

How Did I Not Know About This?

BECOMING PAIN-FREE
THROUGH POSTURE THERAPY



Inspiring stories from posture therapists and their clients

GRACE LAMBERT

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Cover photo by Kalaivani Ramu, therapist Randee Engelhard, client Nancy Cavalie.

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This book is dedicated to the clients we work with every day, whose commitment to the exercises we give them inspires us to carry on in our work to help others.

“It is health that is real wealth, not pieces of gold or silver.”

MAHATMA GANDHI

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INTRODUCTION

“Helping others might not change the world, but it could change the world for one person.”

—ANONYMOUS

I am a member of a forum called POSTURE ALLIANCE. Members are from all over the world, with the majority of us located in the United States. We are Posture Alignment Specialists (PAS), certified through the [Egoscue Institute](#); some of us are Egoscue Affiliates, and several are also [PTX-licensed](#) therapists.¹ A number of us have years of experience—some even decades working with clients and teaching—and we offer workshops, study groups, and individual coaching to those with less experience. We share stories about clients who have become pain-free, clients who have improved their athletic performance or been able to return to sports or physical activities they love to do, and seniors or disabled clients who regain enough independence that they can resume their normal activities of daily living. It’s a caring, cohesive group unified around our shared purpose of helping people improve their lives, and we offer each other ongoing support and encouragement.

One day, as I read yet another moving story about how one of my colleagues on the forum had helped a client regain her life, after living in pain for years, I thought, “More people need to know about these transformations!” This thought, coupled with my own experience with posture therapy, was catalyst enough for me to invite my colleagues to share their personal success stories, and stories of some of their clients. This book is the result of that invitation.

If you are one of the millions of people worldwide who suffer from chronic pain,² we want you to know that there is a way for you to get yourself out of pain—and keep yourself out of pain—that does not involve surgery or

drugs or having someone else touch or manipulate your body. This is not to say that surgery, drugs, touch, or manipulation are bad; they are valid treatment options and can be very beneficial. Surgery, stitches, or setting a bone serves a useful purpose, as does massage, chiropractic adjustment, acupuncture, and physical or occupational therapy; and some drugs are obviously necessary and/or lifesaving. However, as you will find out from reading our stories, nearly every treatment option we tried failed to provide us with *lasting* pain relief or physical benefits. And then we discovered posture therapy. The simple exercises we each learned how to do, which were customized for our particular posture deviations, helped to get us out of pain. They are exactly the tools we needed to become self-sufficient, and we are committed to consistently using them to keep ourselves out of pain. We are certain these tools can work for you, too—if you commit to using them.

After the first session, clients often ask, “How did I not know about this?” Sometimes they’ll also ask, “Why didn’t my doctor tell me about this?” These are valid questions that many of us asked in our first session. One reason people are not familiar with posture therapy—have never even heard of it, in fact—is because it is not widely talked about by our doctors or those from whom we usually first seek guidance, counsel, or treatment for pain: the traditional medical establishment. Posture therapy is not part of this establishment (aka mainstream medicine), which is governed by many legal constraints and rules of the health care and health insurance industries. Practitioners who are part of mainstream medicine generally refer their patients to other practitioners within that establishment. Many patients aren’t open to anything outside of it because they don’t want to pay out of pocket, or they don’t believe anything outside of mainstream medicine will work for them. Having tried every avenue available within the establishment without lasting success, people find themselves thinking that perhaps they have exhausted their options. They tend to become open to *anything* they think might help them, and so they broaden their search and it is then that they discover posture therapy. As you will learn when you read our stories, this is how some of us finally came to know about posture therapy.

Many posture therapists are not inclined to advertise or widely market themselves or their services. Instead, they rely on referrals from satisfied clients and from other practitioners with whom they network. Of course,

referrals from happy clients are great and tend to foster trust in new clients, but imagine how many more people could benefit if posture therapy were as familiar to us all for the treatment of chronic pain and physical limitations as acupuncture, chiropractic, massage, and physical or occupational therapy?³ Those more commonly known therapies are certainly useful—and some of us still give and receive these kinds of treatments—but why not try posture therapy *first* when seeking relief from chronic pain and physical limitations, rather than *last*, only having learned about it after months (or years) of unsuccessful treatments? On the slim chance that posture therapy doesn't help you, these other options will still be available to investigate.

Here's a bit of a road map for the book to help you get started: If you want to jump straight to our personal stories, you'll find them in Part II, along with stories and briefer testimonials from clients who benefited from posture therapy. If you prefer to start at the beginning, Part I explains how improving your posture improves your health, tells you why movement is so vital to your physical and cognitive development, and talks about the integral connection between your feet and your posture. In this section, you'll also read about beliefs and learn how important they are in creating your mindset, shaping your reality, and influencing the outcome of whatever therapy or treatment you choose.

In Part III, we provide a list of conditions we treat, and then you'll have a chance to explore your own posture deviations with some cues and clues about what to look for. (Note that this chapter may appeal to readers who just want a summary of why posture therapy can help them.) Next is a chapter with a list of resources, including for foot care, equipment we use, and books we recommend reading. All of the books mentioned in this book are listed there, as well as a few others that may be of interest to you. Following that you'll find a directory of the therapists who shared their story, as well as a way to look up other POSTURE ALLIANCE therapists. After that there is a glossary that defines all of the terms that appear in **bold** font throughout the book and lastly, author acknowledgements to all who helped to get this book written and published.

We hope our stories will help you understand that whether you're in chronic pain, have physical limitations, want to improve your athletic

performance, or are just tired of feeling like you can't stand up straight for more than a few minutes, posture therapy can help you as it helped us. Try it, and discover for yourself the benefits of a straighter, stronger, healthier and more active body!

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- ¹ While available directly to consumers, PTX Therapy™ also offers its patented, subscription-based software platform to allow certified posture therapists to create customized posture therapy routines for their clients.
 - ² Findings from a 2019 National Health Interview Survey found that chronic pain affected 20.4% of adults. Prevalence increased with age and was highest among seniors aged sixty-five and older.
 - ³ An article on thehealthy.com titled, "16 Ways to Get Rid of Back Pain for Good" did not list posture therapy as an option. Physical therapy was listed, but physical therapy does not take into account the position of our eight load-bearing joints, and prescriptions are centered around one body part in need of therapy, as if that part functions in isolation of the rest of the body.

Part I

IMPROVE YOUR POSTURE TO IMPROVE YOUR HEALTH

“The single most effective anti-aging tool available to us is a completely engaged, fully functional musculoskeletal system.”

—PETE EGOSCUE

Many of us can recall our parents or teachers admonishing us to “stand up straight!” and snapping to attention like a soldier as we obeyed their command. Even reading those words might provoke you to adjust your body into what you consider “good posture.” Not surprisingly, this is a response we commonly see in people when we tell them what we do for a living. In his book *Pain-Free Life*, author Travis Perret says, “You can make yourself have good posture, but it should happen naturally.” Standing up straighter will certainly make us look better, but achieving better posture that way isn’t natural, and it won’t improve your posture for the long haul. Good posture is much more than locking the knees and tucking the buttocks while pulling the shoulders back, pushing out the chest, and lifting the chin to “stand up straight!”

Posture is not a static thing. It is the constant and dynamic interplay of our **neuromuscular system** interfacing with and guiding the movement of our muscles, tendons, ligaments, bones, joints, and other connective tissues that make up our **musculoskeletal system**. These systems, when they are working optimally and in concert with the **vestibular system**, enable us to do the many things we do, such as lie down, roll over, sit, kneel, bend over, crawl on our hands and knees, or stand upright.⁴ Remarkably, we can also balance on the thin blades of ice skates gliding on a frozen pond, quickly ease forward or back on a surfboard sliding across a moving wave, or traverse across a thin rope suspended between two points. Some of us spend our days balancing and climbing on tiny nubbins of rock on the face of sheer vertical

walls, apparently defying gravity. Our bodies have evolved to enable us to do all of this, plus swim, climb stairs, throw or catch a ball, ski, walk, run, jump, dance or otherwise propel ourselves on our own two feet in any direction at whatever speed we can muster, well into our senior years.

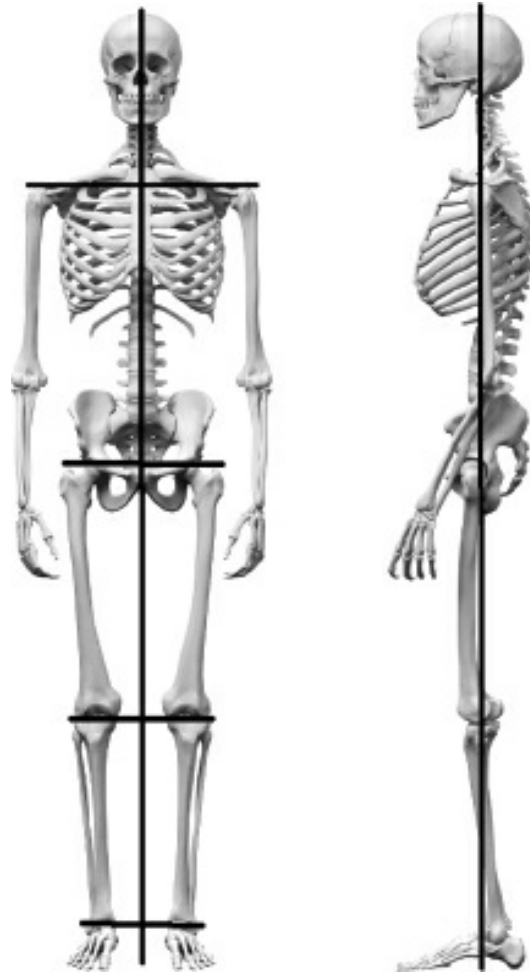
But here's the rub. While we might *look* nice standing up straight, being able to hold that position for a few short moments when commanded to doesn't mean we have the strength in our underlying musculoskeletal structure to properly support us, involuntarily, throughout the day. Without this kind of systemic strength—the strong foundation of a properly positioned structure—something has to give. No matter what it is that gives, the end result includes movement limitations and pain. Additionally, when our foundation is weak and our posture is poor, it doesn't just affect our muscles and joints; it affects every system in the body. This is because no one part of the body operates in isolation from any other part, and poor posture contributes to a myriad of health issues not limited to the musculoskeletal system. Let's look at how slouching impacts one system and then explore the ripple effect that has on other systems.



When we slouch, our shoulders roll forward and our back rounds, causing our ribs and sternum to collapse inward, which compromises the function of the **diaphragm**. With the chest cavity compressed like this, our lungs are limited in their ability to expand and contract, reducing the amount of air they can take in and carbon dioxide they can expel. Blood that is not fully oxygenated cannot deliver (enough) oxygen to our tissues and cells, nor can it optimally remove the waste products produced by the cells. Our **lymphatic system** is also compromised, our **digestive system** is likely to become sluggish, and all of the organs involved in processing nutrients can no longer function well because they are squished by a collapsed ribcage and compressed abdominal cavity. If we cannot breathe, digest, and eliminate waste properly, how can we expect our other bodily systems to function well?

Additionally, poor posture creates many negative effects on the musculoskeletal system that include (but are not limited to) stress on the **temporomandibular joints (TMJ)**⁵; fractures and damage to the vertebrae and vertebral discs; **osteoarthritis** (and other forms of impingement and/or joint degeneration) of the shoulders, hips, knees, and ankles; and bunions and other foot problems. This can lead to many muscular dysfunctions as well. *Ironically, each of these problems also contributes to or exacerbates a tendency to have poor posture.*

Obviously, the opposite of poor posture is *good* posture. But what is good posture? What does it really look like and how can we know if we actually have it?



We have four identical load-bearing joints on each side: ankles, knees, hips, and shoulders. These **diarthrosis (synovial)** joints bear the weight of our body as it remains upright (or moving) against the force of gravity. When these joints are vertically and horizontally aligned (while standing when viewed from the front, back, or side), we are able to maintain structural integrity in what author and functional anatomist Pete Egoscue calls our **functional design posture**.

With fully functional muscles attached to each joint, joints are able to move as they were meant to, without undue friction that would eventually wear away at the natural protective covering (**cartilage**) on the ends of the bones. Any deviation from this position can result in joint instability and dysfunction, balance issues, aches, pains, or physical limitations, and can lead to chronic health issues. Posture therapy aims to restore the body to its functional design posture with simple exercises that properly engage muscles

to correct specific posture deviations, realign the body, and greatly improve our chances of living a healthier and more active life.

The predominance of poor posture throughout most industrialized societies begs the question, “If poor posture is so bad for us, why do so many people have lousy posture?” We might wonder, too, “Why does it seem so much easier to slouch than to maintain good, upright posture?” You’ll find the answers to these questions in the next chapter, where we look at what happens in normal childhood development and explain why movement is so important in our early development and throughout our lives.

⁴ Even when standing as still as we can these systems are at play, making constant minute adjustments to keep us balanced and upright.

⁵ According to the Journal of Physical Therapy Science, TMJ is becoming more prevalent in young people due to excessive use of cell phones. This results in forward head posture, compromising the cervical spine and the temporomandibular joints.

MOVE YOUR BODY TO BE YOUR BEST SELF

“Movement is the starting point for wiring the brain for learning.”

—GILL CONNELL

At birth and for several weeks afterward, our spine is shaped like the letter C. This is because in the womb, our head was dropped forward, chin to chest, and our limbs were tucked up in front of us in the **fetal position**. We felt safe and secure in the womb. For our entire lives, we have a powerful instinct to return to this position whenever we feel threatened. Often referred to as the **self-preservation instinct**, that instantaneous reflex to curl into the fetal position helps protect our vital organs from harm. The muscles that enable us to fold forward like this, called **flexor muscles**, are quite strong at birth, and they tend to remain the muscles we most often engage by virtue of living stressful lives and due to various forms of trauma we may have suffered.⁶ This sense of stress keeps our body in a near-continual state of “fight or flight.”

We also constantly engage these flexor muscles when we sit, and we sit a lot throughout a typical day—at the breakfast table, in a car, hunched over our computer at a desk, on a chair in our doctor’s waiting room, on a bicycle or rowing machine, at the dinner table, on an easy chair watching TV, in bed while reading. You get the point.

But there is hope! We are *also* born with a powerful instinct to move and to become mobile and independent, culminating in the ability to walk upright, unaided. Birth trauma or after-birth injury, genetic anomalies, disease, illness, or other circumstances can prohibit our ability to move, of course, but this natural, innate drive has us on a mission early in life to use and develop whatever muscles are required to achieve our goal. Many of the muscles we use in the process—the ones that oppose (do the opposite of) our flexor muscles—are called **extensor muscles**.

Under normal, healthy circumstances, a child that is not confined (by tight wraps, braces, or in other ways) moves through several essential stages of physical development, which can overlap. *No one has to teach us to go through these stages, we are wired to move through them.* We move and develop muscles from the inside out as we wiggle in response to our internal and external environment while lying in our cribs, on the floor, or in our parents' laps.⁷ The development of the upper portion of our body starts with the instinctual engagement of the muscles that control the movement of our head, neck, and upper trunk. As newborns, we cannot yet support the weight of our own heads at birth, but we can (and do) instinctively turn our head in the direction of an object of comfort or interest (e.g., in response to the touch of a finger, the nipple of a bottle or breast on our cheek). As we develop we become able to hold up our head with support, then to lift our head and neck on our own, and to push ourselves up with our arms and hands when lying on our tummy. These movements are primarily the result of our extensor muscles working, and this begins to change our musculature and the shape of our neck and spine.

Once we can lift our head, neck, and upper torso, we begin to move through successive stages that include rolling over from tummy to back, reaching out with our hands and arms to grasp at objects, sitting with support, and “bouncing” on our feet when supported under the arms. Then we begin creeping along the floor (not yet crawling on hands and knees but rather pulling ourselves forward in a sort of military-style crawl) and rocking our torso and pelvis forward and back on our hands and knees in pre-crawling movements. Then we successively crawl on our hands and knees, sit upright without support, stand with support, pull ourselves to a standing position unaided, walk with support, and eventually stand without support. Finally, we can walk unaided, climb up on things, run, jump, throw, catch, and more.

It is said that muscles learn from use—we call it **muscle memory**—but what is really happening as we continue to move is that our neuromuscular system is learning and contributing to the success of each stage of development of our musculoskeletal system. It isn't that our muscles are developing a memory so much as that changes are actually occurring *in the brain* that alter the information the brain sends out *to* the muscles, influencing our movements and enabling us to develop increasingly coordinated

movements. This occurs throughout our lifetime and is why we are able to do the many physical things we do without having to think about it or work at it. It is also one reason that we adapt to dysfunctional muscle movements after developing post-injury compensatory muscle movements. For example, we may continue to unconsciously limp long after our ankle has fully recovered from a bad sprain. We could say that our muscles have developed new memories that “instruct” us to (unconsciously) limp.

What is important to note is that from the moment we begin moving our little bodies, *every bone involved in movement is directed by the muscles attached to it*, which are guided and controlled by our brain and nervous system to complete the task. As Pete Egoscue writes in his book, *Pain-Free: A Revolutionary Method for Stopping Chronic Pain*,⁸ “Bones do what muscles tell them to do.” It’s not the other way around. A joint does not move on its own; it moves in response to muscular contractions that activate movement of the joint. These patterns of muscle movement stimulate the functional development of the bones and joints to which those muscles are attached.

Said another way, *the development of our skeletal system is being influenced by every movement we make*, which is how and why our bodies evolve from that of a fetus curled up in the womb into an active, mobile toddler with strong muscles and solid bones capable of walking upright.

The shape of our skeletal system continues to be influenced by how the muscles that are attached to it are used throughout our lives. What we do with our body and how we move determines what our body looks like—its positional appearance, aka postural alignment—and what it is capable of doing. Pete Egoscue says it succinctly as, “Form follows function.”⁹ This means that if we sit hunched over a desk all day, slouch on the couch watching TV for much of the evening, and fall into bed having done no exercise, our body (form) will reflect the “functions” that we’ve engaged in all day and evening, namely *flexion*. One could hardly call any of that *functional* activity, so how could we expect it to result in a *functional* body capable of activities that require much *more* than flexion?



Before anyone told us in our youth to “stand up straight,” we *did* stand up straight. As a normal toddler just learning to walk, we had picture-perfect posture because we instinctively moved as we were meant to move.^{[10](#)} As we started to pull ourselves to a standing position and take our first steps, our feet pointed straight ahead on powerful little legs aligned directly under our hips. We did this because it provided us with the most secure and stable platform on which to balance. We stood upright with a strong, erect back, our bellies poked out a little in the front and our little buttocks poked out a wee bit in the back. Our big heads^{[11](#)} remained beautifully balanced above our squared-up shoulders, which remained aligned directly above our hips. As we gained strength and confidence in our newfound physical capabilities, we took our first tentative steps and soon enough we walked, ran, jumped, and twisted our bodies in all kinds of ways and in good postural alignment.

So what happened? How did we go from picture-perfect posture in early

childhood, able to do so many things with ease, to *this*? (And for *this*, we can fill in whatever posture deviations, physical limitations, aches and pains, syndrome, chronic condition, or disease we have.)

The simple answer is this: *We stopped moving*. More accurately, we stopped moving *enough*, and in good posture.

Hydration, nutrition, sleep, and movement are essential to life. Whether it is movement within each cell, movement of the cells within the tissues, movement of the fluids, gases, and nutrients within our bodies, or the movement of our limbs as we engage in activities, movement helps keep us healthy and enables us to thrive.

Additionally, as author Gill Connell wrote in *A Moving Child is a Learning Child*, movement is an important catalyst in the development of the brain, essentially helping to wire it for learning. Movement enhances our brain's ability to learn not just how to control our body's movements (e.g., how to sit up, crawl, grasp, and hold things, etc.), but also in the development of speech and language, our ability to make music, create art, write poetry, master the concepts of math or science, and so on. At every stage of development, a child is learning because the brain is wired for learning and being constantly wired/rewired as it learns. It has been demonstrated that children who are physically active do better in school because the brain is more responsive to learning when the body is active. Also, when allowed to move, children have longer attention spans and fewer behavioral problems.

Lack of movement has serious health consequences. It leads to physical limitations, disease, and often results in chronic pain. It also leads to cognitive decline. But the good news is that *our brains and bodies are wired for learning until the day we die.*¹² This process, the ability our brain has to learn and change and grow, is called **neuroplasticity**. Although our brain's neuroplasticity may decline slightly with age, *it never stops*, and we would do well to remember this when we think we are “too old to learn new tricks” or do something we used to do with ease.

One of the keys to maintaining our ability to continue learning is to continue moving. Adults who are physically active remain stronger and more stable than their sedentary counterparts, improve their cognitive function, and

are demonstrably healthier and happier. When describing the musculoskeletal system, that old adage “use it or lose it” is absolutely and undeniably true! The ramifications of a lack of movement not only affect us physically but also impact our brain’s ability to learn, process information, and send appropriate signals to our body.

Katy Bowman, biomechanist, speaker, author, and founder of [Nutritious Movement](#), writes in her book, *Move Your DNA: Restore Your Health Through Natural Movement*, “I propose that movement, like food, is not optional; that ailments you may be experiencing are simply (and complexly) symptoms of movement hunger in response to a movement diet that is dangerously low in terms of quantity and poor in terms of quality—meaning you aren’t getting the full spectrum of movement nutrition necessary for a baseline human function.”

She’s right, of course. But with things being the way they are these days in our modern culture, we don’t even have to go outside to shop at a grocery store because we can have food delivered right to our doorstep. We may not even have to stand in the kitchen to prepare the food; we can just carry it into the living room, sit on the sofa, and hunch over to eat from a container balanced on our lap. Given the current level of inactivity of so many people all over the world, especially with the explosion of technology and cell phone use, it’s really no surprise how many of us are sick, suffering from debilitating disease, and in chronic pain. The sad fact is that millions are disabling themselves by living a sedentary lifestyle.

But it doesn’t have to be this way! Movement can help us be the best version of ourselves that we can be. If we can move at all, we can move enough to change the course of our lives to be(come) healthier, happier, and more active participants in our lives.

⁶ The effects of trauma can be profound and long-lasting. There are effective methods that teach people how to release trauma that has been stored in their cells, thereby resulting in a greater ability to relax and not live in a constant state of fight or flight or post-traumatic stress disorder (PTSD). A few examples include the

methods created by Peter Levine, David Berceli, Gabor Mate, and Bessel van der Kolk.

⁷ Babies even “practice” breathing in the womb, as described in a Healthline article written by Kathryn Watson, titled “How Do Babies Breathe in the Womb?”

⁸ Hereafter referred to simply as *Pain-Free*.

⁹ See Chapter 2 in *The Egoscue Method of Health Through Motion*.

¹⁰ This may not hold true if there are birth defects or issues that might prevent the normal stages of development, like hip dysplasia, spina bifida, neurological or genetic anomalies, etc.

¹¹ A child’s skull is eighty percent of its adult size by the age of two years.

¹² “Humans are biologically wired to learn, and our brain has the neuroplasticity to develop new neural pathways all the way until death.” Britt Andreatta, author of *Wired to Grow: Harness the Power of Brain Science to Learn and Master Any Skill*.

IMPROVE YOUR FOOT FUNCTION TO IMPROVE YOUR POSTURE

“The human foot is a masterpiece of engineering and a work of art.”

—LEONARDO DA VINCI

As you learned in the first chapter, no part of our body operates in isolation from any other part. In fact, Tom Meyers, author and founder of [Anatomy Trains](#), has shown—by tracing the connection in a dissection course—that the *hallux* (big toe) is viscerally connected to the *tongue*.¹³ Despite how the traditional medical establishment prescribes physical or occupational therapy for one body part at a time (in other words, one foot, if you are having foot or ankle pain), the fact is that the body does not function that way, as separate pieces. It’s all *one* unit, and the health and functionality of our feet affects the rest of our body and the rest of our body affects the health and functionality of our feet.

Many of us have been patients of podiatrists and we have, as posture therapists, worked with clients who tell us about their experiences with these doctors. Some of us maintain a working relationship with our clients’ physicians, including their podiatrists. While we can’t know how all physicians advise their patients, we’ve found that many podiatrists advise their patients to wear stiffer (or cushier) shoes and suggest over-the-counter or expensive custom-made orthotics—perhaps even a foot brace. If these things don’t help, a prescription for six to twelve weeks of physical therapy is often recommended, specifically to work on the problematic foot or feet. Rarely are patients told that their posture is contributing to their foot problems, or vice versa. It can be discouraging for clients new to posture therapy to learn that they have spent years in orthotics that may very well have weakened the arch of their foot, continued to contribute to a posture

deviation that results in foot pain, and/or otherwise ultimately exacerbated their foot and posture problems.



The foot is a mechanical marvel that evolved over millions of years to function perfectly without the protection or support of modern-day shoes. It is comprised of twenty-six bones, thirty joints, nineteen muscles and numerous tendons, three strong arches, and over 100,000 nerve endings; all of which work together to provide the support and balance we need to stay mobile. However, it isn't possible for the foot to be fully functional when it is encased in a shoe that restricts movement and prevents it from maintaining its integral strength. But thousands of years ago, this is what we humans started doing. We put the perfectly formed and incredibly mobile feet that we were all born with—shaped in a “V” (as shown in the image of a baby's feet)—into imperfectly formed shoes, the design and functionality of which changed over time, and usually not for the better.

We could probably safely say that the posture issues many of us have actually started with our feet.¹⁴ In our lifetimes, most of us have worn shoes that provided support under a **foot arch** that is designed to work best with no support (pressure) under it. We have worn shoes that have toe boxes that were so narrow our toes were scrunched together, causing some of us to develop bunions, hammertoes, neuromas, and other deformities. Women

have worn shoes that had high heels, completely shifting the position of the pelvis and altering the entire skeletal structure. We've worn shoes that are stiff and unbending, as well as athletic shoes that are highly cushioned to dampen the impact of heel strike. And nearly all of the shoes we've worn have had what is called **toe spring**. This is meant to help us transition from the flat-footed position in the mid-stance of our stride to the raised heel-toe liftoff position in the pre-swing stage of our stride, and is necessary in stiffer shoes that would not otherwise allow the toes to *bend* (as they are designed to do at this phase of our normal gait). But this upward curve at the toe of shoes, just in front of the ball of the foot, places tendons, ligaments, and fascia in constant tension that is *damaging* to those tissues. This often results in **plantar fascia** pain (the plantar fascia covers much of the bottom of the foot), and can even result in tissue necrosis (cell death).^{[15](#)}



Over the decades we've worn them, shoes have slowly made us lose the functionality of our feet, wreaked havoc on our posture, and temporarily or permanently disabled some of us. Fortunately, many people are waking up to the longterm physical cost of this kind of footwear, and there are now shoe manufacturers that design and sell shoes that better serve the needs of our truly amazing feet. (See the Resources chapter for more information.)

To further pique your interest about how your feet are affecting your posture and are affected *by* your posture, we'll share this tidbit: We posture therapists have witnessed remarkable changes in clients with foot pain when they improve their posture and strengthen and increase the mobility in their feet. In fact, sometimes what transpires in one posture therapy session can do more to educate a client about how their posture is affecting their feet (or vice versa) than anything we might say to them. Here's a good example of that,

which occurred during a session with a young mother whose primary complaint was pain in one foot:

Client complains of pain in left great toe and heel (where the plantar fascia attaches to the **calcaneus** bone, not across the arch). It is worse when she is barefoot; therefore, she tends to wear shoes, even in the house.¹⁶

Therapist asks her to walk barefoot down a long hall and back and share what her level of pain is on a scale of 1 to 10 (10 being almost unbearable).

Client walks down the hall and back and reports that her pain is at least level 7.

Therapist tells her to interlace her fingers behind her head, pull her elbows open as wide as she can, look straight ahead while she walks down the hall and back, and share what her pain level is.

Client walks down the hall and stops, facing away from therapist. A long moment passes. When she turns around, her eyes are wide, and she tells the therapist, “The pain is gone.” As she walks back—elbows still wide—she exclaims, “I don’t get it, there is no pain! How can that be?”

What this functional test so beautifully demonstrated is that the position of the client’s upper body had a profound effect on her feet—in her case, her shoulder and upper back position clearly changed the functional mechanics of her feet (and her hips and knees, but for this discussion we’re most interested in how it felt to the client, *in her feet*). The client found immediate pain relief in this position (and to verify, it was found that as long as she continued to walk with her hands behind her head with her elbows wide, the pain did not return *even though she was barefoot and that usually made her pain worse*). The therapist knew then to provide this client with exercises that changed the position of her upper body (which presented as slightly rotated and flexed with rounded shoulders, one lower than the other). Straightening her torso and providing more extension in her upper back and shoulders, and getting the shoulders even, set up her hips, knees, and ankles—and *her feet*—to be more functional. This completely eliminated her pain.

This client was given an appropriate routine that included exercises to

correct her upper body position, reduce any rotation she might still have had in her hips, then strengthened her deep core muscles. She was also given exercises that flexed and extended her feet and ankles (because the feet are designed to move, and they do much better when they are used than if they are restricted). She was advised to begin wearing CorrectToes®, which would put her great toe in the best position to offer full support to her arch and entire foot, and to try zero-drop (minimalist) shoes.¹⁷

Some feet have suffered so much damage that these options simply will not work for them. If that is the case for you, it is best to seek the counsel of a podiatrist and a posture therapist who can work together to make the appropriate suggestions about and/or modifications to your footwear and provide exercise routines with your foot issues in mind, to elicit changes that will improve your posture.

If you want to know more about foot care after reading this chapter, *good!* The fact is, so much could be said about the foot that it would fill an entire book. Oh wait, it *has* filled an entire book, two, in fact. Katy Bowman writes about the foot (and foot pain) in her books *Whole Body Barefoot: Transitioning Well to Minimal Footwear* and *Simple Steps to Foot Pain Relief: The New Science of Healthy Feet*.¹⁸ They are inspiring, entertaining and educational, as are all of her books, and we share a similar message. The most important aspect of foot care is to restore the foot back to its natural shape and full function, as much as possible. In many cases, this can be done by wearing CorrectToes toe-spacers to get the big toe more properly positioned, zero-drop shoes (no arch support, toe spring, or heel elevation) with metatarsal pads if needed, and performing appropriate foot strengthening and posture therapy exercises every day (sometimes twice a day). And, of course, *using* your feet!

¹³ Some clients have described a feeling of tension in the tongue or throat while doing foot exercises.

¹⁴ Flat feet are normal in babies and toddlers because their feet have not yet developed arches. Being barefoot helps in the normal development of the arch. Wearing shoes can begin to change the

position and restrict the function of our *hallux*, or great toe, which then interferes with the development of the arch. All of these changes affect our ability to engage in functional movement, and so will have an impact on our posture.

[15](#) See the March 2007 Naturopathic News & Reviews article titled "Treatment of Plantar Fasciosis," on the CorrectToes website.

[16](#) Patients with plantar fascia pain are often advised to never go barefoot, but to always wear shoes, even in the house, and often to wear orthotics, too.

[17](#) See the Resources chapter for more information on CorrectToes and zerodrop shoes.

[18](#) Everything Katy says in this book applies to men's feet as well. It's just that men generally have not worn high heels.

CHANGE YOUR BELIEFS TO CHANGE YOUR REALITY

“Our beliefs control our bodies, our minds, and thus our lives.”

—BRUCE LIPTON

Humans like to think we know who and what we are. When asked, we’ll give answers we are certain of—our name, age, race, or nationality. We’ll confidently state our religious beliefs or political affiliations, our job or chosen career, our role as mother, father, sibling, etc. We also like to think we know what we believe in, that our beliefs are “true,” and that we are “right.” But the elephant in the room is that our beliefs are just that: **beliefs**. And somewhere, deep down inside, we are all aware of this fact.

Beliefs are not “true,” and believing them doesn’t make them true, nor does it make us right about what we believe in. We live in a fantasy world that has been created by our thoughts and shaped by the stories we’ve been told, which were created and shaped by the thoughts of other people who shared them with us. This began at birth, of course, and started to firmly establish residence in us as we began to understand and use language. We absorbed these stories and incorporated them into our own unique story: “The Story of Me.” As Bruce Lipton describes in *The Biology of Belief*, our experiences in life are profoundly shaped by stories. While we all live on the same *planet*, each human being lives in a different *world*, a world entirely shaped and controlled by our perceptions and beliefs. This is a very hard thing for us to grasp, and it often makes us uncomfortable to question our own beliefs or to be questioned about them. After all, “The Story of Me” is who we think we are, the foundation upon which each one of us solidly stands. Without our *identity*, we feel as if we might fall into an abyss of nonexistence. We’re left hovering over this abyss, asking, “Who am I?”

This book was not written to make you uncomfortable. But if you intend to address and successfully change symptoms of chronic pain or range of motion or athletic performance limitations you have had for months, years, or even decades, it is important to examine your beliefs. If you firmly believe that something is wrong with your body, that it is broken and cannot be healed or improved in some way that you wish it to, you are unlikely to find healing or improvement through any modality. But if you believe or harbor even the slightest hint of belief that it is possible for your body to heal from whatever ails you, and you recognize that *your pain is just a message from your body*, it is much more likely that you will find something that works for you, that essentially gets *you* out of the way and enables your body to do what it can (and does) do, *which is heal itself*. This has been consistently demonstrated in scientific research about the placebo and nocebo effects. The **placebo effect** occurs when we *believe* that a drug, intervention, or treatment protocol is working, and our body sends out signals and releases chemicals that facilitate healing. Conversely, the **nocebo effect** occurs when we *don't believe* a treatment will work and instead believe that it will likely cause us harm. Many people have suffered the ill effects of their negative beliefs about a treatment, even when that treatment was essentially an inert (harmless) substance.

Healing is an inside job, but the body needs a little help sometimes. We need to set up the right environment to encourage and allow healing to take place. The very first place to do this is to change your mind (or your **mindset**) so that you actually believe in your body's ability to heal. Then healing can include any manner of treatment. This could range from taking a fever-reducing medication or helping a feverish body lower the temperature in its tissues with a cool towel draped around the neck, eating a healthy diet, getting enough exercise to avoid the buildup of plaque in the arteries, and performing posture therapy exercises to realign your body. But before the administration of a drug or engaging in any form of treatment, it is important to be aware of this fact: *Your belief is going to help or hinder the outcome of whatever treatment you go through.*¹⁹

Our beliefs shape our reality, even when we are being influenced by *unconscious* beliefs. This is a message shared by many well-known authors and speakers on the subject of consciousness, belief, perception, and mindset.

