Paleo Solution - 243

[0:00:00]

Robb: Howdy folks, Robb Wolf here, another addition of the Paleo Solution Podcast, six listeners can't be let alone. I am very excited today to have a physical therapist and expert in a very important but often overlooked topic of pelvic floor dysfunction Julie Wiebe. Julie, how are you doing?

Julie: I'm great. Thanks. Thanks for inviting me.

Robb: Thank you for coming on the show. Thank you for tolerating my complete slap-dickery getting this thing going because I did an update to Yosemite on my Mac and then I had to update Audio Hijack and nothing was working and Julie was very accommodating so thank you for being on today.

Julie: No problem.

Robb: Julie, give folks some background about – you have a really interesting and varied background and kind of give folks the big picture and then we'll ogger in your area of expertise.

Julie: Well my background is actually sports medicine and orthopedics physical therapy and then when I had my first pregnancy with my daughter Zoey, my eldest. I really arrogantly thought well I'll just take care of any problems when I'm done. And then I was really humbled by the recovery process after my pregnancy and particularly how to get back into fitness.

There were some challenges that I just wasn't expecting and my orthopedic and sports medicine background wasn't really helping me so I started really trying to investigate more and understand more what exactly goes on for a women's body during pregnancy and then what to expect post partum. And there wasn't a ton of great news to be honest at the time my daughter's now 11 ½ but the core was kind of coming online then. I just did air quotes, you can't see that.

Robb: I felt it.

Julie: You did, oh good. And so I started kind of trying to understand that a bit for my patient load and started to recognize that I was not accessing my deep core and I started compensating with more superficial muscles and that was leading to some of my aches and pains and it's really – I think most the women out door can resonate it's just this sense that something's not right or something's not the same about your body but you can't quite put your finger on it.

And so I started to work with all my patients with that information and started to recognize that my 30-70 year old female orthopedic general population type clients were all experiencing or demonstrating to me the same faulty pattern of muscle recruitment that I was as a brand new mom. So it was sort of an aha moment recognizing that they had sort of been walking around in an unstable not really sturdy or well organized foundation for years and it had kind of lead into my office but that's not really what they understood.

They came for their shoulder and here I am asking them about how many vaginal deliveries they had. You know what I mean? And that really makes a lot of sense. So I was just learning and trying to put the pieces together but it really fueled a passion for me to try to understand better how to create programs that help women access that foundation again.

And the pelvic floor, we understand that's a part of that deep – what I like to refer to as the anticipatory core. We know that it's a part of that but it really hasn't ever been a part of the programming. But that sort of was a natural link between women's health issues like incontinence or prolapse or things like that and the sports medicine world

So the pelvic floor sort of links those two worlds and my passion and my clinical niche became trying to help women recover from pregnancy and return to fitness. Because a lot of my fit ladies, they wouldn't stop running even if they were leaking. So my job is to get you back to doing what you want to do and I had to find solutions to help those women try to get fit again but without leaking or have hip pain or back pain or whatever that was.

So that sort of became my clinical niche and that's really my passion and so now I kind of circuit this route into women's health for sure.

Robb: Very, very cool. So you kind of I think eluded to some of the clinical symptomology just now as far as some incontinence and then also some orthopedic issues it seemed to range from hip to shoulder but what were you – I think it's going to be really interesting for folks to get this – connect the dots or figure out how you connected the dots with pelvic floor dysfunction, this deep, deep, the most basic core again with the "core" and how that could then – I think the incontinence people maybe they wrap their head around that reasonably.

[0:05:07]

But then how did you see this manifest clinically on – what was the spectrum? What were you seeing folks arrive with the kind of bracketed the broad ends of the spectrum and then how did addressing the pelvic floor help that stuff?

Julie: Well I think we need to kind of – one of my goals or one of my advocacy ideas is that we need to really understand the pelvic floor as a part of the muscular system and as a part of movement patterning, as a part of the postural system and the postural control system. I think we've heard of what we've done is we sort of isolated out pelvic and again, I just put that in air quotes, typical pelvic health complaints like incontinence, we've sort of isolated that out and we've isolated out the pelvic floor.

So we've said oh you've got incontinence, you need to go over here and treat that separate from your shoulder because your shoulder and your pelvic floor couldn't have anything to do with one another. But the reality is a lot of the studies that we have regarding that deep core is that the reason I caught the anticipatory core or I like to is because we know that the elements of that system, diaphragm, transverses abdomenus TA and pelvic floor actually turn out before larger postural muscles.

And most of the research initially was done on shoulder muscles So the pelvic floor actually turns on before the deltoid no matter which direction you're moving the arm every time. So that means there's a really big length between your pelvic floor and the status of your pelvic floor and what's happening with your shoulder.

