

Ralph: ... everyone for joining us here today. This event has had the largest preregistration of any of the Zoom Open hours we've done. We started doing these back in May of last year, of course, a couple months into COVID, with a wide slew of topics ranging from civil liberties to mortgage interests or mortgage rates. We did Bill Rodgers, and I see a couple of people that were on for the Bill Rodgers thing back in May. But we've turned it into, and this has become quite a little thing to do. So, we're excited about this.

Now, Jeff Hornacek... I was referred to Jeff by the team physician of the San Diego Chargers for some pain that I was having when I was running back in...I don't know, the aughts, probably. Not covered by the insurance, and he advised me of that. He says, 'Hey, you know, I can send you to a chiropractor, I can give you a shot of medication, or I could send you to physical therapy, but if you want something that's gonna work, go see Jeff.'

And so, I did. And found out about Egoscue method. Read a couple books. I read this one, Pain Free, which is number six. It was written in the nineties. It still ranks as the number six best seller on Amazon today for pain management, if you Google that. Or search on that, however that is.

But Jeff Hornacek is here in Temecula. He'll give you a little more background on how he got involved with Egoscue. And that's the right way to say it, by the way. I finally learned. Now, Jeff, you're still muted, but you can jump in there whenever you're ready.

Jeff: Welcome, everybody! Good evening. Thanks for having me.

As Ralph said, he came to me because he had an issue. Most people come because someone's referred them or whatnot, but this type of therapy is typically something that's referred, because again, it's an out-of-pocket expense. People use their health savings or flex programs, but it's not typically covered by anybody's insurance. That being said, it's the missing link, really, between monitoring healthcare and what we really need to start taking care of ourselves.

Personally, I started as a client myself back in 1999. I was dealing with a lot of things. TMJ, migraines, lower back pain, herniated disc... I was a wreck. You know, I was playing sports, but due to my injuries, I had to take some time off. Then I ran into Egoscue, and through that I was able to rehab on my own with the systems of going through the menus and getting exercises. Without surgery, without manipulation, just doing the exercises myself. I was able to continue two more years of college, and through that experience, I was hired on and had an offer to work for Pete Egoscue himself.

I took the offer. It was really the crossroads. Pete gave me an option, and he said, 'I can teach you what I know, or you can go and try and play in the pros, but it won't last that long because you're an old man.' The pro is, there's a short little window. So, I could maybe have one or two years but the other option, again, was... or join him and he'll teach me what he knows.

So, I jumped on the bit to start working with him. And long story short, started working with Pete for a long time, had an opportunity to work for many different people of all walks of life. A lot of athletes, that's the big draw. Athletes from any sport typically, but the big headliners was like Jack Nicklaus, golf... You played NFL, you had John Lynch, Junior Seau, you had everyone. And as I spoke to Ralph, there was a Milena Glusac. She's out of Fallbrook, she ran for Adidas. She also used the program.

Many people use the method but they don't tell you. And I try to explain this to people: if you're trying to make a team or you're trying to make yourself better, you don't want to give out your secrets. So, this is like the best kept secret, Egoscue, in and of itself, because you're able to take care of yourself and you don't need someone to be there 24 hours a day.

And, you know, I found it amusing... There's a stat that came out, I guess they were talking this year, with Russell Wilson. I think he spends upwards of a million dollars a year on keeping healthy. It's amazing what he sees value-wise is his body and his ability to keep this body and this machine in shape so he can compete at a high level. So, a million dollars for him makes him even more. It's a bigger return, right? Return on your investment.

But we're not talking about that investment right now, we're talking about investing in your body.

So, who's Peter Egoscue? Technically... I was talking to Ralph and he said a few of you guys have done the Egoscue method. Tom, have you done Egoscue? Oh, who's this one?

Kimberly: Kimberly.

Jeff: Oh, Kimberly. So, you've done Egoscue? Okay. And did you go to San Diego, or where did you go?

Kimberly: Newport Beach.

Jeff: Oh, Newport. Okay, got it. That's a newer clinic, actually. The Newport Beach. Right off the 55.

Kimberly: Mmhmm.

Jeff: Yep. Okay.

Kimberly: No, Newport Center Drive.

Jeff: Oh, Newport Center. By the mall, right?

Kimberly: Yep.

Jeff: Wasn't there a mall? So, Pete's been around for 40-some odd years. The main clinic started in San Diego and they branched out. And there's clinics that are out...I don't know, there's 30 clinics around the world, and then there's franchises. Or, those are technically franchises. And then there's people who have trained. A group of us, we're core people, we all had the option, did we want to franchise or do you want to leave and do your own. I just decided I wanted to work my own schedule, and I like to spend time with people, so therefore I didn't want to work that kind of tight window. I'd rather just take my time. So, for most people come to me, they realize, one hour...I slot you for an hour and we may take two hours. Right, Mona?

Mona: Yes.

Jeff: Well, the program with Pete is, long story short, he was in the military. He was a jock. Went to college, played football, went to the military... He ended up getting shot in the butt. With that pain, he had residual pain. They said phantom pain. Well, he realized there was something else going on with his body. And when he started working on his body, he was getting himself out of pain. It sparked him to the point of, 'I need to do something about this!' So, he started working with people, and now over 40 plus years, he's developed this program that is simple. Very easy to do. It's a commonsense approach to getting your body in the proper alignment.

And that's what we try to talk about. There's many analogies with Egoscue. And a simple thing is, if you are a car and you're out of alignment, you're gonna have extra wear and tear. So, for example, you drive your perfect car and you hit a pothole and all of a sudden, the car starts pulling to the right. Well, if you continue to drive it without fixing the alignment, the tires are gonna wear out. So, what typically people do if their knee hurts or their back hurts, they'll say, 'Hey, we need to do surgery.' So, therefore you go to a tire guy and say, 'hey, what's wrong with my tire?' Well, the tire is worn out, let's replace it. Okay, quick fix. It drives straight for a while, but it starts pulling again. You go to the tire guy and go say, 'Wait a minute, you sold me a bum tire.' He goes, 'No, it's a good tire, but you're out of alignment so it's wearing a little bit and it's causing your suspension to mess up, your brakes are starting to mess up... You need to get that alignment.'