It is the key to tapping into how powerful we really are and owning that power. We can do far more than many of us ever imagined possible, including heal from chronic pain, cure ourselves of an “incurable” disease, or overcome trauma. The first step in that process could very well be questioning our beliefs and opening ourselves to possibilities we may never have considered. In his book, *Pain-Free Living*, Pete Egoscue defines and describes personality traits that manifest as physical characteristics that are common to people who share the same traits. He suggests that “Posture is autobiography, an external embodiment of our inner state. It records and explains what we did and who we are.” It is worth reading to find out what kind of traits you are most inclined to have and to learn how or where you fit into those categories. Going through this process might help to open doors that would otherwise remain closed and prompt you to change your mind about some things you had not yet even considered. For example, if you believe your right knee hurts only because you’re getting older, you might wonder why the left knee doesn’t hurt—after all, it’s just as old as the right knee, isn’t it? Or you might actually consider posture therapy a viable option for what ails you, even though you’ve been a bookworm and inactive for much of your life. The possibilities, it turns out, may just be endless!

In the next section, you’ll read about some amazing transformations. It is our hope that they inspire and motivate you to change any negative beliefs you may be harboring, about not being able to heal or overcome your own pain or limitations, into a belief—a certainty—that you *can*. Because *of course* you can! *If we could do it, you can, too.*

¹⁹ This is also true of treatments that address physical and emotional trauma.

Part II

CATEE

“Correct your Posture. Relieve your Pain.”

—CATEE INGWERSEN, OWNER OF [THE POSTURE CLINIC](#)

I grew up in a family that was not very athletic. The focus in our family was more on school and cultural education, like learning to play the piano or violin. Although I participated in physical education in school, skied on weekends in the winter, and swam in a nearby lake for enjoyment in the summer, team sports that required almost daily athleticism were not a part of my life. No one in our family sat around, however. There was always work to do: vegetable gardening in the summer, leaf-raking in the fall, and snow shoveling in the winter.

In my youth I didn't have many injuries, and none that were severe. I broke my foot horsing around with other kids, I got water on the knee from a bad fall skiing down an icy ski slope, and later I developed shin splints and had a bad ankle sprain. (At the time, I thought the shin splints and ankle sprain injuries were from taking too many aerobics classes and also teaching my own classes up to six days a week, but as a posture therapist, I now know that my body was out of alignment, which set me up for injury.)

After I graduated from college I took a job at Merrill Lynch, and like many in the corporate world, I spent most of my days sitting at a desk and working on a computer. But I wasn't totally inactive; I got involved with long-distance cycling and I spent nearly every weekend hunched over the handlebars of my sleek racing-style bike, climbing and descending the many hills in Connecticut, where I lived. When the company decided to relocate its offices to Florida, they provided a sweet offer to employees who were willing to move. On the first all-expenses-paid trip that employees made south to check it out, I remember thinking, “Wow, yes! I'm moving! This will be so great!” There was no snow, the weather was conducive to being outside a lot,

and I could ride my bike forever on the flat terrain. After I moved, I got involved in the MS150 fundraising rides for the National MS Society, which included organized long-distance training rides. It was an awesome organization to be involved with. The training rides and the actual events were (still are) consistently well organized, providing riders with food and drink to fuel themselves, as well as mechanical and medical assistance along the way. I met my future husband on a training ride for one of these events. Cycling had been a big part of our lives before we met and married, and we continued riding together for many years. Each ride was a great experience. We'd cover fifty to 100 miles in the training rides and anywhere from seventy-five to ninety miles each day of a two-day event, and we had a lot of fun riding together.

My husband had the opportunity to take early retirement, and he decided that he wanted to go to massage school. The idea of doing that sounded really appealing to me. I had been working a lot, enjoying my corporate job and role, but I yearned to have a greater impact on people's lives. I felt the need to work in a more personal setting and be more directly instrumental in helping people. As much as I loved my job and the company I worked for, the corporate environment was not set up for this, and I thought attending massage school might be an opportunity to learn a new skill that could lead to a career that would be more fulfilling. So I quit my job, and we attended the Florida School of Massage together. We followed that with advanced training in various other modalities, and then we opened our own practice. During this time we also continued to cycle, riding for fun and to earn money for charities.

About eight years into my massage career, I started having shoulder, elbow, and arm pain, mostly on my right side. I had developed a large practice and was doing a lot of massage, and although I managed to continue working despite the discomfort and pain, I was becoming quite worried. I pursued different treatments, including massage therapy, physical therapy, hand therapy, acupuncture, and chiropractic, but nothing seemed to offer a lasting solution. It had come to the point where I thought I was going to have to change careers, but I really didn't want to because I was having fun and was successfully developing my business. Other than the nagging pain, things had been going very well. I thought how disappointing it would be to have to

shift gears, and I wondered what I could possibly do that I might enjoy as much as my massage practice.

One day I had a new client scheduled, who had been referred to me by another client. We were chatting before her massage, and she told me that a number of years before, she had had a repetitive-use type of injury—sort of like carpal tunnel syndrome—and it got to the point where she could no longer even hold a piece of paper in her fingers because of the pain and numbness in her hands and arms. She had to take a leave of absence from her job as an English teacher, and she went to the Mayo Clinic and other places for evaluation and treatment. No one was able to come up with a satisfactory diagnosis and treatment plan, but eventually someone at one of the clinics suggested that she seek out an Egoscue posture therapist. She did, and she had sessions and did her daily exercises for several weeks. A few months later, she woke up in the morning feeling like she had died and gone to heaven because she had no numbness in her arms at all. She realized immediately that it was because of all the progress she was making with the exercises. It became clear to her that it really was her posture that was causing compression of the nerves in her arms and neck.

Hearing this a light bulb came on for me, and a connection was made. I wrote down “Egoscue,” and as soon as I was done with her massage, I went online, found an Egoscue therapist not too far from where I lived, and made an appointment with him. He took photos on my first visit, and when I saw them, I really didn’t like the way I looked. My body was leaning so far forward that I looked like the figurehead on the bow of a ship. I had no idea I looked like that until I saw those photos. But of course, it made sense when I thought about it because when you’re bent over a desk working on a computer, leaned over a massage table working on clients, and hunched over bicycle handlebars on long rides, your body is going to be prone to leaning forward.

Then the therapist asked me to walk across the room, which I did. He asked, “What do you notice?” I thought, “Well, this is definitely a trick question,” because I hadn’t noticed anything. I said, “I don’t know. Obviously, there’s something to notice because you asked. But I can’t tell you what it is.” And he said, “You have no arm swing. You’re walking, your

legs are moving, but your arms are not swinging.” Once he pointed that out I was sort of incredulous, and I said, “Yeah, you’re right. But I didn’t notice it, and I didn’t know that my arms *should* swing.” I also didn’t know that not having the arms swing while walking was not a good thing.

It turned out that my shoulders were out of position. They were rounded from all the habitual patterns developed over many years, and my muscles had sort of memorized that position. This actually prevented my arms from swinging. Put another way, having rounded shoulders stopped an important function at my shoulder joints. So when I was doing massage, everything was rotated internally. My very rounded shoulders kept my upper arms, elbows, forearms, wrists, hands, and even my fingers from fully functioning. As I found out later, it’s all very much connected, and so everything downstream (in my back, hips, and legs) was suffering, too.

The therapist gave me several exercises that were primarily designed to get my shoulders to do what they were designed to do. After about twenty minutes, he asked me to stand up and walk across the room. I did and was surprised to find that my arms were swinging, without any conscious effort on my part to make them swing. In that short time, those simple exercises had repositioned my shoulders in such a way that the bones and joints were back to where they should be, and this allowed my arms to swing naturally. I felt better. I felt amazing, actually.

I signed up for subsequent sessions because my shoulders were not the only issue. I had spent years in this hunched or leaning forward position, and that had produced a certain pelvic position in me. I had a very flat rear end and a chiseled-under pelvis, which is not a good thing to have. It’s good to be able to *put* your pelvis into that position, but mine had pretty much memorized that position, the kind of C-shape you see in many long-distance racing cyclists where the pelvis is tucked, the low back flat, and the upper back and shoulders flexed and rounded. So we worked on all that and some other stuff that I had not known were issues. It was very enlightening, and I always felt better after a session and after doing the exercises every day at home.

Florida School of Massage had such a fine program that they attracted students from all over the world. I had learned a ton of anatomy, physiology,

and kinesiology. After my husband and I graduated, we stayed on for another six months for a very intense sports massage program, which was like getting a double dose of all of the stuff we'd already learned. I had followed that with further education in other modalities, and I developed really fine palpation skills. I felt like my education was very comprehensive. But nowhere in my training did they talk about or teach me what I was learning in my experience as a posture therapy client. My posture was continuing to improve, and I was able to resume working my normal schedule *without pain*.

In the corporate world I had been a manager, and there were very demanding requirements that I had to meet. I was analytical, organized, and detail-oriented, and I was required to produce certain results based on certain objectives. In fact, I would get paid according to what I did and the results I got. So when I came into the field of massage, it was challenging to work really hard to get results—massage a client's neck, shoulders, or back to release tension and undo the knots in the muscles, help them feel better—only to have the client come back in a week or a month with the same issues. It isn't uncommon for massage therapy clients to come in for the same problems over and over again, and for some clients, this is fine; they're happy to feel better. But for me, being so results-oriented, I felt like I was not getting the best results.

After my experience as a posture therapy client, improving my own posture and being able to go back to work and be pain-free, I started to understand why a lot of my massage clients were coming in again and again with the same problems. It didn't matter what their issues were. It started to make sense to me that the problem wasn't really *where* they were hurting; it was their posture. I started to look at joint positions and shoulder positions, and I thought, "Wow, it's their posture! The muscles have become imbalanced and pulled their joints out of position, rounded their shoulders, and rotated their pelvis."

I got excited because I like to empower people to help themselves, and I knew that I had an opportunity to help people become more independent. I appreciated the Egoscue Method because it provided me with a better understanding of what was going on with my own body, and it gave me the

tools I needed to fix myself. Once I knew which exercises were the most helpful for me if I got into trouble, I didn't have to go back and pay somebody to get a massage or a chiropractic adjustment; I could just fix myself by doing the appropriate exercises. I really liked that.

I decided to go through the PAS certification training at the Egoscue Institute. It was phenomenal, like learning a different language. Much of what I learned was new to me; I hadn't learned it in massage school. I had not learned about elevated or rounded shoulder(s), pelvic position and disparities, rotation in the hips or torso, knees that point in one direction and feet that turn out in the other, and how all that affects a person's posture, their joint position and muscular function, and their ability to move properly. It turns out that what I learned in massage school was very parts-specific. I learned a lot about muscles and how to go in and work on the ones that are tight or hurting. But the client is lying down on the table, not moving. And what I now understood was that when they got up, they still had these *posture* issues, like elevated or rounded shoulders, **kyphosis** and a forward head, knock-knees (internally rotated femurs), or a pelvis that was rotated and/or tucked under like mine had been. It occurred to me that I hadn't actually learned anything about the body's *anatomical blueprint design*,^{[20](#)} and of course, I never learned how to correct a body that wasn't properly aligned. And I certainly didn't know how to change someone's *muscle memory*.^{[21](#)} I learned how to rub tension out of muscles—which is valuable and good, just as putting an acupuncture needle into a specific meridian or having a chiropractic adjustment can be greatly beneficial—but none of these will change the person's muscle memory. And so, if a muscle has been dysfunctional, *none of these treatments will teach it to be functional again*.

I realized that posture therapy works so well because it teaches each person how to change their own muscle memory by performing certain exercises that engage the muscles properly, so they move the joints as they are meant to be moved, eventually repositioning the body back toward its anatomical blueprint design. By repeating these exercises every day, a person can replace the old dysfunctional muscle memory with new, functional muscle memory. It became clear to me that *only the owner of the muscles can change the muscles' memory*. Even though a posture therapist can help identify what needs to be done to change their position, they can't change the

person's muscle memory. A client has to do the exercises themselves and thereby change their muscles' memory and bring their body back toward its original anatomical blueprint design.

I still have my massage practice with clients who enjoy a good massage; it works for some people—that's all they're looking for and need. But for other people who are out of alignment and in pain and maybe having lots of physical problems so that their lives are becoming more and more limited, posture therapy is an amazing modality that can help them bring their body back into alignment. Very few people talk about the important, larger picture of human anatomy—and it certainly wasn't explained to me—which is that *our muscles are holding our skeleton in its position*. This simple fact is not promoted in our culture by the traditional or the alternative medical establishment. Think about how we went through school carrying backpacks loaded with heavy books, and how now, these days, students are slouching in chairs looking at their laptops or phones for hours on end (not to mention so few are active enough anymore). Not many teach about the pain and discomfort, limited range of motion, and other health issues that all of these things are causing students. A heavy book bag slung over one shoulder pulls the spine forward, rounding the weighted shoulder and restricting that arm from swinging naturally. The impact of this is much more profound and long-lasting than people imagine (and most don't imagine its effects at all).

Like me, a lot of people don't even know their arms should swing when they walk—and not just one arm, but both arms! And it's not something that we can purposely do; it comes naturally when our bodies are aligned and working right. In fact, it's kind of funny when I talk to new clients and let them know about these issues. They'll say things like, "Oh, you mean my pelvis is supposed to be tilted like this?" (as they push out their buttocks or tuck it under), or "Okay, well, now that I know my arms should swing, I'll just swing them." But that's not the point at all. You can't change your pelvic position and hold it or swing your arms voluntarily 24/7. You have to re-educate your muscles to work correctly so your body is in better alignment, and then it will move correctly because, as Pete Egoscue likes to remind us, *bones do what muscles tell them to do*. When the muscles function correctly, the joints move as they're designed to move, and the body stays in its optimal position whether standing, sitting, lying down, or in motion.

Our culture, like many others, has this very deep belief system that says if your body develops certain physical characteristics—like bunions, stiff ankles, arthritic knees or hips that cause limping, or kyphosis and rounded shoulders and forward head posture—then those characteristics are genetic or due to old age, and they are permanent or can only be fixed with surgery. We have this particular way of looking at things that causes us to look for solutions only within this narrow paradigm. So people think joints cannot change position unless they have a joint replacement or fusion or some other form of physical intervention.²² They believe these problems are a life sentence, something they are going to have to live with for the rest of their lives, so they may as well just sit on the couch with the remote control, you know?

But it's just not true! It is quite possible to get your muscles to do something different to change your body's position, but you have to do it with the right stimulus. This is what posture therapy offers and excels at: the right stimulus. And it doesn't require putting on jogging shoes and partaking in strenuous exercise and movement that causes you to break a sweat. It doesn't require a sophisticated diagnostic machine, and no one even has to move your body—you do it all yourself, and it can be as gentle as lying on the floor with your knees up on a block for long enough to let gravity do its thing and realign your spine. Of course, doing *only* that and nothing else won't *keep* your body aligned, but the point is that the body can be realigned without being manually manipulated by someone else or surgically altered. You are not doomed by genetics or old age to be in pain, infirm, and immobile. There are hundreds of posture exercises that can help you realign your joints and maintain that better alignment. You are actually the only one who can fix your posture by doing specific exercises that help change your muscle memory. I'll share a good case in point here that clearly demonstrates this fact.

During my training I had to have a case study. One of my massage clients suggested that I get in touch with a woman she was sure would benefit from posture therapy. So I called, and the woman (who had scoliosis) agreed to be my case study. It requires quite a commitment to follow the program, and we met once a week for several months.

One of the things I learned in my training is that many people who have scoliosis have not gone through the normal developmental stages in childhood—something is missed.²³ In this woman's case, she was born with hip dysplasia in one hip, so that one hip socket was shallow, more saucer-shaped than cup-shaped. The solution was to put her in leg braces for nearly a year. When she was taken out of them, she was put into therapy to learn how to walk, so she pretty much skipped the creeping and crawling stages that are vital to a child's development, and missing one or more stage can have an impact on our movement and posture (and other things, we are finding out) throughout our lives. Posture therapy can include exercises that are really beneficial for folks who missed the crawling and other stages because they mimic those childhood development patterns of movement. *The neuromuscular system never gets old or stops learning.*

Because she was a very dedicated and compliant client, in only four or five sessions, the change in her posture was remarkable. All I did was provide her with the right stimulus for her particular posture deviations. She did the rest by doing her exercises every day, and it changed her muscle memory. There isn't a day that goes by that she doesn't do her exercises, including lying in the tower a few times a week, and she looks amazing.

"Finding Posture Alignment Therapy—and Catee Ingwersen—is one of the best things that has ever happened to me. When I was fifteen years old, I was told I had a curvature of the spine (scoliosis) but that it was mild and should not affect me. But when I reached my mid-fifties, I started having trouble getting into some shorts, pants, and skirts, as if I'd gained twenty pounds. But I hadn't gained any weight. Once I saw Catee, she told me it was from scoliosis, which had twisted my spine and was forcing my stomach out. Also, my upper back had started to look deformed and ugly, which upset me very much, but I thought it was irreversible. After about a month of doing Catee's first menu of exercises, my husband said he could see a change in my back, and I started seeing it, too. After a few more weeks, I was able to start wearing those clothes again. I couldn't believe the change. It was so wonderful to see my back straightening, and my friends started commenting on my good posture. Catee is the best therapist I can imagine. She's extremely knowledgeable and shares her knowledge freely. She's very patient, and she really cares."—MC

At the time of writing this book, this client says:

“Nine years later, I’m still happily doing my Egoscue menus on a regular basis. My back is still straight; people continue to compliment my posture; I can still wear the cute shorts I thought I’d grown out of; and I’m eternally grateful that I found Egoscue and a fantastic trainer.”

Earlier, I mentioned that people believe they can’t change their position due to old age. As a result of this belief, many people undergo joint replacement surgery or other medical procedures. I’m not suggesting these are bad; sometimes they are absolutely necessary and very helpful. But far too often, they are not necessary, and a patient would be much better served if he or she pursued posture therapy. Even if a person decides to have surgery, they can benefit from posture therapy prior to their surgery (when they may discover they don’t really need surgery), and certainly, they can benefit afterward. Because the site of pain is rarely the source of the pain, meaning that whatever caused their joint to become misaligned and degenerate is not likely to have been fixed by the joint replacement surgery. As it turns out for me, surgery was necessary, even after doing posture therapy for a number of years, and I’ll explain why.

As I said, before doing posture therapy, my spine was very much C-shaped from all the sitting I did at a desk, and from the position I took for hours on a bicycle. I had also been taught that a young woman should pull in her stomach and tuck her pelvis to create a more chiseled-looking rear end. I had no clue that I was promoting an unhealthy pelvic and hip position by doing any of this, and that my muscles were memorizing that position. However, during my time as an Egoscue client and therapist, I changed my pelvic position and reestablished the proper lumbar curve in my back, and so I was pain-free and had no issues with my hips for years. In fact, prior to the changes to my posture from the exercises, my height was five feet, four inches, and afterward, my height was (and still is) five feet, five inches.

But then I started helping a family member with medical treatment that required us to drive for several hours to a clinic on the other side of the state. So in about sixty consecutive weeks (excluding Christmas and New Year’s), we made sixty trips across Florida and back, which meant I was sitting in a car for long periods of time. Also, during the treatment, I sat with this person

so that I was available if my help was needed. And when I was home on the weekends, I continued to work ten hours a day giving massages, leaning over my clients, as usual.

My right hip started getting tighter and tighter, and I even started having trouble getting out of the car. It got to where I'd get out and then have to wait until it "unlocked" before I could stand up straight. But due to the circumstances, I put my own therapy on the back burner—I rarely, if ever, did my exercises. Then, when all the driving stopped and things started to get a little more normal, I resumed doing them every day. I experienced some improvement, but I had lost a lot of function in my right hip—my right leg would no longer rotate internally at all—and I wasn't regaining much despite my diligence. Because I had some low back pain, sacroiliac (SI) joint pain, and sciatic nerve pain (and did not have the typical hip and groin pain), it wasn't on my radar that my hip joint might have degenerated. Nor did I consider that I could be a candidate for a hip replacement.

Finally, I got an X-ray, and it was obvious that my right hip was severely degenerated. There was no space around the ball and socket, and the ball itself wasn't really a ball; it was more egg-shaped with many bone spurs. These were what prevented my right leg from internally rotating. Ideally, the pelvis should be able to move over the top of the femur (upper leg bone), and the head of the femur should be able to rotate in the hip socket. My left hip was fine, but sitting in a car with my right leg extended during long hours of driving and doing nothing to keep myself aligned or moving well for that entire year changed the anatomy of my hip joint. Sitting like that essentially shoved my leg deep into the socket, grinding away at the bone and cartilage of the head of the femur and the **acetabulum** (hip socket). My hip got tighter, bone spurs developed in some places, and bone and cartilage wore away in others. The joint became restricted and the femur shortened by one centimeter, which made my pelvis unlevel. This messed up my SI joint and lumbar spine, and I developed some nerve impingement, so my foot became mildly numb. And lastly, my knee became more valgus (knock-kneed), and that ankle started pronating (collapsing in). It became pretty clear that I needed surgery.

After consulting with a surgeon and being assured that he could restore

my leg to its proper length and keep my legs symmetrical—the degeneration had shortened my right leg considerably—I had the surgery. I had an elite surgeon who performed an anterior incision, which avoids cutting through any muscles, removed the degenerated section of bone, inserted the prosthesis, scraped out the acetabulum, and screwed in a new socket cup, completing the entire procedure in under ninety minutes. I was up and moving within a few hours, met with a physical therapist just to see if I could walk and get around with the walker, and then I went home. I ditched the walker within twenty-four hours and only used the cane for another few days.

Doing posture therapy exercises before and after surgery can benefit anyone who undergoes surgery (of any kind), and it really helped me. I can honestly say I had no pain after the surgery, only a little discomfort from the bruising and swelling. My recovery was remarkable, which I attribute partially to an extremely skilled and innovative surgeon capable of restoring hip symmetry as safely as possible. But I think I was set up for success because I worked closely with another experienced posture therapist from the POSTURE ALLIANCE group for two months prior to the surgery and several months after the surgery, *and* I religiously had done posture exercises for nine out of the previous ten years. Among other issues that are completely resolved from doing my exercises, my gait is restored to normal. I had developed a *Trendelenburg* gait pattern because the primary musculature involved in hip abduction during gait is the gluteal (buttocks) muscles, and these were weakened on my right side, causing the left hip to droop as I walked. But within three short months, I had no signs of a limp.

If there is one thing I want people to know, it's that there is nothing wrong with them. When I talk to new clients, I tell them that it's just time for their muscles and joints to relearn some things, to help return their body to its anatomical blueprint design. My business motto says this very succinctly, and I love to teach people how they can do this: “*Correct your Posture. Relieve your Pain.*”

²⁰ Our blueprint design, aka functional design posture, has us standing upright with our eight load-bearing joints—ankles, knees, hips, and shoulders—in vertical and horizontal alignment.

- [21](#) Muscles essentially learn by use. Therefore, if a muscle is being used incorrectly because it is dysfunctional or is compensating for another muscle that is dysfunctional, that muscle is learning improper movement patterns which become its muscle memory. Muscle memory determines the position of our joints—creates our posture—whether we are sitting, standing, or moving. Egoscue succinctly describes this in three words: “Form follows function.”
- [22](#) Of course, surgery or other forms of medical intervention and therapy are sometimes necessary, as I will describe later.
- [23](#) See also Courtney’s story.

MICHAEL

“Thank you. Thank you. Thank you, God.”

—MICHAEL SMITH, CLIENT OF CATEE INGWERSEN

I used to be a serious runner, a national competitive miler back in the day. I started running in my youth, and I ran for decades, so I now have over 200,000 running miles on my body. But something happened to me that stopped me in my tracks. There was a period of time when I couldn't do much at all, and it scared the daylights out of me. I'm seventy-nine now, and I no longer run, but I'm a serious walker. I walked sixteen miles yesterday in meditative silence to honor Justice Ruth Bader Ginsburg, who died last Friday.

My father was half Blackfoot Indian and had been adopted into the Smith family in Edgerton, Wisconsin. My mother was Polish and lived in Milwaukee when they met. My father was an incredible person—he ended up getting an engineering degree and became a pilot. Before World War II, he worked as a civilian flight instructor for what was then the Army Air Corps. After the war started, he was teaching young men how to fly, but he was a conscientious objector, and he decided he was done watching them ship off to war to die. He moved our whole family (I had a brother and two sisters) to Haiti and got a job as an engineer and pilot for the largest sisal plantation in the Western hemisphere.²⁴ School was year-round, and my mother (who walked a good long distance to the market several times a week) and two Haitian women were my teachers. We had class in the morning, and in the afternoon, we kids did what we did. What I did, because I was a loner, was run from village to village. That's when I became a runner.

In 1956, at the start of the rise of the regime of Haiti's dictator, François Duvalier (aka “Papa Doc”), we moved back to America. I went to Jesuit High School in New Orleans and ran track. I was good, running close to a four-

minute mile.²⁵ I didn't run so much because I enjoyed it but because I needed something to do, and running was just what I did ever since I'd started running as a youngster in Haiti. I continued to run all through college (I have four college degrees and a postdoc degree), through a long career in clinical cognitive neuropsychology, and even after retiring here in Florida.

One day I was running across a bridge that goes between the mainland and the ocean in Vero Beach, where I live. I had run across it many times before without incident. But on that day, at this one particular drop-off, I felt something in my back, a sharp pain like I had been shot, and it literally stopped me in my tracks. I kind of held my position for a few moments, and then I gingerly tried to move. I could, so I made my way home, and everything seemed to be fine.

But when I woke up the next morning, I couldn't move. I ended up going to a bunch of doctors, including orthopedists and neurosurgeons, trying to find out what was wrong with my back and desperately wanting to get it fixed. As a runner, I had had plenty of physical therapy in the past and never thought much of it. But one of the doctors prescribed physical therapy, and so I went three times a week for about six months. I know a lot about the human body, but I couldn't understand how the twelve or so exercises they gave me were pieced together. I'd ask, "How do all these things link up so that I can get some more motion going in my body?" I never got a good answer, and when my insurance wouldn't cover the sessions anymore, I stopped going to therapy.

Of course, I kept talking to the doctors, going on and on about my back and trying to get it fixed. Finally, one of the doctors—he's really an incredible physician, but he must have figured I'd complained enough—said to me, "Michael, shut up. Just shut up and listen to me. Surgery is not going to work for you because any surgery we do, you're going to have to be hanging yourself up for a couple of months to heal, and you can't be running or walking or doing much of anything at all. For you to do that would be detrimental." He said, "Don't ever think about running again. Just give it up. Become a walker. You're too damn old to be running anyway. So just walk, and when you die, we'll come to your funeral." I appreciated his sense of humor and thought, "Okay, that's good advice." So that's when I stopped

running and started walking.

By the time I discovered posture therapy, I hadn't run in quite a few years. I was just walking, but even walking was hurting me, and I was freaking out because I didn't know what to do. I couldn't stop, really, because I have to do something or I'll go crazy. On my walks, I would often pass by this place about half a mile from my home. It's called The Posture Clinic, and on the front window, it says "Posture Alignment" and "Egoscue Certified." And being a retired psychologist, I'd think about *ego* and *skew*, and I'd wonder, "Yeah, what's that all about?" So I developed a healthy curiosity about it.

One day I was telling a friend that I was trying to get myself into some kind of regular physical routine to help, and I said I didn't want something that was just a substitute for running, but something better than that. My friend said, "You should walk into that clinic. Just go through the door!" That's what he said, and I heard him, but it took me three months after that conversation to actually go inside. When I finally did, there was Catee. Meeting her changed my life.

During my first appointment with her, she did a thorough diagnostic analysis of my posture, taking several photos and a video of me walking. When she showed them to me and explained what she saw, I found out that I was a pretty sloppy person when it came to my form. I could see for myself what she was saying. I was off-balance, tilting to the left, as though my left leg was shorter than my right leg. That was probably the first thing that got my attention because it elicited a memory of looking at my running shoes and noticing that the left heel of my left shoe always wore out before anything else on the right shoe. At the time, I didn't think a lot about that, but seeing the images and video and hearing Catee explain what was going on—it all made sense to me then.

So I'd been doing all this walking without any help at all on my form or function, and it wasn't until I was desperate for help—I call it *the gift of desperation*—that I finally met Catee and got the help I needed. Later, when I read Pete's book, *Pain-Free*, I saw that he talks about desperation. I think desperation is good because it can drive you to finally seek help. I'd been pretty desperate before, but then I found AA, and that led me to God. Having

been educated by the Jesuits in New Orleans, I could never make much sense of that. But AA helped me make God a part of my life, and I've discovered that there are three gods. The first god is the Gift Of Desperation. The second god is a Group Of Drunks, and the third is Good Orderly Direction. Following these three, I've been sober for twenty-four years. I don't miss drinking or taking drugs, and now I am a sponsor in AA, helping others, and I also answer calls to the Suicide Prevention hotline.

The gift of desperation brought me to Catee, and the good orderly direction of the Egoscue Method is what keeps me committed to doing my posture therapy exercises every morning. At first, I could hardly do some of the exercises she gave me—for example, I couldn't even stand against a wall to do Standing Windmill—but now I can, and I love that exercise. I actually love all of them, no matter how hard they might seem at first. And I can walk every day without pain, and often into the double digits in how many miles I cover. For me, walking and doing the exercises is very meditative and spiritual, and as a consequence, I now have a relationship with my body. In fact, I have discovered that I am not separate from my body, and I've taken to heart something philosopher and author Alan Watts once said:

“We could say that meditation doesn't have a reason or doesn't have a purpose. In this respect, it's unlike almost all other things we do except perhaps making music and dancing. When we make music, we don't do it in order to reach a certain point, such as the end of the composition. If that were the purpose of music, then obviously, the fastest players would be the best. Also, when we are dancing, we are not aiming to arrive at a particular place on the floor as in a journey. When we dance, the journey itself is the point, as when we play music, the playing itself is the point. And exactly the same thing is true in meditation. Meditation is the discovery that the point of life is always arrived at in the immediate moment.”

I also think about the Buddha's Four Noble Truths. The first Noble Truth is the truth of suffering; the second is the truth of the cause of suffering; the third is the truth of the end of suffering; and the fourth is the truth of the path leading to the end of suffering.

You could say that's the Egoscue Method path for the suffering of the body. I was in pain, I found out that the cause of my pain was my body's

misalignment, I discovered that there are simple and effective exercises I can do every day, and doing them keeps me pain-free. I am so grateful that after each of my three sets of whatever exercise I happen to be doing, I say, *“Thank you. Thank you. Thank you, God.”*

²⁴ Plantation Dauphin in Haiti grew sisal and manufactured the hard fiber products from its leaves. Sisal was one of the most critical materials used during World War II.

²⁵ My younger brother, Jerry Smith, was a good athlete, too. In the early 1970s he was a collegiate gymnast, ranked as a national champion in the side-horse event. My father was also a talented athlete and gifted tennis player.

MATT

***“You weren’t just born to run,
you were born to run pain-free!”***

—MATT WHITEHEAD, OWNER OF [OREGON EXERCISE THERAPY](#)

I was born in McCall, Idaho, and grew up in Council and Boise. We lived on a farm until I was five years old, and my sister and I would play in and around the creek that ran through the property, exploring the hillsides and pastures with a couple of neighbor kids. I remember going out into the field with one of the boys to tease the cows until they chased us. We’d run as fast as we could, jump a fence, race into the barn, climb high up on the hay bales, and then jump out a window. It was pretty high—I think it was a ten-foot drop to the ground—but we never got hurt. I have great memories of that time in my life.

My mom hadn’t been very athletic when she was young, and it was only in adulthood that she took up hiking, biking, alpine and Nordic skiing. And then, after she had us kids, she started running. She was a teacher and would ride her bike to school every day, except in the winter—then she and my dad would ski to work. They also both participated in the annual 30k run around Payette Lake. My mom ran every day, and when I was little, I’d ride my bike alongside her, but as I got older, I started running with her.

Running was my passion from a very early age—I won my first race as a two-year-old, but I refused to break the tape because my parents had taught me not to break things. But like most kids in the eighties, I was into soccer and basketball and wanted to be the next Michael Jordan. By middle school, both my coaches and I realized that I didn’t have the talent for that, but it was apparent that I could outrun all of the other kids up and down the court or field! I was fast and very competitive, and when we ran the mile in school, I would always beat the other kids. I started running cross-country and track as

soon as I could, in fifth grade. I wanted to be a sprinter like Carl Lewis or Leroy Burrell, but every year the coaches would talk me into doing longer distances. So in middle school, I ran 100 meters, then 200 meters, and then 400 meters, and all the relays. In high school, I was talked into running the 800 meters. I wasn't super-fast at that distance, but my times were decent enough to go to the Idaho state meets.

All through high school, I ran track and cross-country, and when I was applying to colleges, I looked for colleges where I could continue running. I'd gone to track camps at the University of Oregon, and U of O running phenomenon Steve Prefontaine was my hero. Also, my sister had gone there, and so I really wanted to go there. But the track coach looked at my times and said, "Yeah, you can be on the team. But you'll never be on the traveling team or the varsity team. You'll just be on the practice team where you'll do all the practices, and you'll do a couple of local meets, but that's it." I just wasn't fast enough. He sent me the summer training program, and it included workouts twice a day, seven days a week, basically a ton of mileage—insanely serious, crazy workouts—just way too much. I ran to have fun, not to kill myself! So then I looked into Gonzaga University and talked to the coach there. He was much more laid back and said, "We have a cross-country camp a week before school starts. Just show up then and be ready to run. You'll probably be on varsity."

Then he added, "Oh, and we have one full-ride scholarship that we split between the seven varsity runners, and you can be one of those who gets the money." Sweet! I knew I was never going to be an All American or something—I wasn't fast enough—but their program sounded perfect, much more my speed.

