful insights for stacking conditions in our favor, to heal faster, to come back better, and to keep doing the things that we love to do.

We've got a world class industry leading physical therapist on today's episode, and I know how good he is because he's my physical therapist. He's helped me with a couple of injuries over the years, and I can't even stress how incredible his insights are, but not just the insights that he has and the level of skill and expertise, but the person that he is and his ability to really help me to understand. It's not just when you hear the term physical therapy, that therapy part is so important and getting well. It isn't just the musculoskeletal, it isn't just healing the tissues, it's also addressing what's going on with the brain and the nervous system, because a lot of times when we're experiencing an injury in our body, shuts down function or doesn't allow us to do certain things.

It's a protective reaction. Our incredible nervous system, our brain, our body is working synergistically to keep us safe. And sometimes though these things can be triggered when they don't need to be. Function and performance can be limited when it doesn't need to be. What are those things to make sure that, yes, we're protecting and healing the tissues, but also letting our brain and our nervous system in all of this incredible activity happening in our bodies. Letting our bodies know that it's safe and it's okay. And you can do these things and not just do these things, but you can be free, you can have fun, you can play, you can perform. So again, I'm very excited about this episode and this is one of those conversations that you need to keep forever in your back pocket.

Save this episode, download it to your phone, and make sure that you've got it there in case you need it.

In case you need a reminder on how powerful you are to get well to heal, you have an infinite capacity to heal, and oftentimes it's just about creating the conditions for your body to do what it already knows how to do. Sometimes we gotta get out of the way so that our bodies can do the incredible job of healing, coming back better, and being able to play and to have full function and performance in this life and get the most out of this invaluable life experience. Without further ado, let's go ahead and get to our special guest and topic of the day.

Dan Swinscoe is a masters trained physical therapist and strength and conditioning specialist with over 30 years of experience helping people to move better, feel better, and play better. He's recognized by Golf Digest as one of the top fitness trainers in the world, and Dan works with amateur and pro players of all ages specializing in performance, injury prevention, and longevity in their game. Dan has been entrusted with rehabilitation and training athletes from the N-F-L, M-L-B, the WNBA, professional golf in essentially every other major sport that you can think of. His approach emphasizes education, functional movement, and sustainable results. Let's dive in this conversation with the one and only Dan Swinscoee. All right, this is a very special episode. I've got somebody who's impacted my life personally here, my personal physical therapist. Dan, how you doing today, man?

DAN SWINSCOE: Hey, good, thanks. Thanks for having me.

SHAWN STEVENSON: Of course. Thanks for traveling up, bringing your beautiful wife along.

DAN SWINSCOE: You betcha.

SHAWN STEVENSON: We got some awesome stuff to talk about today. This episode is so important for individuals who've experienced pain injuries or again, just if you are living a, an active life, stuff happens. This is gonna be an invaluable resource for everybody, and you're gonna walk away with some incredible insights and tips. But I wanna start off with what physical therapy actually is, because I don't think a lot of people actually connect to what it means.

DAN SWINSCOE: Yeah, it's, well, it's a relatively young profession compared to like medical Docket got its roots out of World War ii. When manpower is a thing back then, you remember Rosie the Riveter and all that. Suddenly people have to go in and getting better from an injury quicker and more completely suddenly became important. And it was sort of an offshoot of nursing and doctoring and suddenly became its own profession in and of itself. Somewhere in the late fifties, maybe somewhere along those lines. But we're the moving people. Physical therapy is very diverse. There are some that work just with burns. There's some that work with neonatology, there's some that work in ergonomics.

And then there's me in outpatient orthopedics. So there's quite a gamut. But for me, in outpatient orthopedics, we're the movement people. So if something doesn't move well, if it's not uncomfortable, if you have told the kids when they're little, daddy's an owie fixer. So the easiest way of thinking, if something hurts and it's related to movement, we're probably gonna be able to help you.

SHAWN STEVENSON: Awesome, awesome. And so with you and my experience with you, the therapy part was a big part of it because again, we tend to think of like physical recovery, we're doing like exercises. But there's a huge therapy component to it all. Talk about that as well.

DAN SWINSCOE: Talk people off the ledge, you mean?

SHAWN STEVENSON: Yeah.

DAN SWINSCOE: Yeah. So much of it is just understanding. I'll give you an example. I had a lady not that long ago who got hurt putting a dish into the dishwasher. Now she was in agonizing pain and she could hardly move. I had to help her understand, you don't truly believe tissue damage happened just because you went like that, so no question. You're hurting. But big question whether or not you actually create any physical harm. And so having people understand that hurt and harm are not equal, that if you look at MRI studies of people who feel fine. Asymptomatic, MRI findings, and they're all over the gamut. I'm giving a talk next month up in Washington, and I've got site after site citation where we're exploring,

like in cervical spines 20 year olds, 17% of 20 year olds, you know, the perfect people who've got all their cartilage and everything.

17% of 'em have a diagnosable finding on their neck mRI. When I was in PT school, they told us that if you see a disc bulging and encroaching upon the spinal cord, that could be a medical emergency. And come to find out, 8% of people who feel fine have that. So as time goes on and MRIs get less expensive, and more and more studies are done on people who feel fine, we realize that if you're in pain, you may very well have tissue damage.

But just because you have tissue damage doesn't mean you can't feel normal again, because substantial percentages of normal people have that, like I said within the next 17% of 20 year olds have diagnosable findings. By the time you got up to 60 year olds, it was 85% of people who were symptom-free. 60 year olds have diagnosable findings on their neck, MRI. So, whatever body part it might be, you're gonna be okay.

SHAWN STEVENSON: Yeah, we need to hear that for sure 'cause you know, obviously you just said the access to imaging is just. Just has exponential growth happening right now. Ease, I mean, even if I'm thinking about when I was 20 years old dealing with a degenerative disc issue.

DAN SWINSCOE: Yeah. You're an unusual 20-year-old.

SHAWN STEVENSON: Yeah. I mean it was so, all of every part of it was complex and expensive to do and now 20 plus.

DAN SWINSCOE: It's scary.

SHAWN STEVENSON: Right. That part.

DAN SWINSCOE: Right.

SHAWN STEVENSON: Right. And so, but 20 plus years later, the accessibility, it's used a lot more. And oftentimes, and this is something I want you to talk about, it's something that we

jump to, like we wanna get an image done 'cause we're in pain and we think that we have some damage. And if you could, can you talk about some of the concerns around imaging and putting too much of our stock into imaging?

DAN SWINSCOE: Yeah. Imaging's a piece of a puzzle. That's all, right. Not to say that it's not valuable 'cause it is for sure, but I know I've, I haven't seen the data, but I've seen people who I know quote data saying that if your first step in back pain is an MRI, your recovery takes longer and costs more. So, and I think it's probably because of these, you know, 60% of all asymptomatic people have got something somewhere in their lumbar spine, diagnosable findings again. So recognizing that oftentimes people say, I'm gonna get an MRI to see what's going on, and that's not really accurate. When you get an MRI, you see what has happened?

We were just talking about the beautiful neighborhood we have here in Southern California. If you and I went for a walk down the road and we're taking in the beautiful views and we're looking at stuff and then we go by a house that had burned down. Wow. Wonder what happened. Was there a gas leak? Was it arson? Did they fall asleep with a cigarette? What? What happened? You have no way of knowing. All you know is the house burn down. Was it last week, last month, last year? We don't know. All we know is the house burned down. And that's very similar with an MR mri. You can see what has happened. It's there.

You can't deny that. But there's a lot of question to whether or not that finding is the reason you're hurt any more question of that finding is the reason why you can't feel better again. Right. So that's how I look at that. But people say, I wanna rush and get an MR. I'm like, well, I mean if it says you have cancer, it's gonna change your course of care. But if it doesn't and no one thinks you do, then we can probably reel that in a little bit and let's have conservative measures fail first before we feel like we need to go there. And the reason like in a low back is an example where you might want to get an MRI if things just aren't getting better for whatever reason, is one of the possibilities.

You can have to up the antes, maybe get an epidural injection or something like that. And that never happens without an MRI. So they can be more accurate with they place it. So yeah. And MRIs is nice, but it's a piece of the puzzle. But you have these other pieces too. And how

you move I think might be more important because people who move well with crummy MRIs, feel fine. And people with a perfect MRI that move crummy hurt. Right. So I think that movement piece might actually be a bigger piece, even though it's low tech, no tech.

SHAWN STEVENSON: Yep. Yep. It's medicine.

DAN SWINSCOE: Yeah.

SHAWN STEVENSON: You know, movement is medicine.

DAN SWINSCOE: For sure.

SHAWN STEVENSON: And the best way that I think about this in terms of like the MRI is like a snapshot. It's a static image. It's a static image. Of course, we can get basically, you know, we can be able to look at this in more of like a 3D context in certain ways and look at the spine or the side of an injury in all these different dynamic ways. But it's still a snapshot in a very dynamic, constantly moving and evolving body.