So, that's kind of the premise behind the Egoscue therapy, posture alignment therapy, is, get your body in alignment.

So, I will tell you again... And we'll say Egoscue. I used to work for Pete. I am not Egoscue, but I utilize the Egoscue method. So, my company is called Postural Solutions. And a partner and I, we started this back in 2007 up here in Temecula, but now it's just me helping out the masses.

So, what's the big draw to go to Egoscue or this type of therapy? Well, most people, when they deal with chronic pain, have different options. Some medicate. Some get manipulation. If it's bad enough, they try to get surgery. But when you go to doctors now, especially back surgery, doctors will tell you it's about 50 percent success rate of getting your surgery. Having back surgery. That's not good numbers. So, I don't like playing 50 percent with my body or anything. 50 percent is just...it's a coin flip, right?

And it's amazing how you get put through the system. And if you don't ask the right questions, therefore... if you don't ask them, you can then get put through that system and now you're just spinning your wheels. You know, you'll jump from one surgery to another surgery or medication or whatnot.

This type of therapy is giving you the tools. So, you'll have your options, but this is the tool that you'll get to keep for the rest of your life.

Kimberly, how often do you do your menu?

Kimberly: Morning and night.

Jeff: Awesome! Ralph, how often do you do your menu now?

Ralph: We've talked about this, Jeff. You know, I sample the menu every day, but I don't go straight through them too often. I'll tell you how long it's been, if you really want to know.

Jeff: And then... Well, the idea is, we also... Because that's the kind of question that comes about. People who start doing their program, we ask them, 'How often are you doing your menu?' And they really correlate it to where their symptoms are.

'Well, if I'm feeling like I'm hurting, I'm gonna spend more time on my menu. Once I feel better, then I stop doing my menu.'

Ralph: There you go.

Jeff: And so, okay, why don't you get back on your menu? 'Oh, I feel better.' So, it's this teeter totter effect. And there are, you know, great success stories. I know

Mona has had a menu, Ralph has done a few. And within starting that menu, your body is effectively changing for the better and it's saying, 'Okay, thank you!'

There are some people that have that amazing experience. First time, second time, third time, and they're just up and running. And sometimes it does just take that little niche or that little adjustment, per say, by doing their menu to exercise the body to get it back in alignment that then allows them to start feeling better.

Ralph: Yeah, in my case, Jeff, that's a literal relationship. And the first time I visited you, I was buckling over from pain in my groin, and the next day I went out and I did a 10-mile run. I mean, literally the next day. And then the second time I visited you, which was several years later, a couple years ago, suffering with a hamstring pull that I just couldn't get it to... Rest didn't solve the problem. And you told me my hips were out and my pelvis was out of alignment. The right side nine degrees, right side six degrees, or something like that. You know exactly what it is. Again, you gave me a new menu, no more problems.

Jeff: Great.

Ralph: It solved the problem very quickly.

Jeff: Yeah, and that's awesome.

Ralph: Cool.

Jeff: So, there is variations. So, I know with Kimberly, if she's gone to Egoscue, they do things slightly different, and we all do. But yeah, you said something about numbers. So, the main thing: the Egoscue program is trying to reset your hip to get your body back in alignment.

So, let's say medical facility, you go and you've got a headache, or say you've got a shoulder pain. Well, they're gonna look at your shoulder, right? So, they're looking at the micro. They're looking so close trying to figure out, well, what's going on in the shoulder? There's got to be damage. If you're having symptoms, there's damage in that shoulder. But the method goes, 'Wait a minute, let's look back real quick and see what else is going on.'

So, my analogy with a car. Most people have cars, so we can talk about it. If you say, you go to your mechanic and go, 'My car doesn't start.' And you put the key in there and it won't start. If you keep looking at the ignition... 'Okay, something's wrong with the ignition.' No. How about you back up a little bit? Oh, we're missing a battery. We don't even have a battery in this car! How are we supposed to start the car, right?

So, in an example for your body, if we see that the shoulder is hurting, well, let's step back. Is the shoulder lifted? Is the shoulder twisted? And why is that there? Let's say the whole reason or the whole premise behind Egoscue is to figure out the why. I want to know, why does your shoulder lift, why is your shoulder dropping, or why is your rotating. The body compensates for a reason, and it's always a mechanical reason. So, if you stub your foot, all of a sudden, your body starts putting weight on the left leg. Say, if that was right foot, if we stub your left foot, then the body starts putting weight on the right foot. It's gonna keep going back and forth until you figure it out. And so, what we try to do is put that body in alignment by giving those simple exercises, alright?

And so, real quick, there's this book. Literally, I don't make a dime off of this book. I tell you, this is Pete's book, and he has several books out there, but this one is Pain Free. Really simple, red, white, and blue. Grab it for like ten dollars on Amazon, somewhere around there give or take a few bucks. Very easy book to read. You can do the first three chapters and then find a symptom that's in the book... say back pain, neck pain, shoulder pain, hip pain, knee pain... whatever it is, and just get started, right? I always tell people to get started that way. It's the easiest way to kind of gain entry into fixing your body, right?

So, with that, people ask, 'What kind of symptoms can you relieve, or what kind of symptoms does this program help?' Right? How can postural therapy help your ailment, and what kind of ailments does that typically entail. Most people come with back pain, right? We had some kind of a questionnaire that we were gonna run.