Running cross-country in college was great, but I soon started having injuries. It began in my freshman year with pain in my right knee and big toe, and then in my sophomore year, I developed really bad anterior compartment syndrome on my right lower leg.²⁶ As if that wasn't enough, in my junior year, I developed Achilles tendonitis on my right leg, too, and also a little bit on my left leg. For all these injuries, I went to the team trainers, doctors, and physical therapists. They would use ice and ultrasound, maybe massage the tissues, have me stretch my foot and leg, and give me anti-inflammatory

medication. The injury would feel better for a little while, but the next time I'd run on it, the pain would return. After a season was over, I'd lay off running, and the issues would pretty much go away, but each season they would start up again. By my junior year, the pain in my Achilles tendons prevented me from participating in the training runs. So I spent most of my time during the week aquajogging in the pool (which is completely miserable because it's so hot and humid as you're doing hours of intervals at close to max heart rate) and riding a bike to stay in shape. But running in the meets was a requirement to stay on varsity, so I would run in the weekend meets. I'd start the race and wouldn't have much pain, and then a mile in, I'd start getting pain, and with each additional mile, the pain would increase. I'd keep running, not knowing if I could finish the last mile or two. I was really hesitant to push off, especially my right foot, because it felt like an old rusty serrated knife was scraping across the tendons. I was afraid they were going to snap!

It was far from an ideal situation, and I got pretty frustrated. My frustration wasn't just due to being injured; it was also because I was getting all these treatments that obviously weren't really fixing the problem. In fact, there were times that their recommendations were scary. For example, when I had anterior compartment syndrome, they treated it with very limited success with ice and ultrasound. The doctors eventually said, "Well, you can have surgery to cut the sheath, connective tissue, and fascia to relieve the pressure." I said, "No, that makes no sense at all! All that tissue is all there for a reason!" It didn't make any sense to me, logically or rationally, to go in and just slice through tissue to relieve the pressure. On an intuitive level, I knew there was a reason why the pressure had built up there, and it wasn't because that area was too small!^{[27](#)}

The doctors, therapists, and even my coaches had suggested that maybe I was increasing my mileage too fast, running on hard surfaces too much, or running too many miles. They'd say I wasn't stretching enough or that I was wearing the wrong kind of shoes. None of it made sense to me because I was running seventy miles a week on *both* legs and although my left leg hurt, only my right leg was *really* killing me. I increased my mileage the same on both legs, I was wearing the same shoes on both feet, I stretched the same on both sides. What they were suggesting didn't make sense, and I felt like they had

no idea what they were talking about.

Looking back, I could recall some possible reasons for these injuries to be cropping up, but at the time I didn't know how to connect them to what was happening to my body. I had always known that my right foot turned out a little bit more than my left and my right knee turned in a little. My right foot would naturally want to turn out when I ran. I would try to correct it, but it would always end up turning out. Also, in my freshman year in high school, I was goofing around and tried to jump over a tall fence. I caught my toes on it and fell, landing on my right shoulder and separating it. This was at the start of school's cross-country season, and the doctor said, "Just wear a sling; it'll heal." And so I wore a sling while running cross-country, which prevented my right arm from swinging while my left arm swung freely. After my shoulder healed I took off the sling, but my right arm still wouldn't swing back and forth very well; it would instead come across the front of my body. I was always conscious of it and tried to focus on it and correct it, but it continued to be slightly off, and I could feel that it was throwing off my leg movement. Later in college I started to see that these injuries and my faulty body mechanics were part of the problem, on some level, creating these imbalances in my body that were now showing up. But even though I intuitively knew that my arm swing was wrong, and my foot position wasn't right, nobody else seemed to notice, care, or want to do anything about it.

In my junior year, I asked the coach if I could take two weeks off to try to heal more fully. He said, "If you take even a week off, you're off the varsity team." So I kept running—but instead of being the number one or two runner, I was number five or six. The team trainers kind of hinted that my body just couldn't handle the stress of running. They said, "You can't handle running; your body is just not built to run seventy miles a week." I began to internalize that, believing they were right—maybe I wasn't built for running even though it had always been the thing that brought me the most joy. Whether sprinting on a track, racing somebody down the street, running barefoot on the grass, running mountain trails, or running on a basketball court or soccer field—running is when I felt the most alive and had the biggest smile on my face. My family had been very active all my life, hiking, biking, camping, canoeing, fishing. When we went backpacking up to a mountain lake, I would take off as soon as camp was set up—running up to the top of the mountain

and back down just for the sheer joy it brought me. But that year in college, I wasn't getting better with all the therapy treatments and continued having all these problems, and so I decided that maybe the coaches and trainers were right, that my body just wasn't designed to run. So I quit running. For my entire senior year, I rode my mountain or road bike, worked out and lifted weights, and got into great shape. I had no pain or further injury, but I missed running.

Anatomy fascinated me, even when I was a kid. I used to look at the pictures in anatomy books and read about muscles and bones and exercise. We had a book geared toward kids that described what exercise did to the body, and it fascinated me. So when I was trying to figure out what to major in, I decided I wanted to do something in athletics, like exercise science or sports medicine. I chose exercise science but approaching graduation, I still didn't know what type of work I actually wanted to go into. I hadn't thought much about a job or a career until my classmates started announcing that they had been accepted into physical therapy school or were going to be an EMT or a firefighter. Some were headed off to medical school or nursing school, but I don't like blood and guts, so many of those things didn't appeal to me. And because the physical therapists I had worked with hadn't impressed me as knowing what was going on with me, I didn't want to become a physical therapist. I thought maybe I'd go to grad school and get a doctorate in exercise physiology—my favorite class—and then teach at the university level or work with athletes at the Olympic Training Center.

I decided to take a year off so I could figure out where I wanted to go to school, and then I would apply and try to get in. After I graduated, I moved to Portland, Oregon, and went to work as a personal trainer. Soon after I started there, I saw another trainer giving clients these weird exercises. When I asked him what he was doing, he said, "Egoscue," and showed me Pete Egoscue's first book, *The Egoscue Method of Health Through Motion*. I bought the book that day and immediately read it cover to cover because I just couldn't put it down. Everything in it clicked; it made perfect sense to me.

In exercise science we were taught anatomy, physiology, biomechanics, and about injuries and the pathology of injuries. But we weren't taught *why* injuries happen. We weren't educated about the connection between a

specific injury and the rest of the body. We'd watch people run on a treadmill and could see that one person's running form was good, their feet were pointed straight ahead, and their foot strike was perfect, arm swing and hip movements were good and symmetrical, and then we'd watch another person run and notice that one foot turned out and was excessively pronating and they might have Achilles tendon or knee pain or something. But instead of learning that they could do exercises to correct their posture—which would correct their gait and eliminate their pain—we were told, "That's just the way they run." When I read Pete's book, I thought, "This is what they didn't teach us in school!" It was the missing link—connecting the (misaligned) position of a person's body to the pain they were having. I could immediately see and identify issues in my own body and relate it to the pain and injuries I had. As I said earlier, I already knew that my right shoulder was down and forward and that my right arm swing was different, my right foot turned out, and my right knee turned in. When I looked in the mirror for the first time with all this in mind and then had some pictures taken, I could clearly see these things. I also saw that my hips weren't level and were rotated a little bit. I immediately knew that all of this was why I had been having all those injuries in college. *My body's misalignment was the reason I was in pain and couldn't run.* It was actually a very empowering realization.

I started doing the exercises described in that first book I'd read, and then I read Pete's next book, *Pain-Free*, and started playing with those exercises—sometimes looking at the stuff in the book and just making up stuff on my own, based on what I saw. Pretty soon, I could run five miles again, painfree. Then ten miles without any pain. I felt awesome. At the same time, as a personal trainer, I started incorporating what I was learning into my work with clients. People would walk in and say, "I moved a bunch of boxes this weekend, and I tweaked my lower back. It's killing me, and I don't know if I can work out today." I would say, "No problem!" and I'd pull out the *Pain-Free* book, take them through the exercises for back pain, and they would feel better walking out the door. And then somebody might come in and say, "I was throwing the baseball with my son this weekend, and my shoulder is really sore." And I'd say, "Perfect! We'll do the shoulder exercises from *Pain-Free*." I didn't know exactly *how* the exercises were working, but they were working with people right away, and I thought, "This stuff is amazing!"

I got really curious and started studying the book and the exercises, trying to figure out why Pete Egoscue gave certain exercises for certain issues. Like, why does he give somebody sitting knee pillow squeezes for back pain? I wanted to know what the connection was, and I tried to piece together what he was thinking and how these weird exercises were working in a much different way than any of the physical therapy or personal training approaches I'd been exposed to. I started learning intuitively, picking up how it worked, figuring it out more and more, and then I just started creating menus and customizing them for my personal training clients.

The trainer who had told me about Egoscue—his name is Martin McFarland—had gone to a talk about the Egoscue Method. It was given by the guy who owns ADAPT, Brian Cassidy.²⁸ Martin had attended the talk with another personal trainer named Chris Kussoff, who was so impressed and inspired that he moved to San Diego to go to work for Pete. Martin was communicating with Chris, telling him what somebody's posture looked like, and Chris would write a menu (a routine of exercises, or “e-cises,” as they were called). Soon I would also talk to Chris about my own symptoms and ask him to write me a menu or two. When Egoscue wanted to expand from having clinics only in San Diego and Florida, Chris became the head of Travel Therapy. He would fly around the country to work with clients in different cities, and soon Martin and I joined him, going to Seattle, Houston, and other places to see clients.

By this time, I had started studying the posture alignment specialist coursework and flying down to San Diego whenever I could. While there, I would go to classes five days a week—they became known as the “P3” (Posture, Pain, and Performance) classes—and then I'd hang out with the therapists in the clinic, shadowing them and just picking up stuff they were doing with clients. Anytime I was in San Diego, I was learning from the therapists, and back home, I would be studying and learning on my own. When I completed the PAS training, I was certified in Levels I and II, and eventually, I also added the Advanced Exercise Therapist (AET) certification.

In the meantime Martin and I were still working as personal trainers, and it got to the point where most of the clients we worked with were people who had suffered some kind of injury. Pretty much anyone who came into the club

with a recent or old injury would be sent to us to do posture therapy. I was selling packages of twenty-four “Personal Training” sessions that were all posture therapy. I had totally forgotten about going to grad school or doing anything else because I totally loved what I was doing. When we heard that Egoscue was going to start letting people open franchise clinics, Martin applied to open a clinic in Portland. When he asked if I wanted to join him, I said, “Absolutely, let’s go!” We opened Egoscue Portland in 2004.

Because I was able to run pain-free so soon after I started doing the exercises, I thought the whole program was amazing. Back then my mom was a marathon runner, and although I had resumed running with her—usually five miles and every once in a while, ten miles—I never thought I’d run a marathon. It just seemed too far. I was a sprinter at heart or middle-distance runner, maybe 800 meters. But my mom was in her sixties, still running marathons, and I thought, “She’s not going to run marathons forever. It’d be so cool to run a marathon with her.” We had always run together, that was our thing, and I got to thinking maybe I should run the Portland marathon with her. But in the back of my mind, I was still thinking, “There’s no way I could run twenty-six miles!” It just seemed nutty because the most I’d ever run in my life at that time was thirteen miles. But I just started training and building up my mileage every week. Pretty soon, I was running twenty miles, then twenty-two miles, and then I ran the marathon with my mom, and it wasn’t a big deal. I did another one with her the next year. (I eventually realized that I prefer trails to streets and can now run over forty-plus miles on trails just fine.)

I had always stretched before and after running or biking, and after I started doing posture therapy exercises, they became my routine—I’d do them in the morning or before or after other forms of exercise. But like most people, there were a few times when I slacked off doing a menu every day. I can remember a period when I was really busy working with clients and teaching for Egoscue University²⁹ with very little time off. During times like this, I would get lazy and do incomplete menus or no menu at all. The tower is essential for me, and if I don’t do it my hips start getting tighter and tighter. When this happens my back gets tight, and then my shoulders and eventually my neck get tight. Of course I can feel this happening, and this one time, as I felt my body getting tighter over time, I kept thinking, “I need to do the

tower!” But I didn’t make time to do that. Then, after a big snowstorm around Christmas time, I came home from work intending to lie in the tower, but not before shoveling the driveway of an accumulated foot of fresh, wet, heavy Oregon snow. I’d stopped at Home Depot on the way home and picked up a new shovel, and I got to work immediately, clearing our walk and driveway and the sidewalk all the way down to the neighbor’s. Because I like to do everything fast and intense, I shoveled fast, and I threw the snow ten or fifteen feet into our yard, where the kids were playing in the huge pile that had formed there. As fate would have it, as I flipped the last shovelful over my shoulder, I got lightning bolts of pain shooting down my back and both legs. It was the most insane pain I’d ever felt, and I screamed and then yelled to one of the kids, “Go get mom!” I couldn’t put any weight on one of my legs and could barely walk, so I used the snow shovel as a kind of crutch to get inside the house.

For two days, I could barely move. I couldn’t sit, stand, lie down, or sleep. Fortunately this happened on a Friday, and so I had the weekend to try to find exercises that I could do. At first, it was almost impossible—I couldn’t sit to do knee pillow squeezes, lie on my back or my stomach, or even get on my hands and knees. But slowly, I started being able to do some things that helped relieve the pain and I started to feel improvement. By Monday my back was recovered enough that I could actually walk around. I went to work and I could stand and act *almost* normally with clients. But I had to bend over really carefully because I’d get shooting nerve pain in my back and down my legs. I kept doing whatever exercises I could manage, and by Wednesday, I was ninety-five percent better. When I could do more exercises, I quickly got way better, but I still had residual nerve pain for about a month, little lightning bolts occasionally shooting out my back.

I didn’t want to go to the doctor to find out what was wrong. I had a friend who had done the same thing (back injury)—he was also a therapist—and he had an MRI. The doctor told him it was “the biggest disc herniation I’ve ever seen!” and told my friend, “You need surgery.” My friend freaked out, and it took him a really long time to get over that, which made it harder for him to get better.

So I wasn’t about to go to a doctor. I didn’t even want to know what I had

done to my back. I just knew my body could heal itself if I did the right stuff—all of which I already knew how to do. And so that’s what I did—Egoscue exercises and lying in the tower—and a month later, I was fully recovered. Unless someone asks if I’ve ever had back pain, I never think about my back injury or pain, and I have no limitations in anything I do.

That wasn’t the only instance of falling off the bandwagon, so to speak, but it was the worst, and I’ve never had an episode like that again. My body sends me all these intuitive signals, like, “Hey, yo! Pay attention! Your body’s getting out of whack, something’s going to happen.” And I’ve gotten much smarter about heeding those signals. I’m forty-one now, and I know that the more I move, the more exercise I get, the better I feel. So for example, just this past weekend, I rode my mountain bike for five hours on Saturday morning. Then I hiked to and swam in multiple mountain lakes and some rivers. Then I did a five-mile hike up a mountain and ran back down. I was equally active on Sunday—for something like twelve hours each day. All I had to do before the first adventure of each day was a four-minute menu that included Standing Arm Circles, Triangle, Runner’s Stretch, Standing Overhead Extension, and after that—and all that activity—I felt great. I’ve also been doing some really long runs with friends, twenty, thirty, and forty-plus miles. On August 8, 2020, some buddies and I ran the Teton Crest Trail³⁰ (forty-one miles); a month earlier, I ran Loowit Trail that circumambulates around Mt St Helens (thirty-four miles); and I ran multiple twenty-five to thirty-plus-mile runs on local trails in the first half of 2020. Last fall, I ran the Grand Canyon Rim 2 Rim run (forty-one miles—down into and across the canyon, up the other side, and then back down into, across and up to return to our starting point; and in the summer, I ran up and around Mount Hood which was—I think—the longest run I’ve done (fifty-one miles).

My work is very rewarding, and I’m really glad that I was introduced to the Egoscue Method when I was. After working with clients at Egoscue Portland and teaching for Egoscue University for nearly a decade, I decided to branch out on my own. I opened Oregon Exercise Therapy in Portland and chose as my business motto something that I really believe is true, “*You weren’t just born to run, you were born to run painfree!*” (Replace “run” with your own favorite activity.) Our society and culture don’t teach us this.

In fact, they pretty much teach the opposite. But I think that message—my business motto—is important for people to hear. Our bodies are designed to do anything and everything we want to do, whether it's play eighteen or thirty-six holes of golf, swim, bike, hike, climb, ski, or run fifty miles up and down a mountain trail. And the body is fully capable of doing all that without pain. It doesn't matter how old we are. People think that because they are old or have arthritis, have back pain or knee pain or whatever, that they can't do this or that. But the pain and limitations are not due to age or the specific activity. It is because their body is not working properly, the way it's designed to. In Egoscue lingo, we say, "It's not the *condition* of your body; it's the *position*." If a person gets their body aligned and working the way it's designed to, their pain can completely disappear. Limitations go away. People are able to get back to doing almost anything they want to do. People need to believe and have faith in their body's ability to heal. We evolved as hunter-gatherers, nomads moving all the time. The majority of people are simply not moving *enough* to maintain good health, and when they move, they're not moving correctly. When I work with clients to restore their alignment and function, teaching them the exercises that help their body to move correctly again, they can handle walking, running, lifting and carrying, throwing or dragging, sitting, standing, climbing, you know, almost anything they want to do.

I love my work and feel like I have one of the best jobs in the world. I see people at very low points—most of my clients have gone to multiple health care providers and tried all kinds of other types of treatment and therapies which have failed to help them. Some have had surgeries and/or wear braces or orthotics, and nearly all are limited in what they can do when they first come to my clinic. Given that, it's no surprise that many of them feel hopeless. It's my passion to educate people, to help them learn they can be pain-free, and watch them discover what it feels like to move correctly again. It's rewarding to witness their progress and see them returning to activities they love, no matter what the activities may be. I'm as grateful to be able to do this amazing work as my clients are to me for helping them experience the active, pain-free lives they were meant to live.

In addition to working with clients in chronic pain, I have also had the pleasure of working with many recreational, collegiate, and professional

athletes to help them recover from injuries, help prevent future injuries, and improve performance. Improved postural alignment helps injuries heal faster, reduces the chance of future injury, and improves performance in everyday life and sports. If an athlete's right foot is turned out slightly, it increases the likelihood of a foot, ankle, or knee injury but also decreases the power and efficiency of the entire right leg. Correcting the right foot alignment helps to protect that athlete from injuries like sprained ankles, meniscus tears, and ACL tears. In addition to preventing injuries, correcting the foot alignment improves vertical jump height, forty-yard dash speed, marathon times, and improves agility on the basketball or tennis court and the football or soccer field.

The benefits of improved postural alignment are invaluable and available to anyone who is willing to put in the work.

[26](#) Anterior compartment syndrome occurs when the big muscle on the outside front of the lower leg (the tibialis anterior) swells inside the sheath that surrounds it, causing pain and tissue damage.

[27](#) If rest, ice, and medications don't provide lasting relief for anterior compartment syndrome, the surgical solution is to cut the muscle sheath to relieve the pressure. Posture therapists recognize that this condition arises from muscle dysfunction and joint misalignments that can be corrected with appropriate exercises that restore proper muscle function.

[28](#) Brian Cassidy is a former NFL football player. He herniated a disc and since no NFL team would sign on a player after they'd herniated a disc, he couldn't play professionally anymore. He discovered Pete Egoscue and worked with him in San Diego for a while, learning about posture therapy and a type of training Pete developed called Patch Fitness. Brian returned to Oregon and started offering training that he called Function Dynamics, and then later called ADAPT.

[29](#) Now Egoscue Institute.

[30](#) Our run is described in *Trail Runner* magazine's article, Running the

Teton Crest Trail.

COURTNEY

“Change your posture, change your life.”

—COURTNEY VAN ETEN, OWNER OF [FUNCTIONAL FITNESS](#)

When I was born, my hips were not fully formed—I had hip dysplasia. My grandfather was a well-known pediatrician at the time (this was back in the 1970s), and he put me into braces right away. These kept my legs wide open for a year and a half, which meant that I wasn’t able to go through many of the normal stages of childhood development. Each stage of a child’s physical development builds on the previous ones, and they are all important to normal musculoskeletal and neuromuscular development, the evolution of a natural spinal curvature and proper pelvic position, and the ability to develop functional upright walking posture. Children who don’t go through these phases may not develop the strength and coordination necessary for play and physical activity and may become injured or have movement limitations, joint problems, or pain later in life. I was fortunate to avoid most of these potential issues. Although I feel like my childhood didn’t really start until I got out of the braces and I was able to start moving more freely, I was quite active as a child and have remained active throughout my life, and I never had any serious problems with my hips or my physical development.

Growing up I loved sports, and I played varsity in every sport in high school. In junior high school, I rolled my ankle while running track. Actually, I ended up with two back-to-back ankle sprains, which slowed me down for a short time, but not enough to keep me from continuing to be active and becoming a field hockey player in high school. In my senior year of high school I had deep pain in my abdomen, and the doctors thought I had appendicitis. They performed surgery and found that my large intestine had become twisted and detached from the abdominal wall. I had a pretty serious surgery—they went in and cut along the right side of my abdominal wall—

and I was hospitalized for a week. At the time I didn't think anything of it, just like I hadn't thought anything of the ankle sprains. But after I became a posture therapist I came to believe that I probably had rotation in my body from early in my childhood, which may have been part of why I ended up with ankle sprains and a twist in my large intestine. After the surgery, I developed scar tissue on the right side of my abdomen that likely contributed to other issues further down the road (that side of my abdomen has just never been the same, there's a weakness there, and my right hip still tends to want to elevate).

In high school I became interested in running, mostly for the emotional benefits it provided. I started running a lot and, fortunately, I didn't have any physical issues at all. I had always been interested in fitness and had also been drawn to nutrition, so I studied nutritional science in college and received my bachelor's degree in this field. After graduation, I didn't want to work in a clinical setting or with people who had already been sick. I liked the preventive aspects of health and fitness and preferred to work with people before they got sick, and so I decided to become a personal trainer. I was in my early twenties, and I'd also been wanting to get out of New Hampshire, where I'd lived all my life, so I moved to California because I had some friends living there.

After receiving all the necessary accreditations, I got a job working as a personal trainer at a club in downtown San Francisco. I loved working with people and helping them to become more fit. I associated being a good trainer with having a lot of clients, so I worked really hard, training up to twelve clients a day. Then I started developing low back pain that I attributed to being on concrete floors all day and to taking in a lot of clients so that I wasn't able to stretch as much as I needed to. But it got to the point where my low back would freeze up, and I couldn't "unlock" it. It became very painful and I started seeking help, seeing a physical therapist, a chiropractor, and a massage therapist, all of which helped somewhat, but only temporarily. When I noticed that my left shoulder was having problems, too, I started to feel a little overwhelmed, like I was just too young to have all these issues! At the same time, I started noticing that my clients might have an elevated shoulder and complain of pain—similar to what I was having—and I would refer them out to an orthopedic doctor who would then prescribe physical therapy.

They'd come back to me after doing a round of PT, but they weren't much better. I just wasn't seeing the results in them that I would have expected.

Around this time my back seized up, and I had to leave work. I went home in agony—I couldn't find any position that was comfortable. I spoke with a colleague who was a massage therapist, and she said, "I think you should look into Egoscue." I was like, "Egoscue? What's Egoscue?" Although my colleague had not experienced it herself, she said the Egoscue Method uses stretches and exercises to balance the body, and she thought I would be a good candidate to try it.

It turned out that there was actually (and there still is) an Egoscue Clinic in San Francisco. At that time—this was in 2004—it was owned and managed by David Starbuck Smith, author of the book *Ageless Painless Tennis*. And so I went there and had my first session with a therapist (not David, but another therapist who worked there). He took photos, showed me where my misalignments were, and did a thorough assessment. It was quite revealing to me. He gave me a menu of exercises that I did right then and there, and I left feeling better. The therapist instructed me to continue doing the menu every day and to return for a follow-up appointment.

I did the exercises for a while, and I got out of pain. But I had a trainer's ego and I thought, "Okay, I'm young, I'm good now," and I stopped doing those exercises. About six months later the pain returned, and I took myself back to the clinic. This time I met with David and I said, "I'm going to check my trainer's ego at the door. I'm here to learn; please help me."

Going through the therapy and staying diligent about doing the exercises completely eliminated my pain again. I learned that treating my symptoms wasn't stopping the problem and that posture therapy looks at and treats the body as a whole unit and does not just focus on where there is pain. This was eye-opening for me and a real game-changer. During one of my visits to the clinic, David said to me, "You should go down to Del Mar and take the training, and then come back and work here. You know a lot more than you think you do." I recall thinking that he was wrong, I felt like I had no clue what I was doing, but I was intrigued enough that I did go down to Del Mar, and I completed their PAS (Level I) training in 2005. That first part of the training was the tool that had been missing from my personal trainer's tool

belt. I didn't go to work for David but returned to my work as a trainer. I rarely had to refer clients out to orthopedics after that because I was able to help them a lot with what I had learned.

In 2006 I got married and my husband and I traveled a bit before settling in New Hampshire, where we both had family. My goal has always been to open a personal training studio that offers more personalized attention than clients usually get in a gym atmosphere. My experience with posture therapy had totally changed the way I looked at the fitness field and what I wanted to do with my career in it. I now had the idea that postural therapy was the foundation of personal training—of everything, really—and so I went back to Del Mar and got my PAS (Level II) training. In 2008, I opened my studio—Functional Fitness.

I love learning and consider myself a lifelong student of postural therapy. After I started my business I spent some time mentoring with a few other therapists, including Mike Kenny, a therapist who used to do travel clinics. The time that I spent with those therapists was helpful, and I learned from each of them, but after that, I felt a bit isolated. In the last several years, I've grown to really appreciate the community of therapists I've met on the POSTURE ALLIANCE forum. Being part of this group has allowed me to learn how other therapists work with clients, to exchange ideas, to participate in workshops and study groups, and to give and receive support. Through this group I also learned about PTX Therapy, and I was so impressed with their program that I became a PTX-licensed therapist.

There are several therapists in my area who practice in other modalities, such as massage, chiropractic, and acupuncture. I network with them because I think it's great to look at things from different angles and I feel like whatever a client wants to use is fine—as long as it works for them. I just like to remind people that pain is a signal; it's their body's way of saying, "Something's happening here that shouldn't be happening." And if they don't listen to it, it might start screaming at them. We need to listen to our pain and learn to interpret it. This is what posture therapists do—we try to interpret the pain signals and figure out what the body is trying to say, and we create customized routines to bring back the right kind of stimulus so that the body can heal itself. Once a client learns enough about their body's posture

deviations and tendencies and is familiar with the exercises that best help to realign their body, they know what they can do if they start to feel discomfort or pain. This might include getting a massage or going to an acupuncturist or other therapist sometimes, too—I still do if I feel I need it—but my ultimate goal is to remind the client that they’re in the driver’s seat. I tell them, “Listen, I love that you want to come and see me and that we’re going to work together, but my goal is to help you become as self-sufficient as possible. I want to help you get the changes you need that will allow you to be pain-free, move without limitations, and return to the activities you most enjoy doing.” Of course I encourage clients to check in with me, and I still consult with my own mentors and other therapists, but it’s just so great when clients can feel the difference in their body when they do one or two of these exercises and really come to understand that *they can do something to fix themselves*.

My husband and I have two children, and we have always tried to make sure that they do a lot of fun and functional activities. I love working with kids and am dismayed by what’s happening in our society with kids having to be inside for long periods of time from a young age, playing video games, and looking at their computers and phones for hours instead of being outside playing. I think it’s negatively affecting them. When my kids were really young, I enrolled them in the Blue Heron School, which is a nature-based Montessori school—very outdoor-oriented. My kids were outside for hours at a time. In fact, the school had a great tagline that said something like: “There’s no such thing as bad weather; there’s just bad clothing!” It was just play, play, play! They were up and down, climbing and dropping off of various obstacles, running barefoot across uneven surfaces, and doing all of the cool things that Katy Bowman also advocates through her Nutritious Movement program. We still try to do what she advises, and I continue to be very active myself. Of course it can be hard for me to find the time to do a full menu, and I still sometimes have aches and pains. But I have this great toolbox of exercises to choose from—and I have some go-to exercises that can really help to keep me going. I like Counter Stretch, Static Extension Position, and Static Back, which is my go-to chill exercise. I also really appreciate the posture exercises that Sonima Fitness provides online because they are quick, fun little workouts.

My work with clients is very rewarding; it really fills me. With my career, I am first and foremost a posture therapist (though I also continue to provide personal training). I tell my clients to think of posture therapy in the same way a contractor thinks about the foundation of a house—without which the builder couldn't even put up the walls. With that straighter, stronger foundation to support themselves, people are setting themselves up for better results in personal training or any other activity, whether it be athletics, recreational activities, or getting up and down off the floor to play with the grandkids.

I wake up in the morning excited to go to work because I really love what I do. At the time I was going through all of the back and shoulder pain I had, I would not have thought of it as a blessing, but that is what it turned out to be. My experience with pain helps me to understand and empathize with people who are in pain. My story of becoming pain-free helps them know that they, too, can benefit from this work. I hope sharing it here will help more people learn that by balancing their body and moving more functionally, they can live a pain-free life and get back to enjoying the things they like to do, just as my client, Ellen Vail, describes below:

“I met Courtney Van Etten in 2010, about eight months after I had a knee replacement at the young age of fifty-eight. I was recovering but found myself uncomfortable and in some pain when I would try to jog or walk fast. While engaged in a “boot camp” exercise class, the instructor suggested that I contact Courtney to see if she could assist in my recovery process.

*“I had my first evaluation from Courtney in September, where she introduced me to **Functional Freddie**. I saw immediately that my body was misaligned, and so we began Egoscue Postural Therapy. I was given a menu of exercises that I worked thru daily. We changed the menu as needed, and I began to see some progress and reduction of pain in my legs, hips, and shoulder.*

“I have now been working with Courtney’s Functional Fitness for ten years. I have learned which e-cises work for me and have also discovered that the e-cises that helped last month may not provide the same relief this week. I have learned to self-analyze and incorporate various exercises to eliminate pain or just minor discomforts. Courtney has helped me to become

more aware of my body, my posture, and the way the entire body functions as a unit. Through the last ten years, I have had two more knee surgeries, and each time Courtney has helped me prepare by ensuring my body is in its best postural position pre-surgery and providing guidance and menus post-surgery for a quicker recovery. Over the last five or six years, Courtney has become my personal trainer. I love to walk a few miles a day, and I love to play golf. By incorporating postural therapy into our workouts, I remain pain-free and can be assured I will not hurt myself while working out, walking, working in the yard, or playing golf. We have even been able to convince my husband Steve to apply postural therapy to his workouts. Both he and I agree this has helped our golf game and general well-being.

“As we age, many people suffer from various aches and pains due to accidents, strain, and sprains. We tend to rely on analgesics to relieve the pain. However, I have learned that incorporating a menu that addresses the body as a whole relieves these aches. Postural therapy works, and I believe I will be using the techniques I’ve learned for the rest of my life.”—EV

JANET

“Better Breathing for Better Health.”

—JANET WINTER, OWNER OF [BREATHING REMEDIES](#)

In 1999, I was diagnosed with Chronic Fatigue Syndrome (ME/CFS).³¹ That diagnosis set me on a path to restoring my health, which led me to become a certified Buteyko Breathing Method educator and also a certified posture alignment specialist (PAS II) through the Egoscue Institute.

I’m pretty sure the reason I got so sick was stress-related—it seems everything that makes us sick is stress-related, or at least related to our response to stress. I had been in health care/biomedical research for thirty years. For twenty of those years, I worked as a neuroscientist and cell biologist in drug discovery, directing a team of scientists looking for new painkillers for a major pharmaceutical company based in a London Institute. I authored or co-authored more than fifty journal articles and reviews on my research.³² Needless to say, my job was stressful.

About ten years prior to my diagnosis, I had gone through a traumatic bereavement, and that undoubtedly contributed to my stress. For quite some time before I got ill, I felt something wasn’t right. I had a persistent feeling of what I would call “impendingness” and was constantly on red alert (and no doubt hyperventilating). But I didn’t know what to do apart from pressing on until I hit a wall, had a complete health collapse, and could do no more. My capacities were being affected; by then, I would guess I was down to about ten percent of my physical and mental functional capacity. For me, the decrease in my ability to think straight was worse than the physical diminishment because I had never been a very active person. In fact, I was born with spina bifida.³³ I think as a result of that, my parents were pretty protective of me and would always write letters to school trying to excuse me from sports. So I had always been more cerebral than physical—my body

was just something to carry my brain between meetings!

So here I was, a mother, partner, and employee with massively reduced physical and mental output compared to my previous abilities. I felt like I was holding onto my job by my fingernails, worrying about whether or not I was going to lose it and, if I did, how we would feed the family. I had no social life—I'd come home from work, eat and sleep, and spend my entire weekend recovering from the previous week. I became a “fat-folder” patient, trying many different avenues of treatment, including cranial osteopathy, chiropractic, mercury amalgam filling removal, and more. I was lucky to have private insurance here in the UK, and I finally found a consultant who seemed to know at least partly what was going on. He diagnosed me with candidiasis and treated me for that with antifungal medications and a yeast- and sugar-free diet. This got me from about ten percent to about thirty percent of my previous capacities, and I continued to work for another five or six years. But I was not very functional, and that in itself is a huge stress for anyone because you feel guilty for not pulling your weight, and you wonder if or when you could lose your job.

But then the whole place closed down in 2005, and I took that opportunity to move out of London to the countryside. Since I suspected my symptoms were stress-related, I assumed they would ease when I left my job and moved, but they didn't. Apparently, I couldn't leave it all behind.

Looking back, I can clearly see my physical and emotional stresses accumulating from the on-going grief, work, and family stresses. And then, I developed a very bad respiratory infection and lingering cough that was not reduced by two different antibiotics. (Those drugs probably contributed to unbalancing my gut flora, resulting in the fungal overgrowth and candidiasis diagnosis.) In my search for answers and help, I discovered that there was a certified Buteyko breathing educator not far from where I lived, and I decided to try it. (Of course, Buteyko can be taught online, but back then, there were not as many instructors as there are now, and most consultations were done in person.) Everything she said made so much sense to me, and I realized that many of my symptoms could be related to my tendency to hyperventilate³⁴ and the subsequent lack of oxygen. It turns out that I was a prime candidate for developing it due to my stress and anxiety levels, as well as having had a

chronic cough.

