

## Functional Movement for Pain Relief



### Ep 10: Functional Movement for Pain Relief with Carl Reader

#### **Gregory Anne**

This is the rebellious Wellness over 50 podcast for women over 50 who aren't done yet. You may have seen the worst of aging and are hoping there's a better way there is. And I'm going to show you how in interviews, book reviews, rants and stories each week, I'm going to bring you the latest science based info on how to age better. I'm Gregory Uncorks, and I believe it's time to bust the myth that aging equals decline in every area of life. It pisses me off and it's B.S.. Look, aging happens, but it doesn't have to ruin your life. You just need to get a little rebellious in your approach.

#### **Gregory Anne**

Welcome back, everybody. This week's guest is Carl Reader, coming to us from South Africa all the way from South Africa.

And this is, you know we talk about the foundational pieces of healthy living and healthy aging. And one of them is exercise. And as you may know, if you've ever been injured by doing an exercise, there are right ways to do them and wrong ways to do them.

And it seems, after working with Carl for a little bit and studying what he does, that a lot of us are doing things that make us more prone to injury or might cause us pain or to get crooked because of the way we've been taught to do exercise.

So this is going to be a great call. Welcome, Carl. Thanks for joining me.

### **Carl Reader**

Thanks, Greg. Thanks for having me on the show.

### **Gregory Anne**

Ok let me just give you a quick rundown about Carl's CV, shall we say. So, he's a functional movement coach and we're going to talk about what that exactly means. He's also a personal trainer. He has a background in exercise physiology and Pilates. He's been doing this for a really long time.

### **Gregory Anne**

And one of the things that he noticed when he was working with clients, training them as a physical trainer, is that some of the methods that we mostly all learned in gyms and rehab, they weren't working for everybody. Some people would get better, some people wouldn't, especially people with knee and shoulder pain and lower back pain.

So, we're going to talk about what Carl learned through his working with people and his own methods, developing this in part for his own body and for his own safety and comfort as a personal trainer.

### **Gregory Anne**

But first, I want you to tell us, what the heck is a functional movement coach?

### **Carl Reader**

Put simply just understanding what functional movements are just the body's natural movements that uses to perform natural and functional activities around the house or in sports, things like pulling, pushing, bending, lifting, squatting. But if you look at so many of the exercises that we do in the industry, so many of them are not positions or movements that we would do in real life.

### **Carl Reader**

And so that was the Big turn around revelation or insight that I had many years ago. And I started asking the question, why are we giving our clients and why am I doing

exercises that just don't make sense to me? Even though they were making the muscles stronger, they were always straining other parts of the body. And I noticed that the sort of pattern in other clients, they would say, I feel my glutes so much that my back hurts, my neck hurts, my elbow hurts.

**Carl Reader**

So that caused me to really go deep. So that's that is a functional movement is exactly that is just the natural movements.

**Gregory Anne**

Yes, you burst my plank bubble. A lot of people that know me know that I love a good plank challenge and I use it to strengthen my core. And tell me tell my listeners what you told me about the plank.

**Carl Reader**

Again, if you think about it, when would you ever be in a plank position? And if you were doing one hundred-day plank challenge? And I think the thing is, is a plank effective at strengthening the core muscles. Absolutely.

That says that you got the science to prove that, in fact, that many people have done the plank. But it's if you look at the plank, it's a static exercise. So, you're standing still.

There's no movement involved. And that's one of the problems, is you've got every almost every single muscle in the body taking strain and loaded. And that's not just the best of how the body really works, but it is what we call isometric, if your audience is familiar with that.

**Carl Reader**

So, the muscles are working and the load, but they're not changing the length. But that is the benefit of the plank. And that's what made the plank, in the sense famous. But it's just there are many other versions that you can do that don't require you to be in that position.

**Gregory Anne**

And I want to mention to people that are listening, especially at this time of Covid, so many classes have gone online. One of the reasons I wanted to have Carl on is not just to talk about this, but so that you could actually experience it.

You can go to this website and see a little bit more. We'll talk about that. You can actually work with Carl like we are right now. For those of you listening, where on Zoom talking to each other.

**Gregory Anne**

So, one of the questions that I know will come up in people's minds is what's the difference between a physical therapist like going to PT and a physio therapist, which is more what you do?