Ralph: Mark will put up a couple polls here in a second, but what we'd like you to do is, if you haven't done it already, you can point your smartphone camera at that QR code and that will open up Slido, which gives you an opportunity to type in a question if you don't want to interrupt the dialogue. This is a small enough group that you're welcome to just jump in. Just unmute yourself and jump in. While you're there, we've actually set up a couple polls just so you can see how it works, and Mark has got one up there now.

So, if you get into Slido, one of the main treatments, one of the medication treatments, that's prescribed and it's on the rise, obviously, is opioids. And prescription opioids have lead to... well, they've called it a crisis. Obviously, this is a before the pandemic, a crisis in its own right. And it's kind of interesting how many people are dying from overdose deaths that are tied to opioids. And this is an approximate number, obviously, because it's not the same.

I don't know if we've got everybody on there yet. Mark, when we have everybody on there, if you want to just show the correct answer. It looks like

we've got five people have responded. But you can also go into Slido... Yeah, the correct answer is just shy of... as of 2018, the CDC number showed about 38,000 in 2018. So, it's not quite as bad. I think we're getting used to these six-digit numbers of deaths because of COVID this year. But, you know, 50,000 people or approximately 50,000 are dying from prescription drug opioid overdoses. These are not... we're not talking street drugs. We're talking about prescription overdoses. People are overdosing on prescription drugs, and chronic pain is a big part of that. I'd say it's a lot healthier to fix a problem with a menu from Jeff than it is from an opioid treatment.

And again, if anyone has any questions, use Slido. Just toggle it over to the audience Q&A and you can pop a question up there.

So Jeff, did you want to move into some audience participation active...

Jeff: Yeah. Yeah.

Ralph: Active stuff?

Jeff: Yeah, real quick... So, the concept is, people that say, 'Why do people come to postural... or utilize postural alignment therapy.' Right? It can be either for back pain, shoulder pain, hip pain, neck pain, knee pain, plantar fasciitis, TMJ... so, pretty much everything I've been through, it works. And I have to do it, or if I don't, it starts bothering me. But the main thing I use this for, well, is athletic performance.

I know everybody's goals are different. Some people just want to be able to walk outside, take a five-mile walk or maybe a ten-minute walk. Some people are very active, and they just want to compete. And then there's people who just want to play with their children. I get many adults that just go, 'I cannot play with my kids anymore. I'm only forty years old and I can't even lift up my son.' And it's amazing.

Chronic pain is not just for, you know, us adults, but the average... I think they say the average pain of back pain in adults that have back pain is anywhere from 20 to 69. So, I think we all encompassed fit in that group. But the concept, again, is getting your body working.

Alright, well, let's see. We've got a few here. Any of you guys have chronic pain? Tom, apparently this is now my night job.

So, I will tell you this right off the bat, for those that don't know me: I am a man of many hats. And one of the bigger hats that I do on a 9-to-5 basis or 85 hours a week is, I'm a deputy sheriff in San Diego County, right? So, that's a little flip side. I started doing this when I was younger. Utilized this method. Got a point

where I'm running this company, and we've had a lot of different things, but then another calling happening, right, with the law enforcement end of it.

But I always come back to Egoscue. It's been my passion since I started. This is amazing stuff and I want to show you guys how you can benefit from it. Okay? So, what we're gonna try to do is do a couple little things. Anybody actually really hurting right now? Anybody got anything stand out?

Mona: I have shoulder tension. Shoulder tension.

Jeff: Yeah, shoulder tension. So, with today's exercise, today's movement, or lack of movement... Because that screen seems so far away, I'm getting closer and closer and closer, now my neck was hurting. So, I've got a pair of glasses. I'm not using them right now. Full disclosure: this year I finally dipped in and I got me a pair of glasses.

But that being said, most people, you sit and you round your back and all of a sudden, now, Mona, you can get neck pain, shoulder pain, back pain, hip pain, just by your position. So, the thing is with Egoscue and what not is to straighten the body before you strengthen it, right? If I can get your body straighter, then you're gonna get better from whatever kind of exercise it is. However, if you bring your body that's out of alignment into any activity, whether it's sitting at the chair, going for a walk, riding a bike, playing basketball, or going for a run, that body can't take that much more stimulus because it's out of alignment, right?

So, if we go back to that car, say, you can have the fastest Ferrari in the world and it's like a perfect machine. You get it out of alignment and you try to drive, it's gonna start pulling and swaying. You hit the brakes and start, you know, shaking. That's a million-dollar car, but you've got it out of alignment. So, that's our body. If you get it out of alignment, well, it's gonna start talking to you. It can talk to you in many different ways, many different ailments.

So, what we're gonna try to do right now is just try to show you with the power of exercise, right? So, if you actually do a Google search, let's say chronic back pain, and it says the number one way to get rid of chronic back pain: exercise. But what exercise do you do, right? There's one laying here, there's one sitting here, there's weightlifting, there's, you know, running and cycling. And I know a lot of people who cycle. Cycling is their number one thing for exercise. Well, again, we want to straighten that body and get you out of pain so that you can then be more active.

So, what I'd like you to do, if you could, how about take off your shoes. I don't see if you have shoes or not, but we're gonna have you stand up for a quick

moment. Kick your shoes off, and then I want you to kind of get a feeling of the ground. I want to know, do you feel your weight in your toes or in your heels? Do you feel it on the inside of your feet, outside of your feet? Are your feet turned one to the right, one to the left? Or is one in and one out? Take a little kind of a checklist of yourself right now and just gather and see where you feel, right?

So, we've got Joseph. Oh, well, do you guys have to unmute, or is it...? How does that work?

Ralph: Yeah, everybody has to unmute. Yeah, to interact.

Jeff: Okay. So, just unmute for a moment. Okay. So, you're standing there. Where do you feel the weight in your feet? In the front, the back, in, or out?