One definition of stress is anything that makes you breathe more than you need for the activity you are doing. And I know now that stress can be emotional or physical and that breathing too much can actually deplete the body of oxygen. During the course of my work with this woman, I was instructed to write down all of my symptoms. Apart from anxiety, fatigue, and brain fog, major symptoms included tinnitus, migraines, and IBS. In fact, my list was as long as my arm! But over the weeks and months that I practiced this way of breathing, I started to see them all decreasing and was able to cross them off my list, one by one. Anxiety was alleviated quickly (sleep improved rapidly, too), but other symptoms took longer. It can take a while to normalize our breathing—it is not a quick fix—and this is why it's important to keep that record; otherwise, you forget how bad you were. Learning how to breathe properly helped reduce my anxiety and the tension in my body and also cleared the brain fog I'd been living with for years. It was a big piece of my health puzzle that I had been missing and one I had frankly never considered until I found this method.

However, while I was making good progress with the breathing exercises and crossing symptoms off my list, I found myself squirming in my chair every time I sat down to practice. I was supposed to sit in a chair for only ten minutes per session, several times a day. But I could not comfortably sit even for that short period of time because I was getting so much pain in my mid-back. Of course, pain can make you breathe more, but I think the location of the dysfunction, in a mid-thoracic rib, did sort of knock the air out of me. This was having quite an impact on my ability to get through the practice sessions and to continue to improve.

I had been doing yoga regularly for many years, but it wasn't helping with my back pain at all. And it didn't prevent me from getting frozen shoulders (not both at the same time, thank goodness). This should have sounded alarm bells, but I didn't pick up on the fact that something was amiss with my posture. I'd been doing Iyengar Yoga when my shoulders started to bother me so much that I would hurt for days after a class. I was advised by another instructor to avoid doing the poses that were hurting me (like downward dog) and to do gentler alternatives instead (like cats and dogs).

This instructor also advised me to read *Pain-Free* by Pete Egoscue, and she loaned me her copy of the book.

Some of my colleagues have admitted to doing this, too, so I'm not too embarrassed to say that I shoved the book onto a shelf, and there it sat for a couple of months. I hadn't even opened it. I couldn't imagine there would be anything different or useful to me in that book. But the woman who had loaned it to me had been doing the exercises (though too late to avoid two hip replacements), and eventually, I felt the need to return her book. But before I gave it back, I thought to myself, "I'll just have a look." I'm glad I did. The first exercise I did (or the first that I remember having felt miraculous) was Static Extension Position. Oh my goodness, my shoulders, the shoulder blades came together, and it just felt wonderful! I had rounded shoulders and forward head posture and was really headed for serious thoracic kyphosis, and that exercise just reached parts that nothing else had ever reached. So I was amazed by it and felt a good bit better.

Another thing that I had tried and that had helped me was the Alexander Technique, but I like the ethos of Egoscue better because they say, "Be your own chiropractor." I liked that I could do the exercises myself, like with the Buteyko Breathing Method, rather than having to depend on someone manipulating my body. I felt like Egoscue was good because you don't try to put yourself into a position; you just do the exercises, and you go into the right position without trying. I had tried changing my posture through force, sitting up straight, pushing out my chest, etc., but that doesn't work. Your body isn't capable of holding itself like that unless the muscles have been retrained. With these posture exercises, you're training your muscles to work properly—and of course, there is some effort involved in performing these exercises—and then they ultimately put your joints into the correct alignment, and it becomes almost effortless for the body to stay in alignment.

After becoming a certified posture alignment specialist, I felt that I had enough education and experience under my belt to start helping my sister. She had always been athletic and very active, but she had two horrible skiing accidents with big repercussions following three knee surgeries and many months on crutches. She went to various physiotherapists, which helped somewhat, but she continued to have all sorts of problems, including terrible

back pain. She's always loved getting outside and walking the hills here in the countryside where we live. She was only in her mid-forties and had assumed she would hill walk into her eighties, but she found that she couldn't walk across a rutted field anymore. She was still fit but fairly limited in what she could do. She was able to continue mountain biking and horse riding, but walking on uneven ground was out of the question. So I gave her a few exercises, and one day she called to tell me, "Janet, I've just been for a walk with friends, and I forgot that I couldn't walk across fields and hills. We hiked right to the top of this hill and over a field that had been gouged up by cows, and I walked right through it all!" She is continuing to improve and hill walk, and I have been so pleased to be able to help her in this way. (Her surgeon has warned her that a knee replacement is inevitable, eventually. We'll see.)

I'll be the first to admit that I'm not perfect in my own practice. I tend to do enough posture exercises to keep myself out of pain, whereas if I did a bit more, I am sure I would gain even more functionality. I think we find this happens with some of our clients as well. Compliance can be a real challenge for some. But I am doing well. I am so much better, in fact, that I have taken up jogging! I've never really run in my life and enjoyed it. I'd tried it before because I thought it was good for me, but I didn't like it. But now, I am working with a breathing and health mentor, and I am jogging in moderation. I just jog a little around the park—and I'm still doing it in barefoot sandals even though the weather is getting cold—and it feels really good. So at a time when all my friends are having hip replacements, I'm getting stronger and fitter!

It's a bit ironic that I was in charge of a pain research lab for all those years and that pharmaceuticals did not ultimately relieve my symptoms. I suppose you could say I've had a turnaround—an apostasy—because I've lost faith in Big Pharma's abilities to help people with chronic conditions. Yes, drugs can be very good for acute problems, like accidents, injuries, surgeries, and such. But pain medications simply mask symptoms, and as Pete says, the symptoms of pain are a message—the body is trying to tell us that something isn't working right. The symptom of pain is our friend; it is not something to be masked with drugs.

Now, I am quite passionate about what I do. I appreciate being able to help people who have ME/CFS, asthma, or other health issues, like one client who came to me primarily for asthma, which she had been diagnosed with nearly thirty years previously. This is what she wrote to me a few months after practicing the Buteyko Breathing Method and Egoscue:

“I was able to reduce my asthma medication about three weeks after starting the Buteyko breathing method, taught by Janet, and six weeks later, I had halved my dose. The addition of Egoscue exercises was useful in helping me target breathing correctly to my diaphragm rather than my upper chest.

I very rarely use my reliever inhaler now, and I’m hoping to see further improvements. In general, I feel as though I’m in control of my asthma, rather than it controlling me. I’m less afraid of it and feel more in tune with my breathing.

I think the biggest improvement has been my sleep. Previously I was waking several times a night or waking at 5:00 a.m. and being unable to get back to sleep, but it has improved dramatically, and I can now sleep right through the night.

I’ve also seen a huge reduction in my anxiety levels. I used to wake up feeling very anxious, but this no longer happens.”—RN

I found a way to reduce my chronic fatigue symptoms by learning how to breathe properly, and I trained as a breathing educator so I could help others with this devastating disease. And since my chronic back pain made good breathing impossible and I discovered postural alignment therapy to help with that, I added it to my repertoire. I am still amazed at the progress I am making—it’s wonderful to have decreased pain and increased function after having accepted that decline at my age was inevitable. I want everyone to know that it’s not!

³¹ Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) is a disabling and complex illness that prevents people from being able to do their usual activities. At times they are confined to bed by

their overwhelming fatigue, even though it is not improved by rest.

[32](#) I am not a medical doctor—I have a PhD in Neuroscience.

[33](#) Spina bifida occurs during the third and fourth weeks of pregnancy when a portion the neural tube (which becomes the baby's brain and spinal cord) fails to properly close. As a result, a part of the spinal cord is exposed at birth. In my case, the gap was surgically closed when I was eleven months old. I have at least one spinous process missing in the lumbar region but have not had any major problems as a result, though my spine "hinges" in two places.

[34](#) Disordered breathing can include abnormal breathing biomechanics and/ or blood gas imbalances. A very common component of disordered breathing is chronic or hidden hyperventilation. Doctors recognize acute hyperventilation (very heavy breathing after shock, trauma, fear, etc.) but rarely recognize chronic hyperventilation. You can breathe three times more than normal without it being obvious. Breathing too much can lead to loss of CO₂ (hypocapnia), which in turn deprives cells of oxygen: this can affect any part of the body and cause a whole spectrum of symptoms. Founder of the method, Konstantin Buteyko, said that stress could be defined as anything that causes you to breathe more than you need to for the activity you are engaged in.

PATRICK

“Pain-free living through posture improvement.”

—PATRICK VAN ENSCHOT, OWNER OF [HERCULES POSTURE THERAPY](#)

About seven years ago, a good friend of mine told me that he was studying the Egoscue Method and he was always telling me about it. I was very active back then, doing my own fitness thing—cycling, doing strength training and such—and so I felt great and had absolutely no interest in what he was telling me. But some months later we ended up living in the same house, and at that time I was in a lot of pain. I’m usually quite active, but because I’d been sitting more than usual for about a week, my lower back had been really bothering me. It had a big curve in it, and I just figured that’s how I was built and had been carrying around a soft pillow to put behind me whenever I had to sit in a car or on a couch or something. Otherwise, I just couldn’t sit without pain. At this time I was actually in excruciating pain, the kind that has you crawling on the floor because you can’t sit comfortably or stand up straight to walk. And so I asked this guy (who had just graduated from medical school) if he could give me some painkillers or muscle relaxants. He looked at me with a kind of sardonic smile and said, “No, I’m not going to give you anything to take. We’re going to do some exercises.”

I said, “Wait. Here I am in pain, my back is killing me, and you’re going to have me do *exercises*? You’re joking, right?”

Turns out he wasn’t joking. He had me lie down on the floor in a position he said was called Static Back, with my lower legs resting on a big padded wooden block. Once I was settled there, my back pain just went away. It was gone.

I said, “What is this, magic? Is this some kind of trick or sorcery?” I was stunned and very impressed. This was the moment I wanted to become a

postural therapist. I thought, “Man, this is so powerful that it gets you out of pain with one exercise? I want to do this and introduce this to my own country!”

My pain dropped from a level eight or nine to zero. But of course, I had to get out of Static Back at some point, and when I did, my pain returned. My friend reassured me that we had to follow that up with a few more exercises, and he had me do several, which brought my pain level down to three or four so I could at least move around upright again. He gave me a menu of exercises that I did every day, and it only took a few days for my pain to go away completely and stay away. It was really something. To this day, my lower back has never bothered me again.

I’ll give you an idea of how skeptical I had been about what my roommate was doing every day prior to this. He was a good long-distance runner, and he ran every day. He was so diligent, it was like a lifestyle for him. I had always been active and very sportive, trying almost every sport there is—horseback riding, tennis, running, cycling, skiing, spinning, in-line skating, strength training, serious weightlifting, and bodybuilding. In fact, in college, I would sometimes participate in seven sports in one week. So I’d watch my roommate doing these exercises and stretching for about half an hour every day before he went running, and I’d think, “Wow, you have to do this every day? Why don’t you just go running?” But then he gave me the book, *Pain-Free*, and I read it. It’s one thing to physically experience the benefits of these exercises, as I had, and another thing to gain some understanding of why they worked. I studied econometrics, which is pretty hardcore, and I’m the kind of guy who likes to know the science behind things, to understand why things work the way they do. I had always been interested in the human body, anatomy, how muscles worked, and exercise physiology. *Pain-Free* quite thoroughly educated me, and when I finished reading I knew that I was going to take the PAS training because everything in that book made sense to me. It resonated with me on various levels.

My training was done online, but then I took a trip from the Netherlands—where I live—to the States so that I could take the exams at the Egoscue Institute in San Diego. It was a great trip because I combined it with a vacation, and I took a long drive from Oregon down to San Diego, California,

visiting some beautiful places along the way and even visiting friends in Tijuana. I returned home to do the final submission for certification, juggling all of this with my full-time corporate job. In order to get started working as a posture therapist, I registered my new business and started working four days a week at my corporate job and seeing clients the other days. Four days became three and a half, then three days, and eventually I rented a space and started to get more clients, focusing most of my time and energy on this work and building my practice. In hindsight, I can see that in the beginning—even as early as the first time I thought, “I want to do this!”—I joined many of my colleagues in thinking we want to change the world. After discovering this method, we think everybody in the whole world should do this because everyone is in pain, and it worked to get us out of pain.

As a young boy, my parents wanted me to learn how to be more assertive because the other children used to shove me around, so they put me in a judo class. But when I found out the other students were going to, you know, get to move me around—I didn’t really like that, so I quit. Years later, when I was about fourteen, I watched a bunch of martial arts movies with Bruce Lee and others, and I started taking karate lessons. That became like a way of life for me, and I trained very seriously. My parents had divorced, I needed a strong father figure in my life, and I developed a very strong connection with a teacher who became like a surrogate father figure for me. I trained with him for six or seven years, but then I got injured, and because I was starting college in a different city, I drifted away from martial arts and got into many other sports.

But I am still in touch with my former karate teacher. He teaches at the most successful karate club in the country. He was the national coach for a while, and the club continues to be where many world champions and Olympic caliber athletes train. I work with several top athletes from this club, including one who was slated to go to the 2020 Olympics in Japan (before the pandemic put an end to that). One of the things I learned early on while working with him is that he had a preferred side, so to speak, where one leg would always be in front. He’d even lost a match because his competition had studied many hours of video footage of him and could predict what he was going to do. Of course I knew it would be better if he were able to be symmetrical, and he had learned that the hard way, so we worked on that as

we realigned his body, and in the next match he could switch sides. This gave him more confidence on the mats, improved his position, increased his speed (*and* his height), and confused his opponents.

I also worked with a sixteen-year-old girl who was one of the best talents in the Netherlands. She was in training and even teaching, but she began suffering from debilitating back pain. After about three years of this it got to the point where some days she could hardly get out of bed, and she had to stop training and teaching. She'd been to three physiotherapists, but any relief she got from them was temporary. After our first session, which was pretty long, she was pain-free. She continued working with me for a while and was able to participate in karate again, but she has since quit and is going to college in another city.

While in college I joined a gym, and I've remained a member there for twenty-eight years because I like the atmosphere, the people, and the classes. I think I have tried everything under their roof, including boot camp, running class, inline skating, spinning, yoga, weightlifting, body pump, and karate. The last couple of years I have focused on body pump and spinning class. I don't go just to work out, but to socialize as well. Each time I go it feels like I'm meeting with friends, and sometimes some of us will go out for a drink or meal afterward.

Usually I try to get to the gym before the class starts so I can do a couple of Egoscue exercises, which is called a pre menu—a kind of functional warm-up that prepares your body for the exercise ahead. This has kept me functional and pain-free for as long as I have been doing it. These routines can be as short as five minutes, and doing them makes a world of difference in how I feel during and after a class or workout. I also give them to my sportive clients to do before and after their sports or activities.

I really like being able to make an impact on aspects of life that are important to people. I want to help people live a life free from pain, complaints, symptoms, and limitations to help them achieve their goals, whether this is reducing pain or improving their performance in sports or other fields. It is rewarding to be able to help athletes like those I just described, as well as other people who may not be athletic or inclined to be very physically active, like Jasmine, who shares her positive experience with

posture therapy here:

“My name is Jasmine, and I’m thirty-five years old. I’m a singer and a vocal teacher. I spend a lot of time sitting at the piano. This bothers me sometimes, but since I discovered the Egoscue Method, it bothers me a lot less. I’ve tried many therapies, including physical therapy, chiropractor, and massage therapy because I was suffering from frequent neck and shoulder pain.

At a certain point, I could hardly turn my neck to both sides, and I couldn’t raise one arm without pain. I then visited a Tony Robbins seminar where they spoke about the Egoscue Method, and they specifically mentioned clients with scoliosis.

I found out that in the Netherlands, there was a practitioner of the Egoscue Method, and I visited Patrick (@houdingstherapie).

I am not a sportive person, so I didn’t look forward to doing exercises. But fortunately, the exercises are adapted to your lifestyle and what your possibilities are. So even if you’re not a sportive person, it’s easy to do.

I started noticing results very quickly. After only two or three weeks, my pain was already reduced. I have been doing the exercises for a year, and it has continued to improve. We always take new pictures each session to see the progress. From the pictures, it is obvious that my scoliosis has reduced significantly.

The exercises I do at home are geared toward what you can do at home and don’t require any special equipment. Most are bodyweight exercises only and are easy to do. There is an app you use on your smartphone where you can easily see and track the exercises.

I would definitely recommend this method to people who have scoliosis like me and have pain symptoms and are not balanced. Especially those who have tried all sorts of therapies and haven’t been helped properly.”—JT

You know what truly touches my heart? Speaking to clients and prospective clients daily and hearing their stories, which are sometimes heart-

breaking given the amount of pain they are in and what they have tried over the years. I am deeply humbled and amazed by the spirit these people have despite everything they have been through. I wonder if I would be in the same spirit as them, having constant pain but having such a positive attitude. I feel truly blessed and honored to be a part of their journeys toward becoming pain-free.

To those who are skeptical (like I was), I want to say the following: *Try it.* Try a free exercise. Sometimes just doing ONE exercise can make a difference. The other day friends were visiting me, and one of them had shoulder pains. I gave him *one* exercise to do (nothing to do with the shoulder—apparently), and his pain decreased. It took him only four minutes. Posture therapy can and will change your life if you let it!

NICOLE

“Live a life that moves you!”

—NICOLE RODRIGUEZ, OWNER OF [PAIN-FREE PHILLY](#)

I love to dance; it was my passion from an early age. I was a pretty active kid and teenager and never had any serious injuries or pain. But then, in graduate school, I started having knee pain. I have a master's degree in dance education and received a scholarship to study at a great dance company in Philadelphia. Things started out fine—I hadn't fallen or come out of a jump the wrong way or anything traumatic like that. But I had always had very serious external tibial torsion,³⁵ and until this program, I had never worked in a dance form that required me to consistently work with my feet pointing straight ahead, parallel to each other. During the required moves in this position, my femurs would rotate inward—so instead of pointing straight ahead like they're supposed to, my kneecaps turned toward each, facing each other like two crossed eyes—and this put enormous strain on my knees, and they hurt all the time. I tried physical therapy, Synvisc injections, knee sleeves, and prescription pain medications, but nothing helped. I completed the program with the dance company but was unable to return in the fall because of my knee pain. I continued to teach dance for another year and a half, but it fired up my knees terribly, and so I had to give that up, too.

My search for relief went on for years. As I left dance behind, I remember thinking, “What am I going to do?” Dance was my life, and not being able to dance felt like a death. But I finally changed careers. My dad had worked in the travel industry for decades, and I had always loved to talk to people, so I went into the hospitality industry. I became a concierge thinking it would be less physical, but I was wrong. I was standing all day, still in terrible pain. So here I was, in my late twenties, unable to do much of anything except come home from work and lie down with bags of ice on my knees. And of course, that was stressful for my relationship with my boyfriend at the time.

Eventually, because of the physical demands of my job and the ongoing pain, I transitioned out of the hospitality industry. There was an opportunity in a local school district that I took advantage of where they said if an applicant had a college degree, they could get certified to teach and enter the school district as an intern, apprenticing under another teacher. So that's what I did, and I took a job as an elementary school teacher. But my knee pain continued to plague me. I could not easily get up and down off the floor to work with the young kids, and I often had to prop my legs up just to get off my feet. I finally had arthroscopic surgery, where they went in and "cleaned up" my right knee (both knees hurt, but the right much more than the left). The surgery wasn't helpful at all. I had cortisone injections in my knees—which were not effective—and then, inexplicably, the pain shifted into my low back. I hadn't had any acute injury to my back, but now I had a ton of back pain (I was told I had a bulging disc) and much less knee pain. I tried going to different physical therapists, staying with one in particular for years. I tried an SI-LOC® Support Belt which is designed to support and compress the sacroiliac joint—it didn't help. I changed my footwear and started wearing really chunky, padded sneakers and customized orthotics to help alleviate the pain in my back. It got to the point where as soon as I'd wake up in the morning, I'd put on shoes. It didn't help much, but enough that I wouldn't even consider walking around the house without shoes on.

At this time, I was still teaching, doing my best to get through each painful day. I felt like I was this "pain girl"—I just always had these chronic pain issues! Icing continued to be my go-to treatment, and I tried all kinds of gels and supplements. So this went on for several more years until I was in my mid-thirties. At that time, I decided to try acupuncture. It was quite helpful with the back pain, and I was relieved to be able to reduce the amount of pain medication that I was taking. And then I had a bad fall on a freshly mopped floor in a restaurant, and I had to be taken out by paramedics. I quickly developed a lot of neck pain and then some shoulder restriction and pain. So much for reducing my pain meds! My world mostly revolved around acupuncture, orthopedists, physical therapy, and prescription medications—that was the narrow realm that I lived in. The medications didn't really help with the pain other than to take the edge off, but they were sedating, and I would nod off at inopportune times. It never got to the point that I couldn't work, but it all impacted my ability to participate in recreational activities or

do much of anything physical. The pain, my limitations, and the side-effects from the meds made for a really lousy quality of life.

Then, in 2011, I was in a minor car accident. It wasn't even so severe that I couldn't walk away from it—I was actually able to drive myself home. But because my body was already so weak and compromised, the accident set off a chain of physical issues that eventually caused me to lose my independence and my job and to have to go on disability.

The day after the accident I was writing on the blackboard at school, and I had so much pain shooting through my neck and upper back that I thought, “Uh-oh. I'm in trouble.” I wasn't able to return to work, and I continued to pursue various forms of therapy. I did experience a little improvement—enough to try to start exercising—but that backfired when I damaged tissues in my wrists and elbows, experienced nerve pain in both arms, and ended up being diagnosed with neuropathy. In a very short time I could no longer drive, couldn't carry a purse³⁶ or bags, and had trouble preparing my own meals. I was divorced and living alone by then, and my parents helped me in more ways than I could ever repay them for. My father would regularly come over to help me with various tasks and chores, even scrubbing my kitchen floor and cleaning my bathroom. I lost much of the fine motor control in my hands and had to use dictation software because I could no longer use a pen or pencil without making the pain worse. I was on some heavy-duty prescription medications—like Lyrica and Neurontin—and the latter threw off my equilibrium, so I became very unsteady on my feet. I twisted my ankles and developed terrible ankle pain that got so bad I would take a bus just to avoid walking a couple of blocks.

I went to five different neurosurgeons, some of whom suggested cervical fusion, but I did not want to go that route. I had four cervical epidural steroid injections that were meant to relieve pain associated with inflammation around the nerves of the neck, but the relief they provided was minimal and temporary. Cortisone injections in my ankles and several spinal manipulations from an osteopath provided some short-term relief. I had more physical and occupational therapy and also went to a chiropractor. I had more acupuncture, which did help some, and a wonderful massage therapist worked with me for many months, sometimes managing to get me feeling

pain-free for twenty-four hours. She would remind me that if I could experience freedom from pain, even temporarily, then I could experience freedom from pain for longer periods of time. But at the time, my relief remained transient. I even tried aqua therapy and dry needling. Along the way I was diagnosed with fibromyalgia, and I connected with a pain management team at Penn Medicine. I also reached out to the founder of a chronic pain support group that I found on Meetup. I tried topical medications, including compounded pharmaceutical-grade creams and lotions designed to quiet nerve pain. I went to a hand specialist who took a mold of my hands and made customized braces for me. I also ordered these special black gloves that had a copper compound in them that was supposed to help to reduce the inflammation in my hands.

It was terrifying for me to consider that I might get even worse and that I may never be able to work again. After I'd been on disability for a few years, I tried to return to work to supplement my income. Eventually I hired a lovely woman to work for me part time to help me, and she became a close friend. I thought I would do telemarketing, knowing that I could take breaks when I needed to. But first, I entered the world of home modification, adapting and outfitting my home office with the perfect ergonomic setup so that everything would be at the right height and angle for me. My feet were elevated, I was sitting on a special wedge cushion on my office chair, my desk was just at the right height, and I had something called a Boppy®, which is a cushion that I would rest my forearms on to keep my elbows bent to ninety degrees. I also continued to use the customized hand brace I'd received from the hand specialist to ensure I couldn't further hurt my hands. I used a straw in a plastic cup so that I didn't have to lift a heavy bottle or tilt my head back to drink. As I mentioned earlier, I used voice dictation to avoid writing by hand. Despite this elaborate setup, I couldn't spend much time at the computer, couldn't use my cell phone much, couldn't even put a paper clip on a few sheets of paper or staple them together without making the pain worse (these are some of the many things the woman I hired did for me). Still, I continued to work and there was a period of time when I was actually doing better. It was during this time, around August 2014, that I met the man who would become my second husband.

By the following summer, we were living together. Prior to that, I

suffered a huge setback that put me into quite a long depression, and after we were living together, he would come home from work to find me crying in the bathtub (that was actually just part of a normal day for me). I couldn't grip or lift a book to read, and I took to listening to audiobooks on how to live with chronic pain. I had tried meditation, and I had taken a mindfulness-based stress reduction course developed from the teachings of Jon Kabat Zinn, and I was still trying to learn some of the Buddhist philosophy on how to accept the pain (even though I was still on medications that continued to cause mental foginess). I was just so very depressed. My life had become so small, and I was scared and really, really sad.

And then I found Egoscue. Well, it found me. Eventually.

One day, while I was in a little corner of a local gym doing my occupational and physical therapy exercises, a woman—who probably noticed the braces I was wearing on my arms—came over and introduced herself. She was very friendly, and we got to talking. She said she was a dancer and had chronic pain issues herself but had found something that she thought might help me. She wrote some words on a piece of paper, and as she handed it to me, she said, “You know, I think you should pursue this. I think it could be very helpful to you.” I glanced at the paper, thanked her, and put it into my bag. And you know what? I didn't do anything about it at that time. I sat on that information for over two years. We all have our processes and we have to be ready, and I just wasn't ready. I was still pursuing occupational therapy and working with a yoga therapist, and I wanted to give these options a chance. So it was more than two years later when I pulled that paper out of a drawer and finally did some research into the words written on it: *The Egoscue Method* and *Pain-Free*. I quickly discovered that there was an Egoscue clinic close to my home, and so I called to schedule an appointment. This was in June of 2016.

There was (still is) no shortage of teaching hospitals and specialists where I live, and over the years I saw many doctors. These were very talented and well-meaning people, experts in their field, many who were essentially at the top of their game. But what I discovered at my first therapy session at the Egoscue clinic is that their approach of looking at the body as a unit, where everything is connected, was very different from any treatment or therapy I'd

gone through. To be honest, I was amazed after leaving that first session—I would guess that I felt about four percent better than I had when I walked in. That’s a very modest improvement, but the therapist was generous with me and was clearly invested in helping me. I remember walking out and thinking, “Okay, so I’m maybe four percent better. That’s small, but *no one put their hands on me!*” This was impressive considering that I had come out of a world where some form of physical manipulation is common, and feeling better is often the result of other people’s efforts. But I was feeling better as a result of doing each exercise by myself. And I was fascinated that I was given exercises that I could actually do, like Airbench. I had been through years and years of physical and occupational therapy. It pretty much blew my mind that some simple modifications that are part of this kind of therapy—like using the floor or a wall and blocks or straps—made all the difference in setting my body up to succeed and be able to do the exercises. It also helped that I was appropriately cued so that I could make adjustments as needed.

When I started the therapy I was encouraged to set a goal, and I said, “I want to be walking pain-free in six months.” I was told that was a great goal and that I would indeed be walking, but probably not pain-free by then.³⁷ Very early on in my therapy, there were some really big changes in my condition. Funny the kinds of things you remember, but I recall taking a photo of my empty dishwasher. It was July and I had just emptied the dishwasher *by myself*. I still had restrictions, of course, but it just felt so awesome that I could do that task! I also remember that I was self-conscious about going to other people’s homes to eat because, for example, I couldn’t easily lift a glass. My compassionate, patient, supportive and loving husband—who always believed that I would get better—sometimes even had to cut up my food. And at the end of the meal, I couldn’t help to clear the table. But when I was at a family party about two months after starting therapy (I distinctly remember that the party was in August), I was able to lift and move a chair over to the dining room table. And then, when my mother-in-law asked my husband to pass a bottle of wine, I jumped up and grabbed the bottle and poured wine into her glass. She looked at me and made a comment about it, and I said, “Yes, it’s a miracle!” and she said, “Life is filled with miracles.”

As a client, I learned to stop avoiding movements and thinking so much

about the way I was moving. I stopped forcing my body to do things it wasn't set up to do (like walk with my feet tracking straight when my posture would not allow that without stress on the joints). I also learned to trust my body, to listen to its signals, and to move in the natural ways that my body is meant to move. I also learned that the site of my pain was not necessarily the source of my pain. The focus of the therapy wasn't on my pain—which I had a lot of in many different areas—it was on the position of my body. The exercises were designed to change my position (realign my body) so that it would be more functional, and that would alleviate and perhaps entirely eliminate my symptoms. An interesting example of this occurred while I was lying on my back doing an exercise called Supine Foot Circles and Point & Flexes. I wasn't doing this to fix any particular symptoms, but all of a sudden, my wrist pain eased. Enough to be really noticeable, and I thought, “*This is crazy!*” But I had just experienced for myself how not treating the symptom (or the site of the pain)—but instead treating my posture (the position of my body)—could actually ease one of my many symptoms.

By May the following year, I was ready to return to work. I had expressed some interest to the Egoscue clinic owner that it would be neat to become a posture therapist and work there, but at that time, I was told they weren't hiring (and it didn't even occur to me that I could make a living doing posture therapy and not work for or own an Egoscue clinic franchise). So I got a job working with the Fighting Back Scholarship Program, which provides financial assistance and a community of support for people who are impacted by life-changing illness and injuries. About a month later I was at the Egoscue clinic for my therapy appointment, and I shared that I'd taken this job and was told, “Well, now we actually *are* looking to hire.” So instead of moving forward with the job I'd just taken, I made the decision to work at the clinic. I took the training and got certified as a posture alignment specialist (PAS), and also took the E-cise Therapy Skills (ETS) certification course. I am immensely grateful to have had the opportunity to be a client at the clinic and then to work there and to deepen my understanding of the work through them.

Even though I still have a few restrictions that I am working through, posture therapy gave me a whole new lease on life. I was able to return to dance, and my husband even agreed to take a performance dance class with

me. He had never been a dancer and I had not danced in over twenty years, but we took this class together and loved it! At the end, we joined the entire class in a Latin dance performance. It was such a victory for me, knowing that only a few short years before this I could hardly lift or use my arms or move without pain. I was able to dance almost effortlessly—moving and gliding across the floor, lifting and opening my arms, twisting and bending forward and back, sideways, looking left and right, rolling my head and neck—all without pain. My parents were very happy to attend the performance, thrilled to see me dance again, and my dad offered an enthusiastic, “Woo-hoo!” when I kicked my leg up during the performance. We all know that the person you share your life with is the one who is most impacted by your chronic pain, and I am so thankful to my husband for his help. But I am so glad that he is now my partner—not my caregiver. This change in our relationship has obviously been good for both of us.

In February of 2019 I went out on my own, and I’m very pleased to have my own space and to be living a life that truly does move me (physically and emotionally). There was sadness when I first found this work because I had spent so much of my life in pain and limited. But it was really a blessing, a bittersweet blessing. What I went through is useful to me now, as I work with my clients, though it feels like it all happened to a different person. I can recall how bleak and hopeless I felt, and I remember when the leader of the pain support group I had joined suggested that I needed to mourn the loss of my health. She said that it was a necessary step to moving forward, but at the time, I really struggled with that idea. And guess what? I never did mourn the loss of my health because I didn’t need to. I have completely *recovered* my health. In fact, I feel better now than I have in over twenty years! My doctor helped me wean myself off of prescription pain medications, and I haven’t needed them for years. I used to do my posture exercises for three hours every single day, but now I don’t need to spend nearly so much time on keeping myself aligned and feeling great. My own experience has taught me what it’s like to be in pain, and this puts me in a unique position to be empathetic to others who are in pain. I think learning the Buddhist practice of acceptance has its place, of course, but just imagine how many people who are in chronic pain might be served by posture therapy, to the point that acceptance of pain is no longer necessary *because they’re not in pain anymore*. People’s lives are completely transformed by this work, and I love

doing my part to help make that happen!

[35](#) Tibial torsion can occur where the tibia is internally rotated in relation to the position of the upper leg bone, the femur (which usually manifests with feet that turn in, or are pigeon-toed), or externally rotated (which results in feet that are toed-out, sometimes called duck-footed).

[36](#) I came up with several little modifications, like putting my ID in a Ziploc® bag to avoid the extra weight of a wallet.

[37](#) I started therapy in June 2016, and in February 2017 my husband and I walked all over the San Diego Zoo. I wasn't pain-free, but it was the first time in a very long time that I had been able to walk for miles in one day, and it was pretty awesome!

BETHANY

“Empowering You Through Pain.”

—BETHANY MAHAFFEY, OWNER OF [TRUE MUSCLE SOLUTIONS](#)

I was active and played sports my whole life, starting with gymnastics when I was eighteen months old. I didn’t realize at the time that I was a left-handed gymnast, even though I turned out to be primarily right-handed in most other activities. I thought everyone else was different, but I was the different one—doing cartwheels with my left hand first. I also ran a lot in my youth, swam, played T-ball, soccer, and volleyball, and eventually got into lacrosse. I had knee pain on and off during high school, and I temporarily wore a brace, but it was nothing bad, and the pain eventually went away. Other than that, I never had any serious injuries until I was in college.

The only reason I went to college was to play lacrosse because I *loved* lacrosse. But early in my freshman year at Robert Morris University (outside of Pittsburgh), I started having hip pain. By spring—the main season for lacrosse—the deep, throbbing pain was unbearable. X-rays did not reveal any broken bones, and I didn’t exhibit a stress reaction signal in my hip, which can indicate the onset of a stress fracture, so the doctors were somewhat baffled. When they pressed down on my leg and asked me to resist, it would create a dull pain, and I couldn’t hold my leg against that pressure, and so they said I had a weak hip and diagnosed bursitis. But I didn’t believe that my hip was weak. I’d played sports my whole life without hip pain, and I had been successfully lifting more (weight) than all but two girls on my lacrosse team. Frankly, I didn’t think the doctors knew what they were talking about.