And really literally when I first started learning this and tried to implement it with my clients over the years, I would say to these women who came in for their shoulder, well how many vaginal deliveries have

you had? And they would point to their shoulder and it's up here. Eyes up here. It's my shoulder. It's not my vagina. You know what I mean? It was tricky to try to navigate that initially but I think as…

So to me, incontinence or prolapse or anything like that, especially incontinence is one signal that your central stability system is not working well. And it's easy for us to look at that and say – like you might see someone who has hip pain for example and it's easy to say well your proximal or your central stability strategy isn't great so your pelvis is unstable so your hip sock is not stable. Like it's easy for us to make that link for pain.

But to understand that one of the manifestation of a lack of central stability is incontinence, that's kind of not necessarily part of our sports medicine world. And the reality is – so I hope I'm answering your question well but the reality is right now, we have statistics that show us that for women over 45, one in three have incontinence or some kind of neurogenital issue like prolapse.

And for those who don't know what prolapse is, it means like your female organs can come out of your body or at least put pressure into you vaginal vault. For men, it means your rectum can come out your back side. But the…

Robb: And I would categorize that as bad.

Julie: Yes. That's bad.

Robb: Unfavorable at least.

Julie: You can Google it. There's some weight – yeah, there's some weight lifting nasty male pictures so this isn't just female issues either. That's the other big message. There's a big issue for men as well. But so one in three have the issue but what we're certain to recognize is that the statistics for women who are in fitness is more like 40% 50% and I actually did a cross-fit survey. It was not evidence – I'm not saying this as evidence but I worked with another physio named Antee Lowe (?) in Australia, they created a survey for cross-fitters when that whole cross-fit video came out and I don't know if you saw that…

Robb: Yeah. Yeah.

Julie: And so rather than like try to alienate the cross-fit community, we wanted to say hey, let's gather some stats. Like how bad is this problem among these women? And we got something like 70%. They were saying that they were leaking and that's really high and that's double what we understand for someone else.

So if you have 10 clients and you've got 45-60 year old clients or at least 3 out of 10 of them are leaking and if they're fit, portably 5 out of 10 of the women on your client list are leaking and that should tell you something about their sense central stability strategy versus you just need to wear a pad or you need to go talk to somebody else about that.

[0:10:04]

That should be a big wakeup call like wow, we need to consider incorporation and integrating the pelvic floor into these programs versus either throwing up our hands and saying oh well, it's normal or it's common. But…

Robb: Or just buying stock in the pans or something.

Julie: Yes. I have a little blog about that I wrote a little letter that depends, you and I are on different sides of this coin for sure so…

Robb: Julie I have a little bit of a theory on the cross-fit scene. I'm a big fan of cross-fit, had my ideas about how it can be improved but one of the things that I've noticed is if we look at weight lifting, we look at power lifting, we look at gymnastics, we look at Pilates, a variety of different modalities of training, these things tend to teach you how to be tight and integrated. And I would say in a lot of ways it could be very beneficial. There may be holes in the system.

But what I've noticed with cross-fit is that it teaches you how to be lose under load and it's necessary to be able to get as much work done as possible because if you're tight and trying to do thrusters and pull-ups so if you assumed the degree of body tightness that you would get from say gymnastics training then you end up just completely exploding and imploding in the cross-fit type stuff.

So it's kind of been an observation that I've had is that it actually teaches people how to be kind of lose particularly through the midline under

extended periods of load. Does that jive at all with maybe what you're seeing with this pelvic floor dysfunction also?

Julie: It's interesting that you say that because one of the things that my message is it's really not about strength of the pelvic floor which is what we've been talking about for years. If you leak, your pelvic floor is weak and that's like end of story. But the reality is that your pelvic floor and the rest of that system aren't coordinated well and they need to be able to both take load when they're eccentrically loaded I'll say or in a lengthened position as well as be able to create force in a concentric way.

Robb: Right.

Julie: And so that idea resonates with me in terms of what I try to communicate. We actually have a really interesting study done by Michelle Smith a few years ago that showed that they took three categories of women who one was continent, one was mildly incontent and then there's what they consider severally incontinent and they gave them – catch their weight in a bucket and it was really complicated. They did all sorts of stuff.

But what their hypotheses was that the women who were severely incontinent would have the smallest pelvic floor engagement in response to the challenge. And what they found was the exact opposite. The women who were continent had the least pelvic floor and the mildly incontinent had a moderate response and then the severally incontinent had the greatest pelvic floor contraction.

And they also saw that the external obliques were the highest activation in the severally incontinent then the mildly incontinent had a moderate external oblique activation. And then the continent had the smallest. And so the solution for the severely incontinent women is let's make that pelvic floor contract more because that's not working. Their pelvic floor was trying and doing what was supposed to do but it was overwhelmed by the work of the external oblique about at least that was what they thought.

So really what the continent women were showing us was balance and efficiency in the system. They didn't need to contract their pelvic floor super hard to stay continent. They had a coordinated system. It worked efficiently and a balanced way so that's really where we need to start

looking at how to address all sorts of training and all that kind of stuff. How do we keep that system balanced for a shoulder? How do we keep that system balanced to avoid incontinence? You know what I mean? That it's not just might is right.

