

Parents Are Hard To Raise S03 Episode 123 Transcript

[00:00:00] The world's becoming a dangerous place for us women. Lipstick Bodyguard looks just like an innocent little lipstick but it will instantly drop any attacker to his knees so you can get away unharmed. Lipstick Bodyguard fear no evil. Get yours today only at LipstickBodyguard.com.

[00:00:37] This week on Parents Are Hard To Raise the Internet's physical therapist Dr. Jo drops by with some great tips to help us work the kinks out of caregiving. Join 180 million monthly subscribers who can now listen to Parents Are Hard To Raise on Spotify.

Diane Berardi [00:01:08] Welcome to Parents Are Hard To Raise. Helping families grow older together without losing their minds. I'm elder care expert Diane Berardi.

[00:01:17] Pain can hinder every aspect of your life making even the simplest of tasks unbearable. Thanks to technology, instead of constantly taking over-the-counter painkillers or turning to dangerously addictive opioids from your doctor there are now alternative solutions. And that's where my special guest this week comes in.

[00:01:38] Dr. Jo is a licensed physical therapist and host of the outrageously popular YouTube channel. Ask Dr. Jo. She earned her doctor a physical therapy degree from the University of South Carolina and has worked with a wide variety of patients ranging in ages from one to ninety two, including NFL athletes and great great grandmothers Dr. Jo's mission is to use her skills and knowledge to help as many people as possible through the benefits of physical therapy especially for those who don't have access to adequate health care. And this week Dr. Jo is here to give us the inside scoop on some really cool high tech drug free techniques for treating chronic pain muscle injuries and common ailments at home. Dr. Jo welcome back to Parents Are Hard To Raise.

Dr. Jo [00:02:27] Thank you so much for having me back.

Diane Berardi [00:02:30] We're so happy you're here and this topic is especially going to be helpful for myself with my mom because she keeps saying to me, Oh you know everything hurts, everything hurts.

[00:02:43] And the doctor gave her Tylenol with codeine and I don't want to take that because I'm afraid she's going to fall or you know it kind of just affects her so I think maybe our first question would be, What is pain? Because I can't figure that out with her as well.

Dr. Jo [00:03:03] Right. And it sounds like such a simple question, yes. Your pain is really more of a complicated process than we think that it is. And I think it's really more important to know exactly what is pain to be able to truly treat what's going on with you.

[00:03:20] You know just like you said often we go to the doctor we say something hurts and we're prescribed some sort of medication for it. But the real question is, Why does it hurt. What kind of "hurt" is it? Because there are different kinds of hurt. And it really makes a difference. And a lot of times Medication isn't really fixing the problem. It's just kind of hiding the pain so you don't think about it for a little while. So pain is really are body's way of telling us that something's wrong. The way you feel pain is a pretty complicated process, like I said. It's basically pain is felt when signals are sent from the site of pain to your brain and then your brain sends a signal back to that area telling you what to do about that pain.

[00:04:10] So... Yes you heard that right. You don't actually feel pain as soon as your tissues are injured even though the signal's fast you don't feel or react to pain until your brain gets a signal and then tells you what to do about that pain. So it is kind of like think about maybe getting stung by a bee. If you see it happen, sometimes it might take a second or two before you actually feel that that stinging sensation but in those few seconds your brain gives the signal processes it and then sends a signal back saying something like, Oh my gosh, this hurts really bad. Run as fast as you can. Or it might say something like, Oh this just hurts a little bit. No need to panic just kind of swat that bee away. And then sometimes you know your skin gets red it might swell but really the severity of your action completely depends on your brain.

[00:05:01] And it's different for everyone. So one person might be allergic to bees so your brain says oh my goodness go into full protection mode start swelling up. But for someone like me there might just be a little stinging sensation and usually I don't have any swelling at all. So pain is actually a good thing when it's in the acute phase. But the problem is when it becomes chronic.

Diane Berardi [00:05:24] OK. And what is that, chronic pain?

Dr. Jo [00:05:28] So chronic pain is really when your pain lasts for more than three to six months. So even sometimes after surgery you know it might take up to six months before you start really feeling better. But when chronic pain happens often the tissue is already healed but the brain continues to tell you that that areas hurt for one reason or another. And so you know it kind of is almost like a mis-connect between your brain in that tissue.