**Carl Reader**

Well, I do more exercise physiology, so I think in South Africa, we call it a physiotherapist in the US. I think it's physical therapist. We more physio is more involved in the initial phases of injury. So when you hurt yourself, you get the inflammatory response. You have to have to start regaining that, regaining your motion back, getting your mobility back to control and manage pain and use devices and equipment to do that. Heat and cold. With what I do is more the exercise. So we in South Africa, it's different for me because in the US, the physical therapists take you to the whole range they take you from initial right through to full recovery. We in South Africa, physios generally focus just on the initial phases and then sort of leave you there. So that is why we had we actually I'm actually what's called a bio-kineticist. We don't have it in the US, but it's got a medical part of its medical and then the other part is more exercise. So that's why as for the audience, I just call myself an exercise therapist. So that's what we do.

**Carl Reader**

We focus on exercises to strengthen and rehabilitate rather than a hands-on approach like a physio.

**Gregory Anne**

And you also work with people that are not recovering from something necessarily. They want better posture, better results from the work they're doing. You work with people like me with scoliosis, which I thought was really interesting.

**Carl Reader**

I'm the last guy people see, the last hope, like they've been to be physio, they've been to a doctor. They don't want to go to surgery, so they end up call. And so it's a difficult cases. But I love those cases because often sometimes the small things that are overlooked that can make those people well.

**Gregory Anne**

Yeah. So, in the session that you and I had, that you did with me, it was literally like, "no, move your foot an inch forward and then do this or an inch backward and then do this lean put your gaze three inches more forward."

**Gregory Anne**

It was very minor little adjustments to the mechanics of sitting and standing that you were helping me with, that I could feel immediately a difference in how I was doing them. It's pretty amazing,

**Carl Reader**

It's just 20 years of observing and I joke with my family and friends and I spend my whole life watching people get up and down out of a chair. It's so exciting and it's my passion. And I just because it brings so much, I watch so many people just get tremendous results and breakthroughs from being simple and simple changes.

So, it is like I said, it's a small thing, but it takes so long to find those small things, even in a pilates class. Our instructors might say, "look 10 degrees up. Don't look straight" in the straight away the neck pain is gone or the shoulder pain is eased. But that takes time. I mean, I don't I'm still learning every day like a little secret. But yeah, it takes time to learn those.

**Gregory Anne**

Oh, absolutely. Does this kind of exercise help people get in shape, like if I stop doing a plank and it really does strengthen my core, are there other things that can replace that same kind of result?

**Carl Reader**

Absolutely. I think functional training is an instance where such a big buzz or train at the moment, it's such an effective way to strengthen the whole body. But the problem that I see is that many of the functional exercises are dysfunctional. So, the squat, for example, lunge, for example, many of the shoulder exercises, the plank is even called a functional exercise, is many there that are classified as functional. So, once you get the technique right, which is what I help my other clients online with is, then you can get tremendous strength benefits and actually you get better muscle.

**Carl Reader**

You get the muscle balancing as well, which is why I'm so passionate about functional training rather than just doing sort of isolating muscles,

**Gregory Anne**

because you're working the whole body as opposed to, you know, in this allopathic medicine, it's almost like we zero in on the one thing that's hurting and the rest of the body gets ignored when in fact, it's all one big.

**Carl Reader**

Yes, if you just take a simple bicep curl like you see the women doing bicep curls, if you do that properly, all of the lower back muscles have to stabilize the neck on the one side to destabilize them and mobilize.

**Carl Reader**

It's all connected that we've been programmed to just do up and down, up and down, up and down, up and down. And the body's not used to that. So, it's what I call, and I always joke with the guys in the industry, that the functional the health care or fitness industry is way ahead in robotics, because we've been we've been working out like robots for the last ten years. And you laugh, but think about all the movements down, up, down.

**Carl Reader**

Is it so robotic in nature that has. No. Now we're trying to move into that fluidity. And that's why a lot of people are drawn to things like the Eastern stuff like Tai chi Qigong, but it's more flowing movements.

**Gregory Anne**

Yeah, I've yet to try, I have taken a class one class, but this is will make you laugh. So Taichi is, like you said, supposed to be flowing and lovely and relaxing. And the instructor I was in Southern California and the instructor was an ex Navy SEAL, and he taught this thing that was just rigid and like robotic.

**Gregory Anne**

It was like, do it now, do this, move here, move there. And I thought, I didn't think Tai Chi was going to be like this.