So it's interesting that's your take on cross-fit philosophy because I'm not sure that trickles down to everybody and a lot of women don't know how to access this system without thinking just I got to squeeze it.

Robb: Right.

Julie: So I'm not sure that the problem is most women all they know is maybe try to squeeze it but that's not a balanced system. That's not showing us efficiency and balance and coordination. Does that make sense?

Robb: Absolutely. Yeah.

Julie: [Cross-talk] So it does resonate with me but I'm not sure from what I've seen with most athletic women they know how to consider this as a balanced system. They only know clinching or hold it and that actually imbalances the system particularly when they're under heavy load.

[0:15:00]

Robb: Interesting. My head's just kind of spinning on this stuff because just for myself I've never had – so I developed some back pain from doing cross-fit over the years and the main thing, again it's pretty observational and equals one but I saw some of these stuff in clients as well and I noticed that you were really in the deep throws of trying to do some of these workouts, you learned to relax even under load.

And typically most other athletic activities, you were playing against someone else or if you're carrying a heavy object, you would just set the object down when you were fatigued and you would kind of brace and go about your business as you were doing it but I noticed that there was some really interesting kind of postural things where people started kind of hanging off their psoas and they started getting some low back pain, kind of into your pelvic tilt dominance and what not and it is interesting that yeah, it's interesting.

Again, very observational, I know I'm probably going to get eaten alive by a bunch of the orthodox cross-fitters and everything but it's just been

interesting for me to see that I'm always kind of looking at this stuff from a little bit of an evolutionary biology perspective. What is it that we're doing now and why is that athletics are making it worse? Is it the fact that we're sitting in chairs that we don't get up, sit down, that we don't poop and pee in a squatting position?

What's kind of the underlying mechanisms that are causing this because I don't think it's baked into the cake of just being a human. I think we're probably moving or acting in a way that is causing this dysfunction and why on earth are athletes seeing this at a greater level than non-athletes?

Julie: You know, it's interesting – if you're asking specifically about incontinence, let me back up and just say I think – I'll probably get beat up too so you and I can…

Robb: That's what the interviews are for though.

Julie: That's right. So tiring. But I agree with you. I think alignment is really important and form, I think that's probably a better word to us within some of the community, form. That's what it really boils down to and we do have some really nice studies that have shown us and I think of form as availability like your muscles are more available to be recruited by the brain appropriately for whatever the task is if you are in better form.

We know muscles work better in midrange and the pelvic floor and the rest of that system because it's not just the pelvic floor but that system, all of that works better when you're in an alignment that supports that availability and that is mid range. And to me that's like a neutral range. So for me, that's rib cage litting over pelvis and we don't talk about rib cage position very often out there in the ortho kind of sports medicine world.

But that's where the diaphragm lives and the diaphragm is part of that postural control system and it's also part of the continence control system and it works together with the pelvic floor, sorry I'm getting off a little bit. But what I think is happening a lot of it is for the pelvic floor a tuck under bum is the – or post your pelvic tilts is a less available position for your pelvic floor.

So if we think about something like butt wink when people do a squat and their butt tucks under, that's actually taking their pelvic floor into a

position that it's less available to help with something like taking the challenge of a load all the way to the bottom. And so if you sit, stand, workout with your butt tucked all the time then you're reinforcing that the pelvic floor is not available. And we do sit more.

I mean I live in Los Angeles, my clients commute an hour both ways all the time so they sit bucketed seats. They go seat at their desk. They're in the computer all day, sit, sit, sit, sit, and that just reinforces that your butt's tucked under all the time but it also affects your rib cage position so it affects your diaphragm and how that will function.

[0:20:00]

But I think the other big thing alongside that has been "core training" has been associate with abs, abs, abs, abs, and so if all you do is work on your abs, you're not balancing that system because the core really is the pelvic floor, the diaphragm too and if all you do is ab work, you actually end up reinforcing that tucked under position or that rib cage forward. I think you mentioned heavier kyphosis, and so if all you do is ab work, and then you sit all day, you're sort of setting yourself up for a position that is not ideal for accessing that system.

So it's not just our evolution in terms of sitting all the time although I think that contributes but I think we also instigated this pattern of training and I'm not necessarily talking about cross-fit and I just want to say I'm not cross-fit hater because I know a lot of physios are hard on cross-fit. But it's not just cross-fit but just regular Joe fitness, if you go to any kind of fitness class, you're going to do eight types of crunches. You know what I mean?

Robb: And do back extensions

Julie: Yeah. Exactly. And so I mean we can talk about inter abdominal pressure that's where we should head soon, but the reality is trainers don't necessarily understand balance. Like balance is the critical word here. So they don't know how to train the rest of the system, the postural system, all they know is let's get 18,000 ways of doing crunches and so then it just reinforces the posture that reduces the availability and then it just tumbles.