Diane Berardi [00:05:56] Yeah.

Dr. Jo [00:05:57] And you know chronic pain really takes a toll physically and mentally on people. And you know it can cause you to become depressed. If you have a job, sometimes people lose their jobs. Often people are now becoming addicted to these painkillers that they're getting prescribed.

Diane Berardi [00:06:15] Right.

Dr. Jo [00:06:16] And people with chronic pain are actually at a higher risk of suicide. So that's kind of a scary process. Think about it. And in 2018 the Center for Disease Control or the CDC analyzed 2016 national health survey and it found that 20 percent of the U.S. adults, that's about 50 million people, have chronic pain.

Diane Berardi [00:06:41] Wow.

Dr. Jo [00:06:41] But a lot of research actually shows it's much higher than that it's more like 100 million people are affected by chronic pain. And that's just in the U.S. alone. That's not even in the whole world.

Diane Berardi [00:06:51] Right.

Dr. Jo [00:06:52] So chronic pain is really common among seniors.

Diane Berardi [00:06:56] Yeah.

Dr. Jo [00:06:57] Eight in ten struggle with multiple health conditions. And that can cause high rates of chronic pain. And I think sadly just kind of like you mentioned you go to the doctor and the first thing they do is want to prescribe opioids and you know opioid kind of medications are you know really devastating and they can you know cause that premature death especially in the older population. So it really becomes a vicious cycle of, I have pain. So I'm not going to be active or maybe I'll take pain medication and then I get sleepy so I'm not active. And then when I'm not active I tend to hurt more.

Diane Berardi [00:07:36] Yes.

Dr. Jo [00:07:36] You know our brains become stuck on this pain even maybe when it's no longer technically there because the tissue is healed but we often tend to think, Oh well, if I move or I try to exercise I'm going to hurt more. But really the exercise and stretches will help decrease that pain. So...

[00:07:55] You know and I find with my mom like I say, Well, what hurts? You know I'm trying to get her kind of describe... We're trying to figure it out and I'll say let's move a little because you're just sitting you're not moving. "No it hurts." You know, so...

Dr. Jo [00:08:10] Absolutely.

Diane Berardi [00:08:11] I think that's probably hard. We don't even know, Is that a good question: What hurts? Describe the pain.

Dr. Jo [00:08:20] Absolutely and that's kind of where it comes in to like, What kind of pain is that? Because there's a lot of different kind of pains. There's nociceptive septic pain which is often like when you have an injury you know it's a fracture, it's a bruise is a sprain, it's a strain. But you also have nerve pain which is neuropathic pain, which is maybe a nerve is pinched in your back or in your neck and it sometimes causes actually pain somewhere else in your body. It causes referred pain. And then there's sometimes that psychogenic pain which is people might say oh it's all in your head, but it's not really all in your head. It's you know you have that deep ache feeling where you don't know where its coming from. You know, heart ache, sometimes. Like if some traumatic event has happened in your life or you know maybe if something else is going on an underlying condition that you don't know about and it's just your whole body hurts but you don't really know what it is. And those are different kinds. So if you say, you know it's sharp, it's tingling, it's numb, it's burning, all those are actually really important ways to describe the pain to help your health care provider figure out what exactly is going on.

Diane Berardi [00:09:32] Yeah and that's good because I'm not even thinking of those words. I'm just saying, Well what hurts? You know? Yeah.

[00:09:42] And I don't know if sometimes physicians maybe they figure, Well, let me just give you some Tylenol. You know and that'll I guess kind of take care of everything. But that is scary. Especially you know for any of us, but especially in the older population.

Dr. Jo [00:10:01] Right. Absolutely.

Diane Berardi [00:10:03] So what are some alternatives for pain relief?

Dr. Jo [00:10:07] So there's a whole lot of alternatives out there and the surprising thing is I think what what doctors often think especially for the older population is they just give

them the pain medication because they don't think about other things. You know they don't think of exercise might help, you know. Other modalities that are like topical treatments. But I think a lot of times, honestly, the doctors might go, Oh this person's elderly they're not going to be able to handle the exercises and things like that. But that's not always their first thought. But it really should be.