DAN SWINSCOE: Right.

SHAWN STEVENSON: And so, like you said, like we've got some really interesting data on this, like in having a bad diagnosis on an MRI and taking longer to heal versus if you didn't have that thing because of the mindset attached to it and buying into like, I have this problem. This permanent fixed problem because I'm looking at a permanent fixed image. And missing out on how much movement can be medicine and get us back feeling better faster.

DAN SWINSCOE: Yeah. I had a, another person she just reminded me of that was upper fifties. I don't remember her exact age, but it was something in that ballpark. And she had seen the doc first and she saw the doc got an MRI then saw me once and then got the MRI results after that. So then she's seeing me for visit number two and telling me about all these MRI findings. And she was mentally a mess. And I said, well, do you have it? Can I read it? Yeah. She pulls it up on her phone and it basically said you're 57 years old or whatever she was. You have gray hair. Another way of saying mild degeneration.

Mild spondylosis. Mild degenerative this, mild degenerative that, is you got a 57-year-old spine. Right. A brand new car looks different than one 50,000 miles on it. Doesn't mean it's not a great car. Right. But you can tell it's just age related. Normal is not that different way of saying you have mild degenerative this and mild degenerative that, in my opinion. And that's how I, she just told me, oh, you've given me hope. I'm like, well, yeah, I hope so. Right. I hope you have a hope. There's like, did you think, you know, it's just time for the glue factory here at 57 like it's not usually as bad as it sounds.

SHAWN STEVENSON: Yeah. Let's dive into some of these mistakes people make when dealing with pain.

DAN SWINSCOE: Okay.

SHAWN STEVENSON: And one of them that you brought to my attention is this tendency that we have to chase pain. Talk about that.

DAN SWINSCOE: Yeah. Well, let's say the back is, since we were just talking about that my back hurts, rub my back, inject my back, whatever. The lumbar spine is a part of the body that's really not meant to move very much, but right next to it are some ball and socket, hip joints that are meant to move a lot. And if the thing that's supposed to move a lot doesn't. Then the things adjacent to it are gonna move extra to make up for that conversation. Yeah. And so it's very easy. I was explaining to me once, I really love this analogy, that you can think of your disc as a credit card. And if you're old enough to remember the days before a shredder and you got your new credit card in the mail, you take that old credit card and you try to bend it and the first time you try to bend, it's really hard to bend it.

And then you bend it back and forth a few times. Then there's a little bit of a white line in the colored plastic, and then eventually a little crease and eventually it breaks. Well, our discs are similar to that. And so if these movements over and over again with your activities of daily living, whatever they are, which could include sitting, 'cause right now I have this angle at my hip that should be having my upright. Body weight loaded across my hip joint. If my hip can't accommodate this angle, then my pelvis rolls back and now this force has just moved a little

bit over from here to here, and now they're on my disc. But if movements that are supposed to be in the hip aren't, they just get translated right up to the next thing.

And so then it's gonna wear out over time and you'll see that. So when you talk about chasing pain, I cannot tell you how many times we've helped people with low back pain and hardly touch their back at all, but spend a ton of time on their hips. Since we're talking about the spine,

SHAWN STEVENSON: I just wanna stay here really quickly because one of these things that really changed my mindset because, and you know me, like I'm very kind of data-driven. I'm kind of analytical, kind of, and so I love the application piece and I love the intuition piece. But from my, the way my mind is set up, I love to, to have data to kind of hang things on. And again, an MRI can be in some ways it can be a feeling of resolution or relief. Right. To know like, okay, well this is right, but very often it can be something that can mentally trap us and put a big burden, like a no SIBO effect.

DAN SWINSCOE: For sure.

SHAWN STEVENSON: Right.

DAN SWINSCOE: I've I battle that all the time.

SHAWN STEVENSON: Yeah. And this is such an incredible analysis and this was published in the Journal Clinical Rehabilitation. It's titled Probability of Spontaneous Regression of Lumbar Herniated Disc. Alright. Spontaneous Regression. Right. That means like, we don't know how it happened, but here it is. And so this was a review of 31 studies and it found that up to 96%. Of various forms of disc injuries had significant improvements without invasive treatments. In fact, one subset of sequestered disc injuries, this is when they're.

DAN SWINSCOE: The sequestered fragment.

SHAWN STEVENSON: Straight up broken basic.

DAN SWINSCOE: Bad Problem. Yep.

SHAWN STEVENSON: Like the worst type of disc injury. What you would think on an MRI again? Sequestered disc injuries showed complete resolution of the injury 43% of the time.

DAN SWINSCOE: That's important for people to know.

SHAWN STEVENSON: Unbelievable.

DAN SWINSCOE: Yeah. Again, we go back in time when I was in PT school, a sequestered fragment was a surgical problem and now we know the body resorbs 'em sometimes, and so it's just an important thing to give people a chance. I think an interesting maybe connection is if you look at the amount of disability from injuries based on what your job is, people who are self-employed, I don't work, I don't eat those kinds of people. Get better faster isn't that interesting? Because they don't have the luxury of sitting around. Now, I'm not saying these other people are sitting around eating BombBomb or pushing this.

I'm saying that if push comes to shove and you have to get up and do stuff, the act of getting up and do stuff seems to actually be helpful. And so those people just get better faster, but it was forced upon them. Right. But that's an interesting possible connection of what you were just talking about.

SHAWN STEVENSON: Now, what about this phenomenon, especially when, again, chasing pain when there's quote, no reason, for the pain to be there.

DAN SWINSCOE: I love that. Yeah. There's always a reason I get another very common, painful place for people. Place for people have pain in your shoulder, and of course my shoulder hurts. And you do some rotator cuff resisted test. And the doc says, I got rotator cuff tendons told me to take some anti-inflammatories and go see you.

SHAWN STEVENSON: Okay.

DAN SWINSCOE: And you do the rotator cuff resisted test, and they're strong. It just elicits some pain. But then you reposition the shoulder blade from this posture to that posture, and all of a sudden now they're strong. Doesn't hurt at all. And I love it when that happens. I'm like, so apparently if we move your shoulder blade a little bit, it took away all your inflammation. Huh? Yeah, and like what I'm like I'm being silly on, on purpose. If we just reposition your shoulder blade gets you out of this forward anteriorly tilted position that puts everything at a mechanical disadvantage here, kind of puts the roof over the top of the socket and you resist it there.

It doesn't feel so good. But if we reposition and create some space there, all of a sudden your shoulder can resist just fine. We see that a lot. We see a lot of people who don't have good upward rotation, so you ask 'em to raise their arm, they're like, ah, yeah, that's my pain. And then I'll get behind them and I'll hook my thumb on the backside of their shoulder blade and help it elevate as they're raising their arm pain's gone. I'm like, oh, okay. We just have to work on upward rotation. And the cool thing about that is. In a couple of days, they're pain free 'cause the drill works so well. And somebody else was saying, you know, maybe you need drugs, maybe you need an MRI to like, you know what I mean? It's just, there's so many things that you can do if you just recognize, okay I use the term, I'm just gonna fix your function.

So if we don't worry about what tissue in the shoulder hurts, we just say what functional thing can you not do? I can't raise my arm, I can't lift overhead, I can't reach for the top shelf, blah, blah, blah. Okay, well, let's start looking at the things that are required to effectively raise your arm overhead. And we find the things that don't look right, fix those and reevaluate rather than thinking, is it a bursa, is it a disc, is it, or I mean, is it a, you know, one of the rotator cuff tendons or something? Let's not worry about that so much. Let's look at the function and if the functional limit is, I can't lift overhead without pain.

Regardless of what tissue might, it might be inflaming at the moment. If we just allow you the way to lift overhead and then the pain, inflammation just go away and they're back to where they were. And it's fast that way, right? So it's amazing how you can do stuff. I have the drill that I use. I have 'em do five reps. It's just this little wall slide drill. And that hurts. Yep. Alright, come here. Show 'em how to do the drill. Do five of 'em. Give 'em full effort. Step

away. How's it now? Oh my gosh. That's better. Okay. Do that every day. And a few days later they're like, man, I can't believe it doesn't hurt now.

Yeah. It's just, it's simple. If you just look at the related pieces and not chase the pain. Otherwise you'll find a tender rotator cuff, right? You'll find something to massage. You'll find something to needle. You'll find something to ice stem, you know, whatever. Plug in the wall modality is your favorite, and you'll find reasons to do that. You don't have to probably.

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

There is an epidemic of sweetness going on right now in our world today, but don't get it twisted. All sweetness is not bad. We need some sweetness in our lives, and there is one source of sweetness that is synonymous with Winnie the Pooh. It's synonymous with Mariah Carey. It's also synonymous with having the most. Science backed benefits of any sweetener ever discovered, and that sweetener that I'm talking about is honey play a little bit of that mariah Carey.