And one of the other things that I've seen is it's really – the generation behind us Robb, the people that in their 20's now, they grew up in a new kind of fitness. And that is that they grew up and developed especially girls, they developed with this idea that they're supposed to crunch all the time.

So in their embedded brain stem development, muscle coordination patterns became an over use of abs. Like I'm going to get nailed for this but it's theoretical. I don't have evidence for this so please write me a letter but that their development, they develop with an ab centric idea of stability. So getting them to shut the abs down so that they can activate other things is difficult. And so it's because they've embedded it into their developmental strategy. Does that make sense?

Robb: It absolutely does. There's a girl who's a friend of mine on Facebook. She's a super hot fitness girl and every once in a while she'll do one of these things where she says for every like I'll do 100 crunches or something like that. And one day I was like for the love of god, for every leg do 100 back extensions and there was a little bit of spicy tuff around that not necessarily from her but from some of the folks following her but then about four months later she pinged me and she's like you know what, I started doing that and most of my low back pain went away.

Julie: Yeah.

Robb: So I was like well, your abs look great kid but developing your low back in the spinal rectors, your gluts more might be somewhat beneficial too if you don't want to look like a question mark when you're 16 years old. So yeah.

Julie: Absolutely. And I'll tell you what, gluts on the outside, tell me what's going on in the pelvic floor in the inside. And I haven't – my goal is to treat – I want to treat more cross-fitters but I know who they are. They have the way they dress when they go to the grocery store, you can kind of pick them out…

Robb: They're like the Amish only more lulu lemon centric.

Julie: Yes. But I can't tell you how many cross-fit ladies I see at the grocery store and who literally have no ass. And I'm like if you're doing that many squats, you should have amazing gluts and they don't. And it's because

they don't know how to access that system. And it comes down to coaching we know that but a lot of these ladies that are starting to do that are post partum moms that want to do something fun and fit and I get it. If you like cross-fit and that's your thing, that's great. If you like track ones, great. If you want to do whatever, whatever it is, I don't care.

But you need to find a way to do it and [Cross-talk] that accesses those relationships and the pelvic floor has a direct relationship through – there's a structure called the arcuate tendon and it links it literally to the deep hip rotators which helps to control the femur and then that allows the big butt muscles to do their job.

And so that relationship is really critical and if you've had three vaginal deliveries and you go and try to do a back squat, you're in trouble if you don't know how to get that butt moving on top of a solid foundation. Does that make sense?

Robb: Absolutely.

[0:25:00]

Julie: So I don't care what folks want to do – I mean I do but it's that inability to access that that is where people get into trouble and then form equals availability in my mind and so we really need to start communicating that to some of the trainers that we're not just trying to get gluts but I'd be happy if you got gluts because that'd give me some indication of what's going on with their pelvic floor.

But if you don't recognize that your client had three babies, and she can't feel or access any of that stuff anymore, we need to step back a little bit and help her find that again and then she can take on all this challenge and do it well and safely and efficiently and build muscle and look awesome and I'm going to see them at the grocery store with big beautiful gluts in their lulu lemons.

Robb: That's good for everybody. Who can complain about that?

Julie: No one can complain about that.

Robb: Gosh it's interesting and again kind of thinking my idea of the mechanism in that story normally when you're descending in a squat, the gluts are actually activating pretty powerfully and part of that eccentric control of

lowering but if your goal is to just go from bottom to top as rapidly and as frequently as possible then you're going to learn to turn stuff off and you start pogo sticking off connective tissue and not activating things. It is just smart wiring to learn how to things off because if you leave things on, it's going to fatigue you more but then that's the very thing that is undoing some of these beneficial process of squatting and lunging and all the rest of that stuff.

Julie: Right. And I think that's where I think some of the trickle down for what I see – and it's not just cross-fit. It's any – what am I thinking? A boot camp, sorry I couldn't think of that word. But it's more and faster and let's do sprints and listen, it's fun. My friends have snuck me into boot camps so I can help evaluate what they were doing during their boot camps but it's fun. I get it why people want to do that. There's community, it's fun, someone's challenging you and it's hard but part of the reason if we step back and talk about these teenage girls is they're developing and they don't really know how to do a skill well.

So they come up with their own pattern. You know what I mean? They sort of just make it up. And so these women and men too are going to these boot camps and cross-fit or whatever post partum and they don't have access to that system anymore so they make up their form and they just get it done. And getting it done and getting it done right are really different and I think that comes down to coaching and training and for women and trainers to recognize take a moment, get organized, learn how to do it well and how – let's challenge it because then your challenge will strengthen a functional pattern versus strengthening your dysfunction and setting you up for back pain and continence hip pain, shoulder pain whatever.

Anyway I think we're saying the same thing. But that's really one of my big passions and sticky points when it comes to some of these programming's.