**Carl Reader**

And I work a lot of that is Eastern because I consult with a lot of the guys in Australia on this topic and a lot of them are into the yoga, Tai Chi, Qigong and stuff and even some of those poses that I explain to the people that I know, they they've been taught, but they're just not natural positions.

**Carl Reader**

So, if you don't struggle with that, people will often ask, what's the problem? But if you do have knee or back problems, you will feel it pretty quickly compared to moving naturally or functionally.

**Gregory Anne**

Now, I think we talked about yoga because I do love to do yoga and lots of my listeners are also yoga people, and you're not saying we should not do yoga. You're just saying

that some of the poses may not be right for every single body and that some of the poses may need a little adjustment to get the full benefit and not injure our self?

**Carl Reader**

Correct. And I think working with them in some wonderful yoga teaches that that's also the one on one. If you can do that, that really helps because they can. Then it's you know, the thing is yoga teaches often I'm generalizing. It don't have the sort of medical backgrounds that have been taught a specific. So it's it's that's the thing is subtle changes between what I do is that you're teaching those movements, but with the medical background and in spinal mechanics.

**Carl Reader**

So, you really if people do struggle with a twinge or a pain, you're able to modify or quickly adjust to or explain the pain as opposed to just sort of sort of have to be taught "oh this is a modification" but you can work around and I like disrupt the sequences in the yoga patterns. I'll tell my clients rather do those first, then do that one and leave out that one and bring it back at the end. And then they feel that that's the way they stick to that regimen to sort of routine, then just end up hurting themselves.

**Carl Reader**

It's so unique and so different. Yeah.

**Gregory Anne**

Yeah. And the pain that we're talking about, all different kinds of pain, whether we get it from yoga or not. Do we have to feel pain in order to get results? Forget the pain like a twinge in your back, but the pain, all you've got to have pain to get gain. You don't believe it?

**Carl Reader**

No, I'm not into no pain, no gain thing. But I think that's a great point, Greg, is that a lot of people don't differentiate between pain and strain or muscle working hard.

**Carl Reader**

They just assume, like, I've got this killer pain in my back. But it must be because I'm working hard or they can't differentiate. They struggle to differentiate between that, especially with your stretches. You'll ask them. Do you feel? I feel a stretch in the inside of my shoulder and I'm like, that's compression. That's not stretching. And then and then they get out of it. So it's working with someone really helps you to just before you hurt yourself, because some people don't feel it and some people do feel it.

**Carl Reader**

But you don't want to be pushing through pain to get a result.

**Gregory Anne**

Now, some people say everything was fine and I just reached over to get a book and I ripped out my shoulder or I tore my back bending down to get my shoe. Is that something has been going like we've been doing damage all along and that happens. Is it possible that literally you could be perfect and then a muscle just goes or a shoulder just gets out of joint?

**Carl Reader**

Yeah, absolutely.

So they said the straw that broke the camel's back, which is that last bit of when you happened to put in that position.

**Gregory Anne**

So, is it because we've been doing things to to weaken that area all along and we just didn't know what you were saying? Some people feel things, some people don't when they do an incorrect movement.

**Carl Reader**

Yeah. And I mean, some people just also ignore the pain. It's just a fact. I mean this respectfully, but a lot of the older generation sort of just accept that as a normal part of life.

I mean, I work with a lot of people over 50 hence reaching out to you and your podcast. But it's such as belief, but they like to call this is an old sports injury. Well, you know, this neck has been so since. And I just they just sort of leave it and then it gets worse. And that's also what happens. And then they move and then it's a shoulder. And then they said, well, too late now I can't change.

**Carl Reader**

So I just live with the pain or they live with medication.

**Gregory Anne**

Yeah, I'm glad you brought that up. It is one of my part of my big why is for those people, whether it's an old sports injury and it can't change or I'm just going to feel worse because I'm getting older. It's my mission to get that eradicated. I want people to know that they have options and **not every option is the right one for everybody**. However, *an open mind and a little bit of digging* to find a person who might be the right person is what I want people to feel that they have power by giving them resources such as you.

### **Carl Reader**

Well, the thing is, like you said, if you don't have the options, so I don't know, maybe enough about functional movement. So maybe this hurts them and then they just do nothing because there's no alternative.