One reason that honey can make you sing like that is because unlike other sweeteners, raw honey has been found to actually improve insulin sensitivity. Whereas all of these highly refined sweeteners that are just so invasive in our food culture today are the exact opposite, causing insulin resistance. A recent study published in the peer-reviewed journal, nutrients detailed how raw honey intake can improve fasting blood sugar levels, improve lipid metabolism, and reduce the risk of heart disease. Additionally, the scientists noted the vast antioxidant and anti-inflammatory properties that honey has honey is spatial to simply classify it as a sweetener is mad disrespectful. Classify it as merely a sweetener is crazy disrespectful. Now this is the most important point because all honey isn't as sweet as it seems. Recently, an analysis of the world's honey market revealed that nearly one third of all honey sold is adulterated with other sweeteners or completely fake.

Do you know about the Honey gate scandal? The US Department of Justice stepped in and addressed one of the biggest food fraud cases in US history. Multiple companies were involved in illegally routing sham honey into the us. Not only were other sweeteners found in

the honey, but antibiotics were found in the honey samples as well. This was a nearly $200 million scandal. So more than ever, we wanna make sure that we're getting honey from a source that we can trust in the honey that I use that I've been utilizing for years is the very best honey in the world, and it's coming from the amazing folks at Beekeepers Naturals. Go to beekeepersnaturals.com/model.

You're gonna get 20% off their best selling superfood, honey, this honey is beyond mere honey superfood. Honey, truly is that you're getting some propolis. You're getting bee polly, you're getting some royal jelly and getting again, the very best honey in the world. Go to beekeepersnaturals.com/model.

That's B-E-E-K-E-E-P-E-R-S naturals.com/model for 20% off their superfood, honey and store wide. They've got some other incredible medicines straight from the hive. Their bestselling propolis, immune spray, their brain nootropic based on royal jelly and so many other wonderful things. Their honey based cough syrup is also a staple to have in your medicine cabinet at all times. Just incredible. They do things the right way. All of their products are third party tested for over 70 pesticide residues, commonly found in bee products. They're screening to make sure that there are no heavy metals, no nefarious bacteria. They're screening to make sure that their honey is the highest quality in the world as beekeepers naturals.com four slash model for 20% off. And now back to the show.

SHAWN STEVENSON: So, question for you?

DAN SWINSCOE: Sure.

SHAWN STEVENSON: I found that standard of care when dealing with pain and or injuries is often if they're not working with the highly evolved skilled physical therapist is to stop movement. Right. Incapacitate the joint, the muscle, just stop moving it.

DAN SWINSCOE: Right.

SHAWN STEVENSON: Is that the best, and I already know the answer to this, is that the ideal way to go about this? Should we stop training completely?

If we're experiencing some pain and discomfort? We're just we're just, we're gonna keep this simple and we're not saying like, this is excruciating pain like there's clear, like there's an acute situation here. Of course, if that's the situation, we want everything to con the inflammation to go down. But should we start training and trying to get some movement inputs into that area as soon as possible?

DAN SWINSCOE: Absolutely.

SHAWN STEVENSON: And or should we be training around that injury? Yes and yes.

DAN SWINSCOE: Yeah. So I use the term specific rest. So if you know, you say, if we use the should as an example, again, if it only hurts to lift overhead and it only hurts to push overhead, can you pull from overhead down? Right. So maybe the weight actually assists you up and the effort is down. How are you here with horizontal push and pull? You cool with that? How are you if you weight bear through your hand versus your hand in the air, you know, absolutely everything. I mean, I work with a lot of personal trainers and I always keep 'em moving, keep 'em going. I'll tell you the red light, the green light, and the yellow light activities, you know, and most of the time you can just delineate it that way at this time.

These things, red light, these are a bad idea right now. You can bet that if we do these things, we're gonna make matters worse. These other things, you can bet that if we do things, you're gonna be fine. The yellow light things in the middle, these are the ones that are questionable. So if these really need to be trained, train them super carefully with loads you're familiar with speed, you have great control over, et cetera. But seldom do you have, I mean, I think it's foolish to quit and do everything right. Just movement is a good for a human being and their psyche too. Like you were talking about before, the therapy side of physical therapy, just, it feels good to move and it feels terrible to not be able to do anything or to want to do something and be afraid that, you know, man, my shoulder hurts if I do anything, I, you know, I'm gonna make it worse. Right. There's almost always stuff you can do.

SHAWN STEVENSON: Yeah. Yeah. Just to circle back really quickly to the, you know, chasing pain and I didn't do anything right. This, if you don't have any particular, like traumatic thing

or something, you can, like, this thing happened and then I had pain. And if you don't have like a rational reason, like we'll just say somebody and I went, oh, this is a great question. Okay, we'll say somebody had an injury, a shoulder injury, but it's resolved. There's no tissue damage. Everything looks good. They've got all the checks, and they go maybe a year without having an issue. And then suddenly they're experiencing pain, but they can't find a way that actually something happened. Right. And so they're like racking their mind like, I didn't do anything. Why is my shoulder hurting? What are some of the reasons that something like that can kind of manifest?

DAN SWINSCOE: Well so many times this is what comes in, you know. If we use the shoulder again as an example, I think the shoulder as much as anything is like an orchestra. If your orchestra is making noise instead of music, was it that guy's flute or that guy's french horn or that drum or that symbol or that violin? There's a lot of moving pieces, right? And so you, you could have from the accident or the previous injury a year ago and felt like you're fully recovered from it. Maybe there's some scar tissue there that now, because workload got a little heavier, the scar tissue that was there and previously you were adapted with that just fine. But now because you've been spending 12 hours a day in a chair that maybe now you no longer can overcome both of those two little imperfections, where before you could, I had a lady, I'll never forget, I couldn't tell your name if my life depended on it, but I remember her story so well.

I was having her see me, what I was expecting to be her last visit. She was doing great. I gave her some time on her own, check back with the, and in three weeks or a month or whatever it was, and this was that day and she came in. And she was a mess. And I, it blew me away that she was hurting so bad. And I'm like, did you know, I'm running through all the questions of all the things right, that we knew were problematic for you. And I'm like, and I just threw it out there like, what about stress? And then all of a sudden her face changed. I'm like, oh, do you remember something? She goes, my mom died last week. So, stress is a pain amplifier. I've seen that over and over again. So for the person who maybe they had something a long time ago, if there's those, you know, mentally emotional, as much as we wanna say mind and body are separate, they a hundred percent are not. And so, maybe something like that, you know, there's always a reason though. My favorite reason for someone coming in is to tell me

there's no reason. 'cause that means I have to sleuth. And the sleuthing is the fun part. Yeah. Right.

SHAWN STEVENSON: Yeah. So You're a body detective man.

DAN SWINSCOE: Yeah, exactly.

SHAWN STEVENSON: This is an important point, and thank you so much for this. Every single person listening, please remember this. How impactful stress can be on our biology, right? We tend to think that it's, this is calorie free, it's invisible. It doesn't really affect us like that, but we know every single part of our physiology can be impacted by stress for sure. With that being said, maybe the site again, that of that old injury, maybe it's a back injury that happened, maybe it's a knee injury, maybe it's the shoulder, but you're experiencing some life stress. Or maybe, again, maybe it's not an acute thing. Maybe it was just a chronic buildup of things that just went unprocessed. These nociceptors, right, that we have in our tissues that transmit pain, it can literally kind of activate, it's like a channel that can activate and express pain. One of the things that we know today is that psychological stress can increase inflammation in the body amazing.

In a myriad of ways, and so again, we might be in a situation where we're chasing if nothing happened, I didn't do anything, but why am I in pain? Yeah. And having the investigation capacity. Get your Pink Panther on and look into your body. To be honest, I what's going on in my life? Like am I experiencing a buildup of stress or am I not processing things? Am I moving too quickly? Am I not moving enough? You've gotta be your own detective.

DAN SWINSCOE: Yeah. You just reminded me of another person I worked not that long ago that we were helping recover from back pain and we were starting to get dead lifts, going a little bit heavy. And he's like, Hey, you know, I'm kind of feeling that in my back. I'm like, what does feeling that mean? What does that mean? And basically what described is muscular effort. Right. But he, that his brain is very sensitive to stress going through that part of him. And I think it was just sending his brain a little check engine light. And that's the example I use sometimes.

I said, well, your form was perfect. Do you have any pain during But now your back's just sensitive. Yeah. I said, that's probably what that is. And he goes, you feel confident about that? I said, yeah. Do you? He goes, I think so. And we kept going, how's your back? I'm. It's just sometimes the nervous system just checks in, says hello. Yeah. Right. And you just have to sometimes use reasoning about like, okay, you're under some load here, but you're managing it perfectly. I think anybody who understands how to deadlift would look at this person's form and say that, that's really good form. And they didn't feel anything anywhere. They weren't supposed to at the time, but obviously when you deadlift your back muscles work, right.

That's a good thing. But if in the past, whenever his muscles had that contraction, maybe it was from a straining kind of experience, something I said, you know, just if you feel good about it, I feel good about it. I'm not worried about you here. If you're willing to keep going, let's keep going. And he just felt better and better as you went.