Robb: And I've tackled this at nowhere near the level of depth of understanding that you have but just observationally, this is where for a lot of our clients, we're a cross-fit gym and then we both left in and we're kicked out depending on the timeline that you're looking at, and then what we've gravitated towards are a lot of progression based elements instead of scaling and then when we focus on basic gymnastic skills, basic weight

lifting skills, a really, really big sticklers on form and then when folks want that kind of break a sweat kind of thing.

I do what I call kind of dumb movements, pushing a prowler, floor grinders, rowing, running, sprinting but it's more layered after the foundation of some really good movement and what I noticed with these movements that we start folks with on the more kind of metabolic conditioning side, they look a lot more traditional from what you would see from track and field conditioning from basketball or volleyball conditioning and we don't seem to see the squirly movement patterns develop that occurs from having people do 100 thrusters for time with dumbbells.

And we do have some folks who kind of progressed later into the scene but it's interesting. It's just – yeah. So huge agreement with what you're talking about. I think observationally I've seen similar stuff but again without nearly the depth of understanding what was going on at that really basic level.

[0:30:00]

Julie: Well and then just to kind of alongside that, I think what you're saying is you put the time in to develop those neuro muscular patterns that the brain can then access and be ready for the challenge. You're putting that time in. I think one of the things that I've seen when I look at wads and stuff I mean is they're very straight claim and they don't – and I think what you're talking about in movement pattern really our life is rotation.

And so if you want to knock out someone's over use of abs or a lot of women are over recruiting their pelvic floor and they don't realize it as rotation. If you want to help develop movement patterns, you need to have folks rotate and guess what, rotation is also where most people get hurt. And so we need to kind of consider that in our training and if all you're doing is making you look at a typical wad there's just a lot of straight plane work.

And again, I'm not going to pretend I'm a cross-fit expert so I can only imagine the letters I'm going to get but I'm not talking just about that. It's about lots of training and what a lot of people do when they take themselves to the gym. It's very straight plane. And so if we're talking about really trying to develop a movement pattern rotation should be a

piece of that and that can be I don't know, commando crawls or some kind of chop or there's just all sorts of things you can do to shake up your routine but then the body changes its recruitment order and it has to access things in a more balanced way because we're designed on diagonals.

So anyway, I think that I like what you're describing and I think I saw on your north cal site that you've got stuff for teens and if you can develop those kinds of strategies at that age, that's awesome for your future and you're developing better athletes really if you can help them develop with great motor strategies rather than just muscle. I think that's – I think, I hope we're all moving that way. I know physic is trying to move toward more function versus just might is right.

If you're strong, you'll be well. That's not true. If you're balanced and you have good motor strategies, then you'll be well. But we need to apply that to all the muscle groups and that for me includes trying to communicate that about the pelvic floor like it's not just strong or week. It needs to be in these motor patters. It's for the system.

Robb: Right. Two of my very, very dear friends Jim Layer is a strength coach, is a national ranked power lifter, the guy squats near 1,000 pounds and he

Julie: Me too Robb.

Robb: Right. I do when I have a floor jack and a couple of friends helping me and he is incredibly geeked on activating the diaphragm, getting integration with the inner costal and what not and then my other friend 605 300 pound 10 year NFL veteran he's talking about all the same stuff too. And they do a remarkable amount of dead bugs and back extensions and all these kind of funky non linear plain – he likes instead of calling it core, he leeks to call it a trunk.

Because a core, he's like that's the part of the apple that you throw away. A trunk is a tree that's going to stay there forever and I'm like oh, I like that. So it's good. But it's funny you make that point about there's this thought that just if your strong and kind of a macro level then your good to go. But interestingly, two of the strongest best athletes that I know, both these guys have been elite level athletes in more than one sport. They are completely neurotically geeked on this integration of the trunk or the core whatever it is and getting tons of none plainar movement.

Julie: Yeah. Amen. That's all I had to say is amen.

Robb: And it's funny. Maybe that's part of the reason why they're successful as they are on their coaching you know?

Julie: Right. Yeah. And because I can't think of a sport maybe – but even track, if you think about track, a sprint, 100 meter sprint is completely straight plain. But that can't be true because the femur rolls in and out every time you impact load. There is nothing that we do in function that doesn't involve some rotation. But we don't prepare our athletes for it, we don't prepare or clients for it in rehab and we need to consider that heavily.

[0:35:00]

And we also need to think bigger like a shoulder isn't a shoulder. A shoulder sits on a rib cage and rib cage involves a diaphragm and a diaphragm interacts with a low back and the psoas and the pelvis. I mean we can't just treat somebody's shoulder. And so we can't just strengthen it whit some therabands and tada, that's just not really – I mean we can if that's all they ready want but…

Robb: If you're going to actually to do well by them and I don't want do a too big of a political digression but some of the direction that a medical system has been going with ACO's and the way that PT's and even docs need to document stuff, so your making the case that this is an integrated hole and we need to think about an integrated hole.

But a large part of the direction that health care is headed is you need to ogger down to the one specific element, treat that element to the exclusion of farting around what anything else otherwise you're basically doing malpractice.