It was devastating to be sidelined by pain, to not be able to play my best or even at all sometimes. During the summer before my sophomore year, I rested and didn’t even participate in many sports activities. Toward the end of

the summer, I resumed running and felt really good, so I came back to college in the fall feeling strong. A whole new group of freshman girls had joined the team, and we had some really strong competitors, but I was still the fastest at most of the time-trials. Then, toward the end of the season, the pain came back—but this time, it was in the *other* hip. At this point, I was crying every day wondering, “Why is it happening to me and no one else?” I really wanted to play and to be running as much as I could and working out after practice and other times. I’d done everything I’d been advised to do, but to no avail. I even went to a chiropractor twice, who used a clicker (Activator® adjusting instrument) that I felt absolutely no relief from, and it seemed pointless to keep going. The coaches, trainers, and my teammates weren’t very supportive—certainly not as understanding as they might have been if my diagnosis had been something obvious, like a torn ligament or a broken hip—and so I felt isolated, discouraged, and depressed.

A family friend had been told by two doctors that he needed back surgery, but he had heard about the Egoscue Method, tried it, and it helped him. So I went to the Egoscue clinic in Arlington, Virginia. I remember the visits quite well—at one point when I was going through one of my menus (I forget which exercises were on it), I had to do a double-take when I looked at my feet because they didn’t look like mine! The hammertoes had subsided, and the bunions were less prominent. That is when I knew that the therapy was really changing things and realized its potential. My junior year of college was the best year because I was doing those exercises; I played well and had no pain.

During my senior year, I played tennis in the fall season (I was still on the lacrosse team), and I ended up with terrible shin splints. My hips weren’t hurting, even though I had stopped doing the exercises—because that’s what most of us do, right? When we feel better, we stop doing the exercises that helped us feel better!—but the shin splints were agonizing. So I called the Arlington clinic, and I told the therapist what was going on. I sent photos as requested and was sent a menu of exercises. I got better just in time for the last game in my senior year. In hindsight, I realize that if I had continued doing the exercises I had received earlier, I would probably have been able to play for my entire senior year.

I graduated from college with a Bachelor of Science degree in Hospitality and Tourism with a minor in Sports Management. I got a job as a valet parking attendant—running *a lot*, which I loved. I had some foot pain, on and off, but I would think, “Hmm, I should see what the book *Pain-Free* says about foot pain,” and I’d pull it out and do the recommended exercises for foot pain—plus my old Egoscue exercises—which would always make me feel better and I’d resume running. But then I’d stop the exercises and my feet would start hurting again. So I continued to have nagging pains like that while I kept working.

At this time, I also received a certificate of Massage Therapy from Anne Arundel Community College. Then I moved to Denver, where I earned certificates in Sports Massage as well as Lymphatic Drainage from the Colorado School of Healing Arts. During this time, I was a therapist for several different employers and worked events such as bike races and sports tournaments. From there I moved to Las Vegas, where I gained experience as a therapist working through Professional Massage, Inc. at the World Series of Poker.

While living in Vegas I got another job as a valet, and it was the busiest valet job I’d ever had; it was nearly nonstop running. I loved it, but one foot developed so much pain that it felt like a bone would just snap. I was basically drinking Advil before going to work, and I’d say to myself, “I have got to do my exercises!” When I did them, I felt better—they helped. It was around this time that I started trying to figure out what I wanted to do because I didn’t want to be a valet parking attendant forever. I got to thinking about how the exercises I’d been doing could help so many people, which is what I liked to do. So I did some research and found just what I was looking for at the Egoscue Institute, and in 2016 I got my PAS certification.

As soon as I was certified, I began incorporating posture therapy into my massage practice. When I returned to Maryland, I decided that the best way to share this modality was to work for myself. This was when Stay True Bodywork was born, and then, as my interests and direction became more focused, I re-branded as True Muscle Solutions, LLC. I also became certified as a Level 2 Neurokinetic Therapy practitioner.

As I went through the training, I did every posture exercise they had,

which was a great way to learn and to feel the effects of them on my own body. When I would go run, I could feel that things were different, like there was less rotation in my hips or that my feet were pointed straighter and stuff like that. That's when I started to really understand more about what the body was doing and why. For example, I could finally figure out why the muscles in only one calf were burning (which was a usual occurrence for me) and know how I could get that to change. I could do a certain set of exercises, and when I'd run, my calf wouldn't burn at all; they'd both feel fine. It was really great to learn this stuff and to feel that I had access to these tools that I could use to help myself and others get out of pain.

Now I just want to educate and help people, to let them know how wonderful this therapy is—no matter how old they are or where they are in their athletic career. Some college athletes are injured before their career potential has a chance to really start, and my experience motivates me to want to help athletes because I know how it feels to want to play and not be able to. I know that injuries are preventable or that athletes can recover from them fairly quickly. Had I known back then what I know now, I think all of my injuries could have been prevented, especially because I was a late bloomer, and I think posture alignment therapy really could have helped in my own physical development.

I like to say that I live pain-free, but that doesn't actually mean that I never experience muscle or joint pain. In fact, I feel some sort of muscle or joint discomfort almost every morning. But since incorporating posture alignment therapy into my life, I can do a certain set of exercises and go on with my day without pain. I've learned that the body will continue to adapt to daily activities resulting in aches and pains, but addressing those issues immediately will help to maintain proper biomechanical function and protect against future harm. Pain is our body's signal that something isn't right. I like to empower my clients through pain, to let them know that managing our muscles is a constant balancing act that we are all perfectly capable of handling with the right tools.

LISA

“An exercise is only as good as the body you bring to it.”

—LISA DECKER, OWNER OF [ALIGNED FITNESS](#)

When I was a child, I was always active, on the go, competitive, with a restless energy. This translated into becoming involved in activities that pushed my limits, such as skiing or snowboarding down the steepest slopes, running ultra-marathons, and lifting weights until my body rebelled. Movement is important, it's vital to good health, but I've had to learn to slow down—to find a balance between that innate impulse I have to be moving my body and the awareness that allowing my body to be still and my mind to fall silent is equally important.

My family had a history of severe kyphosis. Everyone had a rounded back. I remember as a teenager realizing something was wrong, asking myself questions like, “How come my back is so rounded? Why don't my pants fit right?” In my thirties, I became a personal trainer and realized that I had some compensatory patterns that I didn't really understand. I wasn't in pain, but I knew that I didn't look right—that my upper back wasn't supposed to look rounded like it did. I was training clients and learning more about the body, and applying that knowledge to myself, too. I was weight training (bodybuilding) in the gym, and I started trying different modalities to reduce the kyphosis in my back—I did yoga and Pilates and had chiropractic adjustments—but nothing seemed to make a permanent adjustment. I just couldn't seem to figure it out. Another trainer gave me a book written by Pete Egoscue called, *The Egoscue Method of Health Through Motion*. I read it and thought, “Wow, this makes so much sense!” At this time, I had been certified by the National Academy of Sports Medicine as a personal trainer, corrective exercise specialist, and performance-enhancement specialist. But honestly, what I read in this book was the first thing that totally made sense to me, and so I actually took the time to study the book.

There was an Egoscue clinic in San Jose, California, not far from where I live, and I called to ask about scheduling an appointment. But when I found out what it cost, I thought, “Could it actually be worth it?” So I kept trying to do it on my own with the aid of the book, but then I finally just bit the bullet and scheduled a session. It was about two hours long, and I was put through approximately ten postural exercises sequenced according to my unique alignment. During the session, I could feel my body adjusting. Although I was lifting heavy weights at the time, I found these simple exercises quite challenging. Afterward, as I was sitting at a desk to write out a check to pay for the session, I realized that I couldn’t slouch. I had *always* slouched before, but there I was sitting in this chair, and I just couldn’t slouch. I was like, “Whoa, wait a minute. What just happened here?” I went home and began doing posture exercises every day, sometimes many times a day, learning as much as I could. It just seemed like the coolest stuff ever.

I started bringing my clients into the clinic, asking the therapist to work with them. It was how I intended to learn more, but the therapist finally said, “Why don’t you just come and work here?” So I went to work at the San Jose clinic and obtained my PAS certification through Egoscue University. For a while, I continued to work as a trainer and kept up with my own training regime lifting weights. This turned out to be something that I eventually gave up because I couldn’t do it without setting my body off in some way, even as I was doing the posture therapy. I realized that I had to really look at what was most important to me, and if bodybuilding was really important to me, then I could get my body to where it needed to be in order for me to be able to do that. But if I felt that it was more important to have really structurally sound posture, then maybe I should give up bodybuilding.

So that’s what I did. I quit weight training, and I took up running because running didn’t seem to set me off. But of course, being who I am, I took that to the extreme as well. And anything you take to the extreme isn’t necessarily good for you. I ran a lot—as in *often* and logging *many* miles. I was fine running fifty-mile events, but then I started doing 100-kilometer runs. It was after completing a 100-mile run, though, that things started falling apart. Not structurally, as I continued doing posture therapy and my body was structurally sound—but I ended up with anemia and some other issues. I still run, but I don’t run—or take anything for that matter—to the extreme

anymore. This was my wake-up call to the importance of keeping structural, mental, and emotional balance.

I am both a seeker and a teacher and have a genuine love of both teaching and learning. I got a bachelor's degree in psychology and a master's in human movement. Prior to working at the Egoscue clinic, I studied and practiced a variety of modalities. I also studied different areas of nutrition, mental/ emotional health, and wellness. I opened Aligned Fitness in 2010 and added an instructor certification in Foundation Training. After my 100-mile event, I completed a three-year Advanced Medical Qigong certification (CAMQ). Much of this training was meant to assist me in my pursuit of personal health, emotional growth, and wellness; however, I also found that it helped me to better serve my clients.

It seems to me that one of the biggest issues in our health care system today is that it's *expert-* and *symptom-*driven. We go to the podiatrist, orthopedist, cardiologist, endocrinologist, or ENT so they can diagnose us with a labeled *condition, illness, syndrome, or disease*—telling us what is *wrong* with our body. We are taught to focus on our symptoms and consider them as problems. I believe that we need to move our focus away from what we are being told is wrong with us and instead attempt to find what we can do for ourselves and discover what we are capable of doing.

I find it really interesting that in Qigong, there are three parts: posture, breath, and mind. Without intending for it to be this way, my process included posture first (Egoscue), then breath (Foundation Training), and then posture, breath & mind (Qigong), and I've integrated this into my work—it's a large part of what I do with clients now. My clients know that I've dabbled in a variety of healing modalities, but there is one thing the methods I use all have in common, and that is *self-empowerment*. I believe we all need to be active participants in our healing process while increasing self-awareness, education, and empowerment. I've learned through my varied education and from personal experience that our mind and the daily decisions we make have far more influence over our physical health than the professionals who work in the medical-industrial complex would have us believe. By educating ourselves as to why we're experiencing symptoms and becoming a daily active participant in our own health care, we can get out of the victim role.

We can once more rely on ourselves rather than the so-called experts whom we are led to believe know more than we do about our own bodies.

One could call me an *expert* in my field, but I do not consider myself as such. My job is to educate and empower each person with the tools they need to tune in, become self-aware and truly listen to their own body, and then take appropriate action so that they are able to unlock their innate healing potential. Everyone needs help, but there is a difference between receiving assistance and creating dependency on an “expert” that we think will “fix” us. In one, the professional and the client are equals; in the other, the client believes they cannot heal without the professional.

Nobody “fixed” me. I’ve been educated and have taken advantage of the many tools at my disposal during this process, but I’ve had to listen carefully along the way in order to use them wisely. Various professionals have guided me to uncover obstacles that were in my way of healing, but the innate capacity to heal was always mine. It was my increased self-awareness and hard work that eventually got me functional and living a life free of many of the limitations I previously believed were not possible to overcome.

I consider it my job and life purpose to relay this information to people searching for healing and then to get out of the way so they can access their true power. The ultimate goal of any health care professional is to allow for self-healing and self-empowerment so people can truly begin to depend on themselves rather than an “expert” or “healer.” I’ve read all of Pete’s books and believe he’s been onto the mind/body connection for decades, and one of my mentors—David Smith³⁸—also recognizes the deep relationship between the mind and the body.

At Aligned Fitness, I love teaching my clients about posture, breathing, and the body-mind connection. I also enjoy teaching three Qigong classes each week. The classes are a mixture of postural alignment, breathwork, and clearing emotional stress and toxic energy. I continue to use individually based posture therapy techniques because it is the most effective method I know of for alleviating or eliminating chronic pain. I’ve also found that posture therapy is of great benefit for people who have mobility issues—even severe ones—as demonstrated by the remarkable change in one of my clients.

Here's a review he wrote for me on Yelp about his progress:

*About four years ago, I had a rare **AVM (arteriovenous malformation)** surgery in the T6 to T8 area of the spine where I could not feel or move anything from the waist down. After forty-five months of rehab with several different physical therapists, I decided to give Aligned Fitness and the Egoscue exercise program a try. After four months, I have exponentially increased my mobility using Lisa's customized Egoscue exercise program. You owe it to yourself to invest in the right therapist. I can't say it enough: Thank you, Lisa!—VH*

At first, I wasn't sure how much benefit postural therapy would have with the type of issue that he came in with, but within two weeks of starting the Egoscue program, he was out of the leg braces, and within a few months, his gait had substantially improved. We eventually integrated Foundation Training into his program, and it had profound positive effects, and his progress has been truly amazing. His dedication to his health really shows how fast the body can heal when given the right stimulus.

I also had a client, a young mother who had been diagnosed with **ankylosing spondylitis**. When she came in to see me, she couldn't really walk well and hadn't slept through the night in over a year due to her pain and discomfort. Her doctor had prescribed medications and told her she would likely live in pain for the rest of her life. She didn't want to take the drug, and I said, "Okay, I don't know if I can help you, but let's see what we can do." Within two weeks of starting with the posture therapy exercises, she was sleeping through the night, and she never went on the drug. What we did was create movement where we could, which alleviated her pain and allowed her to walk again. The response to posture therapy that these clients had demonstrates how important movement is, for *every* body, even a body that has been sidelined or disabled by a neurological disorder, immune disease, or other issue.

I have a large reciprocal referral base. I think networking is important to a successful practice, and it's helped so much that I developed a waitlist, and so I brought in another therapist. Mark Thibert (who is also a member of POSTURE ALLIANCE) was a runner I'd met and seen on various trail runs. Because he had pain and limitations, he finally chose to come in as a client.

The therapy worked so well for him that he was inspired to train to become a posture alignment specialist and then come to work with me at Aligned Fitness.

My personal experience and the experience of my clients have taught me that the body as well as life is dynamic and constantly changing. Posture therapy and movement is like brushing your teeth—if you quit brushing your teeth, they will decay. If you quit moving, you will not retain sufficient mobility to keep moving. Basically, what you don't use, you lose. As I said above, it is my life purpose to continue to teach and empower people to care for their body and emotional well-being, and I find in order to do that well, I must first take care of myself.

³⁸ Former clinic director of Egoscue San Francisco, and author of *Ageless, Painless Tennis*.

JAKE

“I feel like a new person, like I’ve been given a new lease on life.”

—JAKE CHACKO, CLIENT OF LISA DECKER

I just turned sixty-eight and am now semi-retired after a career in the telecom and hi-tech industry. I worked in a variety of locations, from New Jersey to Chicago to Boston and “finally” to the Bay Area on the West Coast. I also traveled abroad and worked in other countries, including a three-year ex-pat assignment in India, which is where I was born and raised until I was thirteen years old. The point of sharing all this is to say that I sat a lot—in a car, on airplanes, in corporate boardrooms, and at a desk, and my pelvis was tucked under, my low back flat and (I know now) my posture was not good.

However, I have been active all my life. As a child, my mother drilled into her three sons the value of an active mind and body. I played tennis in college and continued playing USTA tournaments well into my forties. I also got hooked on downhill skiing early in my working career, and I enjoyed hiking.

Over the years, I gradually put on weight, especially after we moved to the Bay Area in my late forties, and I discovered the pleasures of red wine! Although I could still play tennis, I noticed that the weight definitely slowed me down on the court. For years I went to a gym every day in the early morning, but I don’t think I was helping myself. I’d get on the elliptical trainer, work out and stretch, mostly doing my own thing because I knew nothing about how to properly stretch, and I was always skeptical of trainers at the gym. So even though I did all this, because I had no idea about posture and good form in exercise, plus the extra weight I carried, I really wasn’t in the best of shape.

In my fifties I started to develop pain in both knees, and whether this was due to having played primarily on hard courts or from carrying around excess weight, I didn't know. But I felt like the combination of those two things, plus aging, was obviously putting wear and tear on those joints. For a singles player who relied on scampering, the weight was definitely an inhibitor. By my late fifties, I was exclusively a doubles player, something I hadn't done earlier. After a long match, I'd also have low back pain, and then I began to notice twinges of pain in my feet. The discomfort I felt in my body didn't just impact my tennis game; it affected my ability to ski, too, as all too frequently, nagging pain would force me to take a day off if we were doing several days of skiing.

My singles game was being affected, and so I consulted with an orthopedic doctor who suggested that I needed knee surgery. Fortunately, my physician sister-in-law said, "Don't do that!" and given where I am now, I'm really glad I didn't have surgery. That was over twelve years ago. Around that same time, my left shoulder started bothering me. I'm left-handed, and I thought my shoulder was getting locked up. My serve no longer had any pop to it. People would say, "You should have rotator cuff surgery," but I am generally averse to going under the knife, so I never had surgery and was able to muddle through.

As I entered my sixties, my weight kept creeping up. I had given up singles tennis but still did go to the gym every day and got in my fifteen annual days of skiing. Having read that "old" men's metabolisms slowed down and that muscle had to be maintained, I started to lift weights in the gym, though I really didn't know what I was doing, and it's likely I didn't do myself any favors doing this.

All of these discomforts and limitations had built up gradually over time. There wasn't one sudden event that caused me to fall on the tennis court or drop the weights and yelp in pain. I hadn't given up playing tennis. But then something did happen that put a stop for a couple of weeks to all activities involving moving. It was a little over a year ago—a couple of weeks before Christmas. It was a stressful time for me because I was doing all of the back office work at a large church, and we were going through some issues. I decided to go to a chiropractor that some friends had recommended because I

had grown more uncomfortable, feeling some amount of pain too frequently, though it wasn't debilitating. I wanted to find out the real cause of the pain, learn how to better support my feet, and figure out what could be done to help me feel better. The chiropractor evaluated me and said I needed to wear orthotics in my shoes, which he then custom-made for me. I wore them every day for the next few weeks. They were extremely uncomfortable, but I figured I just needed to get used to them. And then, one day a week before Christmas, while walking, I felt this incredible pain shooting down the back of my right-side buttocks and leg. It literally stopped me in my tracks. I hobbled the half-mile back to my office that day and almost passed out.

I found out it was sciatic pain. It was so debilitating that I ended up spending all of my time at our family's annual Christmas reunion in a wheelchair. I was prescribed some medication that did absolutely nothing. After the holidays, my doctor prescribed a round of physical therapy, which I went through in January. I was a little better after that, not in such intense pain.

At that time, a friend my age (who still competes in Iron Man competitions) suggested that I look into the Egoscue Method. He said I should seek out Lisa Decker, in particular. So I read up on Egoscue and found out that they have a clinic in San Francisco, north of Palo Alto, where I live. My wife drove me to the clinic so I could learn more about it and have a free evaluation there. But Lisa's practice, Aligned Fitness, is located much closer to where I live, and so based on my friend's recommendation and proximity, I decided to start with her. In hindsight, my sciatica and eventually hooking up with Lisa and getting turned on to the Egoscue Method turned out to be one of the biggest blessings in my life.

About this same time, my wife said, "Hey, let's try to get back down to our wedding weight." My fiftieth high school reunion was coming up in October, and we figured it would be a good goal to lose weight by that time. My wife put us on a bone broth diet, substituting one meal each day with bone broth. So by a combination of circumstances—which I have to say were serendipitous because usually I didn't listen to my wife about weight loss—I started this diet and began working with Lisa.

When I started doing the posture therapy exercises that Lisa gave me, it

was just like a godsend to me. She pointed out that my knees were not aligned with my hips, and my pelvis was totally locked up. (One of my colleagues on the church Board used to say, “Nobody would call you Mr. Flexible!”) Also, my shoulders weren’t even (one was higher than the other), and I had some rotation in my body. At first, it was difficult to do some of the exercises she gave me—like I couldn’t even do Cats and Dogs because my pelvis was locked up; it just didn’t move at all. It’s still not perfect, but it’s much better now. I have some favorite exercises—like Abduction/Adduction, Hip Crossover Stretch, anything having to do with the shoulders, like Shoulder Shrugs. I like Frog and now that my pelvis moves, I can do Cats and Dogs. To me, the flexibility I have there now is unreal. The routines have really helped to retrain my muscles to be more functional and start to realign my joints. They have eliminated any lingering and nagging pain, and I feel more supple and mobile. I picked up a secondhand bike from a friend and started bicycling, which I hadn’t done since I was a teenager. And my wife and I hit our weight loss goal in only six months, so I am down to the same weight I was in high school.

After my body was in better alignment and my pain reduced, Lisa introduced me to Foundation Training, which is increasing my strength and stability. Honestly, I feel like a new person, like I’ve been given a new lease on life. I’m rediscovering tennis, and my movement on the court has improved. I am looking forward to going skiing again, even during COVID season! I haven’t delved into the third thing that Lisa offers—more about mindfulness and meditation—but I sure think I hit the jackpot with her experience and expertise, and I’m really grateful. In fact, even though I used to enjoy going to the gym every day, I don’t think I’ll need or want to go to a gym other than to go swimming or something like that. It feels like the Egoscue and Foundation exercises—plus tennis, bicycling, and skiing—will provide me with all I need, at least for now.

RANDEE

“Eliminate Chronic Pain and Live Pain-Free!”

—RANDEE ENGELHARD, OWNER OF [REALIGN BY RANDEE](#)

When I was a youngster, I was a dancer and into gymnastics. I started to exercise regularly when I was about fifteen years old, and it is also about the time I became a cheerleader. I loved cheering, but I developed pain in my sacroiliac (SI) joint area and the pain going down my leg got so bad that I could no longer perform or make it through tryouts. I didn't get to cheer for a whole year, which was pretty devastating to me at that age. During visits with the doctor to find out what was causing the pain, I was diagnosed with scoliosis. I didn't let any of this slow me down for too long, though—I recovered from the SI joint issue enough that I could go into high-impact aerobics, and I took up running. It was taking a toll on me, though—by the time I was in my first year of college, at age eighteen, I had plantar fasciitis in both feet, and I was wearing orthotics.

I majored in exercise science at the University of Florida, but at some point, I realized that I was going down a path of health and wellness that was putting too much emphasis on body weight, body image, and looks. I wanted something different, something totally separate from what a person *looks* like. I was interested in how a person *feels*, and I liked to help people feel better. For my practicum hours, I volunteered to work with children with special needs utilizing horses as part of the therapy. In my final semester, I shadowed in a physical therapy clinic where they treated many injuries and conditions for back, neck, shoulder, knee, and ankle pain and issues. With both of these experiences, I fell in love with physical therapy and appreciated its focus on the client's health and function.

After graduating with a bachelor's degree, I was considering going into medical school or graduate school to study physical therapy. With an

undergraduate degree in exercise science and many volunteer hours in different clinical settings, I decided that pursuing a degree in physical therapy was the right path for me. I went to Nova Southeastern University because they had a master's level program, which was important to me, and it was near my home. I interned at a wonderful clinic where I had also volunteered, and I began my first job there, grateful for the opportunities to do a little of everything. It was an outpatient clinic with an indoor pool, and I worked with people who had orthopedic and neurological injuries and conditions—babies, young children, adults, athletes, amputees, stroke victims, patients with Parkinson's, and more. It was a very rich experience, and I really got a good sampling of many aspects of physical therapy. But it was also somewhat intimidating because I never felt like an expert in anything, and one of my goals was to have expertise in some area of my studies that I really enjoyed.

Then I became a mom. I had two children, both of whom I nursed for a long time. Pregnancy and breastfeeding produce hormones that cause ligament laxity, and when I tried to resume exercising, I suffered a few more injuries. Nothing too serious—but this is when I developed bunions and a sesamoid injury that there was a recommended surgery to correct. The outcomes for that surgery weren't so great, and I thought, "Um, no, that's not going to work for me." As the kids were growing up, I worked part time per diem, which I really enjoyed. I explored various forms of exercise that were personally beneficial to me (including Pilates and yoga), as well as adding skills I could use to help my patients. I was always learning and adding more pieces to the puzzle to broaden my knowledge and skill set.

Once I had become a PT and was educated about what had happened to my body, especially to my SI joint, I was able to take care of my body pretty well. I became passionate about the SI joint and worked a lot on aligning and stabilizing that area of my body. However, about fifteen years into my career, I started having an ongoing hip issue that really bugged me. I had been doing Iyengar yoga, which is very hard—breaking poses down into minute detail—and very alignment-focused. I felt like PT school had not taught me the nuances of the hip and that what I'd learned seemed very basic. I felt like I was missing some pieces of knowledge, and so I started looking online for more information about hip injuries, hip pain, and treatment options for hip issues. While doing this research, I stumbled upon something about Egoscue,

and whatever it was I found impressed me so much that I ordered Pete Egoscue's book, *Pain-Free*. I read it and did the exercises for hip pain and was pretty amazed how quickly it helped to relieve my pain. This inspired me to read his book, *The Egoscue Method of Health Through Motion*, which provided great information about the posture types that he identifies, and to explore the specific exercises he recommends for each type. One of the most memorable moments I can recall from this time is when I looked at myself in a mirror, as he suggested, to see how my ankles, knees, hips, and shoulders were aligned. I noticed that my shoulders were off—one was higher than the other—and I already knew and could see that my hips were off from the scoliosis. So I did the exercises he suggested in the book and returned to the mirror and thought, "Wow. I can actually see a change!" It was like a light bulb went off, and I started doing the long menus in the book and noticing many positive changes taking place in my body.

It was pretty exciting for me to be looking at the body in a different way. I had always loved my work, helping people to recover from injury and feel better, and I'd been looking at and working with bodies for over fifteen years. But now I was thinking, "How did I not know about this?" In school, I had learned about anatomy, bone structure, joint position, muscle attachments, gait mechanics, and so on. I basically knew how joints were supposed to work when a joint was misaligned and not moving correctly, and I knew how to provide stretches and strengthening exercises to help a joint work the way it was supposed to work. But I didn't have this big picture view of the entire body's position that Pete described in his books. Even though we looked at the joint above and below the one the patient was in therapy for, my education and experience had taught me to focus on the problematic joint as if *it* was the problem. In fact, physical therapy is very much oriented to one joint at a time—if a patient has a hip issue and a shoulder issue, he or she receives separate prescriptions for therapy for each body part. They may even get a different therapist who specializes in a particular body part rather than be assigned to the same therapist to treat them.

At this time, I was working in a chiropractic office with a nice little PT department. I started bringing the book in to share what I'd learned with the PT assistant, who had her master's degree and was an excellent therapist. When I told her that Pete wasn't saying he was against physical therapists but

that he thought they were missing a piece, she said, “Oh no, we’ve got it! We know what we’re doing.” I really wanted to learn more about posture therapy *with* someone, but I realized that nobody I worked with or knew in my field was going to get on board with me. I was pretty much on my own in delving further into it.

I continued to practice the exercises from the books on my own and experienced benefits from them, and this helped to motivate me to take the posture alignment specialist certification training offered by the Egoscue Institute. What I learned helped me understand the difference between physical therapy and posture therapy. As I said earlier, I had been trained in PT school to test muscles to find what feels strong, weak, or tight, and to test joints for normal mobility, too much or too little. From that information, as well as from other evaluation techniques, I knew to strengthen or stretch muscles, as we had been taught was appropriate. But with the posture therapy training, I learned that they were looking at the body in a very different way. Posture therapy views the body as a unit and looks at the patient’s *posture* (the position of their *entire body*) and takes that into account in selecting the most appropriate exercise to improve the patient’s posture. In other words, the goal of the exercises is to change the position of their body so that the eight load-bearing joints (ankles, knees, hips, shoulders) are in better alignment. So if a patient’s hips aren’t level, left to right, posture therapy looks at how a chosen exercise affects their hip position. Does it level the hips out (even if not completely, at least improve their position in relation to each other)? And if it does, does it also help to reduce their symptoms? And how does the exercise affect the alignment of other joints? Then, when given another exercise, does that continue to improve their hip position and/or anything else that is misaligned, or does it make their body go back to its misalignment or cause their pain to return? In this way, I learned the nuances of selecting exercises in a certain sequence to help to reduce rotation, shift the pelvis back to its proper (neutral) position so that it can act as the strong foundation it’s meant to be, and level and realign a patient’s joints so that they have less pain, improved range of motion and feel better.

In 2016, I got my PAS certification through the Egoscue Institute, and I began seeing patients who wanted posture therapy at that time. I don’t want to give the impression that I am opposed to physical therapy, because I’m not

—that would be like shooting myself in the foot. I still work within the practice and follow doctors’ prescriptions for my patients. I think that certain things that we do are fantastic, and in my twenty years of practice, I have seen physical therapy work really well. There are excellent diagnostic and treatment tools, including X-rays and CAT and MRI scans, that can help patients with broken bones, dislocated joints, and/or lost feeling or function due to nerve damage. Of course, I also think it’s wise to consider surgery to repair bones and joints or to avoid paralysis when no amount of therapy has helped to calm down a patient’s nerve pain or restore their function. But I’ve also watched people come in for up to thirty visits without really improving. The patient maybe feels good while they are undergoing treatment that includes heat or ice, ultrasound, manual therapy, including joint mobilization or other massage techniques, but then—even when they continue the prescribed exercises at home after being released from therapy—they come back because they’re still hurting, or they feel that things just aren’t right. This is frustrating for patients *and* therapists. Being able to offer patients an alternative with posture therapy has been a great blessing.

I am passionate about helping people feel better and when I started as a therapist, what I enjoyed most was the treatment side of my work. But shortly after I got into PT, things changed so that the physical therapist did a lot of evaluations and diagnoses and created treatment plans, but then the PT assistants took the patients through their treatment. Undoubtedly this came about because it is more cost-effective for the entire industry—which is constrained by insurance and other regulations. But it meant that as a physical therapist, I wasn’t getting to do what I most loved to do—take my patients through their treatment programs. Learning about posture therapy and being able to incorporate this knowledge and these new tools has given me the opportunity to achieve my goal of offering more of a concierge-type of practice. And so, for those patients who sign up for posture therapy with me, I am able to evaluate, diagnose, *and* do what I most love to do, which is to work closely with them through all aspects of their treatment.

One of my clients, a senior named Rush, came to me with a primary complaint of shoulder pain and range of motion limitations. He’d been quite active all his life and experienced a number of injuries over the years to his back, neck, jaw, and shoulders. He said he had always had back pain,

including sciatica, and had obtained temporary relief from chiropractic, but no lasting relief. He was drawn to seeing me in particular because I was an Egoscue posture alignment specialist *and* a physical therapist (which was important to him). He's been a great client, diligent about doing his exercises every day, and as a consequence, he has benefitted from this work and recommends it to others. Here is what he has to say:

"Randee has helped me a great deal. I had chronic pain in my shoulder, and I couldn't raise my arm over my head nor lift it up and out to the side. I'd had problems with my elbow for years and couldn't stretch my arm out; now I can. The range of motion I've gained with Randee is surprising. When I was ten years old, I couldn't touch my toes; now I can. I'm not real fast in getting there, but I can get there, and I'm very proud of it.

"I compared the cost of going to see Randee with the cost of chiropractic care, and they're very similar. The benefit of going to Randee is that I experienced long-term improvement, and I've continued to improve, even after the initial reasons that I went to see Randy were resolved. I got immediate pain relief the first visit, and my overall experience with Randee has been quite positive.

"Randee thinks about ways to help her patients ahead of time. Before I get there, I can tell that she's already looked at my pictures, my videos, and any notes she's taken, and she's already figured out the next steps and what we are going to do to continue to improve. We try those things out, and if they don't work right away, we try something else. She's got many tricks up her sleeve, so to speak. The Egoscue Method alone has over 400 exercises of varying degrees for various issues, and whether it's disc function or improving some area where range of motion is limited, Randee has an exercise. And she is willing to try new ideas to advance her patient's long-term improvement.

"I was pleasantly surprised by how effective this work can be. Like I said, I got immediate relief. I regularly comment to others about how simple the Egoscue exercises are and how impactful they are to my overall alignment. It's just incredible. I sometimes say it's almost like magic... I hate to say that, but that's the way I feel.

“Egoscue has a great app for the phone. The information can be printed out, but I like to use the app because it has good videos, instructions and pictures, a timer, and a list of all of my exercises and how many reps and sets I should be doing.”—RM

Personally, I remain as active as possible doing my posture exercise routines, working out in other ways, and walking. I’m closing in on fifty now, but I can definitely do more now than I could have done years ago, even in my thirties. I wore orthotics for over thirty years, and eight or nine years ago, walking the dog for half a mile was bothersome because my right great toe and right hip hurt while walking. But now, I walk the dogs for several miles without a problem. In the past, doing anything on the toes in yoga-like planks wasn’t possible. But it’s not a problem anymore. There was a point where my thinking about losing my abilities was, like, “Okay, I’m twenty-five or thirty years old, and I can’t do this anymore.” Pete writes about this when he says you might take a runner, and there comes a time they can’t do that anymore because some function is failing, so they just accept that limitation, blame it on age, and take up swimming. I get that concept really clearly—I saw this in my father-in-law and my husband, having to switch their activities. But I feel like I am getting to go back in time, and it’s so nice to be able to be adding pieces back in, to be able to do things again that I couldn’t do before. I’m very respectful of my body, and if something feels right, it’s right. If it doesn’t, it’s not. For example, with scoliosis, there are some imbalances between my two hips, one sits higher than the other and is weaker, so when I try to do single-leg stuff, it’s still challenging. But I’m always working on getting my body straighter and stronger, keeping myself active, and doing the things I want to do.