Joseph: Yeah, I broke this leg twice when I was younger.

Jeff: [Laughs.] Yep.

Joseph: And my bone set a little bit off. And so, I've got my left toe, front big toe, turns out a bit, as opposed to my right toe.

Jeff: Oaky.

Joseph: It's straight ahead. So, I...

Jeff: You have like a bunion to your left foot.

Josephs: I kind of constantly get this pull in my lower leg, right?

Jeff: Okay. Perfect. Ralph, where's your feet? Where's your balance?

Ralph: I'm pretty much flat. I'm right on it.

Jeff: Okay. Kimberly?

Kimberly: Probably about like Ralph. About right on it.

Jeff: Alright. How about you, Paul? Is that Paul right there?

Paul: Yeah. Right leg leans in a little bit.

Jeff: Okay. And Ruth? How are you doing?

Tom: I remember my first...

Ruth: Unmute. Well, no, my hand moved as I said unmute. I feel pretty even. Kinda weight on the balls of my feet and the heels just kinda balanced.

Jeff: How about you, Tom?

Tom: Flat. A little bit on the inside.

Jeff: Okay. And we see Mona there. How are you doing, Mona?

Mona: I feel flat. Flat and even right now.

Jeff: Alright. So, we've got Ralph... sorry, we've got Joseph with the foot issue going on, Mona with some left neck tension. Anyone else got any other symptoms? Anything bothering you?

Paul: Well, I have an ongoing issue with my right leg. The whole thing. Glute to calf to planters.

Jeff: Okay. What I want to try to do is just take a quick little poll, then. With that being said, does anybody have issues with their upper body other than Mona? Any shoulder issues, any tension right now?

Tom: Always lower back.

Jeff: Lower back, okay. So, just take that mental note. Real quick, do me a favor. Go ahead and pigeon toe your feet. Ready? You can see me here. Put the big toes together and your heels out. Kimberly, you've probably done this before, right? During your assessment. And when you tighten up your legs, push your knees back. What happens to your lower back?

Ralph: It arches.

Jeff: Paul? It arches, right? Tom, how about you? Do you feel it arching?

Tom: Yes.

Paul: In the back? In the back?

Jeff: Okay. And so, that arch is something that's opposite of what you typically get on a daily basis. You're getting postural position. When you're sitting, you do this. Your body goes to that position. Yet when you stand, a lot of people still have what we call NBD. Kimberly should know that answer. What is NDB?

Kimberly: What? I didn't hear you.

Jeff: NBD.

Kimberly: NBD? I don't know.

Jeff: No Butt Disease.

Kimberly: Oh. [Laughs.]

Jeff: When you sit, you lose your butt. Yeah, this is no joke. So, with that being said, now let's try a different way. Relax your feet, put your hands behind your head, pull your elbows back. Good. What happens to your lower back?

Kimberly: It arches.

Ralph: It's arching.

Tom: It arches.

Jeff: Perfect. Joseph, what happens to the balance of your foot, or your feet? Where is the balance now?

Joseph: I would say it slides forward.

Jeff: Would you say it's more on the left side, right side, or down the middle now?

Joseph: I'd say a little more down the middle, yeah.

Jeff: Good. So, if we can get your body, just by putting your hands behind your head, to balance out... You have leg length discrepancy, but just by changing your upper back and getting your lower back to arch triggers your pelvis in a way that helps balance you out without adjusting you, without giving you any drugs. All of a sudden, if you start running and tracking, your feet are gonna track more normal, right? Paul, how does that feel with your hands behind your back?

Paul: Yeah, that's amazing. It levels my hips out.

Jeff: If pulls your hips out. It changes your position, right?

Paul: Yeah.

Jeff: And all of a sudden, weight distribution is more equal.

Paul: Yeah.

Jeff: So, if I go to my doctor and said I have a hip pain, and they're looking at the hip but forget that I'm like this versus this, they're gonna go, 'Oh, yeah, there's problems in the hip.' But you step back and you're like, 'oh, yeah, because I'm a turtle.' Right? And so, we want to fix that turtle position. We want to fix that elevation of the hip. And that's kinda what's happening with you, Joseph, is... You said there's... you broke your leg a couple times, right?

Joseph: Yep.

Jeff: So, there's a discrepancy. But what happens is, the body compensates, and one hip usually lifts versus the other. Okay? So, what we're gonna do is a few exercises, right? Any questions real quick? Mona, you okay?

Mona: Good.

Jeff: Alright. So, what we're gonna do is, go ahead and have a seat. We know what you feel like right now. We're gonna do a few exercises and see if we can

effectively change your balance without adjusting you, but just giving you exercises, okay?

So, your first exercise. Literally we don't have to use any tools, but this is something you can do on a daily basis, just like brushing your teeth, okay? You're gonna put your hands together and make a fist. Put your first right between your knees. And if you can, you try to sit up tall, create an arch. That's secondary. But if you can, just keep those fists between your knees. Now squeeze your inner thighs together, pressing into your hand. Press...release. Press...release. Press...release. Continue to do that. You're gonna start feeling the work on your inner thighs. How are you doing there, Paul? You got it?

Paul: Yeah.

Jeff: Which thigh is doing the work? Think about it. One side is typically doing more than the other.

Paul: Maybe a little more in the left.

Jeff: Yeah, because I'm seeing you lean. So, I can just watch you on your video and you're leaning. So, try and... Your head is even pulling to the side. Try to get both hips working equally and all of a sudden, your body will pull back to the middle. How are you doing, Ruth?

Ruth: I'm alright.

Jeff: Are your inner thighs burning yet?

Ruth: No. [Laughs.]

Jeff: Oh, you've got to squeeze a little harder.