Julie: Right. Which is why I have a cash based practice and I don't do insurance because I can't – and I've had to really limit my clinical practice – I'm not going to pretend that I'm so busy but because I've been doing more teaching and creating resources and all that kind of stuff but it is – I can't really exist within the system and be the kind of PT I want to be because in most of the people I see have gone through traditional kinds of care which I don't do ultrasound, I don't do massage, and if you walk in my door, my job is to teach you how to fish and that's to use your body in a balanced effective efficient way because I can't go home with you.

I can't – you got to learn how to use that system to get the best of your ability and so that's my job. And a lot of them have come to me for a shoulder or a hip or usually I have some kind of neuro genetical issue within that but you can't isolate that stuff out. We're one big system. And then there's the sensory system and the brain and vision and breathing. I mean it's all linked together. We need to kind of consider that. So I don't fit well in the system. So like to a pot that I don't even know an ACO, what you say…

Robb: Accountable Care Organization.

Julie: Yeah.

Robb: That is fantastic – it's just one of those asides that people get pissed. They just want protein, carbs, fat, protein, carbs, fat, Robb, just give us protein, carbs, fat, and then when I start talking about the integrated elements of our food distribution and also the way that healthcare is being organized and they get all pissed off.

But there's a reality like if you want good quality healthcare then formulaic cook book healthcare ain't it and the direction that we're driving all that stuff towards kind of top down approach, all you're going to get is formulaic healthcare or you need to go cash and carry and that you want to be pissed off about.

Julie: That stinks.

Robb: Well you know it's kind of funny at this point I'm kind of like let's just save the smart ones and the smart ones are those docs and healthcare providers that go outside the system and do what you're doing and then the people who are willing to – a health savings account would work perfectly for your system because people could write you a check out of a health savings account and then they're getting the tax benefit and blah, blah, it's a deductible and all that sort of jive.

But people need to wrap their heads around it if you go get your car services, there's not insurance that makes that free. If you go get your body service, there shouldn't actually be insurance that makes that free because somebody's going to pay for it somewhere else and the prices go up and all the rest of that stuff. So what we're seeing is a really

remarkable peeling out of the really good practitioners that are basically going to a concierge practice or a cash and carry only system.

Julie: Right. But that sucks because then not everybody can afford it but because I am my own boss, it's a challenge – the cost of the challenge, let's work it out. But what I tell my patients too, because I treat differently and listen, if any practitioner says they have 100% success rate, nobody does. But…

Robb: They're training people that actually aren't broken.

Julie: Right. Yeah. I mean let's just be honest. My skill set may not be what you need. That doesn't mean I'm a horrible PT. it doesn't mean it's in your head which is a lot of my patients have been told because that practitioner skill set, they ran out of skills so it must be the patient's fault. You know what I mean?

But the reality is I'm kind of more of a consultive approach. You'll come and see me and then you're going to do your homework and then come back and see me when you're ready to progress. Whereas as opposed to the typical module which is the 2-3 times a week and all that kind of stuff. So I also told them if you do – those co-pays add up and so if you're getting a result from what I'm doing you have to see me that often, it actually – the balance sheet isn't that different.

[0:40:00]

Robb: Right.

Julie: And so but it really – we need to sort of just all step back and say like how can we change this? But part of this is patient participation like I can only get you so far. I have a lot of women's health complaints come with IBS. There are things I can do mechanically to help your IBS, if you breathe different, your colon gets massaged differently by your diaphragm. I can help with that. I can help you with urinary retention because I can change the way you're sitting on the potty and get it all out better and all that kind of stuff, there are mechanical things I can do to help.

I can teach you to calm down with your breath. I can calm stress with a parasympathetic increase with how you're breathing as opposed to your

spider flight reading pattern you're currently using. I can do all that to help your IBS. But if you keep eating crap, I can't help you with that.

Robb: It's only going to help so much. Right?

Julie: Right. Exactly so I think there also needs to be – and most the people that get to me are also the ones that are really willing to do what they got to do. Do you know what I mean? But I think that we also need to encourage the public like ask questions. But it's hard. I myself have been through my own health journey where I had docs that said things to me and I didn't know how to defend myself. And I'm a practitioner and I'm sassy. It's really hard within the system to get what you need and you don't always know how to ask or where to go. I mean we need a chance and I don't know what the solution is but not everybody has the cash too.

So it's complex. It kind of breaks my heart. I did actually practice in Canada for a little while and so I've lived in that system as well and I think that both systems have some benefit and they could learn from one another. And if we could do some kind of combo where everybody could get this kind of care it would be so awesome. So anyway, I don't have all the solutions but I just – yeah.

Robb: I only have the Paleosolution and that doesn't sound…

Julie: There you go. But yeah, it is tricky and I actually just completed some research on we did a web based incontinence program for women and we wanted to see if women could – if it was feasible, could women actually access information that way and could they benefit from it. And we got great results they could do it and they improved in three weeks.