### **Gregory Anne**

Yeah, and **pain is it's a thief**. It robs us of the enjoyment of never mind, enjoyment of life. But it's hard to focus people with chronic pain are nodding their heads right now. I know they are. It's hard to focus on anything else when you have chronic pain and some chronic pain may need a surgery. We're not saying that there is never an occasion to have a treatment or surgery, just that some of the things that don't need to go that far can be handled by adjusting how we use the body.

### **Carl Reader**

And it's a good segway into just the whole chronic thing, because if you if your muscles are, if you have pain, because your muscles are weak or because your pelvis out of alignment or this so many reasons, then you get a chiropractor or a physio, they'll give you a whole lot of these. "You know, you've got massive imbalances". If it was simply just balancing muscles or aligning the pelvis, which you can get from a chiro or a physio or even a massage therapist can help you with that body, someone is the expert in body, then the pain should go away.

### **Carl Reader**

But it doesn't. And I think that's where people need to be asking that question of why is that? Why is the pain keep coming back? And I think that's when I said segway into sort of the mind body side as well, that we realizing through science information that *it's so much more than just balancing the muscles that are thoughts and emotions and all beliefs are intimately connected with movements*. **And I think that's what's driving the span in the works when it comes to the medical community.**

### **Carl Reader**

But again, they struggle to grapple with this. It's just very clinical and trying to be open minded to like, yeah, there is a mind aspect to it as well. Not even an aspect. A big part,

### **Gregory Anne**

Absolutely. The mind is where hormonal cascades, one of the ways that a hormonal cascade, meaning inflammation and stress hormones, those things start with a thought, quite often an injury, produces an emotion. So, the injury is creating something in the body.

The emotion adds another layer of something in the body. And I think you and I had a conversation where we both agree that if a person can't release the trauma or identify if not exactly the moment of the thought, we're five now. You're 50, you had a thought and it made you have a backache. But it is true that these things linger. Muscle memory, emotional memories affect the body.

### **Carl Reader**

And I haven't proven this yet. We'll get the numbers in a year or so, but this covid-19, I think, has put a lot of people depending on where you are on the world.

And it's been a stressful time. Yes. And I think financially global economics now, again, of course, a bit. But that's going to see a lot of these things get emerging now in people's lives. And it will be the back trouble or knee pain that will be totally unrelated to muscle imbalances. But maybe the stress that they're going through is so many things, the mental space as well. So, you know, I'm bracing for for a lot of people to be struggling with their bodies through this time, unfortunately.

### **Carl Reader**

But again, just indicates that strong connection between the mind and the body.

### **Gregory Anne**

Absolutely. Tell me what you told me. I don't remember exactly you were saying about men will have more pain on one side, the women generally. Tell me about that.

### **Carl Reader**

Look, this is completely unscientific, but just observational, empirical, whatever you call it. In my over 20 years, I noticed with that with my patients that right side of body with much more common in men.

### **Carl Reader**

And that's a generalization. And then with women, it's the left side. That's the common thing. And just a quick link there they end up with women it's more relational. So, any sort of relational stress that can be relationships to friends, family and even yourself, how you view yourself, negative body images, thoughts, it just is so connected. So that's the big thing, that men are on the right side. That's the ego side of the power is the striving and trying too hard.

### **Carl Reader**

But it's also linked with anxiety and worry. If it's a big fear. Those are the three big things. Worry, anxiety, and fear are sort of the right side pains. There's also, I think, the Chinese thing, the mom and dad, right and left, I get confused, which is which, but they

also bring that side in as well. So, it's but it's so liberating how, if you just can stop, and I think that's also helped my clients is that if you just tell them to stop stressing, it's so unhelpful.

**Carl Reader**

And I think most people know there's something that's underlying. They've got they've got a gut feeling. But I think if you can say to them are you struggling in a relationship in this area, in your life, and they'll be like, how did you know? What I'm saying? I don't know. Just the symptoms that you're showing are potentially indicating that you may be. And it's straight away. And then I don't psychoanalyze my clients. I just to help them, like, give them some extra bit of like just think about it, because before you guys spend a couple of thousand dollars on treatment.

**Gregory Anne**

Well, and it goes back to what you were saying, why does the pain keep coming back? In part, it may be wrong movement, a movement that's injuring or causing the grief to begin with. And it could also be that we're carrying literally carrying this emotional weight or pressure in the body, in the muscles.

**Carl Reader**

Absolutely.