Ruth: I'm squeezing it harder. You don't know how many exercises I do every day, right, Tom?

Tom: Yep.

Jeff: Right! So, doing that many exercises and you're still not finding those muscles, though. What muscles do you feel?

Ruth: Oh, I'm fine. I'm feeling it. It's not straining anything. Yeah, I feel it, yeah.

Jeff: Okay. Yeah, don't hurt yourself.

Ruth: Oh, yeah. No, no, I won't do that.

Jeff: Tom, what are you...

Mona: I have a question. Should our feet be flat? So, I'm in a chair. Should my feet be flat?

Jeff: Yeah, if you can.

Mona: Okay.

Jeff: Keep your feet flat on the ground. Don't go too high. Tom, where do you feel the work?

Tom: Thigh to quad.

Jeff: Thigh to quad. Good. And Kimberly?

Kimberly: A little bit in my left leg. The upper part.

Jeff: You're feeling it on the top of your leg?

Kimberly: Mmhmm.

Jeff: So, any inner thigh?

Kimberly: No, on the inside on the left.

Jeff: On the left. Can you get your right side working a little bit? Press a little harder?

Kimberly: Yeah.

Jeff: Maybe you might need to arch a little bit. So, what we're trying to do here is get your hips working. You want them both to fire.

So, quick anatomy lesson while we've got you. This here is the psoas muscle. It connects your lower leg, your pelvis, and your lower back. This muscle is very important to the whole method. If we cannot get this muscle firing, it doesn't matter what you do up here, okay? You keep adjusting the back and the hip won't adjust, it won't stabilize, we've got a problem.

So, when you have neck pain, if your body is like this and this hip is out of alignment, you can get adjustments all day long. This is kind of why people have to get on a program when they go to their chiropractor to see him two, three times a week, or something to that effect. They keep adjusting and keep adjusting, but they haven't fixed the problem. If the hip is elevated or twisted forward, no matter what you do up here, your body isn't gonna respond to the imbalance of your hip. So, by squeezing and squeezing and squeezing... A lot of times you feel it on the outside. Eventually you're gonna feel it on the inside, right?

So we've got a hundred percent everybody's inner thighs working?

Mona: Mmhmm.

Ralph: Yep.

Jeff: Alright, good. Next exercise. [Inaudible – 0:29:35]. Got it? Alright. We're gonna do a golfer's grip. So, with your hands, you put your fingers in the pads of your hands, thumbs out. Instead of keeping it like this, just bend those knuckles, put the fingers in the pads. Kimberly, like that. Not like this. Yeah, there you go. Like a hitchhiker almost. Good. Okay, now you stick your knuckles on your temples. Try to keep those feet straight. You're gonna bring your knuckles all the way in and open up as far as you can. Bring them in and open up. Bring it in and open up. Good. Continue to do that, and if you can, try and keep an arch in your lower back. You want to get that hip involved. Even though we're moving the upper back, we're trying to stabilize the hip. We want to activate those muscles, and we're gonna see the results here in a moment. Any pops and cracks?

Mona: Oh, yeah.

Ralph: Lots of that.

Jeff: All those exercises you're doing. [Laughs.] There. Try and get them to touch there.

Ruth: I can't.

Jeff: Good, there you go! Good.

Ruth: Yeah.

Jeff: So, any exercise is gonna show us a lot of things. It can be a good, bad... it doesn't matter. It just tells us what's happening and what's not happening. So, when someone says, 'That exercise is the worst exercise in the world...' Well, maybe for your body at that time. Okay, relax. But you should be able to get all these movements.

Okay, same thing. Interlaced extended thumbs. Extend the knuckles, and you're gonna do arm circles. Try your best not to bend. Just lock the arms and circle forward. You should feel that creating an arch up your back. Keep your belly out and relax. You should still be able to breath, right? Don't pass out. Ruth, go the other direction.

Ruth: Oh, I already did that.

Jeff: You're going backwards.

Ruth: I thought we were supposed to do both.

Jeff: Oh, yeah, we'll get to them both in a second.

Ruth: Oh, okay. [Laughs.]

Ralph: Ruth is an overachiever.

Ruth: I already went...

Jeff: Overachiever. She's already got a hundred. Alright, now, flip your thumbs back and go backwards. So, you should really feel that torque in your shoulder blades. Tom, a little less. Not so high.

Tom: Okay.

Jeff: Just keep them tight. Good. Your chest should stick out, your shoulder blades should come together, and you should feel work coming up your back, alright? You have about ten more. Keep breathing. Don't pass out. And relax.

Last exercise. You're gonna interlace your fingers, lock them out, and open up. If this bothers your neck, then just keep your head straight. But if you can, look up, lock your elbows, try to keep your feet straight and try not to let your knees go outward. You can almost kind of just try to keep them in. Lock those elbows. You can get that right arm locked there, Paul. Breathe, breathe, breathe. Good job, Ruth. Nice work, Mona. Joseph, you're the man. I see you breathing. Good job.

Alright, stand up. Relax. Stand up. And again, your shoes should be off. Walk in place for a second and then stop. And just go back through your mental rolodex and see, where are your feet now? Are they still on one side or another? Is it inside? Outside? Are they actually straight now? So, we'll start with you, Joseph. How are you doing?

Joseph: Good.

Jeff: But it's changed, right?

Joseph: Yeah, it feels better.

Jeff: It feels better. We didn't fix your feet, we didn't fix the foot, we didn't fix the leg length discrepancy, we just got your body to work together, right? How about you, Ralph? How are you feeling?

Ralph: I'm good.

Jeff: More balance? Kim?

Kimberly: Yeah, I feel a little straighter.

Jeff: Okay, cool. Paul?

Paul: Yeah, I'm more even in distribution and more stable.