SHAWN STEVENSON: Awesome. Alright. If you could, and the thing is, since we don't have somebody who's a patient right in front of you that's dealing with a very specific issue. This is kind of holistic. We're looking at overall insights, right? And so somebody's recovering from an injury. Right? They experience an injury, they come to see you. I don't wanna put a label on it, but I guess again, we gotta kind of use an example, but maybe again, it's it's a lumbar issue.

DAN SWINSCOE: Okay.

SHAWN STEVENSON: The reason I'm thinking about this, Joe Montana. Alright. I just watched the Joe Montana documentary, which was fantastic.

DAN SWINSCOE: Ah, right. I haven't seen him. I'm gonna have to go find it.

SHAWN STEVENSON: I think it's on the peacock.

DAN SWINSCOE: Okay.

SHAWN STEVENSON: There's so many apps by the way. Right, I know, but it's so well done. And there was a game where he felt something during the game. Ended up being a disc injury, and he had back surgery like almost immediately. And the prognosis was, he'd be out for the rest of the season. We'll just say like, this was week two. Right. And there was no rush. But in his mind there was from him.

DAN SWINSCOE: Because he knew who was on the bench behind him.

SHAWN STEVENSON: Yeah, right. Exactly.

DAN SWINSCOE: That's pretty good.

SHAWN STEVENSON: That guy. But he came back seven weeks later. I don't remember that.

DAN SWINSCOE: But that's weeks.

SHAWN STEVENSON: I had no idea. That something like that happened.

DAN SWINSCOE: Well, you know, he was Art white and the San Francisco Spine Institute where the people, as I recall, that took care of him and they're kind of the beginnings of what we understand is stabilization exercises. Now that was kind of ground zero.

SHAWN STEVENSON: Come on.

DAN SWINSCOE: Yeah.

SHAWN STEVENSON: You see this?

DAN SWINSCOE: Yeah. There you go.

SHAWN STEVENSON: And so be early on, he was very low, he was very depressed. He didn't want to Right. He was afraid. And also he was apprehensive to do stuff, super calm. And

somebody challenged him to like, if you say you wanna do this, do it. Right. And then you see like clips of him training in the pool.

DAN SWINSCOE: Ah, there you go.

SHAWN STEVENSON: Right. Being able to build that confidence. And again, long story short, him coming back from this back surgery seven weeks later is insane. But it was possible because. Not only that, he came back and he performed at a high level.

DAN SWINSCOE: For sure.

SHAWN STEVENSON: Right. And so, with that being said, what are some of the principles when you have a patient that's coming in, they're lacking confidence, they're afraid, like you, you just mentioned your guide. Doing the dead lifts. What are some of the steps that you're taking to build their body back? And also to build their confidence back.

DAN SWINSCOE: I'll give you a couple examples. The person who walks in crooked, like you feel sorry for them to have to get in their car, get to you, get outta the car, and, you know, physically get to, 'cause you can see every movement is just agonizing for them. Some basically Stew mcg guilt oriented training of you use the same principles we would use in training, like for power lifting, like to lock your lats and spread the floor when you squat and things like that. If you're in agonizing back pain, they say, Hey Shawn, are you expecting your back to hurt when you stand up outta that chair?

Yeah. And let's say you've, you're not a weightlifter, you're, you know, you program computers for a living or you sell widgets or whatever and you don't know, you don't know those cues that are really common in, in the world of weightlifting. I say, okay, here's what I want you to do. I want you to try to pull your arms down like this. Can you do that? And you do that and say, you feel how that makes things tight? Yeah. Now as you sit up, do that as hard as you can. How is your pain? Is that better or not? And we just start doing Q after Q of bracing from lat, abs, glutes, frontal plane, glutes, transverse plane. We do whatever we need to do till he gets up and goes, oh my gosh, that didn't hurt.

And I a hundred percent expect to have him say, oh my gosh, it didn't hurt or way better. And so when I get that and I say, okay, now we didn't change anything about your spine, but we just gave you a little bit of external support. And I'm not saying you're gonna live your life this way, but right now when it's agony to get in and outta the car, it must've been agony to get dressed, agony to gotten off the toilet. Daily life is very painful for you right now. This is how you get through daily life. And then I teach 'em how to hinge so they can use the sink, do you know, to wash their face, contact lenses, all that sort of stuff. And so for my people who were like. The worst of the worst. I just treat 'em, those principle.

I don't measure their range of motion because it's gonna suck. I mean, you can see 'em from 20 feet away, that these people can't move without pain. I'll do a quick neural screen 'cause I want to know if they've got any weakness, if they've got any sensory loss, if the reflexes are gone. But that's really the only true evaluation I do with them. For people who are really miserable, I allow them to make day-to-day life their rehab. I teach them how to get in and out of a chair, how to roll outta bed, all of those things without the pain. And I use it as examples. If I have a bruise on my arm and I hit it, and then I hit it again and again, my arm is gonna become so sensitive that I hardly have to touch it and it's gonna hurt like hell.

And I know if I glance on my arm, that's not harming me. But I also know that tissue got so sensitive that even the tiniest bit of force frigging hurts, right? And when you can explain it to 'em like that, now when you lock your lats or do whatever technique I taught them, whatever one works for them, I said, that's one more time you didn't hurt the bruise. And if you can go all day hitting that bruise, 20 fewer times, that bruise can go away. And then as you no longer have to be so deliberate and so careful with these little movements, then we just really get rocking. And that's how I would take that person to give them confidence because I now just gave them the skill where they can do the things that before we're agonizing and now are immediately way better.

That's a big deal. And so I like doing that with them. For the people who are like, yeah, my back hurts. I don't feel like doing, you know, I'm not going to the gym now. Or I just go in, I walk on the treadmill, I don't lift. Or you know, those kinds of people where their back pain is an annoyance but not impediment to life. If they didn't tell me their back hurt, it wouldn't be

obvious. Those are the people where I ask a lot of questions. That's where I'm concerned about, does your big toe move well enough? Did you break your ankle 10 years ago? You know, any of those sorts of things because it all connects and works its way up the chain.

And when people fill out, like our, you know, every place you go fill out the little form. Right? The little. Tell me about your past medical history. Well, what I've come to learn is you fill out what you think is relevant. You don't want to fill out that form when I'm there, I don't want to fill out that form. So, I don't trust that you filled out everything I wanna know. So I'll look at that form and say, oh, you had ACL surgery in high school and you take a statin or something. I don't know. I shouldn't say that 'cause that's an old separate ken of worm. But whatever you know, some about Yep.

That, and that's all your medical history. Okay. And then what I do is I start the feet and I start out. So how are your feet? Do your big toes move? Well, do you have any plantar fasciitis? Wear orthotics? Oh yeah, I've got orthotics. Oh, who gave 'em to you? Oh, so and so what for? I have plantar fasciitis. Do you still have it? No. You still wear the orthotics? Yeah. Think you need 'em. I dunno. Alright. How are your ankles? You ever sprained 'em? Play basketball? You, I, and I just work my way up. And when you start at the feet and work your way up, I just do that so I don't forget some. Right? And so for me, it's ground up to make life simple on me so I don't forget.

But when you ask very specific symptoms about people you realize. You know, they said that they had an ACL surgery and that was it. But you find lots of other stuff so often, and that's what I love about my practice in Arizona now is I'm, I've got more time than what I had is I no longer take insurance. So I don't need to interrupt you to get to kind of the chase. I'll let you tell your story and then I'm asking you even more. And the value to that is, is remarkable. And so now when I know that you've got bad feet and you've been wearing orthotics all the time, that lets me know how you and gravity are starting to interact with one another.

You know, ask about your shoes and you just work your way up. And so if you've got back pain and the person that you're seeing only asks you questions about your back and you know, only gives you exercises that look like they're just for your back there might be more out

there. And he just recognizing that things from far away can make a difference to where your pain is. There's a guy, his name is Carl Levitt, looks like Carol LeWitt, but is pronounced Carl Levitt. He who treats the side of pain is often lost.

And I like using that quote a lot. Not to say that you can't or you shouldn't, but boy, if you only look where they tell you it hurts right here, and you only look right there, you're gonna miss stuff without question. So just being able to take the time and branch out and ask a lot of questions and investigate movement and recognizing how things should work together. And when they don't, oftentimes that's your source. But there's always a reason.

SHAWN STEVENSON: Yes. That yes. There's always a reason.

DAN SWINSCOE: There's always a reason.

SHAWN STEVENSON: And very often it's not the reason you think it is.

DAN SWINSCOE: Right. Yeah.

SHAWN STEVENSON: You know, this gets me thinking about Dr. Ellen Langer. One of her labels is like the mother of mindfulness. You know, she's run more experiments on the power of the human mind affecting your physiology, affecting your biology than anybody. And also all of her incredible students have gone on to create all these incredible studies as well, like Alia crumb out Stanford.