**Gregory Anne**

Yeah. So you work with people that are who is your oldest client? I think eighty something.

**Carl Reader**

Eighty five he's a fourteen handicap golfer, so he's been great.

**Carl Reader**

I've got quite a few clients that are 80 and numerous clients in the 60s and sixty five who you don't want to be doing a hardcore high intensity stuff just looking for that maintenance and longevity.

**Gregory Anne**

Yes. And I was going to ask about the. You mentioned about 80 I think it was a woman you were talking about how you see an improvement from when she started with you, improvement in tell us what, how did she improve?

**Carl Reader**

Well, I mean, I have a lady eighty-five and she's had diabetes for 60 years, type one. And she was wheelchair bound. And just by doing strength the exercises in a chair, she was

able to get up and walk and get the spine right. She was had scoliosis but in eighty-five you're not going to straighten that. But it's, she was functional and it was very routine. It took us about 15, 20 minutes online and she just went through that two, three times a week and was amazing to see. And even the mind, you know, she was struggling with a bit of depression, but just was just in a wheelchair.

### **Carl Reader**

And so, she just it just hit so many different levels. That was incredible to watch that. And there's even guys in the US now showing the difference like in a seventy-five year old lady, the they showed that its majority fats and less is muscle, and then after like a six week training program it's the other way around; 60 percent muscle and other percent fat. So, you can get changes.

### **Gregory Anne**

And that should be good news for anybody listening who feels that they can't exercise because they're in a wheelchair or because they have spinal stenosis, pain in the knees, which keeps them from walking as much as they want.

### **Gregory Anne**

If you can get some of that back by 15 to 20 minutes, three or four times a week, people, that's extraordinary to me.

### **Carl Reader**

Look at it. It works. It's like the guys with exercise, if it's done correctly, there's this genuinely positive side effects. But when it's done incorrectly, like anything, it can be damaging. But if you do it correctly, you will feel the pain but you make suggestions better or your mental health better.

### **Carl Reader**

To strengthen the muscles. This is a quick thing for the audience as well, is that muscles are just seen for movement, skeletal muscle moving the skeleton. But now the signs are showing that **these muscles not only store memories**, which, as you talked about now, but also touched on, but **they also they have a hormonal function**. So that almost become like a site of internal organs. They secrete what's called cytokines that regulate inflammation and are anti-inflammatory.

### **Carl Reader**

So you've got so much going on. So just that just contracting the muscles with a bit of load safely has so many different effects. Immune boosting is all that side as well.

### **Gregory Anne**

Absolutely. I think many listeners now are more familiar with the word “phage” macrophage macrophage, the infection fighters, because we're all thinking about the virus. And I all I remember many, many 20 years ago or so, I was who knows, I had a flu, I had a cold and then made me not the flu, but I had a bad cold bronchitis.

### **Gregory Anne**

And this massage therapist that I was seeing, she said, you should get out and take a walk. I lived near the beach at the time and I thought, I'm not walking, I'm sick. I have to stay in bed. And then I started reading about it, ever the researcher. And it's true that a little bit of exercise, of movement to get the blood flowing if you are sick, but well enough to move. Obviously, I don't want anybody going out that has pneumonia, really does help mobilize all those infection fighting little organisms in the body and blood flow alone.

### **Gregory Anne**

Talk about blood flow. It's an amazing thing to get the blood going.

### **Carl Reader**

Absolutely. And as you said, just going for a walk. And I think that's another thing like that generation, the older generation, just generally. They have been given these standards, like you've got to have a blood pressure like 120 over 60. Otherwise, you're going to die. And it's like you're going to be on medication or like if you're not doing four times a week, forty five minutes, some sort of intensity cardio, then you're going to you're not going to be healthy.

### **Carl Reader**

But like I said to my clients, if you can just walk, like you say, five to ten minutes a day, and often the person will say, like, what's I going to do? How's it going to change? I'm like that movement, just like you said, blood flow, digestion, mind the mental side of that. It's the blood flow. Just you need they need oxygen. You need to clear the toxins. You need that that strain on the cardiovascular system.

### **Carl Reader**

So good heart health to keep the elasticity because as you get older, you calcification the arteries. So there's a stiffening, which is why the blood pressure does tend to go up. But that's also I don't want to digress too much on that. But it's important that this is also the standard. **The blood pressure should go up slightly as you get older.** This idea that you've got to maintain this level puts a lot of pressure on people.