[00:10:42] So things of course like my number one would be physical therapy.

Diane Berardi [00:10:46] Yeah.

Dr. Jo [00:10:48] And then the technological side of it is something that's called a TENS unit. And I'll go a little bit into that more because it's coming more popular. .

[00:10:58] But even things like improving their diet. You you can even use like topical pain relievers. Another big thing that's becoming popular is therapeutic yoga and also meditation. So those are just a few that are some great options that you can use.

Diane Berardi [00:11:17] Now has does, Like "improved diet." How does that affect pain, your diet?

Dr. Jo [00:11:23] So that's a great question. So a lot of times with diet I would say probably especially in an older population maybe even if they're living on their own they're not getting the nutrients that they need to stay healthy. You know they might be getting frozen dinners. They might be eating cereal at night just because they maybe don't have the strength to make a healthy meal. But even things like with pain in general, having foods with anti inflammatory properties help kind of calm down the inside of your body. Things like ginger root, turmeric. There's a bunch of different kind of things that you can just add into your food that have those anti inflammatory properties. And so I think a lot of times improved diet is a kind of an easy place to start. You don't have to make big changes but sometimes just making little changes really kind of help you along the way.

Diane Berardi [00:12:19] And now topical pain relievers, are those like over-the-counter?

Dr. Jo [00:12:23] Yes. Yes. So topical pain relievers things like that the stuff you'll see like a spray on or rub on that you'll just put on your skin like over the painful muscles or joints. And those, there's lots of different products that use different ingredients, but usually they're all natural ingredients. So some of the common ones are menthol, Lidocaine, capsaicin and these are really more just distractions for the brain. So sometimes they give off a cooling feeling. Lidocaine gives off a numbing feeling. The capsaicin does kind of a heating effect. And so that just kind of almost takes your brain away from the pain so you can do that stretches and exercises that you need to do.

Diane Berardi [00:13:09] OK. And now yoga... Therapeutic yoga.

Dr. Jo [00:13:12] Yes! I know. This is becoming much more popular. I actually have a good friend who's a co-worker who mainly does therapeutic yoga now. And she's a physical therapist but she's kind of geared towards this. And so the theory behind it is kind of an adaptation of both yoga and therapy. So this is not doing handstands and twisting your feet behind your head and things like you would typically think with yoga. But it's really kind of a blend of restorative yoga, breathing type of work and meditation all together. And I think the reason is becoming more and more popular is one, a lot of times sometimes someone with a little bit higher degree like a therapist or something is teaching

it. But also these movements are doable for any age level. So you know I've been to some of her classes and you know I might be the youngest one but there also might be a 90 year old young lady in there who is you know doing circles around me just because you know they're able to do the things and feel better doing them. So it's another I think it's going to become more popular as we see it get going.

Diane Berardi [00:14:23] Yeah definitely. And meditation?

Dr. Jo [00:14:27] So meditation I think a lot of times people just tend to want to say, Oh meditation! it's not serious, it's all about you know, "becoming one with yourself."

[00:14:37] But I really think that people need to take a look at it, meditation. Because it's using different techniques to really kind of train your brain to be more aware and attentive to your body and you know it really helps kind of mentally and emotionally clear your mind and your body. And sometimes it doesn't have to be these big meditation type things. It can be simple breathing techniques. As simple as you know just taking a deep breath in for you know seven seconds and then holding it for eight seconds and then just letting it all out.

[00:15:15] And sometimes if you just take a nice deep breath you go, Wow I feel a little bit better. So...

[00:15:22] We are going to continue talking with Dr. Jo. But first, if you're a woman or there's a woman in your life, there's something you absolutely need to know.

[00:15:33] I want to tell you about my friend Katie. Katie is a nurse and she was attacked on her way home from work. She was totally taken by surprise. And although Katie is only 5 feet tall and 106 pounds she was easily able to drop her 6 foot 4, 250-pound attacker to his knees and get away unharmed.

Katie wasn't just lucky that day. She was prepared.

In her pocketbook, a harmless looking lipstick, which really contained a powerful man stopping aerosol propellant.