And so that's telo health an online options, we can create those for people. It's not the perfect solution for everybody but we need to start thinking outside the box on how to get care for everyone that incorporates these ideas. So yeah.

Robb: I like it. I've been – again not to diverge too much in the health politics stuff, but a big fan of the Singapore model which is even thought it's government mandated, it's a health savings account and even poor people if they're dispersed money, that money goes into their account and then any practitioners that folks go to, it's basically a menu of what

the services are and exactly what they cost and people are able to price compare.

And they have some interesting things where if you have a little more money than you can go get private stuff. If you have a little less money then you have some group health interactions where literally a bunch of people are in a room and you've got one practitioner going around dealing with all the folks and it's very inexpensive arguably much more effective than what we have but there's still some price controls in there.

The customer, the patient has some skin in the game because they're paying with their money. If you have money in a health savings account and you die, that is an inheritable asset. It's not just something that goes away. So they're clearly – we need some wiggling and some waggling. I like it if folks have some skin in the game, I feel like that compliance piece becomes a lot better or as when I worked as a pharmacy tech I noticed that the very, very rich and the very, very poor were both miserable groups of people to deal with because they effectively had no idea what they're paying for.

Their healthcare was essentially free and the middle class folks that were rubbing nickels and dimes together to figure out co pays and all the rest of it, they were actually salt-of-the-earth, wonderful people to interact with but it's interesting. I don't want to derail this thing and to…

Julie: No, it's important and it's part of treating the whole patient. For some people it's the financial challenge is what separate – they won't go get help.

Robb: Right.

[0:45:00]

Julie: And I think one of the things that I will say is because I'm cash based, patients usually do their exercise. They are paying their own money to be in my clinic and so it has more value and I used to – I mean when you're a physical therapist and you go to a party, people are like oh, you know what, my shoulder, instantly you become – and my husband used to walk around parties and say that will be $50, that will be $50 because I would give out advice everywhere I went.

Robb: Right.

Julie: But so when I first – I would always treat friends for free and trust me, friends, any of you who are listening, you can come in any time. But when it came to really treating, I started charging them because what I started to realize was my friends weren't doing their exercises. And I never charge them anywhere near what I would charge anybody else, not to sound like I'm a big jerk but the reality was and they know that.

I told my friends listen, I know you'll do it if you actually pay me a little bit money even if it's $10, there's a financial investment for you that will chance in compliance and they all got it and so that's part of the deal is the money piece and the financial piece but it's just tricky,

Robb: Skin in the game is amazing for the degree of commitment that folks are willing to give.

Julie: And I think that's what a lot of the – when I talked about with Canadians while I was there is having just a simple copay even $5 like some of the problems they have is over utilization. People come in for colds and like you and I wouldn't go to the doctor for a cold and I'm not saying please understand that I have a lot of respect for the Canadian system but that is a problem. It's over utilization for the little tiny things that you and I would never go to the doctor for because we have to pay $10 or $20 and so if they would think twice like is my cold that bad?

Robb: [Cross-talk] nasal rinse and see if I get some green gunk and it's okay I'm heading down [Cross-talk] infection and I need to go do something.

Julie: Right. Exactly. So I think that again, like I said, there's things in the Canadians, they're fantastic. I've got family members in Canada that have chronic health conditions, they're good. They're covered forever. It will not take away their house. It will not take away their car. They are good to go if things ever become a problem. But whereas here, there's something to consider.

So there's amazing things in system that we simply do not have here. But just that little bit – like you said, skin in the game kind of can change a few things. So anyway, I'm not trying to fix either system. Write me letters about the pelvic floor, don't write me…

Robb: Right. That's a sticky enough topic as it is.

Julie: There's Robb about this.

Robb: Yeah. Send all hate mail related to politically oriented healthcare to squatchy@robbwolf.com and Squatchy can deal with it.

Julie: I need a Squatchy to deal with all my bad letters.

Robb: I put a low jack on that guy. If he leaves, all of my life is going to completely implode. If he and Nicky leave me at the same time, I'm basically going to be living under a bridge so I'm very lucky.

Julie: Your two wives.

Robb: My two wives essentially one of them is 6'3 and has a giant beard but yeah.

Julie: Nice.

Robb: Julie, what else do folks need to know here? Where can they track you down on the internet? What projects do you have going? What stuff have we missed here?

Julie: Well you can check out my website. I'm at juliewiebept.com. But on there is lots of blogs, videos, all free contents, just to try to start to think about things in the way that I've described them, to start thinking differently about pelvic floor and pelvic health stuff. But I do also have some online course for professionals to just look at this system a little bit differently and then for lay folk, I actually that online program that we did research on is now available on my site.

Robb: Very nice. Fantastic.

Julie: Yeah. It's available as an online program and then also as a DVD and I literally just got back from presenting the research at a nurse practitioners in women's health conference and it just got published too which is a first for me and very exciting in a journal, a real live scientific journal.