But I'm saying that to say that the. Most important part of this is your mind. And that's one of the things, the emphasis on therapy part with physical therapy, because one of the things that you did for me was to reestablish my confidence. And it happened so quickly because I was super uncomfortable doing a very simple act. Right. Just, he was like, touch your, go ahead and touch your toes. I was like whoa. I know my spine looks great now, but you know, I just, I don't want to, I don't wanna irritate anything. Everything's going so well, I was afraid.

DAN SWINSCOE: Hyper protective. Yep.

SHAWN STEVENSON: Right. And once I did it, it just was like, wow, I did it. Like, but just you giving the cue. And also there was a patience that you had for me that I can't really explain. Like you, you said you made me confident that I can try. Right. And it was okay if I, if it didn't go the way that I didn't want it to go, but. Also it, it reminded me too, that I was, again, I was looking for pain, I was looking for a problem rather than like, yo, I feel really good right now. Right? It's been a significant amount of time. I'm doing all these other activities, but I'm afraid to do this simple act. But now, and so can you talk a little bit about that, about helping people to reestablish that confidence?

DAN SWINSCOE: Yeah. You just reminded me of if whether you think you can, or whether you think you can't. You're right, right? It just, yeah, I mean, there's nothing wrong with bending over and touching your toes. I mean, we can argue all day if you wanna do that under load. I'm a, I wouldn't do that guy, but you know, I know you can train for it. You can train for anything. You know, the people out there, over the minutia of something like a Jefferson curl, whatever.

But for the typical person bend over and touch your toes. If it causes you pain, then you know, you can bend over to some degree. And then you just have to figure, why can't you get further than that? You know, it's. Generally speaking, no load, no injury, right? And so you shouldn't be afraid to move your own body through space, especially when you do it slowly and carefully. The body usually will whisper before it screams. So, if you go slowly and you start to get some signal what I'll tell people if the pain is small and it's acceptable to you, whatever that means, 'cause it's yours, not anyone else's. So nobody else's opinion matters. But if it's acceptable to you, breathe your way through it and see if it doesn't get a little less on an exhale.

And then go a little further. It'll probably talk to you again. Well, you breathe again and you might get a little bit further. And then just come out of it every so often and just kind of make friends. There's more than a way to touch your toes. You can try it and stand it, you can try it in sitting. I had to give one time coming to see me for his back. It was kind of fun with him. Ask him to, you know, bend over his, touch his toes. He got somewhere past his knee,

not very far, you know, obviously didn't go very far. And I said, what do you feel? He goes, my hamstring's really tight. How often do you stretch 'em?

Every day For how long? Years. I guess you don't need to stretch 'em then. What are you talking about? They're tight as hell. You just told me you stretch 'em every day for years. If years of stretching every day didn't get the job done, I'm not so sure another day is gonna make a difference for you. And he wasn't able to get that. And I said, so I took a gamble, but it worked. I said, sit on the floor with your legs in front of you. And he went out, touched his toes without a problem. I'm like, do you even realize what you just did? No what? I'm like, dude, you just touched your toes. You just told me you couldn't do that 'cause your hamstrings are tight.

Wait a minute. Right? And it was so funny because it was, he just didn't even get it. I'm like, so when you're upright standing, your brain is afraid you're gonna fall on your face 'cause you're not shifting weight effectively. But when you're sitting on the floor with your legs long in front of you, that concern is gone. So you were able to demonstrate the flexibility that you actually have. You can't demonstrate that in standing, but that ain't a flexibility problem. That's your brain saying whoa, pulling on those hamstrings back there. We don't trust you. So it created a perception of threat. And if a threat is perceived, it may as well be real.

'cause you act the same way. Right. You know, now that I live in Phoenix, I use the example, if we go for a walk and there's a stick on the ground and I think it's a rattlesnake, I'm jumping as if it's a rattlesnake. It was never a threat to me. But I sure as hell thought it was. Right. And so even if something has no chance of harming me, if I believe it will, I'm gonna act accordingly. So sometimes when, especially if the original injury was a flexion oriented activity, we've all got a little PTSD for that plane of motion, right? So sometimes you just have to help people get it in a different way. But I have every expect it's a norm, right? I use an example sometimes, you know, if you don't graduate from high school, you may very well have a wonderful life. You just made it harder on yourself. If you can't touch your toes, you can still have a wonderful life. You're just making it harder on yourself. There's, it's a norm for a reason. And so let's look to establish that norm.

SHAWN STEVENSON: Yeah. Yeah. You mentioned this a little bit earlier, but a protective response. Right? And so often, and this is one of the things that I wanted to ask you about, when we have that protective response, we tend to treat it like an injury. Like I'm injured, something is seriously wrong. And you advocate for us to treat it like a protective response.

DAN SWINSCOE: We use the term your muscle guarding.

SHAWN STEVENSON: Muscle guarding. Your body's doing this for a reason. Let's investigate why. Versus putting all of our chips in like you have a severe injury because that is very likely gonna make that process of getting well so much longer.

DAN SWINSCOE: For sure. Without question. Yeah. You're kind of validating your own fears.

SHAWN STEVENSON: So what do we do instead?

DAN SWINSCOE: Baby steps. Right? So, you know, depending on the level of confidence of the person and level of disability by their pain, you know, you can just think what plane of movement feels like. It's okay to you what p of movement is the scariest we're gonna get there eventually, but why pound a square, pagan round hole on day one. Right? So, also depends where are we on the journey for this person too, right? But if someone comes to see me and they have a history of a lot of pain. But not a lot of damage per se. You know, with my job, I'm gonna compare your active movement relative to your passive. So let's say you are in agony and you can't, like, you just touch your toes.

'cause it's so common. You can't touch your toes at all. You stand and you're like, oh my God. Oh my God. Oh my God. Like you just, you know, lot of questioning whether or not this is a bad idea and everything. Like, okay we don't have to do any more than that. Why don't you lay on this table for a minute and then I can bend their knee towards their chest. Well that means their hip is capable of flexing. You know, maybe I can bring a straight leg raise up. Well there's your hamstring flexibility when there's no load on it. Compare the other sides. And then if I can do that, I say, Hey, check this out. What? 'cause they're just laying there kind of zoning out.

Most people don't pay too much attention and I bring their leg up to a 90 degree angle with a straight leg, which requires a lot of hamstring flexibility. Right. I said, look what your hamstring can actually do. Oh really? That's, I didn't think I could do that. Oh, right. Then you do the other side and then, so then all of a sudden now they see that. The parts are okay if you separate them out. And I move it for them. And when I say, you know, if your hamstring didn't have a flexibility, not only would you not touch your toes, but I'm not able to do this either, right? And so you just start finding different ways by looking at passive movement versus active.

And same thing if people like say they can't twist, oh gosh, I can't twist, that really hurts. And you know, you see it all over the face. There's a lot of apprehension. They kind of give it a go 'cause I ask them to but then you put 'em on a table and you can roll them all the way around a corner. And they say, you recognize what we're doing here, right? Like, if you're on the table and I do it for you. You actually rotate pretty well. It's just when you're standing, you can't. And when you start explaining them to that and you say, okay, can we think of this more as a software problem, less than a hardware problem? And that's usually when the confidence and you know, they start kind of, oh, you're connecting some dots for me a little bit here.

Right? And then you just challenge them in a way that doesn't feel scary to them, whatever that is. And I'll bring it all the way back to just diaphragmatic breathing if I have to. And then we'll build it up from there. But you know, you just regress to the level of their comfort and progress back out from there. But you can always do that.

SHAWN STEVENSON: If you grew up anything like me, you had your fair share of candy bars, Nestle Crunch, Snickers. The Milky Way was my top joint. Butterfinger when that came out. That was crazy. Bart Simpson was the mascot. All right. These candy bars are undeniable, these and many others. And so when I was trying to get healthier, I pivoted away from eating these childish candy bars and I'm going to eat these cereal bars, right? I'm gonna have these very mature cereal bars from like the Quaker folks and from Kellogg's. This is a much healthier choice, but little did I know or understand at the time, we're looking at sometimes equal amounts of sugar, highly refined, ultra processed. Now there are these quote cereal bars or these food bars that are these ultra processed forms of trickery.

Now the thing is the convenience factor is real. Having that bar on the go is such a valuable thing in today's kind of fast-paced world. But is there anybody doing it right? Is there anybody who are utilizing Whole Foods ingredients and making sure that the bars actually taste good? Well, the food bars that I always keep on hand, that I travel with, that I even keep here in the studio for my team and for my guests, not only does it have eight plus organic super foods and collagen rich. 100% grass fed bone broth protein. There are no added sugars or sugar alcohols, and four delicious flavors including red velvet, lemon meringue chocolate, dark chocolate chip, and apple cinnamon flavors that are reminiscent of the vibes that I was looking for, that I grew up with, but without all of the ultra processed ingredients.