I feel like our society has really ramped up the speed of things—we’re always being stimulated by our computers, our phones—objects and tasks that don’t require us to move. But movement is a vitally important stimulus for good health, and I like to remind people of this fact. One of the things I would like to do is teach a continuing education course for physical therapists that introduces them to the Egoscue Method. It would be a perfect way to tell them about posture therapy, to describe how the body is a unit—no part actually works in isolation—and teach them maybe twenty or thirty of the most common exercises. Understanding these things, and the importance of

providing the right stimulus to the body, could really help them to help their patients (and themselves), even if they start by just sliding an exercise or two somewhere into their day here and there.

JULIET

“Better Posture. Better Life.”

—JULIET WEAVER, OWNER OF [POSTURE ALIGNMENT OF MARYLAND](#)

When I was in my mid-forties, I was walking around Washington, DC with my family on a beautiful spring day, visiting museums and monuments. It should have been fun and uneventful, but I had so much pain in my hip that I was gritting my teeth all day long. All that was going through my head were thoughts about being one of those people who can't move in their senior years. My father was a very healthy man, physically active, he ate well and wasn't overweight, but he had both of his hips replaced and five back surgeries. I watched how those surgeries and all that he went through afterward deteriorated him. I knew that was not what I wanted for my life, but walking around in pain that day, I was starting to fear that might be my fate.

Over a decade prior to this day, I had started to experience hip pain while training for the New York City Marathon. I'd been active since college—lifting weights, doing aerobics and sports training classes, biking, hiking, swimming, walking, and running. I also did Pilates and yoga and had been teaching yoga for a number of years. Despite the pain while training, I ran the marathon and only went to see my doctor afterward. He couldn't find anything wrong, so I started looking into different therapies and treatments to find relief. I tried foam rolling, which would make it feel better for an hour or two. I tried different types of massage, including neuromuscular massage, which was intense and very painful but helped some. I also tried acupuncture. Although I got relief from each of these things, it never lasted long—the pain would always come back.

After the marathon I'd stopped running because it just hurt too much, but I was still weight training and walking regularly, as well as teaching yoga. I

also continued with spinning classes and aerobics. So I was still extremely active, just not running. At one point, I went to a physical therapist. After I told her about the pain, she asked me what my life was like—what activities was I still doing. After I had gone down the list of everything I was still doing, she looked at me with raised eyebrows and said, “There’s nothing that physical therapy can do for you that you’re not already doing for yourself. When the pain and limitations get worse, hip replacement surgery will be your only option.” As soon as she said that, I thought, “No way!” I wanted to do whatever I could to avoid surgery.

For the next ten years I dealt with it as best I could, trying vainly to find lasting relief. Then, not long after that painful day in DC, I found myself standing in front of a mirror at home, saying out loud to myself, “I just have to figure this out!” I had on a pair of shorts and a T-shirt, and as I looked at myself from head to toe, I was surprised to see how uneven I was. I could see that one shoulder was higher than the other, my torso was rotated, my knees turned inward, and my feet turned out and were supinated. I thought to myself, “Maybe there is a link between my posture and my pain.”

After some intriguing online research, I discovered Pete Egoscue’s books *Pain-Free* and *The Egoscue Method of Health Through Motion*. I read them, one after the other, and found that the information in them seemed to make so much sense. After utilizing several of the exercise routines suggested in these books, I began to feel some differences in my body. And even though the pain hadn’t disappeared, the changes in my body were noticeable, and I was sure I was on the right track.

Soon after this, I made an appointment with the Egoscue Clinic in Philadelphia. I started going there every other week, committed to the program even though it was a three-hour drive each way. It took maybe eight months or so, but eventually I had days where I was completely pain-free. I was already committed, of course, but this made me even more motivated to continue with the exercises.

As a yoga instructor, I often had students coming up to me after class telling me about their pain or limitations, asking me for help, wanting me to fix them. I’d say, “Yoga is wonderful, and for certain people, the poses are exactly what they need, but it’s not going to fix everybody’s issues.” After

doing posture therapy for some time, I started to tell people about the Egoscue Method and suggested to those who sought my help with pain relief that it would very likely help them, too.

I decided to take the posture alignment specialist training and got my PAS certification. Afterward, I did an internship at the Philadelphia Egoscue Clinic; I learned so much there because I got thrown right into the work and the hands-on experience was amazing! Then I opened my own practice in Maryland, and I've been doing this work ever since. In fact, I'll share a story about one of my clients that will make it clear why it's so rewarding to me.

This client is a young guy in his mid-thirties (which I find interesting because that's when I really started having a lot of pain, too, about that same age). When he came to me, he was desperate. He has a very demanding, labor-intensive job, and his pain was interfering with his ability to do the work. He's out on the road for long periods of time, traveling from job to job, and then working with heavy equipment at various job sites. He works long hours, maybe ten to twelve hours a day, sometimes in pretty intense heat. The pain in his pelvic region had become so extreme that he felt like he could barely get through the day. He also wasn't sleeping well due to the pain. No one he had gone to to find out what was wrong could tell him why he was in pain. He'd even gone to the emergency room, thinking maybe he was dying of cancer or something because the pain was so terrible. But they could find nothing wrong with him, and they sent him on his way.

In this work, I don't really get stuck on people's pain—of course I want to know what hurts and all, but I'm focused on their posture, not their pain symptoms. So when people come in I listen to them, but then I tell them, "I'm sorry if this sounds awful to you, but your pain is not that important to me. It's only important to me because it reveals the emotions that are attached to it, but as far as what I'm going to do for you, it doesn't really matter that much." This can be hard for people to grasp, but one way we posture therapists explain this is to tell our clients, "I'm not that interested in your *condition*; what I'm looking at is your *position*."

So when I started working with this guy I knew where he hurt, but I was focused on his posture deviations. I found that he was extremely swayback and had kyphosis (excessive thoracic flexion) and forward head posture. He

had no glute muscles to speak of, and his hip flexors were obviously not working. So every exercise I gave him was meant to improve his *position*, to strengthen his glutes and hip flexors to bring his hips back under him, where they are meant to be the foundation of good posture and to reduce the flexion in his upper back, which would help to bring his head back to where it was meant to be. I knew that getting his body back into better alignment would relieve his pain.

He is a great client—committed to doing the exercises every day—and after about two months, he came to his appointment nearly in tears because his pain had diminished so much. He was just so grateful. He said, “I can feel so much improvement; I’m getting so much better, thank you!” The poor guy had been to so many others, including a chiropractor who’d told him he could see he was out of alignment, but he didn’t know how to fix him. I told him the very first visit, “Don’t worry, we’ll fix you, but you’ve got to do the work. If you do it, *you’ll* fix yourself. It’s up to you.” Now he can’t believe how much stronger his whole body feels, and he has no more pain. He’s still driving all over the country, working long, hard days with heavy equipment. And now he’s also doing *slacklining*. When he first started trying that, he couldn’t even stand on the line, but now he is strong and stable enough that he can walk all the way across it.

As for me, I’m back to doing everything I want to do, including running. Like everyone who does this work, sometimes I am drawn to a particular exercise or two that seems to help me the most. For me right now, Standing Windmill and Triangle are two that are really working well for me, but in the past, I used to love and benefit a lot from Hooklying Knee Pillow Squeezes and Wall Drop or Gravity Drop. There are many more that have helped me and continue to be useful. As our alignment changes, our body needs a change—a different stimulus. And as I like to tell my clients, because it’s really important for them to know this, “Just because you get a handle on your pain or your posture, doesn’t mean that your pain might not come back again at some point, or something else might go awry to cause you to have physical limitations.” Because that’s how we humans are—we might sit more than is good for us, take up a new hobby, fall into an old pattern that puts us out of balance again, slack off doing our exercises, or have a wreck of some kind. But in this work, knowing how to do these exercises, and knowing

which ones to do, puts the power into our own hands. These exercises are the tools we need to keep ourselves out of pain for life. It's why my business motto is "*Better Posture. Better Life.*"

DEB

“I’ve traded my fears for hope and my pain for healing.”

—DEB FREEMAN, OWNER OF [ALIGNED BY DESIGN, INC.](#)

What seemed to set off my neck pain, which eventually led me to posture therapy, was a car accident in 2006. It wasn’t a bad wreck, and I walked away from it thinking I was fine. A friend talked me into going to the emergency room just to get checked out, which turned out to be a good thing. In the hours after the accident, pain started slowly coming on and progressively increased. My neck injury from that accident was the start of a long, painful, and frustrating journey.

One thing I know now is that I was an accident waiting to happen. Every day I drove home from work feeling stressed, and my body was out of alignment. In his book, *Pain-Free at Your PC*, Pete Egoscue says, “Muscular weakness, skeletal misalignment, and structural instability usually precede the onset of pain that is attributed to accidents, overuse, or aging.” Probably the biggest factor contributing to my postural misalignment was the fact that I broke my leg when I was two years old. Throughout the years, people commented on the way I walked.³⁹ Since I wasn’t in pain and could do the things I wanted to do, I never looked into doing anything about it. The change in my gait, however, left me out of balance and more susceptible to injury. Of course, I didn’t know that was the case until I discovered posture therapy and began to understand the real reason for my pain: postural misalignment.

At the time of the accident I was a single mom with two young children, working full time at a stressful job in the mortgage industry. After a while, the pain became constant and would intensify at work or in the car due to my body’s response to prolonged sitting and stress. I depended on over-the-counter pain medications, like Motrin® and Tylenol®, to make life bearable.

Often I had to go lie down in my car on lunch breaks, just to get through the workday. I would sleep away the weekends in the hopes of being rested enough for the coming week. I didn't have much of a life. I'd go to work, come home and take care of my family the best I could—which wasn't very good—and then I'd go lie down. If I could fall asleep, I wouldn't feel the pain. I was just trying to survive each day.

The pain had started in my neck, very localized, but after several months it spread throughout my body, even to my hands and feet. My first diagnosis was bulging and herniated discs and arthritis in my neck. When the pain spread, one doctor suggested that I had fibromyalgia. When I heard that, I said, “No way. I'm not going down that path; I'm not taking those drugs.” I had already tried taking heavy-duty prescription pain medication but found that it wasn't any more effective than over-the-counter medications at reducing my pain, and it affected my ability to think clearly, which negatively impacted my work. So I stuck to the non-prescription medications but worried about the consequences of taking them long-term.

Over the next six years, I tried many things to find relief. I had nerve block injections and an epidural. I went to physical therapy, where they gave me exercises and used ice, heat, and electrical stimulation—a TENS unit⁴⁰—to try to relieve my pain. I was put into traction and had chiropractic adjustments. I tried different forms of massage therapy as well as acupuncture. Pain has a way of contracting your body, making you feel tense all the time, everywhere. Massage and wine were the only things that helped me to relax a bit and were more helpful than the medications I had been relying on. Of course, all these things only temporarily took the edge off of my pain, never bringing much relief and not helpful in any way to actually cure my pain. I was simply managing the pain symptoms the best I could and relying on medical professionals to provide me with solutions for how I could actually get rid of the pain, which unfortunately, they couldn't do.

Hearing that some people with neck pain underwent surgery and experienced relief, I made an appointment with a surgeon. While in the waiting room, I sat on horribly uncomfortable chairs for over two hours before I was ushered into an exam room, where I waited another hour. After a while, I laid down on the exam table, exhausted from the pain of so much

sitting, which stressed my body and increased the pain. When the doctor came into the room I sat up, and the first thing he said was, “You have terrible posture.” Then, after a brief exam, he said, “If we do surgery, you’ll likely be back in for another surgery about every ten years.” I was forty years old at the time, so that wasn’t a very attractive prospect. It was also clear that the surgery wouldn’t actually fix the problem; otherwise, there wouldn’t be a need for additional surgeries.

I knew I had poor posture. I had always worked hard to sit up straight, but it required a lot of effort. He never told me that my posture was the cause of my pain; I don’t think he actually knew its effect. He certainly didn’t make it clear what he meant by that statement, and he didn’t tell me what to do about it. However, that doctor visit, and what he said, is what sent me on a search for something that could help me outside of the medical field. I searched online for books about neck and back pain relief since that was where my pain was most intense. Then I visited the local library and signed out an armful of books. I read them all and did whatever things they suggested that I was actually able to do. But I could not figure out the mechanics of many of the suggestions based on their descriptions in the books. Out of all the books I read, Pete’s book *Pain-Free* made the most sense to me, and the photos and instructions made it easy to correctly do the positions and movements without increasing my pain. I found many of the exercises simple and even comforting. And while I didn’t get much immediate pain relief, I could tell that something was happening in my body—something good. I felt different, and it was enough to motivate me to purchase and read all of Pete’s books and to keep exploring this modality.

Eight months of doing the exercises daily passed, and I really began to notice a decrease in my pain level. It seemed like baby steps, and the relief didn’t last long without another dose of exercises, but I began to experience increasing hope. That hope strengthened, and my pains continued to decrease more and more over time. The relief of getting myself out of pain was so profound that I began to entertain the idea that I could help other people get out of pain as well, and that really inspired me. I had been working in the mortgage field for over twenty years, but it was never a great fit for me. Before long, I decided to change my career to posture therapy. It felt like it was what I was meant to do. But first I thought that I should experience

working with a therapist myself to see the journey from the client side, and to further eliminate my own pain. So I purchased eight sessions with an Egoscue certified therapist. My progress was still slower than I would have liked, even with the personalized exercises from the therapist. I still had pain after the eight sessions, but I learned quite a bit from that experience, and I was even more confident that posture therapy was the right choice for me.

A great deal of reading was required in the training to become a postural alignment specialist. At the time, I was still in considerable pain. Sitting and reading for more than a few minutes at a time wasn't an option for me, and lying down to read was uncomfortable, not to mention it wouldn't be long before I fell asleep. If you have severe chronic pain, you're probably familiar with how exhausting it can be. However, I found that I could put my reading materials upside down on the edge of a glass table and lie down under it in two of the posture therapy positions I had already learned—Static Back and Supine Groin Stretch. Those two positions were so helpful for mitigating my chronic pain that I could read for hours without falling asleep or experiencing the pain that other reading positions caused. I can now read in any position—I no longer need to do it that way, but sometimes I still do because it feels so good.

While still studying the coursework, I was driving home one day, and my car was hit from behind. It was yet another minor crash, but I could tell right away that things were really off in my body; I could feel it and see it in the mirror. This time it only took me two weeks to get back to pre-accident condition. This highlights the difference between the two car accidents once posture therapy was part of my lifestyle. Immediately after this second accident, I knew what was needed to get better, and I didn't get caught up in all the old fears and depression that seemed to accompany my first journey. I realized that my hope had turned into confidence.

People get into accidents, falls, or other bumps and jars, and they don't know that it's changed their body's alignment. Or they know that they're somehow "off," but they don't know what to do about it (other than take meds, etc.). Most people don't know that proper alignment will relieve their symptoms. Having this knowledge takes so much fear out of one's life because that bump is now just a minor setback. I love hearing clients share

with me their stories of life's setbacks that they were able to confidently bounce back from with an assurance they didn't have before their experience with posture therapy. It is truly priceless and makes me so grateful for the honor to be a part of such inspiring testimonies.

One of the things that so attracted me to posture therapy and has continued to inspire me even through the tough days of overcoming my pain were words of wisdom from Pete Egoscue:

"Pain is not a disease, not an injury, not even an effect of aging. Pain is a symptom, a symptom of postural imbalance."

"Until you recognize the need, the absolute requirement for taking responsibility, you will not succeed. Once you do accept the responsibility, however, the Egoscue Method never fails. Never. No drugs, no surgery, no machines, no miracles. Just You. A normal person, doing normal things."

What has become my personal favorite:

"I never said it would be easy. I said it would be worth it."

Pete was right—it wasn't easy, but it has been so worth it! The reason these words have meant so much to me is that Pete has been there, and he overcame his pain. Just like with me, his doctors were at the end of their resources in what they could offer to help him, and he was left managing his pain on his own or trying to find another way to get rid of it. I'm so glad he chose the latter. He was a forerunner. He understands. He overcame. It all just resonated with me. My desire is that I can, along with Pete and so many others, share the good news that there is hope and healing to be had for those who suffer from chronic pain. And such news is increasingly needed as more and more people are suffering from chronic pain than ever before.

There was a scripture that jumped out to me one day that resonated with how I felt about my pain-free journey, and how I look at my business, Aligned by Design, Inc. It can be found in 2 Corinthians 1:3-7 (NIV), and it goes like this: "Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we

ourselves receive from God. For just as we share abundantly in the sufferings of Christ, so also our comfort abounds through Christ. If we are distressed, it is for your comfort and salvation; if we are comforted, it is for your comfort, which produces in you patient endurance of the same sufferings we suffer. And our hope for you is firm, because we know that just as you share in our sufferings, so also you share in our comfort.”

Saint Paul wrote that, and he knew something about suffering, overcoming, and helping others. And so I hope that if you are reading this and you suffer from chronic pain that you will find something in this book, maybe in my story, that comforts you, gives you hope, or inspires you to overcome. You may not become a posture therapist because of it, but you’ll likely find yourself one day helping another because of what you have been through. It is a beautiful thing, the redeeming of pain.

For some like myself, whose alignment has been compromised for decades or for those who were born with alignment issues, the therapy process can take time. The alternative is barely living your life in a world of constant pain. Others find quick relief, but it doesn’t last long at first before needing another alignment fix. Some are able to find quick and lasting relief through posture therapy. Everyone is different, and an exercise that works for one may not work for another. But there are many exercises to choose from; the exercises chosen depend on each person’s posture issues and the location and severity of their pain or physical limitations. Most of my clients progress much more quickly than I ever did, and that is great.

One of the things I love most about posture therapy is that as a therapist, I am able to meet each client right where they are, and that is the exact place they need to be met. There is not another person in the world just like them with their particular personality, needs, desires, posture, pains, goals, you name it. This approach allows clients to be seen, heard, and understood. It gets them involved in the therapy process. In actuality, the client is the expert in this therapy since they are the ones in the body with the posture issues, pains, and dysfunctions. As the therapist, I simply assist the client in discovering what their body is trying to tell them and discern what positions, stretches, or movements will be helpful in achieving their desired goals. This requires making sure the client understands what they need to do and

encouraging them to work on the therapy daily until their next session, when we can evaluate progress and make adjustments as needed.

I received my training through the Egoscue Institute and have been certified as a Posture Alignment Specialist since 2013. While I never cared much for the sales part of my work in mortgage, I enjoyed the customer service aspect because I like helping people. Now, everything about my work is geared toward helping others, so it is very rewarding to me. In fact, being blessed with the ability to offer clients hope and assist them in finding healing has in a miraculous sort of way made the many years of my suffering and the long struggle to become pain-free all worth it. While I cannot say I would choose such a path again, I can say that the end is better than the beginning. Out of the struggle has come something beautiful that continues to grow and multiply. Chronic pain is a terrible thing. It can make you feel old and feeble, even fearful, cranky, and depressed despite your best efforts and intentions. My pain is largely gone. I would say posture therapy has reduced it by ninety-eight percent to date (2021), and now I can actually envision being completely free from chronic pain one day. I feel much younger now, and I am probably more functional than I ever was. In retrospect, I'm glad that surgeon didn't take my money and move forward with neck surgery. His words are what set me on the path that has led to much hope and healing, not only for me but also for many others through my business. For that, I'll be forever grateful.

³⁹ My sister told me years later that I walked and ran differently after my leg healed.

⁴⁰ A transcutaneous electrical nerve stimulation (TENS) unit is a batteryoperated device that is used to treat pain. TENS units deliver small electrical impulses through electrodes that pass through adhesive pads placed on the skin. These electrical impulses flood the nervous system, reducing its ability to transmit pain signals to the spinal cord and brain, and they also stimulate the body to produce natural pain relievers called endorphins.

SUE

“Better Posture, Less Pain, More Energy!”

—SUE BUTZOW, OWNER OF [PAIN-FREE WITH SUE](#)

My back pain started when I was sixteen years old. I was bussing tables at a local steak house, and after every shift, I would complain of back pain. I asked my mom to rub my back every night, but the pain persisted.

When I was eighteen years old, I came home from my first year of college and complained to my mom, again, that my back hurt. She made a chiropractic appointment for me, and after the adjustment, I felt relief. I was so happy! My life had changed for the better, and that started me down a path of getting chiropractic adjustments on and off for most of my adult life.

I was a very active person. As a teenager, I was a cheerleader, took aerobics classes, and ran for exercise. As a young adult, I got my BS in Physical Education from California Polytechnic State University. I managed corporate fitness centers and taught aerobics. With chiropractic care and staying active, my back pain was minimal during this time.

Then I got in a car accident in 1996 and suffered whiplash. The back pain affected every area of my life. I was able to work, but after work, I had to lay on the floor for most of the evening to ease the pain. I couldn't do simple chores like cleaning my apartment or doing my laundry. Bending over a washing machine and twisting as I moved clothes from the washer to the dryer were movements that brought on excruciating pain. My insurance company gave me \$2,000 for medical expenses, which I spent on Rolfing® sessions and cranial-sacral massage. The pain eventually subsided, but I was always aware that I could end up with debilitating back pain again without knowing what might set it off.

In 1999 I was planning my wedding and concerned that if I wore high heels, my back would hurt the whole time. A fellow exercise instructor knew about my back pain and suggested I try The Feldenkrais Method®. I signed up for an all-day workshop, and during the first hour of the workshop, I was bored and even irritated by the pace of it. I was used to energetic music and jumping up and down in aerobic classes. In this workshop, we were lying on the floor and doing small movements that I didn't understand. But then, about an hour into the workshop, I felt something shift, which resulted in complete relaxation throughout my entire body. I continued to do Feldenkrais exercises at home for the next few years. (Oh, and I was able to wear heels at my wedding without any problems!)

After I had my two sons, I was busy being a mom dealing with all things kid-related. My back pain came and went. Going to the chiropractor was one of our weekly outings. When my youngest son started kindergarten, I pulled a muscle in my back the night before the first day of school as I was loading the dishwasher. For the next four months, I spent those precious alone hours going to the chiropractor, acupuncturist, cranial-sacral therapist, and lying on the floor with ice packs on my back. I missed all the lunches with friends, shopping, and just hanging out that I had been looking forward to! Finally, in January, I found a massage therapist who was able to relieve the tightness in my back, and the pain finally went away.

Three years later, I was struggling with low energy and began working with a chiropractor who specialized in diet and supplements. With his guidance, I began a gluten-free diet which really helped reduce my inflammation and pain. He also recommended a personal trainer. At that time, my back wasn't hurting very much, but I decided to call the trainer anyway. In our first phone conversation, the personal trainer said, "Check out my website; I have some exercises on there that you can try—see what they're like for you—and then we can schedule an appointment." I tried a couple of the exercises, and I was amazed. As I did one exercise called Hooklying Arm Glides, I felt something relax in my upper back. It felt *so good*. When I went to bed that night, I could tell that something had changed in my body for the better.

I became a regular client with this trainer and experienced freedom from

back pain. As a person who had been in the fitness industry, I was curious about these exercises. I found out that my trainer had been certified in the Egoscue Method. I began working with another Egoscue practitioner who introduced me to the traditional Egoscue appointment with posture photos and gait analysis.

After thirty years of back pain, I finally felt good in my body and confident that I had the resources to help myself if my back did begin to hurt again. This inspired me to take the PAS training through Egoscue Institute to get certified. I loved how my body felt doing the Egoscue Method, and I wanted to share this with others to help them find relief from chronic pain.

Today, I am largely pain-free, although I have had little incidences that set me back. A few years ago, I was hiking and slipped on the rocks of a really dry road. I didn't fall, but my right glute muscle seized up and caused me a lot of pain. Egoscue exercises got me through that—let's hear it for knee pillow squeezes!

Currently, I work with individuals to relieve their chronic pain. I see my clients on Zoom, which has allowed me to work with people from all over the country. I teach a posture class and also provide posture classes to corporate groups. Clients report sleeping better, feeling less pain, relief from TMJ, and much more. I love helping people experience pain relief through simple and effective exercises and stretches.

I'll share a quick story about my hairstylist. While she was cutting my hair, she told me about the pain in her feet. I looked down and saw that she had on compression socks. She's only fifty years old! So I asked her, "Why are you wearing compression socks?" She told me that she had plantar fasciitis and that her feet hurt all the time. I asked, "Would you be willing to try some exercises?" I could see she had some rotation in her body, and I gave her a few simple exercises. She felt relief from the exercises, so I sent her the menu so that she could continue to do them at home. When I saw her again, I asked how she was feeling. She said, "Oh, my feet feel great! I don't have to wear compression socks anymore, and I can wear almost any shoes." I was so happy that she did the exercises on her own and could feel better standing on her feet all day.

Egoscue has given me freedom from pain that I had dealt with off and on for over thirty years. It has also given me freedom from worrying about future pain. Now I have the confidence that when I have pain, I will have the resources to help myself with the Egoscue Method. When I can give pain-relief and this confidence to a suffering client, I have done my job. What a gift it is to be able to help people understand their pain and their body and teach them how to help themselves!

GRACE

“Straighten. Strengthen. Feel Better.”

—GRACE LAMBERT, OWNER OF [POSTURE FIRST EXERCISE THERAPY](#)

To understand how I came to be in serious need of pain relief, one needs to know a bit about the environment in which I was raised and the part I played in becoming hurt, over and over again, from childhood on. It starts with my parents—who and how they each were when it came to athletics (and bravery, I suppose).

My father had a natural ease with his body and outstanding hand-eye coordination, making him a gifted athlete. Although he had superb balance, was a good team player, and could accurately throw a baseball or place a tennis ball anywhere on the court, the only serious competition he ever engaged in was bowling. He participated in leagues for close to eighty years, usually scoring in the high 200s, but when he was ninety years old, he finally hit the jackpot and scored that elusive perfect game of 300. (This thrilled him, of course, and impressed all his friends and family members.)

He had also always loved flying and took lessons when he was in his fifties, became a private pilot, and bought himself an old seaplane to explore the coastal waters of California. The last flight he took was a tandem jump *in a paraglider* off of Tiger Mountain in Issaquah, Washington. He was eightytwo years old at the time, and I was sitting in the grass at the edge of the take-off area as he prepared to run off the edge of the mountain. I had some trepidation about what he was doing and asked him, “Are you nervous or afraid?” He grinned, laughed out loud, and exclaimed, “No! I can’t wait to go!” And go he did, bending his lean body into the run, sailing off the edge, and clearly loving every minute of that glorious flight. (The instructor, who was strapped into a harness behind my dad, handed over the controls immediately after take-off and let my old man control the entire flight and

descent, taking over again just before landing. At that time, Dad was the oldest client to have taken the leap, and the instructor used a hand-held video camera to film it all and made arrangements to have the flight broadcast on the local news that evening.)

My mother was also quite athletic, though much more inclined to be competitive than my father—dangerously so, if you happened to be on the other side of the net while playing tennis with her, because she would aim to hit you with the ball. Although she was a skinny little slip of a thing, she was a tomboy through and through. She was tough as nails even in childhood, beating up boys who tried to prevent her from playing what were considered “boys’ games” (like baseball). She was not to be outdone by my father or any of her offspring, and she repeatedly admonished us kids not to be wimps or whiners. My older brothers and I took her words to heart: we were expected to be as tough as she was. And so it was within this familial environment that we were fledged from the nest early and encouraged to spread our adventurous wings and fly.

One example of how the dynamic of this mother-child relationship played out in my youth occurred when I was about ten years old. We lived on a quiet but very steep dead-end street in San Francisco. Our house was located near the bottom, where the street started to level out at its circular end. I was an independent and super-active kid—perhaps hyperactive before that was a common diagnosis—always on the go. When I wasn’t in school, I would leave the house early in the morning and only come home at dinner time, spending most of my time out in the wilds of the huge park across the street, mostly alone, but sometimes with neighbor kids. On this memorable summer day, I was closer to home, carrying my key-skates to the top of our hill, strapping them on my beat-up sneakers and cranking on the key to lock them on, and then crouching low to fly down the middle of the street, arms out like I was flying. Just before our driveway, I would lean my body to the right and skid on both skates, rising just enough to do a quick hop up onto the sidewalk. I still had a lot of momentum going into the turn, and the only way I knew how to stop was to slam, hands first, into our garage door. Hearing all the commotion, my mother came out to see what was going on. When she saw what I was doing, she said, “Honey, you need to learn how to walk up the hill in the skates and then use them to stop you, not our garage door.”

In hindsight, I think other mothers might have said, “Enough already, that’s way too dangerous!” Especially since this was before the wise and cautious use of helmets or body protection. But my mother wasn’t one of those other mothers. Instead, she went into the garage and came out with a pair of my brother’s skates. She sat down on the sidewalk to strap them onto her two-tone saddle shoes and tightened them with the key. She instructed me to remove my skates and walk beside her, and then she demonstrated how to sidestep all the way to the top of the hill, even showing me how to do a 180-degree turn if I wanted to face the other direction. When she turned and stepped off the sidewalk to skate down the middle of the street—in a crouch, just as I had been doing—I ran alongside on the sidewalk, in awe of my totally bad-ass mother (who was forty years old at the time). Just before our driveway, she angled her right foot, toe out, to drag the inside edge of the front wheel on the ground. She intended to slow down and gracefully turn right onto the sidewalk. I had stopped and was grinning ear to ear, certain that she was going to succeed. But she hadn’t tightened the key enough on that skate, and it partially slid off her shoe. She quickly shifted all her weight onto the left skate, trying to catch her balance, but the other skate was by now dangling, and it tripped her up when she tried to put her foot down to stop herself. She rotated in a nearly full circle before she fell, and the very distinct sound of bones breaking had barely registered in my mind when I saw her lift her now alarmingly deformed arm and heard her flatly state: “The damn thing broke.” I ran over to her and blanched at the site, and she said, “Now honey, don’t you faint on me. Go and call your father at work and tell him to come home to take me to the hospital.” That was the first time I’d ever seen broken bones, but it wouldn’t be the last.

I don’t recall ever roller skating down that hill again, but I did skateboard down it, helmetless, leaping off my board as it slammed into the sidewalk at the street’s end. Sometimes I would land on my feet and run for all I was worth into the field beyond, trying to avoid falling, but sometimes I flipped head over heels, somersaulting into the grass. I don’t recall hurting myself doing that, but over the years, I continued to do similarly risky (dare I say *stupid*) things. I participated in several sports and activities, including lots of the aforementioned skateboarding all over the city of San Francisco—downhill and cross-country skiing, sailing, competitive swimming, and diving. In school, I played tennis, baseball, volleyball, basketball, and in the

evenings, aggressive neighborhood games of kick the can. I rode bicycles and dirt bikes and climbed trees, fences, and telephone poles. I leap-frogged over vertical stumps and metal poles cemented into the ground that were chest-high (never considering what might happen if I failed to make it over). In my twenties, I took up rock and ice climbing, and later I trained several horses. I had inherited my parents' natural athleticism and sense of adventure, and no one would be likely to call me a wuss, but I seemed to be lacking their intelligence, or at least the self-preservation instinct they clearly had. (My dad lived to be 103 years old and suffered only two very minor injuries; he was not hospitalized until he was well over 100. And despite being fairly active after breaking her wrist, my mother wasn't hurt again until she was seventy-five. She stepped down into a sand trap while golfing and broke her ankle. That injury put an end to her highly competitive doubles tennis games.)

But I wasn't so lucky (or talented). I got injured a lot, and the injuries added up. In my youth, I broke numerous bones, sprained and strained my ankles, knees, and wrists, and suffered mild to major bumps and bruises over most of my body. As a teenager and on into my early twenties, I dislocated both shoulders many times—diving, skiing, rock and ice climbing. Eventually, I had to have extensive surgical repairs to my shoulders and go through months of physical therapy. While teaching a climbing class on Mt Rainier, I demonstrated how to self-arrest with an ice-ax (should you fall and be sliding down the mountain head-first and faceup). I intentionally slid in that position for long enough to gain speed, and then—just after I had lifted my head to plant the ice-ax and begin the process of arresting my descent—I ran over a very sharp rock (that had been hidden under the snow), and it sliced open my back, through several layers of clothing. It was a deep flesh wound (my co-instructor dressed it with butterfly bandages), and I was disappointed when the pain prevented me from summiting the next day (though I tried). Motorcycles and I had a tempestuous relationship, and they always came out on top (pretty much literally) and left me writhing on the ground in pain with injuries that included torn back ligaments, ruptured lymph glands in my neck, a few broken bones, wounds that needed stitching up, concussions and temporary nerve damage and paralysis on one side of my face. In my forties, I worked with horses, many that were ill-mannered and disrespectful of their handler's space, and I lost count of the number of times

I was bitten, kicked, bucked off, run over, stepped on, and slammed into trailer walls, fracturing bones, cracking ribs, and generally wreaking havoc on my body. The most serious encounter with the wrong end of a horse was when I was working with a racehorse off the track (grandson of Bold Ruler, an animal that I had no business working with). In a brief moment of inattentiveness on my part, he delivered a swift, well-aimed, one-two kick with both hind feet that broke both condyles of my jaw and splintered several teeth.

As I recovered from that injury, I had time to look back and see that for much of my life, I was (or at least appeared to be) fearless in almost every athletic endeavor that I attempted. It was suddenly obvious to me that I had been foolish and blithely unaware of my own physical limitations, even after being injured many times. Being kicked in the head by an unruly horse could have killed, disabled, or disfigured me. I was lucky it didn't do any of those things, but it was a much-needed wake-up call. At the time, my husband and I co-owned a computer company where we worked long hours. I had been sitting at a desk all week for years and trying to be a weekend warrior—hiking, biking, climbing, or working with or riding horses. Things that I used to do with ease had become harder to do; my body had chronic pain and frustrating range of motion limitations.