Jeff: Cool. And those are like four exercises. And then...wait, it just switched on me. Let me go back to gallery. Ruth, how are you doing?

Ruth: I'm feeling good!

Jeff: So, if you just add these four exercises to your day before you start your other exercises, believe it or not, this position is gonna make those exercises better.

Ruth: Mmhmm.

Jeff: Tom, how are you doing?

Tom: I'm doing good.

Jeff: Good.

Tom: It definitely should help it.

Jeff: Right? Any questions of what we just did about your body? What did we do?

Kimberly: My menu. I don't have to do it after this! Yay! Except for a couple.

Jeff: This literally... we just got your body to wake up, alright? We just don't have enough stimulus during our day. Our body needs to move. The lack of movement is creating our issues, right? So, if we can get our body back into the right position...

Ralph: I'd say I have too much stimulus during the day.

Mona: I can attest to that.

Jeff: So, the premise is doing something every day. One of the first things I ask clients that are young... I do get a lot of high school and elementary kids, younger teenagers, and the first thing I ask them is, 'Do your parents have to tell you to brush your teeth every day?' And if they say yes, then I say, 'Well, you're not ready for this type of work.' Right? They go, 'What do you mean? What do you mean?' Because you have to do this on your own. I can't call you up, 'Tom, it's eight-thirty in the morning, did you do your menu? And if you didn't go tell Ruth as well.' Right? And then we've got this whole chain...

Ruth: I'm on it.

Jeff: Right?

Tim: Yeah.

Ruth: So, I'll nag him for you.

Jeff: So, with all this stuff, with the many successes... Believe me, NFL, NBA...John Lynch, right? We used to work out, we used to train and do all this stuff. He is the NFL... he's the GM. Does anyone not know who John Lynch is? Everybody knows? Okay. You don't know who John Lynch is, Ralph?

Ralph: No.

Jeff: Okay, so, John Lynch... No, he's an all-pro NFL safety. Played 15 to 17 years in the NFL. Which is amazing because in the NFL, your lifespan is maybe four years. If you can get to that four-year mark, you actually are vested and you get retirement, in a sense. You get lifetime healthcare. Without it, you're just a piece of meat. That's technically how the NFL works. Not for long. So, he's definitely been there. Many other players have used this program to get there. But he's not the GM for the 49ers. Believe it or not, they all have menus. It's amazing. Yeah, they got injured, but a lot of people got injured this year. It's just crazy. They didn't get enough time to practice and get their body in shape.

But many people use this. And like I was telling Ralph, Milena... what sport? I see, Tom, you've got a runner in the back there, right?

Tom: Yeah, that's actually Ruth's poster that Brooks shoes made of her. Yeah, it...

Jeff: What!

Tom: You know Milena, right?

Ruth: We know Milena, yeah.

Tom: Milena. Ruth could kick Milena's ass back in the day.

Jeff: Oh, okay! Good!

Mona: [Laughs.] Yeah.

Jeff: [Laughs.] Yeah, Milena...

Ruth: Until we ran further, and then it evened it out.

Jeff: Oh, my goodness!

Ralph: Ruth won't say too much about this, but she competed in the half-mile in 1984 LA Olympics.

Jeff: Whoa, look at you. That's why you're so type A to get your exercises done. Awesome.

Ralph: And Tom was...

Ruth: I get my exercises done because I don't like pain, and if I don't do them, pain ensues.

Jeff: Right?

Ralph: Yeah. And Tom likewise was a world-class marathoner, distance runner, back in the day as well, so... And they've become good friends, and...

Jeff: Yeah, that's awesome.

Ralph: Great people.

Mona: I think Ruth has a claim to fame, though, doesn't she? Who did you beat?

Ruth: Mary Decker. That was the poster.

Mona: Oh! [Laughs.]

Jeff: Wow! Where did you run in college?

Ruth: Well, I'm old enough that when I was in college, women weren't in the NCAA. So, it was pretty much club running.

Jeff: Club running, okay. Okay, interesting. That is very cool. So, you know what it takes to take care of your body, right?

Ruth: Yep.

Jeff: There are a lot of people who are very uninvolved, and they don't listen to their body. But that's kind of one of the benefits, doing your exercises keeps you in tune. You start going, 'Wait a minute, I can feel my neck is doing this. I can feel my knee is doing this.'

So, what people really technically... when they start doing this, they realize, 'Wait a minute, there's hope. I don't have to have surgery! Wait, I can prolong this. Or, you know, what, why not?' Right? Because people get so many... let's say stigmas, because, 'Hey, you're old, you can't do that.' Or because you're this, you can't do that. Well, the saying we like to say with Egoscue is: life without limitations. Just because you're not out of pain doesn't mean you can't fix yourself and you can't get better, right? Because most people say, 'Oh, I'm not in pain because I don't do that anymore. If I did that, I would hurt. Or if I did that, I would hurt.'

So, how about we take away those limitations, right? And that's really the best thing about this program. I know, if I don't do the work it takes to get in shape and I then try to take on a sport and I get hurt, that's my fault. Literally my fault,

alright? I can't just wake up and go run ten miles. That's not like me. But Ralph can! You just did it yesterday, right?

Ralph: Yeah, I came up a little short, but... That was actually Monday morning that I did the ten-mile. Hey, Jeff, we do have one question in the Q&A, and then I'm gonna ask Mark after you address that to throw up another poll that we have. But the question is, 'I sit all day at my desk, what can I do in my office to stretch?'

Jeff: I don't want to burst your bubble, but technically what we just did is a great office menu. I will throw this out there for you just to understand, you can't really stretch muscles. Whew, pretty crazy! But what we can do is activate muscles. So, if you feel tightness, if you were just watching what we did, you can follow that quick menu. But Ruth would probably understand this a little bit more, and again, anybody who stretches all day, there's always this. I see everyone at the gym or I see someone at the park and they do things like this. And they do this. And I ask them, 'Hey, what are you doing that for?'