These are the Superfood bars from Paleo Valley. Go to paleovalley.com/model right now and you're gonna get 15% off. They're incredible superfood bars. And on top of all that, you are gonna get 15% off storewide. They've got some of the very best supplements in the world as well, including their essential C Formula, their turmeric complex. These are supplements that I use on a regular basis. No binders, no fillers, no nefarious stuff, just the very best ingredients possible. Head over to paleovalley.com/model. That's P-A-L-E-O-V-A-L-L-E y.com/model for 15% off. And now back to the show.

SHAWN STEVENSON: So one of the big takeaways already for everybody is, and this is gonna be Captain obvious, is to do what we can for sure to do what we can. And we are gonna be shocked oftentimes when we put our bodies into different positions, how we can do things that we can't do when we're in other positions, for sure. Right? And so again, then that's gonna give you some feedback, but that this is a protective response and your body's like when you're in this position.

I don't feel comfortable letting you do that thing. Right. And I wanted to ask you, and just circle back a little bit, when somebody, and I don't know if there's any data on this, I kind of do, but of course you do when somebody's dealing with, we'll just say an injury on one side of the body. Right? So it's one of their legs is injured or one of their arms their one of their shoulders. Is there any benefit to training the other side of the body?

DAN SWINSCOE: Yeah, absolutely.

SHAWN STEVENSON: In dealing with that?

DAN SWINSCOE: Yeah. So let's say my shoulder surgery, I'm in a sling. I'm not allowed to do anything. Well, it's my shoulder, I still got shoulder blade, right? I still might have some spine and I can ride a bike. I could press and pull it is just where I think you're probably going with. I think you know, the left side of your brain takes care of the right side of your body and vice versa. And there's some small amount, single digit percent, I don't remember the number anymore.

It goes back a very long time from PT school. But seven, eight, 9%, something like that. So if I am. Say for my shoulder, I'm doing a one-arm bench press and I'm working hard. It won't work with a light load, it has to be a challenging load. So I've got a challenging load, like say five RM or something of that nature. There's going to be so much effort for my five RM here that there's gonna be a little bit of crossover there. So the brain is communicating to those same muscles even though it's in a sling and I'm not doing anything. And interestingly enough, with visualization, that's a big piece too. Have people say, Hey, I know your arm can't move, but I want you to do this.

And while we're pressing at this, in your mind, you're seeing both arms do that bench press or I know you just had back surgery. You can't move. But in your mind, I wanna see you walking as gracefully as you ever have, or you, I want you to see you swinging the golf club with the best swing you've ever had. And because when you start envisioning those things, the parts of the brain that make it actually happen are coming to life. And so we want to take advantage of that. So anything you can do like that, again, doing nothing is never your best move. I never say never, but very seldom. And I hope no one ever listening to this is in that position.

But by and large, there's almost always something you can do. And you know, if you've got one leg in a cast, like you're, you know, leg pressing or whatever you can do, try to get a pistol squat, something like that. There will be some benefit of doing that. It's not huge, but it's better than nothing. And that's what you got when you're doing nothing.

SHAWN STEVENSON: Oh, man, this is so good. Thank you for bringing this up. You don't know this, but we, and actually as of this recording, the episode is out, but we just did an episode. She's Nike's first mental fitness coach and we talked about visualization, the power of visualization.

DAN SWINSCOE: There's good data on that.

SHAWN STEVENSON: There's so much, man, it's so much whether we're talking about performance with Olympic athletes, you know, improving three point percentage with collegiate athletes and free throws and all this stuff by visualizing, but also accelerating healing is another really powerful domain. And you said the words, which is, when you are visualizing your brain in many ways, doesn't know the difference. Between..

DAN SWINSCOE: Which is really remarkable.

SHAWN STEVENSON: We do us doing the thing in the world and thinking about the thing those circuits are running. Right. And so if you wanna engage those circuits and kind of wake things up . It's such a powerful tool.

DAN SWINSCOE: Yeah. Particularly if you're laying there, you know, you got crutches, your legs in a cast or a brace or what have you. Well, what else you got?

SHAWN STEVENSON: Yep.

DAN SWINSCOE: Right. You know, so work on a diaphragmatic breathing pattern, do a lot of visualization. But, you know, so many of the things that are factors in performance are also factors in rehab. So, you know, I was saying that I learned from Stu McGill when he's talking about, you know, the same cues you would give a power lifter to lift, you know, hundreds of pounds you give to this sweet person in front of you that is on the edge of tears, just trying to do the most simple movement. You know, it's it's a powerful tool. You've mentioned breathing a couple times. Why? What do you mean by diaphragmatic breathing? Diaphragm's a muscle. And if we are breathing diaphragmatically as we're supposed to be, it's the first

domino. When you're a kid, you just stack dominoes and you get this big long trail of dominoes through the house and you tip one over and then all of 'em go.

Diaphragmatic breathing is the first domino to lots and lots of stuff. Musculo skeletally. It's how your core is on without you having to think about it. So if you were gonna pick up something heavy, you know what you're doing, you'd brace, right? But what about when you open a door that you thought was unlocked and turns out it was locked and it gives you that jar? Or anything that happens that's unexpectedly? Well, if you didn't have the brace on in the first place, then that's gonna jar you and that might not feel so great, right? So when we breathe, diaphragmatically diaphragm is a muscle that's shaped like this when it's at rest like so, and.

SHAWN STEVENSON: Shaped like what? For people listening.

DAN SWINSCOE: Oh, sorry. Like a dome or like an umbrella, if you will. And. When you inhale, it goes inferiorly down towards your pelvis. Okay? And so when I inhale, it does that and it's very elastic. So exhale is generally effortless with relaxed breathing. Obviously you can f force air out if you choose, but it's elastic, so when the muscle relaxes, it just shoots right back up. Now when I inhale and it goes downward towards my pelvis, the bottom of the pelvis has a muscle group that looks a whole lot like your diaphragm upside down. That's referred to as a group called the pelvic floor. And so when I breathe and my diaphragm is moving inferiorly, now it's pushing all of the abdominal contents onto that pelvic floor like a hammock, and that creates a little gentle stretch.

Well, what does every muscle do reflexively when you stretch it? It contracts. So now the act of breathing just made my pelvic floor turn on, but my body doesn't just go that direction. When I inhaled my diaphragm, it expands all the way around. So my entire waistband expands and it moves inferiorly. So the inferior travel gets the automatic stretch out of my pelvic floor, but my innermost abdominal innermost lower back muscles, the multid and the transverse abdominis, if you care about the name, it doesn't really matter though.

Those get stretched and those contract, so the very act of breathing with my diaphragm makes the top, the bottom, the front and the back of the cylindrical thing. We all call the core these days contract. So if I breathe diaphragmatically, I have a little bit of stability at all times, and the average person breathes like 22,000 times a day. So if 22,000 times a day we have core muscle contraction, that's a nice little safety net. And it's not huge, but it's something I always tell. What if I gave you 22,000 pennies? Oh, that's nice. Everyday. That's not a bad little lottery ticket right there, right? So even though it's only a small amount, it's a small amount times 22,000 every day with zero effort on your part.

And a lot of times people lose their diaphragmatic pattern. They're breathing up here, and that's referred to as an apical pattern, breathing into the apices of the lungs, inefficient. And it tells your brain you're in fight or flight mode. Fight or flight versus rest and digest. Right. And so what do you think muscle tone does when you're in fight or flight mode? I don't know why my neck is hurting, right? And so they feed themselves that way. So we talk breathing pattern all day long at our office. And so if you breathe well with your diaphragm, you're giving musculoskeletal support for your core. If you breathe well through your diaphragm, you don't have to use all these muscles up here to substitute, which leads to stiffness of your neck, shoulder, headache, all sorts of things like that.

And so say you're, you hurt your back, and now you're stressed because it was scary, it was painful. You have questions about what you may or may not be able to do. Maybe there's time off of work, all those other things. And now you're stressed. Now how are you breathing? Right? So people tend to breathe up here when they're stressed, just like a kid. I used an example if one of my kids fell in skin, they need to be dad. Right? You know, that's the ring. Calm down, honey. It's gonna be okay. And they get back down diaphragmatic again. Well, sometimes if you've had something big enough, especially if it's emotional, if it's scared the crap out, of'em, like a car accident, something like that's emotional.

Right. And they just stay up here and they don't reestablish a good diaphragmatic pattern. So when you do that for folks, not only do they start to loosen up, up here, they don't feel all of that. They get less sympathetic, more parasympathetic. They start establishing some core, they stop feeling so fragile to do stuff. It's remarkable. It's the thing that nobody wants to talk

about. I always have to be really careful when I introduce it 'cause I know these people are going, oh my God, I can't believe I'm paying for this. You know, and you talk to 'em about breathing. But once they kind of get it, that it's remarkable and they're very thankful we took the time to do that.

SHAWN STEVENSON: Can breathing well help you to heal faster?