Two days after the surgery to wire my jaw shut, I climbed on our riding lawn mower (did I mention that I was not a fan of just sitting still?) and started mowing a portion of our property. Everything was going just fine until I hit a sharp dip in the terrain. The abrupt impact traveled all the way up into my jaw, and I stopped the mower, turned it off, and slowly walked inside. I sat down on the couch and burst into tears. Not because my jaw hurt—the pain had quickly passed—but because I felt an unfamiliar pang of fear. It came from the stark realization that there were actually limits to what my body could do (and now could no longer do). I had a sudden visceral sense of my own mortality, and I was facing a painful kind of reckoning. I had never really listened to my body—to say nothing of actually tenderly caring for it. Since childhood, I apparently felt it was necessary to go and to keep going, ignoring—as much as possible—my body's signals of pain. I'd grown resentful of the pain and physical limitations, feeling like they were obstacles that I had to overcome. (Eventually, with help from skilled therapists, I

learned a lot about how I came to be this way, about my mother's influence on us kids, and about what is hiding behind our collective tendency to ignore our trauma and our body's many subtle and not-so-subtle signals.)

Like most who suffer multiple injuries and are in chronic pain, my decades-long pursuit of relief began with many sessions of physical therapy and ultimately included chiropractic, acupuncture, massage, yoga, the Alexander Technique, and Rolfing. I also sought relief through traditional oral (mostly over-the-counter) pain medications and multiple cortisone injections, as well as herbs and homeopathic remedies. While my health insurance covered some of this treatment, it did not cover all of it, and I cringe now to realize how much money I spent in pursuit of pain-relief and healing. Tens of thousands of dollars. (The broken jaw and dental work alone were over \$15,000, and that was *not* covered by my health insurance!) To feel better, I walked, swam, used ice, heat (took a lot of hot Epsom salt baths), and bought and tried a myriad of physical devices that might help, like a TENS unit and a red-light (cold laser) therapy wand. Some things did help, but the relief was always short-lived. I continued to work long hours sitting at a computer and did not move my body *enough* (nor in the right way). I also did not rest because the habit of going or *doing* all the time ran deep in me, and I just assumed that some form of nagging physical pain or discomfort was an integral part of life, like a constant companion.

Then, in my early fifties, I received bad news in the form of an alarming diagnosis: "You have *severe* osteoporosis." This pronouncement was made by my primary doctor and immediately followed by well-intentioned advice from her to stop doing some of the things that I still loved to do, like riding my horses, motorcycle, and bicycle. She said that the risk of falling and suffering a hip or lumbar fracture was too high. My immediate response to hearing this was a flash of fear, then rising anger, followed weeks later by denial and rebellion. (I did eventually sell the motorcycle, but I did not stop cycling or riding horses.) After doing some research, I realized that this diagnosis came about because I had one ovary removed before I was twenty, and the other was not entirely functional. No doctor had ever advised me to take the bone-building hormones produced by the ovaries, which my body was not producing. My bones didn't stand a chance. But I rejected my doctor's suggested treatment protocol (including drugs rumored to increase

bone density) and instead explored a mostly whole-foods plant-based diet. And I got involved in a regular exercise program. Soon afterward, I got out of the computer business and became a certified personal trainer with the idea that it would help me stay in shape, build stronger bones, and help others do the same.

A couple of years later, I had a minor setback with one of my surgically repaired shoulders and received therapy from a local therapist. I ended up working for him for a while, and one of his patients brought me a book she thought I would like to read. It was *Pain-Free*, and she was right—I read it cover to cover that weekend. I was immediately hooked by what Pete Egoscue said. He describes how poor posture is the root cause of most pain, and it made perfect sense to me. I did an online search on “posture therapy near me,” and the website I was most intrigued by was Matt Whitehead’s Oregon Exercise Therapy.

Within a few days, I was on a Skype call with Matt, and I learned more about posture in that online session than I had ever learned in all of my personal training studies. He assured me that my body wasn’t broken—despite my past injuries and surgeries and my osteoporosis diagnosis—and he explained how customized exercises designed to get my muscles working properly would realign my joints and help me become pain-free. To succeed, he said, all I had to do was believe that it could be done—that I could do it—and then to make a commitment to doing the exercises every day.

Skeptical that online sessions could actually work, I scheduled a single session with Matt. He took photos and showed them to me with vertical and horizontal lines that helped me see where my body was crooked and out of balance. He described what he saw: everted feet, internally rotated femurs, a pelvis that was tilted forward (anterior) and rotated, lumbar lordosis and some thoracic flexion, rounded shoulders with the right quite a bit lower than the left, and a head forward of where it ought to be nicely balanced on my neck. Then he explained how those deviations could very well be causing the pain I had, as well as the limitations in my ability to move. I was shocked! Until I saw those photos, I had no idea that my body was so out of plumb and balance. I considered myself an athlete and in relatively good shape—at one time, I had strong muscles and could hike with a heavy pack, rock climb all

day, and hike back out to the car without a problem. “How could I be so crooked?” I wondered. “And why had no one ever said anything about my posture before?” In all those years of visiting professionals, no doctor or therapist had *ever* said anything specifically about my posture—not even the chiropractors. And yet I could clearly see how misaligned I was!

To say that I was pleasantly surprised at the end of that session would be an understatement. Matt gave me several exercises to try. He explained how to do each one, walking me through the moves and timing me in various poses. They were not hard, but some were quite challenging. By the end of the session, my body looked and felt straighter and stronger, and for the first time in many years, I felt a surge of hope that I might actually be able to be pain-free. At the end of the session, I asked, “How did I not know about this?” Matt said, “It doesn’t matter—you know now!” I promptly signed up for his full package deal (sixteen sessions).

I met with Matt every week and did my exercises every morning. My body changed, and with it, a lot of other things. My mood and overall attitude improved. I felt energized in a deeply meaningful way. A long-buried desire to be active was reborn such that I gained the confidence to move my body in ways I had been afraid to. I could work on my computer for longer periods without nagging pain. I started slowly jogging and didn’t feel the familiar hip pain that had driven me to have steroid injections. I could bicycle with less back pain (although it took a long time before I stopped having numbness in my foot when I biked). In a few years, I even worked up to doing handstands (that I didn’t hold for too long) on surgically repaired shoulders that I thought would never work right again—to say nothing of bearing the weight of my body like that. But the best thing of all was that it didn’t take long after I started sessions with Matt that I could sleep through the night without pain, and I haven’t been awakened by pain for many years.

Eventually I realized that I wanted to be able to offer this gift to others, including some of my senior personal training clients who had chronic pain (despite my additional training and certifications as a NASM corrective exercise *and* a senior fitness specialist). So I signed up for the Egoscue posture alignment specialist certification course and was PAS certified in 2011. I am now also a licensed-PTX therapist, and until the pandemic hit, I

operated my business, Posture First Exercise Therapy, out of a small studio in Sequim, Washington. But like Matt and so many other people do now, I meet with clients online. The great thing is that this therapy is very effective when clients and therapists meet online, and the online classes I've taken from my colleagues are wonderful.

Now I'm sixty-seven, and I occasionally still have pain, especially if I fail to do some form of posture therapy every morning. But I have a toolbox filled with exercise options that I know how to choose from to eliminate my pain and get me moving again. These have given me a whole new lease on life. I feel stronger and younger than I ever imagined I'd feel at this age. My husband, who is seventy-six, also does posture therapy exercises every day and feels better than ever.⁴¹ This is what I want my clients to have—to feel like their body is growing younger, not older. My own experience and the experience of all my colleagues and many of their clients is the primary reason that I put this book together, to let *you* know what's possible. As I said in the introduction of this book, it doesn't matter what seems to be causing your pain or limitations, how young or old you are, what your diagnosis is, how active or inactive you have been, or how long you have been in pain—posture therapy can help you.

⁴¹ My husband, who is 76 years old, had a shoulder impingement injury with the pain and limitations common to such an injury. After tolerating and getting by with it for over a year, he started doing posture exercises that I gave him, based on his particular posture deviations. The pain was resolved in a couple of weeks and the limitations are minor compared to what they were. A week ago he challenged himself to do as many pushups as he could do, every hour, throughout the day (the pandemic will have some of us doing such things). He did over 400 pushups today, with no pain or muscle soreness. I'm certainly not suggesting that others ought to do this, or would even want to, but it's just one example of how well posture therapy can work to eliminate pain and get a body moving again.

CYNTHIA

“My entire body moves better with less pain.”

—CYNTHIA ZENNER, CLIENT OF GRACE LAMBERT

Ever since childhood, I’ve felt joy just *being in my body*. I was a rough-and-tumble kid, a tomboy who had plenty of skinned knees growing up. Apparently, I had the attitude of “Where there’s a will, there’s a way,” and my mother gave me a fitting nickname: “Must or Bust.” I grew up middle-class in a suburban area of northern New Jersey to hardworking parents. To this day, I appreciate the work ethic and care of physical health that they instilled in me. My mother had scoliosis her entire life and developed severe osteoarthritis, requiring bilateral hip and bilateral knee replacements beginning in her sixties. Other than these surgeries, when her mobility was threatened, she did not seek treatment and rarely used pain medications, even though she lived with chronic pain from these conditions. She worked as a nurse throughout my childhood, and she returned to work after being widowed at age seventy-three, fully retiring a couple of years later. My dad was similarly hard-working. He died of a stroke at age seventy-eight, and my mother died of vascular dementia at age eighty-eight.

For a time in my early teens, I took horseback riding lessons, and one day I fell off a horse onto my left buttock. Equestrians are encouraged to get right back on the horse when they fall (or are bucked) off, and so I got back on—only to fall off again, landing on the same area. Of course, it hurt, but I didn’t feel or appear to be seriously hurt at the time, and so I continued to be my normal athletic self. But I went through a period of incontinence after this fall, which lasted for several months, and I had no idea that I had sustained a pelvic floor injury. Never officially diagnosed, this would become clear to me years later. It was a pivotal musculoskeletal injury that would affect me in a variety of ways for decades. (Actually, it is still affecting me.)

In my mid to late teens, I played tennis in my small town's Board of Recreation tennis classics, consistently placing first or second. I had a powerful serve and was quite athletic on the court, but I routinely had low back pain after playing. Because I was tall and athletic, I also played basketball throughout high school, and low back pain continued to plague me. Interestingly, I am right-handed playing tennis and other ball sports, but I write and do fine movements (like hand sewing) with my left hand.

When I went to college I discovered fencing, and I enjoyed practice and competition from the age of twenty-two until I was twenty-eight. Unlike with ball sports I was a left-handed fencer, and I fenced foil mainly (the lightest weapon) and epee occasionally. I was a mid-level fencer, competing during graduate school in Virginia and later in small tournaments in Atlanta and regional competitions throughout Georgia. I consistently placed first through third in foil and epee at my seated level. A highlight of this time was traveling to San Francisco for the fencing Nationals in foil when I was twenty-six. (Unfortunately, I lost in the first round.) Then, in my late twenties, I began to develop severe left knee pain. I often iced it, but relief was always temporary, so I stopped fencing.

I began bicycling recreationally in Atlanta as an alternative to fencing. I really enjoyed the feeling of athletic power and speed of cycling and the camaraderie of my cycling groups. And I loved cycling the mountains in northern Georgia! I rode with the Southern Bicycle League in Atlanta and became a very active member, leading group rides for a couple of years. I also rode in several week-long bicycle tours—in Georgia, Wyoming, Iowa, and British Columbia, Canada—and I continued to ride through my thirties and forties. In my forties, I completed several one-day century rides.

Of course cycling has its inherent risks, and I did suffer some injuries. In my thirties, I fell off my bicycle (thankfully traveling slowly) and suffered a slight concussion. A few years later I fell onto my left buttock about the same location as that fall off the horse, which was treated with ultrasound. Later, in my fifties, I began to develop swelling in both knees and pain in my hips (especially the left hip) on short rides and hikes. On longer rides my left groin area would go numb, but cyclists routinely have pain and occasional numbness in the groin area, and I never thought too much about it because I

spent so much time in the saddle. (In hindsight, I believe that my misaligned hips contributed to the numbness.) Still in my fifties, the bilateral hip pain and swollen knees finally put an end to my longer cycling adventures; I was just in too much pain and discomfort to continue.

My next athletic pursuit was hot yoga, mostly as a way to alleviate my body pain and relax. I began practicing Bikram yoga in 2006 at the age of forty-nine. Of course it was hard to give up my competitive athletic nature, even if I was in a class setting for ninety minutes in a very hot room staring at myself in the mirror! I practiced hot yoga for a total of about seven years, beginning once a week and working up to three times a week. I loved trying to improve my poses in each session, working hard to make my body look like the more accomplished yogis. Although I was cautioned not to push too hard, being competitive by nature, especially with myself, has always been my weakness.

At age fifty-five, I had an injury that was a real wake-up call. While outside the car I reached into the back seat to get something, putting a bit of weight on my left foot. Suddenly it felt like fifteen bees had stung me on the back of my ankle! I did not seek treatment right away, but about a week later, I went to the doctor and found out that I had partially torn my left Achilles tendon. Fortunately no surgery was needed, and my podiatrist put me in a walking boot for six weeks, followed by twelve weeks of standard physical therapy and rehab for Achilles tendon injuries. I also got custom orthotics providing a heel lift for each foot, which I wore consistently for many years afterward. Although the hot yoga practice had trained me to be observant of my entire body, the result of this injury prompted me—for the first time—to really begin to think about how different my left foot was from my right. Specifically, my left medial (inner) arch was higher than on my right foot, and my weight distribution was very uneven—I felt like I didn't have proper weight on my left foot and had this sense that I just couldn't *find* it.

About a year later, I developed severe left hip pain and was diagnosed with hip femoral acetabular impingement (FAI) and a labral tear. Arthroscopic surgery was recommended; however, following a second opinion—of which I will forever be grateful—I took a different approach with the idea of having my entire body evaluated and treated. For the next

five years, I received unique physical therapy treatments, especially for my left hip and back. My PT also recognized that my left shoulder was rotated forward and down and certainly was part of my body puzzle. I had extensive dry needling, tool work, cupping, and red chord strengthening sessions, all of which resulted in substantial progress in realigning my body. Significantly, I also received pelvic physical therapy, which revealed an internal scar on the left side of my vagina. I believe this scar was due to the injury I sustained as a teenager falling off that cantering horse. The pelvic PT also said I had a very tight left obturator internus and left piriformis muscle, which was likely the result of having a deep twist in my left hip and indeed in my entire mid-body.

During these treatment sessions, I developed a keen interest in the structural functioning of the body and how misalignments of bones, ligaments, tendons, muscles, and fascia can create chronic pain. My PT told me about the fascial lines in the body and introduced me to Tom Meyers, founder and author of the Anatomy Trains model of structural alignment, which I began studying. She also put me on a Pilates reformer, and my eyes were immediately opened to the benefits of this unique exercise modality. I just loved the apparatus—it felt like an adult playground! Looking down at the springs during my first treatment on the reformer, I thought, “I want to learn how to fully use this equipment and teach others to use it, too.” And that’s exactly what I did.

In March of 2016, when I was fifty-nine, I began classical Pilates teacher training in Atlanta, Georgia, and Boulder, Colorado. I completed the training in early 2018 and immediately began teaching at the studio in Atlanta, where I had trained. I cannot overemphasize the beauty of Pilates in helping me begin to truly realign my spine and strengthen my entire core. Significantly, despite a healthy diet, plenty of exercise, and good hydration throughout my life, I had often struggled with constipation, but about halfway through the teacher training, I began to have regular daily bowel movements.

While still in training, I began to develop inflammation of my right Achilles tendon. Having been down the road of partially tearing my left Achilles, I sought treatment immediately. For the next five months, I pursued Roling for overall structural integration with good success. This only

increased my interest in healing the body through understanding how it works and further fed my desire to know more about how to unravel the puzzles of musculoskeletal pain. Unfortunately, my right Achilles pain continued into June of 2018, when my husband and I moved from Atlanta to Sequim, Washington.

Fast-forward to June 2019 when I met Grace Lambert of Posture First Exercise Therapy. I'd been practicing and teaching Pilates, doing light hiking, and bicycling in town since our move the year before. From our first meeting, Grace and I immediately felt a kinship and a deeply shared interest in healing the body through movement and proper alignment. At that time, my left hip was still restricted, and I always felt like there was a "hole" deep in my left gluteus muscles. I also had a distinct feeling that my left shoulder was internally rotated, and my left femur was externally rotated (my body felt *twisted*)—similar to the position they were in when I was fencing. While standing, I had an unequal weight distribution on my feet—I felt lighter on my left foot. It felt like my entire mid-body was twisted, and I suspected a fascial spiral line misalignment. I also had tightness and restriction in my left triceps, latissimus dorsi, and upper trapezius muscles, and I had chronic mild pain in my left knee. I knew that the restrictions and range of motion limitations I had in these areas were not good.

Under Grace's care with PTX Therapy posture alignment routines and my consistent and diligent work in performing the exercises, I have begun to feel the deep left twist in my body easing or unraveling. This twist is not just in my left hip area and shoulder but feels as if it is affecting all the associated muscles, ligaments, tendons, and fascia that have held the bones in that incorrect alignment for so long. I can now more correctly orient my ribcage, shoulders, and hips. The "hole" I felt in my left glute area is diminished, and I can extend my left hip with more ease as my left hamstrings have begun to untwist and rebalance. I can breathe more easily and deeply using all of my lung capacity, including on the left side, which had felt restricted. My entire body moves better with less pain.

As a Pilates teacher I have always been enamored with feet and often start my sessions with Yamuna® Foot Wakers. I use these domes every morning and have found that they wake up my feet and indeed my whole body.

Additionally, Grace introduced me to many useful foot exercises, zero-drop shoes, and CorrectToes. I wear CorrectToes and Xero Shoes every day (or I stay barefoot in CorrectToes only). In fact, a contractor working at our home saw my Xero Shoes and asked me about them. He said his feet hurt so badly after work that he could hardly walk, let alone play his favorite sport, competitive volleyball. I was the second person to tell him about these shoes and so he got a pair, later telling me, “My feet don’t hurt anymore and I’m back to playing volleyball.”

The sustained attention to my feet and footwork has enabled me to further restructure both of my feet, and the result has been better functioning of my entire body all the way up the kinetic chain. Specifically, I have come to understand more about why I had the left Achilles tendon injury. Deep muscular and associated imbalances due to an internal twist, coupled with my repetitive, sustained practice of the activities I pursued, made that tendon the last straw, so to speak, which had to give.

Since doing posture therapy regularly and mindfully—including spending time in the tower, which is also helping to untwist my body—I am now able to walk further in more difficult terrain with less discomfort and just enjoy being an active aging woman. For this, I am eternally grateful. I am able to perform some of the more advanced Pilates exercises with ease and joy. I try to bring that gratitude for healing to my clients. I love teaching, as does Grace, and now she has become one of my Pilates students. We just have so much fun teaching each other the things we know about the body and helping ourselves and others to heal!

ADDITIONAL CLIENT TESTIMONIALS

There isn't room in one book for all POSTURE ALLIANCE members to share our stories. But we all have satisfied clients, and the following testimonials are from many of them—including clients of therapists whose personal stories aren't in this book.

We know that people tend to search for information about a specific type of pain or issue that they have because they are looking for something that will help *them*, with *their* issue. With that in mind, we've included a variety of testimonials that describe a range of original complaints by our clients, ranging from foot and ankle pain or limitations to knee, hip, shoulder, back, neck and jaw pain or problems. Some of these clients had a medical diagnosis, like scoliosis, stenosis, spondylolisthesis, arthritis, and more. Others had already had surgery and physical therapy, and they—and nearly all of the others—had also tried other treatments. Each client felt the benefit of doing posture therapy and shared their testimonial to help spread the word.

You can visit each therapist's website [shown in square brackets after the therapist's name] to learn more about them, and to view some before and after photographs from their satisfied clients. Also, be sure to check out the therapist directory and link to the posture alignment therapist website provided in the POSTURE ALLIANCE Therapists chapter.

"I am so grateful to have found Stasia Humphreys [[Pain Free Denver](#)]! I have had chronic back pain for years and after meeting with Stasia for six sessions I am virtually pain free. She evaluated my back issues and built a group of exercises for my particular needs. By doing the exercises every morning I have built core strength which helps my back, and I am back to living a normal life again!" — LM

"I've suffered from a myriad of issues with my left shoulder for well over a decade. I'm in my mid-30s now and I'm active and athletic, but these issues

have plagued me, keeping me from reaching many goals. They've led to rotator cuff tears, chronic tendinitis in my elbow, lacking the ability to properly isolate muscles down the entire left side of my body...the list goes on. I've seen several doctors and tried physical therapy and massage multiple times for weeks, without much to show for it. Then I worked with Alex Simmons [[Eastside Pain Relief](#)]. After just one week of utilizing the menu of exercises he customized for me I noticed a difference. My shoulder loosened up for the first time in years. After another week, the elbow pain was gone. This Egoscue Method really works, and Alex is more than adept at providing it. If you want sustained pain relief from someone who truly cares, look no further than Eastside Pain Relief.” — SG

“A year ago I had my knee drained twice and to add insult to injury, I got a frozen shoulder, too!! I wanted to take one of Sue Butzow's [[Pain Free with Sue](#)] classes but was too injured to participate. Instead, after I sent her a video of my walking, she customized a series of movements that I could do. I felt much better after doing the exercises and got some relief from the pain right away. I am happy to say that with a combination of time, Sue's exercises and physical therapy, nine months later, I am almost back to 100%. I highly recommend Sue.” — KD

“I can't thank you enough Walter Kagnus [[RLE Massage](#)]! I just finished my first day of exercises on my own after you created a plan and helped me work through it yesterday. I am amazed at how great I feel already. After a fall last year that tore two ligaments and stretched another in one of my ankles I developed a 'conditional gait' from the long healing process. The orthopedic surgeon I went to was hesitant to prescribe anything other than pain medication and muscle relaxers because I've had two lumbar disk and one SI joint fusion. Two days of posture therapy exercises and I already feel better than I have in over a year! It was just the motivation I needed to get up a little earlier, work through my exercises and start my day pain free.” — AB

“Matt Whitehead [[Oregon Exercise Therapy](#)] taught me how to heal my plantar fasciitis symptoms by addressing the underlying muscle imbalances with simple stretches and exercises. Eight years later, I continue to use these stretches when needed to stay active and pain free. Matt's enthusiasm and dedication to his clients allows for the highest level of service. I'm so grateful

for his expertise in uncovering and treating the root cause of pain and his willingness to share his gifts.” — JW

“For more than four years my father has met with Antje Waxman [[REALIGN/Pain Relief Charlottesville](#)] on a weekly basis. My dad has late Parkinson’s which brings a host of difficulties with it and Antje helps him develop practices to battle the different issues. Parkinson’s Disease is different for each person, furthermore it can be different for Dad given the day. Understanding how to address the current needs of a person battling PD is quite challenging. Antje brings terrific knowledge of the body and a wide range of exercises to address Dad’s challenges. At the end of each session the improvement of my father’s posture is visible, the balance of the day is greatly improved. While the physical improvements are significant there are emotional benefits as well. After watching the therapist and client relationship develop over time it is clear that Dad knows Antje is in this battle with him, helping him find tools to maintain his strength and encouraging him to continue the battle when he is just too tired. The care and guidance Dad has received from Antje has been remarkable, we are incredibly grateful. — KR

“I had been living with constant lower back pain and arthritis for years and was told by the medical community that is a condition of aging and nothing could be done. I decided to get help from Ashley Greninger [[Lotus Heart Mind Body](#)] to design a therapy program for me. After four months of following the program I no longer have arthritis and stiffness. My lower back pain has improved so much giving me the self-confidence to pursue all my favorite sports activities.” — VF

“I decided to try the Egoscue Method in October 2012, as a last resort. I had seen how positively my very sick husband had responded to it and I felt I had nothing to lose. In addition to having scoliosis and lumbar stenosis, I also had a failed knee replacement surgery, was taking daily pain meds and was physically limited. I started my exercises slowly and gently, and with supervision from Dave Reynolds [[Dave Reynolds & Associates](#)], gradually made advances in my physical capabilities. I am now able to pick something up off the floor, walk through a store without a cart for support, step off the curb, open bottles and jars with ease, and best of all I am no longer taking

the daily pain meds. All exercises are done in my home, many on the floor, with a modicum of equipment that packs easily when I travel.” — MS

“Three years ago I hurt my back. It turned out I had two disc herniations, nerve impingement and a condition called Spondylolisthesis. I am in construction and my job is very physical. Carolyn Vanzlow [[Back to Basix Exercise Therapy](#)] put together a program for me that I did twice daily. It took me about 20 minutes each time. I never did light-duty, and continued working every day. She worked with Dr. LeFever a NUCCA chiropractor and I was able to avoid surgery, pain pills and was able to stay very comfortable while healing. Two years later I tore a meniscus in my right knee. Carolyn gave me a program and I was able to work and my knee pain was better almost immediately. Last week I thought I hurt my shoulder while lifting and carrying a large pipe at work. Carolyn gave me a program and I got much better almost immediately. I recommend Carolyn Vanzlow to all my friends if they want to stay healthy and pain free.” — SE

“I have had lower back pain for at least the last six or seven years and would even throw it out about once a year. I’ve tried just about everything to help it and out of everything, I’ve never had results like this. After only a month I feel really good and my pain is rarely there and continues to improve (something I thought wasn’t possible). I feel like I have my life and mobility back. Rachel Marek [[Realign With Rachel](#)] is awesome and fun to work with; she also listens and really customizes the exercises to each person. Legit the best decision I ever made and I’m so grateful for the help!” — SP

“Mark Thibert [[Aligned Fitness](#)] has helped me tap into my body’s awareness about what is not working and how to move in a way to release these blockages. I have come to have a deeper knowledge of my body and been given great tools to self-heal once I move out of state. He has also taught me how to walk, sit, and stand correctly so that I can finally internalize good posture habits that will keep me from re-twisting myself. This body awareness has emanated into other areas of my life with positive impact. As a medical school student, I feel like I have a new vocabulary, self-awareness, and framework of thinking of the human body that will help me be the best physician I can be for others someday. The investment of our weekly meetings and my daily plan is one of the best investments I’ve made in my

pursuit of health. Thank you Mark!” — MB

“Zeena Dhalla [[VerticAlign](#)] has been a great posture coach for me. I have been sitting at a desk for nine plus hours a day for over forty years and I am a runner so my back takes a lot of abuse. She is helping me get my posture back in alignment so I can stand tall again and feel less stress and stiffness in my back. I also have imbalance in my hips from running so we work on those issues as well. I feel like I’m able to run much better and my flexibility has greatly improved. I like the approach that Zeena takes because she is honest about my issues, positive and encouraging. She always takes pictures when we work together so we can see the progress which encourages my commitment to the program. After putting in the work I look better and feel better due to Zeena’s knowledge and support. I feel most of us have alignment issues that can be fixed with her training. Zeena has a real desire to help her clients reach their best healthy spine.” — CC

“By doing this deceptively simple therapy faithfully over the last few months, I have avoided rotator cuff surgery. I still have a torn rotator cuff, as many people do, but I no longer have pain in my back, shoulder and neck. I’m much more flexible, am able to lift weights and do everything I want to do, and have better posture than I ever have. I’m actually surprised it’s worked so well because I had done all the physical therapy my orthopedic doctor prescribed. I can’t recommend Anna Forliti [[Postural Healing](#)] enough. She is extraordinarily positive, patient and listens carefully. As a nurse, I greatly respect and appreciate her approach to holistic healing.” — DM

“After an MRI, my orthopedic surgeon diagnosed me with osteoarthritis. He told me I would need a knee replacement. My knee pain was so bad I was using crutches to walk around the house and taking four and sometimes more Vicodin a day. Then I found Travis Perret [[Exercise Therapy of Kansas City](#)] who started me on my posture realignment therapy and immediately my pain was much better. So much better that just a few weeks after starting the program I was able to walk up a ladder and onto my roof without pain. I went from a very limited life because of knee pain to now full mobility and function. I was a bit of a skeptic at first but now I’m a believer. I would recommend Travis and his program if you’re having pain.” — JC

“As a Podiatrist who’s worked extensively with Army physical training instructors and physiotherapists for eight years, I know a thing or two about how to exercise safely. The approach that Karen Harris [[Karen Harris Posture-Health-Fitness](#)] brings to her classes is that of a consummate professional, with personal safety at the forefront.

“Using sophisticated computer gait scanning technology, I have been able to scientifically demonstrate that Karen’s classes work. Over a period of four months my centre of gravity has centralised, and become more stable, and the in-rolling in my left foot has completely disappeared.

“I used to have to visit my osteopath every six weeks but I have been pain free for three months - not to mention dropping a dress size, gaining fitness and having a lot of fun in the process!” — LC

“My story might sound familiar... I used to be in amazing shape, had a couple kids, work got busy and I found myself with a newly acquired back ache and desperately longing for my younger, fitter, pain-free self. A dear friend recommended Egoscue and Amy Dixon [[Inner Strength Pilates](#)] to me. I was hesitant because my back was really bad.... But Amy was so knowledgeable and even with my very complicated back situation (did I mention I had to have surgery on it six months before? Ouch!) I am getting stronger (and happier) every day. I highly recommend Egoscue for those battling any sort of pain. Pilates with Amy is honestly the best part of my day. Being on the “other side” of back pain I make Pilates my priority. I will never ever begrudge heading in for a workout. I feel so much better... it’s now simply part of my lifestyle. And it’s fun. Pretty cool.” — AA

“I have been playing soccer for fifteen years and you can be sure my body has taken a beating! I am now 23 and after bi-lateral ankle reconstruction and five years of Pac-12 collegiate soccer, I needed to find another way for my body to function efficiently at the pro-level. Egoscue is the tool I needed. Working with Rich Buchman [[Sound Posture](#)] and Egoscue has helped my performance in all sorts of ways and I noticed changes in the first few weeks. I no longer have hip pain, my ankles have become stronger and more stable, and I even feel my overall speed has increased. Rich presented Egoscue to me in the most thorough manner, addressing each exercise’s purpose to improving my posture. His investment in Egoscue and

his patients is obvious when talking with him and I know he would do anything in order to help me enhance my performance. Rich also makes himself very available if I run into questions or problems while doing the exercises at home. If for some reason he was not able to figure out what was causing a problem, he uses his team at Egoscue to find a solution. Egoscue is great, but working with Rich is why I still do my exercises!” — AW

“I can honestly say this is the best thing I have ever spent my time and money on. I had come round to the idea that I would forever live with chronic neck pain, but after discovering the Instagram page of Eleanor Burt [[Posture Ellie](#)] I decided that 2021 was going to be the year I tried to do something about it. As I had read *Pain Free* by Pete Egoscue before my first session with Ellie, I was fully aware of the amount of work required from me to be able to feel and see any improvements. I went into my first Postural Alignment Therapy session hoping that in a few months’ time if I was disciplined enough with my exercises I would start to see an improvement. However, I was completely blown away that after one week of following the menu Ellie sent me that my quality of life was already massively improving. I had moments where I felt I could cry with happiness, the pain in my neck had gone down from an 8-10 to 1-2 (some days 0) already. I was used to weekly tension headaches and days where I would long to just get into bed so I could lie down and release the pressure off my neck and head; I have experienced neither of these since my first appointment with Ellie. My sleep has dramatically improved as I am going to bed comfortable and relaxed so I no longer need to constantly move around to try and get into a comfortable position. It is only really now the pain has subsided I realize how much pain I was in before, where my pain gradually got worse over four to five years I had learnt to live with it. I went into my 1-2-1 sessions with Ellie thinking if I could reduce the pain by 50% I would be over the moon whereas now I hope to get to a point where I will be pain free every day. It is worth mentioning that I have been following the menu six days a week so to be able to see results you do really need to put the work in, but if you are reading this and in chronic pain like me you will find it easy to find the time to do them as you feel the results instantly. The added bonus in all of this is that Ellie is lovely to deal with, she makes you feel completely comfortable at all times and encourages you to open up and not feel like a complete idiot when you are explaining how you feel after doing an exercise with her ‘I don’t know how to

explain it other than a weird sensation going on....' (if you book in for a session with Ellie you will go on to know what I mean by this)." — SB

"I have trained with Jerri Colella [[Pain Free with Jerri](#)] for nearly twenty years and have found her to always be innovative and knowledgeable in her training. Her discovery of Pete Egoscue and his method has been truly revolutionary! With the menus Jerri creates specifically for me, I am able to do my Egoscue exercises at home or while traveling. It definitely eliminates pain, improves posture, increases flexibility, and also makes participation in other physical activities possible and much more enjoyable!" — DW

"Who knew after forty plus years of slouching over a desk it would be possible to correct my poor posture. Not only do I see significant changes in my posture, I feel so much better, stronger and balanced. I'm pretty sure I'm an inch or two taller.... Working with Juliet Weaver [[Posture Alignment of Maryland](#)] has been such a pleasant and rewarding experience. She is supportive and genuinely cares about my success and well-being." — JB

"I am having excellent service and experience with Bethany Mahaffey [[True Muscle Solutions](#)]. Before meeting her for treatment, I had spent a lot of money in medical costs for my chronic pain. But today I got my health back, thanks to the posture specialist, Bethany! Had I dismissed it, I don't know what would have happened to me. I would recommend True Muscle Solutions to anyone!" — AD

"Jung Johnson [[Joyful Body Therapy](#)] is an extraordinary postural alignment therapist. She is extremely knowledgeable about how the body, muscles and bones work and will function more efficiently when combined with deep breathing. She is patient and gives proper instructions based on your level of ability. The exercises are different from any I have ever done. It was not what I expected, and I was pleasantly surprised. They seem to be easy at first, yet very effective. There are no quick, fast, jerking movements which causes strain and tear on the body. But slow relaxed held positions, combined with deep breathing which delivers oxygen throughout the whole body to help it function better. She also teaches you how to listen to your own body." — ZT

"I have been visiting Dustin Dillberg [[Pain Free Kauai](#)] for a few years

now. Since I began visits I have better flexibility, mobility and heal faster than I ever have and in my sport this is a huge advantage. Mahalo Pain Free Kauai.” — JH

“Chronic pain in my right shoulder and mid back brought me to Courtney Van Etten [[Functional Fitness](#)] in the late summer of 2020. As with a lot of chronic pain, the discomfort and disruption to my life started small but grew over time. I saw chiropractors and massage therapists regularly, both of which helped, but never for long. I always felt like I was trying to outrun my pain, but it always caught up to me.