[0:50:00]

So that's a big step and some of our results are really exciting in terms of let's start talking about other ways to help women. We had 79% of the women in our study have never had any treatment for stress and part of it is women don't know they can get help. They're embarrassed to ask for help and they don't know where to go for help.

And of the women that completed the study, 85% of them improved in three weeks. So we had a really good result and it's a good first step into looking into new ways of helping women because some women literally don't have access to care. They live in a rural area. There's no women's health provides around them. But then also to start to think about new ways, it's not a cable program. It's not cables. And it's incorporation alignment and breathing and how you move and movement patterns and it's a really different kind of way of approaching incontinence.

But it's also how to approach recovery from pregnancy like privation of incontinence, prevention of aches and pains. Let's get that system organized again before you start to do your training. That's really what it is. This is where you start.

Robb: So that we don't engrain broken patterns in an even more powerful way.

Julie: Amen. Yes. That's exactly right. And I just came back from where I was in Savannah and then I went to Toronto and talked course and this week I'm headed out to the California Physical Therapy Association to talk about my total passion which is female athletes. Let's start talking about incontinence with female athletes as one more thing we need to consider when we're training them. Let's just put that into our thought process. And that's as far as I know. I can take you through this next week.

Robb: Perfect. I can't even do that. If I'm on top of today then I'm doing pretty good so…

Julie: That's how I feel. So that's where I'm headed this week and that's where I'm really passionate about that and my hope is to just keep creating more online resources for therapists and clinicians and trainers to start to really kind of consider these more global perspectives on how to integrate these ideas. So that's really my hope and mentoring and all that kind of stuff. I love to teach so that's really – that's where I'm headed, as much teaching as I can.

Robb: Fantastic. Julie, I love it. Love what you're doing. Really really stoked that you are on the show. I wouldn't say I've been remised on the women's health scene. I really took an ass beating one day when I mentioned I want to do more women's health stuff and then people were like yeah, why don't you cover that you big jerk? And I was like because I don't know anything about it. I like to comment on things that actually feel like I have – either a marginal degree of expertise or I can bullshit my way enough so that it sounds plausible. And so I actually try to have some integrity and not comment on stuff that I don't know about.

But I've been really looking for experts in more of the women's health scene because I know it's been over the years titled towards athletes and particularly male athletes because that's just what I understand on a more basic level but clearly everything that your describing, there are a lot of men that would benefit enormously from this. I see a lot of guys that I would be willing to bet that a lot of prostatitis and some other issues that men seem to say nothing of low back pain are pelvic floor dysfunctions and the exact same patterns and what not.

So this applies to everybody but in particular to women's health so I'm trying to get more of that stuff and you came highly recommended when I started looking to material I was like okay this gal's top of the food chain. This is the T-Rex of pelvic floor dysfunctions.

Julie: I appreciate that. That's very kind and I'm just going to say if you do have a lot of guys are probably – I don't know if they're going to listen when they hear the topic but there are a few blogs. Because like you I don't like to talk about stuff I'm not good like when I don't know what I'm talking about, I find folks that are great at it and I got some really awesome women's health provides I should say pelvic health providers who treat men to write blogs on exactly what you just said, prostatitis etcetera. Because in our world, women's health related stuff, men aren't getting their do. The pelvic health needs of men are huge and…

Robb: We have pelvi too damn it.

Julie: That's right. You got a pelvic floor in there and you got to pee and poo and have sex just like all the ladies so it's really interesting and yeah, there's not a lot of information – but I'm trying to connect people with folks that do a lot of men's health type stuff because the same pattern

issues and then over training and tucking your butt and squeezing your pelvic floor without realizing it that's not balanced and it can really affect all those – your little urethers and stuff like that.

And so yes, there is information on my site regarding men's health issues and then hopefully that will link you to some of the other folks out there that are helping out with that kind of stuff. There's need. There's great need to start bring this stuff out in the light and just talking about it.

Robb: Very cool.

Julie: So I appreciate the opportunity and the platform to do that really.

Robb: Hugely honored having you on the show. We're going to have links to your website, your YouTube channel, all of those resources and…

Julie: Right. I'm on twitter and Facebook too. I forgot. I'm sorry, I'm not great at self promote...

Robb: We'll have all that on there. We will pin and promote you like shameless hussies so no…

Julie: Good. I'm happy to be a shameless hussy right...

Robb: Perfect. Well Julie thank you for being on the show and it was great chatting with you and let's circle back in maybe 3, 6 months have you on the show again and when we do that one, perhaps I can do a quick blog post, ask for some specific questions.

Julie: Great. I would love that.

Robb: Okay. Cool

Julie: That would be awesome. Thanks Robb. That would be awesome.

Robb: Fantastic. I'm looking forward to that and I'll talk to you soon.

Julie: Okay thank you Robb. This was fun. Bye.

[0:56:19] **End of Audio**