DAN SWINSCOE: I don't know if you, I'm captain literal, so I don't know if you mean the word healing as well as deliberate, or what's the word? As specifically as I do? I wouldn't say necessarily help you heal faster, but feel better without question. Yeah. Without question.

SHAWN STEVENSON: So breathing well can help us to reduce pain?

DAN SWINSCOE: Without question. Okay. Yeah. I mean, remember Lama's breathing back in the day, right? Yeah. So, and there's a reason they taught ladies to breathe that way. Right. It's an, I mean, think of a yoga practice or something like that. Anything that's involved breathing, you've got more tolerance.

SHAWN STEVENSON: To tie it to the potential to heal faster, I would imagine that the body is in a more restorative or healing environment is created when we're breathing well versus probably, I mean, that's sympathetic.

DAN SWINSCOE: It certainly won't be worse.

SHAWN STEVENSON: Yeah.

DAN SWINSCOE: Yeah. You might, you may very well be right. I just, when I think of healing, I think of like in a Petri dish kind of environment, right? So you have a cut and you know, the cascade of inflammation and healing and all that. I don't know how much that would change, but it might. But definitely your perception of the pain and the disability from whatever injury you had will be lessened for sure.

SHAWN STEVENSON: Okay.

DAN SWINSCOE: Yeah.

SHAWN STEVENSON: We've got this interesting thing happening right now and a lot of trainers, a lot of armchair experts are chiming in on all the injuries. That are taking place in the NBA specifically, right? And so there have been a number of severe injuries, especially like the last couple of years. Right? A lot of severe knee injuries, a lot of Achilles injuries like to, you know, superstar players right? Are like just getting taken out. And so there's been a conversation like, why is this happening now? Because it has gone up, we'll just say 50, 80% versus the nineties or whatever. And this, again, these are not exact numbers, but it has gone up significantly. And my question is why? Oh, you want me to say that I've got you here. Because one of the theories is that it's because the kids are playing too much basketball, right? They're specializing when they're young, right? The a u circuit and they're just playing basketball year round. And it's just like too much load on these kids and it's just accelerating the time when something breaks down.

DAN SWINSCOE: Yeah. What do you think about that? You just, yeah, that was my gonna be like, I'll tell you I don't know. I'd love to be able to tell you that I know. That would be my first guess. And for what it's worth, I'm a baseball and golf guy, so I'm aware of NBA basketball. But, and I know the storylines you're talking about I would, if I had to guess, I think that's it. That certainly seems to be the issue with, you know, elbow injuries and MLB. If you are a parent of a kid who has some athletic prowess, understand the only kids that get hurt of the kids that are good because they're the only ones the coaches wanna overuse. Right. If you suck, the coach is not gonna be pressured to keep you in the game too long.

Right. So, you know, God bless the kid at the end of the bench. But I always tell people, and I've been in the kid coaching realm in the past the most important thing for a kid to do when they're playing a sport, whatever it is having a fun that they wanna play the next year. Because I don't care if your kid, you know, is 20 and 10, you know, double whatever. If he's like, this kind of sucks dad. I think I want to try lacrosse or something, you know, go to a different sport, then you failed the kid. I mean, nothing wrong with lacrosse, but I mean, when it becomes a job before it's a job, that's a problem to me. And so I think that when you see immature bodies that have school all day and then they've got practice, and then they've got

their specialized, like, you know, maybe they have a dribbling coach, a shooting coach, whatever.

You know, in baseball they've got a pitching coach, a hitting coach, and then they do conditioning, and then like kids have got every moment of their day. Programmed and scheduled. Be there. And these are children, right? I mean, like the stress level is significant on them. I think if you want to create, let me back up. I'm sorry. I'm wandering a little bit. I can tell you with clarity from my training through Titleist, that if you want to create the best, fill in the blank sport Star, the best way to do that is to create a multi-sport star until they're about 16 years old. The kids who play multiple sports, train multiple movement patterns, they train with multiple different types of stressors going through their body.

Just imagine that. Not only are you as an adult say, you know, I always tell you, you know, the pro players play less than, they have more of a pitch count than your kid. And he's still growing and developing, right? You've just. You have to di diversify, like you diversify a stock portfolio. So you're not at risk by everything being in one thing. If all you do is play basketball and run and jump and cut and run and jump and cut and run and jump and cut, is there any wonder that the lower extremity soft tissues are wearing out at a younger age? Right? But imagine that basketball player also played baseball in the spring instead of summer or in, you know, instead of a u basketball, whatever or played a u but not their school team.

Or you just find some other thing for the kid to do until about 16. But that's kind of the line in the sand with the exception of tennis and gymnastics where you're rewarded at a younger level at elite levels. But the multi-sport athlete becomes the best athlete. And so my 2 cents on that would be create a multi-sport athlete and then. If you've got a kid that wants to be great at basketball, and I'm making this number up, but let's say he's got 30 hours a week involved in basketball, maybe some of that could be in the gym as opposed to being on the court. And when I say gym, the fitness gym, not the basketball gymnasium, but working on the ability to handle loads and stressors. And to be around a different adult too. Right. You know, because in youth sports, they're being how they think about things is being shaped by that coach. And so being exposed to other qualified coaches in other realms can sometimes be useful for perspective on them.

SHAWN STEVENSON: That's great. Great advice. Weight room, strong, real world vulnerable.

DAN SWINSCOE: There you go.

SHAWN STEVENSON: This is something that you're talking about as well, and we need to be educated about. It's awesome that people are getting in the weight room now. There's a surge, there's a movement and intention around that. Yeah. And we don't wanna put all of our eggs in the basket of just being weight room strong.

DAN SWINSCOE: For sure. I'm glad you brought that.

SHAWN STEVENSON: Talk about that a little bit.

DAN SWINSCOE: Yeah, thank you. This is one of my pet peeves, so I just remind people, it's a three dimensional world we live in, and so you need to be able to handle forces that are forward, backwards, side to side, and rotational, and usually all at the same time, right? And your child, who you're paying to be trained by somebody if they're training 'em like a bodybuilder where you isolate one muscle and you know, bodybuilding is a sport in and of itself. Take your clothes off and pose for a judge. That's a sport. And if you isolate one muscle, one exercise, one muscle, that's a bodybuilding mindset.

And that's fine, but that does not carry over to athletics where there's acceleration, deceleration, multiple joints working together and in all three planes of motion at the same time. So there has to be some level of functional training in what they do. If you want carry over to a functional activity like running and cutting and throwing and hitting and you know all the things that sports are, and you don't get that from back squat, and you don't get that from a bench press.

And I'm not saying those are bad exercises. I'm saying that if I want the squat to carry over to fill in the blank sport, maybe I'm not gonna have a bilateral symmetrical grip on a bar with a bilateral symmetrical stance. Because I'll never be in those positions and have loads like that. I'm definitely gonna squat. But maybe I would have more of a split squat or maybe I'd have more of a single leg squat.

Or maybe there's so many variations and when you see the people that often run the youth conditioning programs, you have all the kids doing the same stuff. And you know, the most common say it was probably football, right?

And so, if you're the guard and I'm the kicker, and why would we have the same needs? Right? And if you're a senior and I'm a freshman, why are we doing the same exercises? 'cause you've been through this for four years now and this is all brand new to me, right? Do you really want me doing a power clean? I don't know. I've had kids with wrist injuries from power cleans 'cause they didn't know what the hell they were doing. And they were having the football coach had the kids max. Now what could go wrong in a testosterone laden high school football weight room with all your buddies around you, and you put an extra plate on each side and you're like, go.

Right. You know, that's cool if the kid can lift more weight, but if you can clean a certain amount, that still doesn't mean you can make a tackle. It still doesn't necessarily mean you can cut on a dime and make change. Right. So, the training that these kids do has to involve. All three planes of motion has to involve arm working through core to opposite leg. 'Cause that's how they're gonna run. No one walks like same arm. Same leg, right? No one hops two feet at a time when they walk into a room or across a court, across football field. So you have to have exercises that somehow mimic those tasks. And then you get carryover 'cause carryover is movement. Plane speed specific. And so if I'm lifting super heavy, cool. There's value in that to some degree. But if the only way I ever work on a squat is a barbell back squat, you're gonna get beat by other kids that are moving more athletically than that.

SHAWN STEVENSON: This is important for all of us, of course, with our kids, but we might not see ourselves as a quote athlete. But you are a life athlete. And again, getting weight room strong. That's great. That's awesome. But we need to make sure that we're training to be able to be adaptable in this three dimensional real world out here. Right, right. Where life doesn't come at you in a push pull, you know, everything's kind of symmetrical, right?

Like almost never. Yeah. And so, with that being said, and we're getting close in closing here, but I want to get some tips on some things that, and I know it's tough, I know it's tough, you

know, a lot. But what would you say are three exercises that you think that all of us should be utilizing or doing on a regular basis?