'Oh, I'm stretching my hamstrings.'

'Oh, you are? You're stretching?' And then when they're done, I say, 'So, how do you feel? Can you stretch any further?' Like, no. Well, exactly! You're trying to stretch a muscle, but to understand the way the body works is, those muscle attach to a joint. And if the joint doesn't move, that means one muscle is functioning more or less than the other. So, we've got to get both side, the front, the back, or the rotators of the hip or the shoulder. We've got to get those muscles involved. Once we get all those muscles working, well, the next question is, 'How do you feel?'

They're like, 'Oh, I feel like I've stretched!'

So, it's a big... how would I say, thing that's just accepted, that we say we stretch muscles. But if we can get those muscles working, that's kind of Egoscue. If we can get the muscles to do their job and do their job well, the rest of the muscles will work. And that's kind of the New England Patriots way: do your job. Right? Little... might blow your mind. Who knows. Any other questions? Go ahead. Kimberly?

Kimberly: The reason I got into Ecogscue was sciatic problems. And I went to traditional Drew Kaiser and did traditional therapy. And, you know, when you compare the exercises or the menu, they're not even the same. So, why is it that the... I guess the regular mainstream hospitals, doctors, don't teach this, or...? I mean, I guess it's residual income. I've got to keep going back and they charge me and...

Jeff: Right, I get it. That's a very valid question. Because just our society we're in now is set up to go through your insurance company and fund your therapy. So, what

we look at is the big picture. Who's involved in that system? Your therapy is dictated by your insurance company, so when you go to see Dr. X, Y, and Z at the physical therapist, they go, 'Hold on, who's your insurance company? Who referred you?' Because everyone is gonna get a little piece of the pie, unfortunately, that's how it's set up, so that then they can care for you.

But literally, Kimberly, they go, 'Okay...' And this is the great thing. There's differences between physical therapy and this type of therapy. And physical therapy is just dictated by insurance. So, physical therapists spend a lot of time in school. 14 years. And they're always doing a lot of PT. They're going to seminars, learning about the newest and greatest techniques. But unfortunately, you may know... Say, for example, if I'm a PT and I know I can fix you using this exercise, well, your insurance company may not cover that, so I'm not allowed to do that or I might get sued if I hurt you.

So, with this litigious society, unfortunately you have to stay within your parameter, within your scope. So, when it comes to physical therapy, they're told, 'You need to do this for that insurance to kick in. You've got to do this for this insurance to kick in.' And I too have Kaiser and I too was just in physical therapy. Ugh, I tell you, because I got injured on the job, I ran into a post. It just happens in my line of work. I had neck spasms, I had a lot of pain. I couldn't turn my head. So, they said, 'Well, for workman's comp, you have to go do the physical therapy.'

So, I went to physical therapy. I didn't say anything of what I do on this end of it. And as I was going through it, I was getting worse. And I told them, 'Hey, here's what's going on. I need you to give me an adjustment to my mid-back because I got hit and I'm rotated, and I can't get to it right now.' And he goes, 'well, okay, we'll adjust you.' And when he adjusted me, my back exploded!

He said, 'What was that?' I said, 'That's my mid-back. My hip can't get into it, my back is tightened because my muscle's in a spasm, right?' And as soon as he adjusted, I said, 'Alright, now just put me on a little [inaudible – 0:44:48] unit.' I was able to turn my neck and he was like, 'I've never seen that happen before.' I'm like, yeah, it's not hard, but I didn't want to get into it. I just said, 'that's what I needed.' And I had one more session and they were like, 'I've never seen anybody that fast.' So, I had six sessions. They were trying to get me more. I said, 'Well, I feel good. I'm good to go.'

But I allowed them to go one way and they started working on different muscles, started... and I couldn't even turn my neck. It got worse and worse and worse. So, I understand, and I feel you. I really do emphasize with what people are going

through. But they're not looking at why you have the pain other than you have the pain.

So, as you can see, Egoscue is a little different. We don't care, technically... I'm gonna give you a little secret. [Inaudible – 0:45:30] already said that. But the Egoscue method for short is the ego method. A bunch of egotistical people, we think we know it all, but we do something so good that we know that it will eventually fix you.

So, we look at the body, and why would the body tell you you have pain. So, if you're twisted and the vertebrae are getting pinched, well, there's a sciatic nerve down there that goes through your glute down your legs. So, we're gonna go look at the source. Well, if there's a pinch, well, why is it pinched? Okay, then let's unwind the body and see if that impingement stops. And in most cases, it stops almost immediately. I don't know how long it took you to deal with it, but if you continue to do your work, you can keep your body at bay. Okay? So, the real difference again is insurance-driven versus you taking care of yourself.

Mona: So, I just wanted to kind of share my story briefly. What happened with me is, I had actually literally just finished, or was going through, physical therapy for a shoulder problem, and I pulled a glute muscle taking off my shoe. Some of you can appreciate that.

It happens. The pain was unbearable. I mean, on a scale of one to ten, it was a nine. It was horrible. I spent the entire weekend in bed on narcotics. I mean, it was really, really bad. And Ralph mentioned, Jeff and I did a Zoom meeting together and he stretched me out and he focused, again, on the whole thing. I think at one point he told me that... Because I was so off-balance and twisted and all sorts of other things, and we spent, you know, whatever time together. My pain was down... just by the end of that session was down at least 50 percent. Within a week, I was completely pain-free by following that menu. It was amazing. Absolutely amazing.

Jeff: Well, you did the work, Mona. I can lead a horse to water. You have to drink it, right?

Mona: Yeah. And I've been real good about doing it morning and night, and then during the holidays, I let up a little bit. So, I started back last week, and I can definitely feel the difference. Because I was very tight, and I... So, I can feel it loosening up now, but yeah, I can definitely tell the difference, so...