“My work with Courtney has not only changed my relationship to the pain, but also to my body overall. It’s not that I don’t still experience symptoms, but they don’t take over like they used to (a growing wave of pain I was powerless to stop), and I now have an ability to counteract those sensations and put myself into better postures with the menus Courtney and I have developed through our sessions together. And secret bonus development: performing these exercises has encouraged in me a more holistic, integrated sense of my body, which I believe will have long lasting benefits to my very “being-ness” in the world.

“Now a piece of advice: Postural therapy and Courtney’s guidance are not miracle cures—you must put in daily time and attention. To change your posture—and counteract all the negative physical habits prompted by modern life—requires consistent practice of your menu. It takes time and it takes patience, but you can heal yourself if you give your body and mind the chance. Like it could be two weeks to a month before you “notice” a shift, but I truly believe that with daily practice, you will feel a shift. Good luck. You can do it.” — ML

“The e-cises Deb Freeman [[Aligned by Design](#)] gave me made a big difference in my posture and overall feeling of well-being. I initially started with the e-cises because I was having issues with pain in my hip. By strengthening certain parts of my body and correcting my posture, the pain in my hip went away, and I also began noticing a more confident presentation in my body language. I felt taller, more healthy and aligned, and overall more comfortable moving around, especially during exercise. I am very glad I chose to start this program, and I plan to continue improving my body and

mood using e-cises.” — RH

“Nicole Rodriguez [[Pain Free Philly](#)] has great instincts and really listens. After the first visit I experienced significant relief in my back pain. Having beaten chronic pain herself, Nicole understands what it is like and that has made her a better therapist.” — SN

“I have been working with Grace Lambert [[Posture First Exercise Therapy](#)] and PTX Therapy for eight months and I love it. The combination of personalized menus and a wide choice of exercises have improved my flexibility, balance, posture and strength. Grace knows body mechanics and always offers exercises for parts of the body that I didn’t even realize were affecting where I had pain. The therapy provides big results from the flexing and releasing of what seem like small muscles, ligaments and tendons. I have exercised and done yoga most of my life, but Grace has provided me with a new way of keeping my body aligned which allows me to enjoy hiking, biking and swimming as I age.” — SE

Part III

CONDITIONS WE TREAT

“It’s the position of your body, not the condition.”

—EGOSCUE INSTITUTE

Many people assume that the problem they have is due to a condition (or a diagnosed disease, disorder or syndrome). But, based on our education and years of experience, we posture therapists assume that the pain or limitation our clients have is due to the *position* of their body, not the *condition*. Like us, tens of thousands of people have gone through treatment programs that did not relieve their symptoms, only to find that by restoring their posture to its functional design position their symptoms vanished. Hence, they were not only relieved of their pain and limitations, they were also freed of their so-called condition.

If you have pain and limitations and/or a known condition, and you are willing to commit to doing the prescribed exercises, posture therapy can address the symptoms of and alleviate the pain associated with the following conditions:

Foot and ankle problems or pain from bunions, neuromas, hammertoes, plantar fascia, bone spurs, Achilles tendinosis, and more

Knee pain from old injuries, surgeries, osteoarthritis, or other degenerative changes

Hip pain (pre- and post-joint replacement)

Groin pain and pelvic floor issues

Back pain, including from bulging or herniated discs, sciatica, stenosis, spondylolisthesis, pars defect, and arthritic changes to the vertebrae

Shoulder pain from impingement, chronic dislocations, and other rotator cuff issues, including frozen shoulder syndrome (also pre- and post-joint or partial joint replacement)

Head and neck pain, including frequent and recurring migraines or other headaches, sinus problems, and TMJ disorder

Elbow and wrist pain, including elbow tendinosis and carpal tunnel syndrome

Postural/idiopathic scoliosis

Thoracic outlet syndrome

Kyphosis

Chronic sports injuries

Vertigo and balance problems

Numbness and/or cold in the extremities

And more

Note that while someone with a permanent joint injury or restriction, or a particular medical diagnosis may never be able to completely change their posture (position) to its functional design posture, properly exercising the muscles can still help them. For example, people with fused vertebrae or who've had joint replacement surgeries that didn't go well, amputees⁴² and even people who have been diagnosed with Parkinson's, Multiple Sclerosis (MS), Lou Gehrig's Disease (ALS), Ehlers Delos Syndrome, Osgood-Schlatter disease (OSD), and other diseases have experienced noticeable gains through posture therapy. Posture therapy can improve the quality of lives, even if only for the time an ailing person has left.

Note that this is also true for people who don't have a serious illness but who have just gotten feeble from inactivity. For example, my father was 101 years old and bedridden when I came to live with and

care for him. I made sure he was fully hydrated, fed him healthy food and snacks, and helped him perform posture therapy exercises every day. Within weeks he was up and about during the day and in two months he was walking with a walker and was even able to walk unaided for short distances. We often played catch with a small ball (while sitting in chairs), much to his delight. He died at age 103, having lived the last two years much happier and more mobile than he would have been without posture therapy.

It's important to recognize that posture therapy is not a program to specifically treat or fix a condition, disease, disorder, or syndrome. It is a program designed to improve your posture and increase your mobility.

[42](#) Professional surfer Bethany Hamilton has worked with POSTURE ALLIANCE member, Dr. Dustin Dillberg, combining The Egoscue Method with Foundation Training and Breath Belt work in her Beautifully Flawed retreats.

HOW DO YOUR JOINTS STACK UP?

“Most of our pains and limitations are signs of a body that’s out of balance and has begun to deviate from its natural design.”

—DAVID STARBUCK SMITH

In a moment you are going to step in front of a mirror to check out your body’s alignment. This might make some of you believe that your body is hopelessly out of alignment and cannot possibly benefit from posture therapy. But remember what we said earlier, about beliefs? Your body isn’t broken and it can heal (it is *always* healing itself), and you must believe this and be willing to put in the work in order for posture therapy to work for you. Perhaps a brief review of functional design posture will remind you of the intimate relationship between your muscles and your joints, and help you better grasp just why it is that posture therapy can help you.

We are remarkable bipedal, upright animals capable of doing a wide range of activities because of the complex and exquisite design of our musculoskeletal system. Our skeleton would just be a pile of bones on the ground were it not for the muscles, tendons, ligaments, cartilage, and connective tissues (not to mention the skin) holding it all together. There are a whopping 206 bones in the human body and (an estimated) 360 joints. Of these joints, there are three main types: synarthrosis (immovable), amphiarthrosis (slightly movable), and **diarthrosis** (freely movable). For this book, we are only interested in the six different configurations of freely movable (aka synovial) joints, all of which are defined in the Glossary: **ball and socket, condyloid, gliding, hinge, pivot, and saddle joints**.

What is most important to know about these joints is that *they are designed to move only a certain way and if they cannot move that way, or if they move more than they are meant to, it spells trouble like this: P – A – I – N.*

Here is a summary of the important truths about your body that we've discussed throughout this book, and the reason why posture therapy can help you:

Your muscles move your bones.

If your muscles are functioning as they are meant to, your bones are being moved as they are meant to move—i.e., the joints remain properly aligned while static or in dynamic movement, according to the human body's functional design posture.

Every joint in your body is enabled to move only in a certain (restricted) way based on the type of joint it is, and by the muscles attached to it.

If normal joint movement is *inhibited* by muscles that are not functioning correctly, or if dysfunctional muscles cause the joint to move *more* than it is meant to, the result will eventually lead to joint misalignment (as the muscles pull the joint out of position).

Joint misalignment causes friction and damage to the cartilage and bones of the joint, can cause problems with muscles, tendons and ligaments surrounding it, leads to limited range of motion and usually results in pain.

It should be obvious, but often is overlooked by many different modes of therapy, that if your dysfunctional muscles can pull your joints out of alignment, then restoring function to those muscles can (and *will*) pull joints (back) into alignment.

Normal joint function and position can be (and *is*) restored by normal, functional muscle movement. The goal of posture therapy is to restore functional muscle recruitment, thereby repositioning joints and restoring the body to its functional design posture (or restoring it as close to that as possible^{[43](#)}).

In an initial session with you, your therapist will note what diagnoses you have, what your symptoms and/or physical limitations are, and ask about

prior injuries and surgeries you may have had. But the primary focus is never on the *condition* of your body, it is always on the *position* of your body.

With that in mind, posture therapists look at (and take photos of) your body—front, back, right and left sides—to see how your joints stack up. We’re looking for postural deviations, in particular the ones that jump out at us the most. Remember that our functional design posture has all eight load-bearing joints vertically and horizontally aligned. If your joints are not nicely stacked one on top of the other—in other words, if they are not *aligned*—they are out of *position*.

We’re almost ready to have you step in front of that mirror, but before you do, think about the possible clues in your everyday life that might be pointing to misalignment. For example, your clothes may consistently feel like they don’t fit quite right. For women, a bra strap might always slip off one shoulder and men might have to have their sports jackets specially tailored at the shoulder or hem. One pant leg might seem longer than the other, waistbands might always appear slanted down on one side or shirts may seem twisted. You might feel rotated in the torso or hips and you may have a tendency to consistently cross one leg over the other, or to stand more heavily on one foot with the other foot much less weighted and positioned forward or to the side. While driving, you may be inclined to lean to one side, resting an elbow on the arm rest, or have trouble looking over one shoulder. You may have a favorite position in which you sleep and actually be unable to lie flat in bed or in a dental chair without a pillow behind your head.

Additionally, how you walk or jog can reveal postural misalignments. You may realize that you have one foot that turns out more than the other, or that one foot is flatter than the other and that the shoe on that foot quickly wears out on the inside edge. As you weight one leg, one knee may collapse inward or both legs may do this.⁴⁴ Or you may walk with your legs bowed out like a cowboy who has ridden horses his whole life.⁴⁵ You could have one ankle that is so stiff that it cannot properly **plantarflex** or **dorsiflex**. This will affect your stride because that ankle’s inability to flex will prevent the leg from extending as far back as the other leg when you walk or jog, and you may even drag the toe of one shoe as you bring that foot forward in your stride. Problems with your feet travel up your legs to your knees, on into your

hips and all the way up through your body, impacting the ability of your load-bearing joints to function properly (see *Improve Your Foot Function to Improve Your Posture*).

Now, go stand in front of a mirror (preferably barefoot and in your skivvies) and see how your joints stack up. Ask yourself the following questions, making note of your answers:

Are my feet parallel and pointed straight ahead, not touching each other nor widely spaced?

Are my knees (kneecaps) pointed straight ahead, not turned in towards each other nor bowed out?

Are my hips straight and level?

Are my shoulders straight and level?

Do my arms look like they are the same length?

Do my arms hang evenly along my sides? (Is the space between my body and each arm about the same?)

Are my thumbs the most visible part of my hands?

Does my head look like it is centered directly over my shoulders, not tilted or facing off to one side?

[Close your eyes and ask yourself] Is my weight evenly distributed between both feet?

Avoid making assumptions about what you see and feel as you check yourself in the mirror. Many structural factors come into play when looking at the body's position and trying to determine just what the *source* of our misalignments and pains might be. Remember that the site of our pain is rarely the source of our pain. A good example of this is Nicole's story—remember how she started out with knee pain, then had foot pain, wrist pain and also neck pain? In the end, the source of her pain wasn't the knee or foot that hurt, nor the wrist or even her neck. It was the misalignment of her load-

bearing joints manifesting as pain and limitations in a variety of places. This is true for everyone who has postural deviations. And while some people do not have any pain and have surprisingly good range of motion despite their misalignment, it is safe to say that even without those things, they are not doing their body any favors by maintaining its misalignments. It is also safe to say that if you answered “No” to any of the above questions, you have postural misalignments and would benefit from posture therapy.^{[46](#)}

Take another few minutes to quickly perform these functional tests; they may be revealing to you:

Stand with your back against a wall and notice any asymmetries you feel in your body when your heels, buttocks, upper back and the back of your head are in this position.

Step a little bit away from the wall and bend over at the hips, as if you were going to touch the floor with your hands. Notice if you cannot reach the floor, if your knees bend, and if your buttocks pokes back so that it touches the wall. (If a second pair of eyes is available, ask them to look for any asymmetry in your spine as you’re bent over like this.)

Sit in a chair and place an arch in your low back by rotating your pelvis forward. Notice if you cannot do this without involving your upper body, and especially pushing your ribs out.

Misalignment of your joints will cause you to be challenged to stand against a wall without a lot of tension or discomfort in some part of your body. If your joints don’t stack up and you’ve lost the ability to flex and extend your entire spine and pelvis, you will be unable to bend over to touch the floor without bending your knees and/or poking your buttocks far out behind you, or to isolate your pelvis so that when you rotate it forward while sitting your ribs don’t flare out in front or see some other compensatory change in your spine.

Don’t give up hope! Postural therapy exercises can help to retrain your muscles to bring your joints back into alignment. When performed regularly, the exercises will give you a straighter body that can more comfortably stand against a wall, even if it never matches the perfect functional design. You

will experience greater mobility of all your joints, including the spine and pelvis, so that you are better able to bend over, even if you never become able to touch the floor with your palms, and to more comfortably and consistently sit up straight without discomfort or constant *effort*.

Think of a posture therapist as someone who can provide you with tools (exercises specific to your posture deviations) that you can use to reduce the wear and tear on your joints (e.g., osteoarthritis, stenosis, etc.), increase your strength so that you move with more ease, and improve your balance so that you are less likely to fall. If you actually use these tools, you will gain all of these benefits and more. *And you will feel better!*

[43](#) Posture therapy can still help people who have joints that are limited in how much they can move due to surgery or injury.

[44](#) This is called knee valgus (knock-kneed).

[45](#) Called knee varus (bowlegged).

[46](#) The truth is that in this day and age few people have perfect functional design posture and *many* people would answer “No” to one or more of these questions.

RESOURCES

This chapter provides information about resources for healthy foot care, equipment we use in our work, and books that we recommend reading, all of which you can find online.

Foot Care

There may be a number of podiatrists who now offer advice and services online, since the pandemic. Hopefully, many are also transitioning away from advising their patients to wear shoes and orthotics that are proving to be unhealthy for the feet, and moving towards more natural foot care recommendations. Northwest Foot and Ankle in Oregon is one such clinic that offers this kind of counsel and service (via online consultations). They also provide a wealth of free educational information in the form of articles and video clips on their website, and on the CorrectToes website. Below are links to these websites, as well as links to a wide variety of minimalist shoes that are now available on the market.⁴⁷

[Northwest Foot and Ankle Clinic](#)

[CorrectToes](#)

Zero-drop (minimalist) shoe and sandal manufacturers:

[Altra Running Shoes](#)

[Bedrock Sandals](#)

[Earth Runners](#)

[Lems Shoes](#)

[Luna Sandals](#)

[Oesh Shoes](#)

[Shamma Sandals](#)

[Softstar Shoes](#)

[Vibrobarefoot](#)

[Xero Shoes](#)

[Hiitave Shoes](#)

Reviews of the above shoes and more can be found on Anya's Reviews:

[*The Best Barefoot and Minimalist Shoes Brands for Beginners*](#)

[*Minimalist Summer Sandals—The Complete List*](#)

Equipment

Many posture exercises can be done without any equipment at all, but some exercises do require props, such as a chair, couch, ottoman or piano bench; a yoga strap or non-stretchy belt; two yoga blocks or pillows (or brand-new rolls of paper towels); rolled up bath towels; shoeboxes or large books; and an old cutting board or sheet of plywood.

People who become committed to doing their routines daily are happy to invest in equipment that was designed specifically to make it easy for them to perform the exercises that do require props. Below are the manufacturers of this equipment—you can visit their websites to order, or to learn more about their high-quality products.

[**PTX Therapy**](#)

[**Pain Free at Sea**](#)

[**Crooked Human**](#)

Recommended Reading

Below are books about posture, biomechanics and movement, anatomy, trauma, breathing, and barefoot running, all of which are of interest to us as posture therapists. While we heartily recommend these books, we understand

that not everyone happily geeks out reading about these topics or is as entertained by Katy Bowman's refreshing educational writing style as we are. That said, if you love all the stuff we love, read them all; if you don't, then *at least read the first book listed here*:

Pete Egoscue with Roger Gittines

[*Pain-Free: A Revolutionary Method for Stopping Chronic Pain*](#)

[*The Egoscue Method of Health Through Motion: Revolutionary Program That Lets You Rediscover the Body's Power to Rejuvenate Itself*](#)

[*Pain-Free for Women: The Revolutionary Program for Ending Chronic Pain*](#)

[*Pain-Free at Your PC: Using a Computer Doesn't Have to Hurt*](#)

[*Pain-Free Living: The Egoscue Method for Strength, Harmony, and Happiness*](#)

Travis Perret

[*Pain-Free Life: Eliminate Chronic Pain: Get Back to a Younger, More Active You!*](#)

David Starbuck Smith

[*Ageless Painless Tennis: Free Yourself from Pain, Injuries, and Limitations & Unlock Your Athletic Potential*](#)

Tom Meyers

[*Anatomy Trains*](#)

Bruce Lipton

[*The Biology of Belief: Unleashing the Power of Consciousness, Matter & Miracles*](#)

Peter Levine

[*In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*](#)

Patrick McKeown

[*The Oxygen Advantage: Simple, Scientifically Proven Breathing Techniques to Help You Become Healthier, Slimmer, Faster, and Fitter*](#)

Katy Bowman

[*Move Your DNA: Restore Your Health Through Natural Movement*](#)

[*Whole Body Barefoot: Transitioning Well to Minimal Footwear*](#)

[*Simple Steps to Foot Pain Relief: The New Science of Healthy Feet*](#)

Katy has several more good books you can order from her website, [Nutritious Movement](#).

Christopher McDougall

[*Born to Run: A Hidden Tribe, Superathletes, and the Greatest Race the World Has Never Seen*](#)

⁴⁷ Note that neither the author nor the POSTURE ALLIANCE therapists have a professional relationship with NWFA, CorrectToes, or any of the shoe manufacturers listed, and they do not earn a commission on sales.

POSTURE ALLIANCE THERAPISTS

Members of POSTURE ALLIANCE are listed by country and state on our website:

<https://www.posturealignmenttherapists.com/>.⁴⁸

Below is the business name and website address for each therapist who contributed their story to this book:

Bethany Mahaffey

[True Muscle Solutions, LLC](#)

Catee Ingwersen

[The Posture Clinic](#)

Courtney Van Etten

[Functional Fitness](#)

Deb Freeman

[Aligned by Design, Inc.](#)

Grace Lambert

[Posture First Exercise Therapy](#)

Janet Winter

[Breathing Remedies](#)

Juliet Weaver

[Posture Alignment of Maryland](#)

Lisa Decker

[Aligned Fitness](#)

Matt Whitehead

[Oregon Exercise Therapy](#)

Nicole Rodriguez

[Pain-Free Philly](#)

Patrick Van Enscho

[Hercules Posture Therapy](#)

Randee Engelhard

[Realign by Randee](#)

Sue Butzow

[Pain-Free with Sue](#)

⁴⁸ Note that this website also includes contact information for some Egoscue Affiliates and PTX-licensed therapists who are not members of POSTURE ALLIANCE.

GLOSSARY

acetabulum

The socket of the hip bone, into which the head of the femur sits.

Ankylosing spondylitis

Ankylosing spondylitis (AS) is a rare type of autoimmune arthritis and chronic inflammatory disease, also known as Bechterew disease. It affects the spine and large joints, causing inflammation, pain, and reduced mobility because the vertebrae in the spine can fuse together. There is no known cure, but exercise and other forms of treatment can help to delay or prevent fusion of the vertebrae.

AVM (arteriovenous malformation)

AVM (arteriovenous malformation) is an abnormal connection between blood vessels that occurs in the brain or spine. AVMs prevent normal delivery of oxygen to vital brain tissue, which can result in a variety of symptoms, bleeding, or rupture. AVM surgery, or resection, can prevent or treat these problems by removing the AVM, but there are, of course, risks of serious complications, such as stroke-like symptoms (weakness in one arm or leg, numbness, tingling, speech disturbance, visual problems or even paralysis).

ball and socket joints

Also known as spheroid joints, they permit movement in all directions, flexion and extension, abduction and adduction, circumduction, and axial rotation. They feature a rounded head of one bone that nestles in the hollow cup of another bone. Our shoulders and hips are ball and socket joints.

belief

A belief is the acceptance that a statement (about someone or something) is

true or that what is believed in actually exists (or did exist), even if there is no proof of its existence. Belief can also be referred to as trust, faith, or confidence in someone or something.

calcaneus bone

The calcaneus is the large bone that forms the foundation of the rear part of the foot, also called the heel. It connects with the cuboid and talus bones, and its connection to the latter forms the subtalar joint. This joint is of primary importance for normal foot function.

cartilage

Cartilage is a firm, elastic, flexible avascular connective tissue found at various sites within the body. With a pliable structure composed primarily of water, this tissue type is also extremely tough. The articulating surfaces of a synovial joint (i.e., the surfaces that directly contact each other as the bones move) are covered by a thin layer of hyaline cartilage called articular cartilage that absorbs shock and minimizes friction during joint movement.

condyloid joints

Also known as ellipsoidal joints, they allow flexion and extension, abduction and adduction, and circumduction. They do not allow axial rotation. They are found at the base of our fingers, at the wrist, and in the jaws.

diaphragm

The diaphragm is the dome-shaped muscle that separates the thorax (the neck to the bottom of the ribs, comprising the entire chest cavity) from the abdominal cavity. When it contracts, it pulls *down*, increasing the volume in the thorax, inflating the lungs. When it relaxes, the volume in the thorax decreases, expelling air from the lungs.

diarthrosis (synovial) joint

A freely mobile joint is classified as a diarthrosis and includes all synovial joints. Most are found in the appendicular skeleton, providing most of the body's movements and giving the limbs a wide range of motion.

digestive system

The digestive system consists of all of the organs within the gastrointestinal tract (stomach, small intestine, and large intestine), plus accessory organs of digestion (the tongue, salivary glands, pancreas, liver, and gallbladder).

dorsiflex (dorsiflexion)

When you dorsiflex your foot, you bring the toes closer to the front of your lower leg, which pushes your heel away from the back of your lower leg (stretching the Achilles tendon). Normal gait mechanics require dorsiflexion of each foot, without which our stride is compromised, causing a ripple effect of compensations throughout the body. Compare to *plantarflex*.

extensor muscles

Extensor muscles increase the angle between bones on two sides of a joint and are primarily located on the back of the body.

fetal position

The fetal position is the position a fetus is in for the last two-thirds of its life in the womb, with the back curved, head bowed forward, and limbs bent and drawn up in front of the torso. It is a position all humans instinctively take when they are responding to extreme stress or trauma if the brain is unable to cope and “shuts down.”

flexor muscles

Flexor muscles decrease the angle between bones on two sides of a joint and are primarily located on the front of the body.

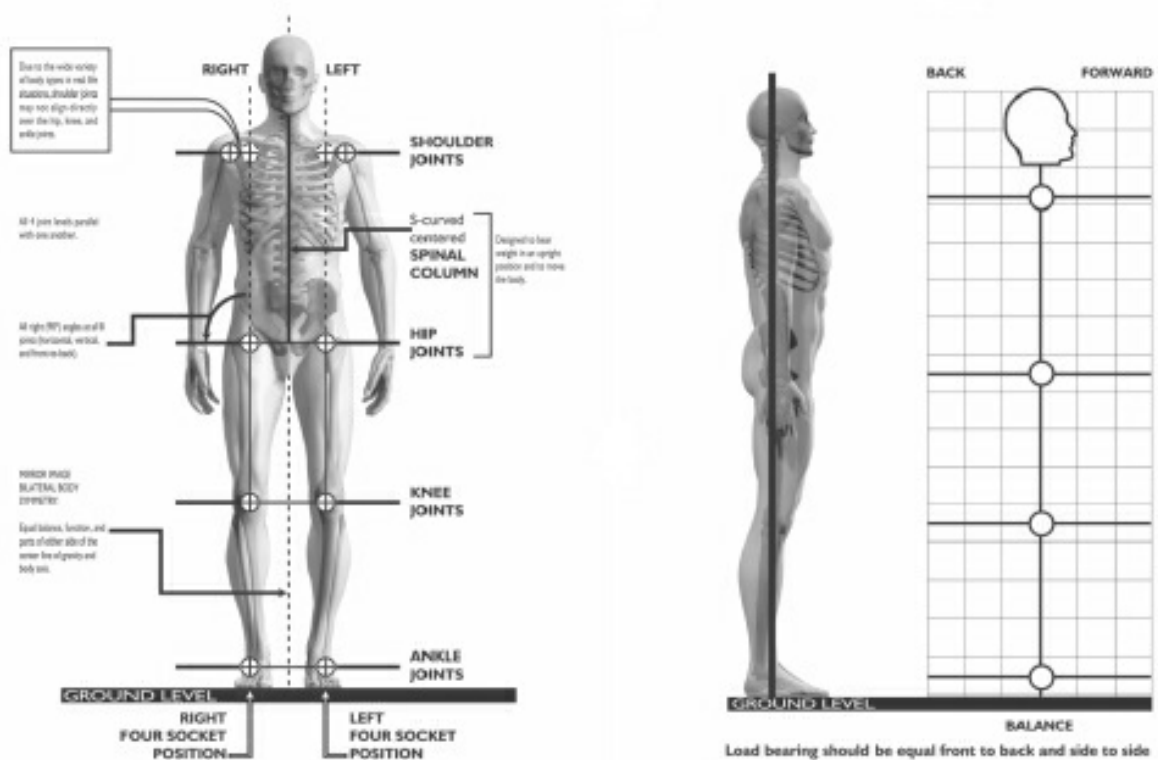
foot arch

The bones of the foot are arranged into three arches. The medial longitudinal arch is visible on the inner (medial) side of the foot and runs from the ball of the foot to the heel. This is the largest arch, and it absorbs most of the impact during walking, running, or jumping. The lateral longitudinal arch is the smaller arch on the outer (lateral) side of the foot, running parallel to the medial arch from the ball of the foot to the heel. The transverse arch is the arch that runs across the midfoot from the outside to the inside, just behind the toe joints in the ball of the foot.

The most important component of an arch structure is what is called the “keystone.” In arch bridges, this is the stone that forms the apex of the bridge’s arch and holds the entire structure together. Each arch of the foot has a “keystone”—the shape, size, and location of which combines to create a very strong and stable structure. Pressure applied *under* these bones tends to weaken the arch because it is pressing up on these “keystones,” which are stronger when they are forced down during walking, running, or jumping.

functional design posture

Defined by Pete Egoscue as the perfect vertical and ninetydegree horizontal alignment of the eight load-bearing joints in the human body, with the head balanced on an S-shaped spine. See a graphic representation of this below, in the image of “Functional Freddie.”



gliding joints

Also called planar joints, they allow bones to glide along one another in any direction along the plane of the joint, up/ down, left/right, and diagonally. They are formed between bones that meet at flat or nearly flat articular surfaces, such as in the wrists and ankles.

hinge joints

Also known as ginglymus joints, these joints are like a door that opens and closes in flexion and extension. Our elbows and our knees are examples of hinge joints.

kyphosis

Kyphosis is an excessive forward flexion (convex curvature) of the thoracic spine, aka “hunchback.” It can be caused by various diseases or conditions, compression fractures of the vertebrae, trauma, or poor posture. This is often associated with lordosis of the lumbar spine, as the spine makes whatever necessary adjustments are required to enable us to remain upright.

lordosis

Lordosis is an excessive extension (concave curvature) that occurs in the cervical or—more commonly—lumbar regions of the spine. This is often associated with kyphosis of the thoracic spine, as the spine makes whatever necessary adjustments are required to enable us to remain upright.

lumbar spine

The lumbar spine (lower back) consists of the five lumbar vertebrae below the thoracic vertebrae (to which the ribs attach) and directly above the sacrum of the pelvis.

lymphatic system

The lymphatic system is a complex subsystem of the circulatory system consisting of a network of vessels, tissues, and organs. The simplest definition of this system is that it helps maintain fluid balance in the body by collecting excess fluid and particulate matter from tissues and depositing them into the bloodstream. Wikipedia provides a more thorough and detailed description of this system.

mindset

Mindset is a collection of thoughts, ideas, and beliefs that shape thought *habits*. Mindset could be said to be a mental state or established *set* of attitudes, which may include incorporating many disparate beliefs that are

assumed to be true. Mindset is usually considered a fixed inclination that affects how a person thinks, feels, and what they do, but it is not fixed because *it can be changed*.

musculoskeletal system

The musculoskeletal system consists of bones, joints, cartilage, muscles, tendons, ligaments, and other connective tissues. It provides form and stability to the body and enables movement.

neuromuscular system

The neuromuscular system includes the brain and nervous system working in concert with the muscular system to allow and control movement of (and in) the body.

neuroplasticity

Neuroplasticity is the ability of the brain to adapt to changes in our environment by forming new neural connections over time. The human brain adapts, stores new information and memories, masters new skills, and is able to recover from traumatic injury due to its plasticity.

nocebo effect

The nocebo effect is the opposite of the placebo effect and is the negative effect or outcome that occurs due to a belief that the drug, treatment, or intervention will cause harm. The term *nocebo* comes from the Latin “to harm.”

osteoarthritis

Osteoarthritis is the most common form of arthritis (which is inflammation of the joints). It arises when the protective joint cartilage that cushions the ends of bones breaks down. It most commonly affects joints in the hands, knees, hips, and spine. While the mainstream medical community would have us believe osteoarthritis is a normal sign of aging, it does not occur in all people, nor even in different joints in the same person. It is associated with a joint that is out of position. Many posture therapy clients whose affected joint has been correctly realigned through posture exercises have had all symptoms of osteoarthritis disappear.

pivot joints

Also called rotary joints, they permit axial rotation where the moving bone pivots on/within a ring formed by the concave surface of another bone and adjoining ligament. Examples include the first and second vertebrae of the neck and a joint in the wrist that allows the palm to be turned up or down.

placebo effect

The placebo effect is the beneficial effect produced by a placebo drug (usually an inert or harmless substance) or treatment that cannot be attributed to the properties of the drug or treatment itself. Therefore, the benefit is assumed to be due to the patient's belief in that treatment. The term comes from the Latin phrase "I shall please" and has a history of meaning "to flatter."

plantar fascia

The plantar fascia (aka plantar aponeurosis) is composed of thick bands of fibrous connective tissue that support the arch on the bottom (plantar side) of the foot. This tissue runs from the attachment on the calcaneus (heel bone) forward to the ball of the foot. A common complaint patients report to their orthopedic doctors or podiatrists is heel pain. Symptoms of pain in the plantar fascia have been called plantar fasciitis, but more accurately should be called plantar fasciosis because there is usually no inflammation in this tissue. Plantar fasciosis may involve acute or chronic stretching, tearing, and degeneration of the fascia at its attachment site.

plantarflex (plantarflexion)

When you plantarflex your foot, you pull your heel closer to the back of your lower leg, which pushes your toes away from you, increasing the distance between them and your lower leg. Normal gait mechanics require plantarflexion of each foot, without which our stride is compromised, causing a ripple effect of compensations throughout the body. Compare with *dorsiflex*.

saddle joints

Also known as sellar joints, these joints have opposing surfaces that are

reciprocally concave and convex. Much like condyloid joints, they allow for flexion/extension, abduction/ adduction, and circumduction, but not axial rotation. Found in the thumb, the thorax, and the heel.

temporomandibular joint (TMJ)

The temporomandibular joint (of which we have one on each side of the jaw) connects the jawbone to the skull and is named for the temporal bone of the skull and the mandible of the lower jaw.

thoracic spine

The thoracic spine (upper and mid-back) consists of the twelve thoracic vertebrae that are attached to the ribs. The thoracic spine is between the cervical spine above it and the lumbar spine below it.

toe spring

Toe spring is present in most shoes nowadays, including athletic shoes. It is the elevation of the shoe's toe box above neutral (flat, ground-level). The idea is that it "helps" the front part of the foot roll forward when walking or running. This position, which is generally about fifteen degrees, holds our toes in an unnatural, extended (flexed upward) position. This essentially weakens the natural ability of the foot to flex and extend the toes and causes undue tension on the entire bottom of the foot, especially the plantar fascia.

vestibular system

The vestibular system (mainly comprised of the semicircular canals and the otolith organs within the inner ear) is the sensory system that is responsible for maintaining balance, coordination, and awareness of spatial orientation.

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Posture therapy helps people of all ages and abilities get themselves out of chronic pain, restore physical function, and/or improve their balance or athletic performance. But posture therapist and author Grace Lambert didn't think enough people knew about the benefits of posture therapy, so she wrote this book to spread the word. She briefly defines posture, describes posture therapy, and explains why good posture and movement are vital to our health and well-being. She then shares stories – her own and those of her POSTURE ALLIANCE colleagues and a few of their clients. Each storyteller provides moving details about how they ended up in chronic pain and with physical limitations. They describe the hope and excitement they felt when they discovered that doing customized exercises reduced or eliminated their pain and allowed them to resume activities they loved to do. And they share how their commitment to regularly doing these simple exercises keeps them out of pain. These stories are meant to inspire and motivate you to try posture therapy for yourself, so that you can also get back to doing the things you love to do!

"Grace Lambert masterfully weaves clinical expertise and moving testimonials to create a winning formula for changing lives. If you're seeking help for chronic muscle or joint pain, this book is a treasure trove of insight and information."

David Starbuck Smith, author of AGELESS PAINLESS TENNIS

"Postural therapy has been helping people around the country for decades, but why have you not heard about it and why has your doctor not told you about it? Grace Lambert does a great job of describing why and how postural therapy can help you feel better and move with more ease. Sound too good to be true? Read these heartfelt stories of people who have overcome living with the black cloud of chronic pain hanging over their heads. They experienced amazing transformations, got their lives back and now have more vitality and energy than ever before!"

Travis Perret, author of PAIN FREE LIFE

"This book is a source of inspiration and hope, and it is a must-read for those who live in pain. Even more importantly, it is a profound book for all of us who share this human existence. Grace simply and effectively conveys structural truths that are imperative to understanding the earthly body in which we exist. Dive in. You won't regret getting to know the skin you are in!"

Carol Gamboa, Vice-President of Therapy & Development, PTX Therapy®



Grace Lambert is a PTX-licensed therapist and a posture alignment specialist, certified through the Egoscue Institute. She offers private sessions, classes and workshops through her business, Posture First Exercise Therapy.