DAN SWINSCOE: Oh, man. Well, I'm gonna, can I'm gonna be a politician. I'm gonna dodge your question to give you the answer that, that fits my brain better than what you asked for. Fundamental human movements are hinges, squats, lunges, push and pull. Right? And if you wanna call it carry movement, if you wanna call it walking. So if I'm gonna be exercising, I need to be thinking that I need to do push and pull somehow. Right? And it can be horizontal or vertical? Preferably both 'cause both matter, right? If all I ever do is train here the time I need to be up here, I'm not prepared. So, I'm gonna have some amount of push and pull.

I'm gonna have some sort of forward backward lunge that is something like, you know, Hey, let's all go hiking. It'll be fun. And you haven't done lunges in a hundred years. You've just done bilateral squats in the gym, and now you're stepping downhill over and over again for miles on end. How are those knees gonna feel versus the person who's prepared for those deceleration forces by doing lunges as an example. So if you just understand that those are sort of considered fundamental human movements. So if you are a human, you've got to somehow address those patterns. So I'm not saying you can't barbell back squat, but I'm saying if that's the only way you do it versus say a kettlebell front squat versus a split squat versus a single leg squat.

You know, I have people just try to sit down, stand up from a chair, one leg, right? But what everybody should do is like, I don't know who everybody is, right? So what's appropriate for you and me and the next person are probably all gonna be a little bit different because of our individual, like likes and dislikes, what we have access to. If all you have is a band, and I'm telling you to use a kettlebell that doesn't work right, or vice versa. So if you just think about the fundamental patterns in your exercises, just make sure that sometimes you squat, sometimes you hinge, sometimes you lunge, sometimes you have push and pull, both horizontal as well as vertical.

And sometimes you pick something up, move it around. That'd be a carry if you wanna call that or a walk, right? So if those are blended into what you do. What you do will be pretty

complete. Doesn't have to be every workout, but literally, if you look every week and say, okay, I'll give you twice a week for half an hour rock on week, and without question, get all of those patterns in twice a week, half hour. And that's pretty manageable.

SHAWN STEVENSON: Got it. I knew you was gonna skate around it, but you know, you're giving us the real stuff, you know. So what I'm gonna do instead, I'm going to, I'm gonna throw out a form of exercise. And you get, I was gonna say one sentence or less, but all right. Maybe two.

DAN SWINSCOE: Lightning round.

SHAWN STEVENSON: Maybe two. Bounding.

DAN SWINSCOE: For who?

SHAWN STEVENSON: I knew it.

DAN SWINSCOE: Well, you're saying. Let's talk about bounding. Bounding is when you take off on one leg and land on the other. So that means that leg that you're landing on flies through the air and lands with a force greater than body weight. If that leg iss not ready for that's an injury waiting for a place to happen. So for this person, bounding is awesome for that person. Bounding is stupid 'cause you're gonna hurt 'em. Love it. But just kind of depends on what you're ready for.

SHAWN STEVENSON: What about bounding for the majority of people. But like a bounding diet bounding.

DAN SWINSCOE: Alright.

SHAWN STEVENSON: We're, I mean, like hopping from one leg to the next in place almost.

DAN SWINSCOE: Sure. Yeah, absolutely. Yeah. So basically almost like jogging in place, becoming, you know. Yeah, absolutely. Because that's your ability to use the elastic energy in

your tissues which makes you athletic, right? I think everybody, you know, the shout out Cliff Harky. Be able, be adaptable. Be athletic. So to me that means you can not just do the thing, but you can do the thing in different ways and you can do the thing in different ways where you might also add another thing on it, like, bounding, right? So can you balance on one leg? Okay. Then can you lunge? Okay, can you hop in place? Okay then can you hop from this foot to that foot? That would be kind of the evolution of be able be adaptable, be athletic.

SHAWN STEVENSON: Okay, two leg jumping.

DAN SWINSCOE: Two leg jumping.

SHAWN STEVENSON: And you got..

DAN SWINSCOE: Sure.

SHAWN STEVENSON: Two senses max, maxes.

DAN SWINSCOE: A hundred percent. I'll have, you know, LOL used to stand for a little lady. I'll have an LOL in the office and say you've got carpet like there where there's two tones and we're getting her up and moving again. I'll hold her hand and I'll say, I want you to jump from the blue to the gray. And she'll be looking at me like I'm crazy and kind of bounce a little bit and move just a little bit. That's two-legged jumping, right? But. Power is the number one thing we lose as we age. It's not our flexibility, it's not our strength. We lose everything as we age, but we lose power the most. And so you have to be able to train power no matter who you are. You just have to bring it to a level appropriate for you. But absolutely walking of course. Yeah. I mean, I'll have people, even if they're in that person with exaggerating back pain. How long can you walk towards bat? Two minutes. All right. Can you give me like a 60 to 92nd bout every hour. Okay. Right. And then you build.

SHAWN STEVENSON: What would you say to the person who's experiencing pain right now? They just experiencing injury and they're in pain and they wanna get back to doing the things that they love. What would you say to that person?

DAN SWINSCOE: Odds are in your favor. You're gonna make it that. Don't let how you feel right now. Go beyond right now. 'cause it's really easy. I've been there with my own injuries to think, oh, this is how it is now, and then it's a slippery slope. But it's highly unlikely if you're hurting that you're still gonna be hurting. And if you need to find another person to seek care from you, seek care from someone else. And if that person strikes out you seek care from someone else in the world we live in the United States, if you don't get better, you are a chronic pain patient and you may have just been let down by a system that doesn't allow very smart people to have enough time to think or to think outside of a protocol that you may not fit very well in. I've had that happen with me personally. Be your own advocate. Expect to get better. And if you're not getting better, keep looking because more than likely you're gonna be okay.

SHAWN STEVENSON: I love it. That's all I got for you, man. This is..

DAN SWINSCOE: Right on.

SHAWN STEVENSON: So rich man, thank you so much for sharing your insights.

DAN SWINSCOE: Thanks for having me.

SHAWN STEVENSON: Is there anywhere that people can connect with you. Again, you work with people remotely which is what you did for me. Where can people get in touch with you follow you, you know, get more education, all that good stuff, but also contact you and your team?

DAN SWINSCOE: Yeah, sure. So t2wclinic.com is my clinic's website. I've got a YouTube channel with a lot of what we described there, all free. Obviously if you want a course from me, I've got a couple that are at fixyourfunction.com. It's a nice place to go and you can see some things you can get. I'll put a model discount code when I get home so you guys can get a discount. Your listeners get a discount, but those are the places to find me. Instagram at Dan Swinscoe. Okay. So the code, it would be model, I'll just put it model.

SHAWN STEVENSON: Yeah.

DAN SWINSCOE: Okay.

SHAWN STEVENSON: Awesome.

DAN SWINSCOE: Create a discount.

SHAWN STEVENSON: Awesome. Well, again, man, I kind of shared a little bit with the guys before you came in that you've been instrumental for me. You were there for me when I was just uncertain when this was 2020. Yeah, right. Sports injury. Everything was going so well. I just turned my book in and I get a really bad sports injury. And going through the process of getting well, I was grateful. Again, I had the imaging and the physician that looked at it he was just going on about how good my spine looked. All this muscle tissue. He was just like standing there. Like, I was like yeah, that's me, but why am I in so much pain? Why am I hurting? And there was this one spot where I was compromised and being able to, you know, of course just get out of pain, of course. But then to restore my confidence and my mobility and my movement, I didn't just get back.

I got better. I got better. I was doing more than I'd done for years. I was exploring. More of my capabilities and I was proactively challenging myself when I kind of went into autopilot, which you don't know that you're doing it, you know, with the things that you're comfortable with and excelling at.

DAN SWINSCOE: And we pushed you outta that comfort zone little by little.

SHAWN STEVENSON: That's right. And just got me playing more, really focusing on play and, but also qualifying myself to be able to do those things. And so I appreciate you so much, man. You are great at what you do. You're world class at what you do. Thank you very much, much.

DAN SWINSCOE: Thank you very much.

SHAWN STEVENSON: And yeah, thank you so much, man. Thanks. Appreciate it. The one and only. Dan Swinscoe. Thank you so much for tuning into this episode today. Again, bookmark

this episode. Keep the insights in mind, but also when you need that reminder about your capacity to heal. You need some insights and tips on accelerating your recovery, stacking conditions in your favor. Come back to this episode again, and of course, follow Dan on social media and definitely check out his YouTube channel. He's always sharing incredible insights. You could see the exercises, especially when it comes to exercises and physical therapy.

It's always great to be able to visually see. What the educator, what the teacher with the trainer is talking about, and he shares a plethora of incredible exercises and things to think about as well in our training. And I'm a big fan of prehabilitation, not just rehab, but prehab training our bodies, getting these inputs. With some very skill driven exercises so that we can stack conditions in our favor and make sure that our bodies are prepared to do the things that we want to do. We've got some amazing masterclasses and world class guests coming your way very soon, so make sure to stay tuned. Take care, have an amazing day, and we'll talk with 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.