Jeff: Fantastic. And, you know, you hear it a lot. It's just, you've got to get started. And people go, 'Well, when? You know, I have surgery come up or you know, it's not the right time. When am I gonna see the benefits?' Well, as soon as you

start, that's when you get better, right? And you can spin it around and say, 'I'm just too busy.' Well, people wonder, right, how long does it take? That's one of the questions I get all the time. And usually, I ask the client. I'm like, 'How much time are you willing to commit to get better?'

'Well, anything.'

I'm like, 'Well, anything...no, don't tell me that.' What is it really gonna take? If I wrote you an hour menu a day, would you do it every day? Maybe not. At the beginning, I know a lot of us in this field say, 'You've got to do an hour, you've got to do this.' It's not necessary, right? You need to do something you're gonna do every day. So, if I give you a program that's 20 minutes and you did it every day, twice a day, I'll take that versus a hundred percent or, you know, 50 percent at doing it an hour. You're not gonna benefit as much as doing something every day, right?

So, kind of the premise behind this is, we think about it as... That old saying is, you can feed a man today, right, and he'll eat for a day, or you can teach him how to fish and they can then provide for themselves. Something to that effect. And so, that's kind of how this program is set up is, if I can give you the right tools in your tool bag, you can now go do that, right?

And then once you start getting used to that menu, Kimberly will probably know this, then you pick a different menu. And as we alternate those menus, they feel fresh. So, I'm about that time I'm hungry right now, so I'm thinking food, but if I ate the same meal every day, my body would get bored. So, I want to throw something else in there. And it may just be a couple exercises, or it may be a complete redo of a menu, but it just has to keep affecting the body so that your body's always kind of responding to that stimulus, right?

Ralph: So Jeff, if people want to get in touch with you... Mark, if you have the slide with the contact information, we're gonna put Jeff's contact information up. If you're interested in reaching out to Jeff, I think he would offer anybody that participates, he will have a private consultation as well.

Jeff: In anything that I do, automatically right off the bat, I give you a free consultation, 30 minutes. Even with Zoom. I can still see you. I just need to be able to see you. I need to see your joints, I need to be able to see what your knee is doing, I want to see what your shoulder is doing. If I can see you, then I can help you instead of just shooting in the dark trying to figure out what's happening, right? So, that's free.

And I talked with Ralph to try to help you guys as well. It's a new year. It's the COVID year, so we're trying something different. And I'm literally giving you guys

half off. A normal session, if you go session to session, it's \$200 a session. So, what I'm doing for you guys, you just have to, if you call and you decide you want to at least experience your first menu, you'll get 50 percent off. So, you're paying \$100 versus \$200.

Ralph: You do them over Zoom, so it's not like a... I know Paul is up in Northern California. You know, Kimberly is already hooked up with somebody. And if you [Inaudible – 0:51:21] PosturalSolutions.com will get you to it. And if anybody wants a copy of the book, I think... I don't know if anybody in this group has ever... I've given the book out. But I keep a couple of copies of it here because it's been so helpful, and I saw a statistic that 45 and older tends to... there's an 80 percent chance of experiencing chronic pain or something like that. So, I keep a couple copies of the book. And we just sent one out earlier this week...or was it last week...to somebody. Oh, yeah, they couldn't attend tonight, so I sent her a copy of the book. So, if anybody wants a copy of the book and doesn't want to do the Amazon thing, I already did it, so I'm happy to share it with you.

Mona: Oh, and I have to share this, Ralph. The shoulder tension went away after we did those stretches. Gone.

Jeff: Fantastic. But you've got to do it again. Just keep doing it. Keep doing it. It's like a snack. We call them posture snacks. [Inaudible – 0:52:26] an exercise that you like, do it throughout the day. Yep.

Ralph: We'll get this up on the website so you'll be able to get to it and see the recordings of them. Thanks for bringing that up, Tom.

We also have... I just want to give you... We've got three more Zoom Open Hours scheduled. Some of you may or may not know this about me, but back in 2000, I had an article published on elder abuse working with the Riverside County Elder Abuse Program, and we've got them joining us on Thursday February the 18th. And to talk a little bit about some of the issues that are causing problems with the elders so you can help identify elder abuse and then know how to report it and how to deal with it. Because it is a very important issue.

We also have one scheduled in April, raising financially aware kids. And this is for, you know, anybody with kids from age... you know, newborns on up to about 18. And there's some tools. Working with American Century on that. That one's not on this slide yet because we just got permission to start promoting it.

We'd love to have you get back and join us again on any of these coming up in the future. Feel free to share them with anybody that you... You know, that helps us a little bit.

Hopefully, this has been useful to you.

If anybody has any questions, you know how to get a hold of us all the time. It's been a pleasure. Thank you for joining us.

Ruth: Thank you, Jeff.

Jeff: Yeah, thanks for having us. And I'll just put this out there, one last thing. So, if you send me an email, I can try to help you. I can put those four exercises onto an email. Like, you can get your own menu. Like, 'Here you go, here's a menu.' And Kimberly knows how you use a phone if you have an iPhone. You can get your menus that way. Unfortunately, the way Egoscue works, I don't know if I can send it to you that way. But I can send you just a general PDF and you'll see all the little notes in there.

Ralph: Yeah, if you want to send them to... Yeah, if you want to send them to Mona, then Mona has a list of everybody that participated, so she'll just forward it onto everybody.

Jeff: Awesome.

Tom: That'd be great.

Mona: That'd be nice. Thank you.

Jeff: That way you guys can have some little things to do every day.

Mona: Great. Thank you.

Jeff: Thanks for having me!

Ruth: Alright.

Jeff: Have a good year.