### **Gregory Anne**

Yeah, I'm really glad you brought that up. I was thinking about somebody that I'd like to interview and they were talking in this article about older adults. High blood pressure makes sense because the blood has to, the heart has to work harder to move that blood around. When it works harder, it beats more. That equals high blood pressure. So when the doc is saying to somebody who's seventy five and their blood pressure, isn't that perfect, 120 over 80. They want to put them on a medication, but then the medication has side effects and they sometimes lower them too much, the kidney pressure. It's a ball of wax that we don't get tied up in, I don't think.

### **Gregory Anne**

But more of this kind of research has to be made public. And I'm not sure that the pharmaceutical companies that make blood pressure medications want a lot of people to know this. But that's just me being cynical. Maybe.

### **Carl Reader**

Yeah, it's just I mean, just quickly, for the listeners, you've got the blood pressure and you've got medication, like you said, and you've got the cholesterol, which is a big problem as well.

And the problem there is they **give you these statins and these cholesterol lowering medications, and that actually reduces what's called your coenzyme C10. Coenzyme Q10 shoves the oxygen into your cells.** So, when you block that coenzyme Q10 your heart is saying, well, hang on, we've got to get we've got to get the oxygen into the cell. So, it has to pump harder and then your heart rate goes up. So, get medication for your heart now. So, it just becomes a mess, know?

### **Carl Reader**

And then the people do try to exercise. They can't get oxygen to the cells. So it goes into anaerobic, but they don't have the mitochondria things. It just becomes a nightmare, to be honest.

That's the degression, really.

### **Gregory Anne**

But it's easy to go off on these tangents. But again, you were talking about the body and getting the blood flowing in the heart. So I think it makes sense. It was a good little rabbit hole to go down.

### **Gregory Anne**

One last thing that I wanted to ask. How do you know if you need this kind of adjustment to your workouts or your walking or

### **Carl Reader**

In terms of how do you know if you want to choose functional training or other? For me it's like if you want to, like, move optimally and you want it, you want to get breakthroughs in muscle imbalances and restrictions and even manage pain. I think that that's to me, the big benefits of learning how to do it.

### **Carl Reader**

And you're doing it every day like we talked about it., climbing stairs, bending carrying stuff, and your core strength is essential. But how you strengthen the core is even more important. But that is vital. So, it's just look at if you're looking for the optimal, safe, natural way to get full strength, then especially as you get older, because you're going to start to damage the joints, too. I feel like this is a much safer I want to say gentle, but I mean, I train athletes as well, so we can step up the program, but for those looking for that sort of, you know, that's going to give them mobility without not being able to walk for two or three days afterwards kind of stuff.

### **Gregory Anne**

I wasn't quite that bad after we talked yesterday. I know we wanted to bring this up. Speaking of getting older and how important our balance is. So if the core is stronger, we might tip over, but we may be able to catch ourselves before we fall. We talked about getting the test that measures whether you're going to fall and have a fracture or something, and that is getting up from the floor without using your hands.

### **Carl Reader**

So you sit down, not on the floor, because that would be quite impressive.

### **Gregory Anne**

But I think from the one in America, yours might be from a low chair, ours in America, it was getting up from the floor, getting down, and then back up without using your hands.

### **Carl Reader**

OK, that's probably some 19-year old can still do that. But I think, like you said, that I just had a 19-year old professional golfer who couldn't get up from one foot high. And so I think getting up from the floor was very optimistic.

I think if you would give everybody over 50, sit on the floor and get back up, they would really struggle. And again, like with my clients, we have a 50, 60 I. I'd rather get them at about about a foot high, maybe a little higher. We say I don't know what is in inches, but forty centimeters then maybe the sixteenth inches taller than your average chair it's basically with your hips are lower than your knees. That's what you need.

### **Carl Reader**

That strength you see like we talked about that does Blue zones and those people in those countries all up and down off logs or chairs. Up and down all the time, and that's such an easy exercise for them, but we've lost that, and we've lost that functional strength.

**Gregory Anne**

Yeah, that's yeah, that actually is a good example of functional strength just getting up. Getting down

**Carl Reader**

if you can get out, if you can get up from one footlike with the right technique, which I share and help people through, you will get tremendous hip mobility that you can't believe and in fact, actually begin to really enjoy your yoga as well, because now you have all this.

**Carl Reader**

Its simplest ways of really improving hip mobility is getting up from a low, low position. But you've got to watch your knees and back as well. So that's where you need maybe that personal guidance or instruction.

**Gregory Anne**

Don't try this at home without guidance. People, OK, for someone, someone, anybody who can help you. Exactly. How would you like to wrap up this conversation? What do you want to leave people with about something hopeful for them?

**Carl Reader**

Yeah, that that there is an alternative to that you might have been doing exercise or done exercise in the past that have hit you and that, you know, you've done maybe the plank or the core or some hectic exercise. And you felt when you did squats it hurt your knees. And so, I'm not interested in learning how to squat. But if you learn to do these movements correctly, then there are tremendous health benefits, not just to strength, but in the whole body.

**Carl Reader**

So, there is an alternative. And be careful when you when you because it is a trainer, we're not functional training is to really. Question, the trainer's background and an experience, and I'm generalizing it, but especially have pain work with someone who's got some sort of medical or clinical background because that offer that helps a lot to the prevention of pain.

**Gregory Anne**

And tell us what your website name is, please,

**Carl Reader**

So it's Carl with a C, Carl Reader coaching dot com

**Gregory Anne**

And you have options to work with you.

A little bit more explanation about all this, the different types of people that you work with, because you did mention just now you do work with athletes and you also work with everyday average people like me and my listeners.

**Carl Reader**

Yeah, it's a one on one on Zoom. It's usually runs between 30 and 40 minutes and it works quite well. It works really well with a camera. If you if you set it up with an iPad or even a cell phone or laptop and.

It's working really well. I've got numerous plants in the US now and in England, so it's going well and just it's amazing how much you can see and do on the camera.

**Gregory Anne**

Yeah, I was really surprised because we did a session. Carl's going global.

**Carl Reader**

Like the pandemic now.

**Gregory Anne**

Well, Carl, thank you so much. I love that we've had a discussion about what is functional movement, the natural movements that we have lost because of the way we live in chairs and, you know, sitting a lot and what the possibilities are for people that may feel like this is the way it's going to be forever.

**Gregory Anne**

“I injured myself and it's going to be like I'm just going to be in pain.” **Don't settle for being in pain people.** If you can find someone to help you make small adjustments and get rid of that. And I thought it was really interesting when you said you go to a chiropractor or something, not picking on anybody, but the pain comes back. Why does the pain keep coming back? Because something hasn't been addressed.

**Carl Reader**

Right, and then another tricky is self-treatment, like just be careful with the self treatment that sometimes is.

So many experts on YouTube at the moment get great results, but others you can really damage yourself. Trying to like stretch or foam rolling is a good example. For 50 percent

of people will love it and the others are going to be in a lot of pain. And be careful how you just go into the body and try and really paying attention.

**Gregory Anne**

Yeah, that's a good point. A really good point. And there's pain and there's pain we should identify or maybe distinction between I have a slight pain in my side because I did too many side bends versus I have pain in my rotator cuff because of an overuse injury. Right. I could put cream on my side that hurts with whatever CBD, oil or something on my side and that might be enough. That's a self treatment. That's probably OK. I think what you're talking about is really the bigger injuries don't just go on YouTube and find some guru of the day who's saying this is going to work.

**Carl Reader**

It is when it comes to chronic pain. Quick fix. It is ironic here. Is it difficult to study that on the Internet, a quick fix to this or that. But it's hit and miss it is your body. So you've got to take responsibility.

**Gregory Anne**

Yeah. And take good care of it.

**Carl Reader**

Absolutely. Yeah.

**Gregory Anne**

Karl, thank you so much. I really appreciate all this information. And honestly, everybody, the session that I had with him was terrific. It was so helpful. And I think if you even just want one session to go over one pain, one thing, it'll be definitely worth it. I know you'll see results.

**Carl Reader**

Thanks for having me. I really enjoyed it.

Thanks. And be well next time peeps. I'll see you next week. That's the end of another episode of the rebellious Wellness over 50 podcast. I hope you've enjoyed it. If there's anything that you heard or hear when you tune in that you think would benefit a friend, a sister, a mother. Hey, even some guys send them my way, would you? And if you've not ever been to the website, Rebellious Wellness over 50 dotcom head on over there, there are resources, things that I don't always get to on the podcast that might help you.

Age better ,be well till next time, and stay that way.