It's not like it was in our grandmother's day. Today just going to and from work or to the mall can have tragic consequences. The FBI says a violent crime is committed every 15 seconds in the United States. And a forcible rape happens every five minutes. And chances are when something happens, no one will be around to help.

It looks just like a lipstick. So no one will suspect a thing. Which is important since experts say, getting the jump on your attacker is all about the element of surprise.

Inside this innocent looking lipstick is the same powerful stuff used by police and the military to disarm even the most powerful, armed aggressor. In fact, National Park rangers used the very same formula that's inside this little lipstick to stop two-thousand pound vicious grizzly bears dead in their tracks. It's like carrying a personal bodyguard with you in your purse or your pocket.

Darkness brings danger. Murderers and rapists use darkness to their advantage. We all know what it's like to be walking at night and hear footsteps coming at us from behind. Who's there? If it's somebody bad, will you be protected? Your life may depend on it.

My friend Katie's close call needs to be a wake up call for all of us. Myself included. Pick up a Lipstick Bodyguard and keep it with you always.

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Alexa [00:17:59] Getting the latest episode of Parents Are Hard To Raise. Here it is for my iHeart Radio.

Announcer [00:18:04] It's as simple as that.

Diane Berardi [00:18:06] You're right Dolly. There are so many really cool new ways to listen to our show. It's hard to keep track. You can join them and 180 million listeners on Spotify. You can listen in your car at the gym or pretty much anywhere on your smartphone with Apple podcasts and Google podcasts. You can get us on Apple TV, Direct TV, Roku. And like Dolly said, you can even ask Alexa to play the show for you. It's great because you don't have to be tied to a radio anymore. You can listen when you want, where you want, for as long as you want. And if you're listening to the show one of these new ways please do me a big favor. Share this new technology. Help someone else learn about the show and show them a new way to listen.

[00:18:48] So, Dr. Jo... The staff gave me some questions and of course they put words in there that they're going to laugh at how I pronounce. I think they were in a medical dictionary.

Dr. Jo [00:19:01] Oh no! Okay. [laughing].

Diane Berardi [00:19:03] So the first one is do you have exercises to strengthen the medial epicondyle?

Dr. Jo [00:19:13] The medial epicondyle. Okay. Okay. Oh yeah. [laughing]

[00:19:15] [laughing] Can you tell us what that is?

Dr. Jo [00:19:17] So the medial epicondyle is actually the inner side of your elbow and the epicondyle itself is the bone. So you'd probably want the muscles that attached to that stretches for that. And so a lot of times if you have medial epicondylitis, That is what we would call golfers elbow. And then if it's on the outside it's lateral epicondylitis and that's the more common one that you might hear, tennis elbow. And the crazy thing is even though it's at the elbow those muscles that are attached to it are your wrist flexors and your wrist extensors. So it's really usually a repetitive injury. And I do have stretches and exercises for both of those. So I think I have several videos for each. If you want to check them out on my YouTube channel.

Diane Berardi [00:20:05] Oh that's perfect. And actually, well we want to talk about your new book because this question can go with what you're going to tell us about your new book. So tell us all about it.

Dr. Jo [00:20:24] OK. Absolutely.

[00:20:25] Well let me talk a little bit first about TENS units in general. So TENS is really just under an umbrella term called "electrical stimulation." And electrical stimulation really is just treatments that deliver electrical currents to your body for the purpose of pain relief and rehabilitation.

[00:20:44] So there's many different types of electrical stimulation but my book really goes into talking about TENS and E.M.S. units. And so TENS is really, it just stands for Transcutaneous Electrical Nerve Stimulation, which is a mouthful. So that's why we always shorten it to TENS. But basically, what it does is it uses that current to kind of cancel out the pain signal to your brain. It's way more complicated than that, but I really like to kind of explain it that way to my patients and my viewers because that's kind of what the current does. It's that distraction to your brain where you feel this vibration sensation, so you're not thinking about the pain at the same time.

Diane Berardi [00:21:28] Now can anyone just buy a TENS?

Dr. Jo [00:21:33] Yes. As a matter of fact, in recent years, probably in the last 10 years because when I first started as a P.T. you actually did have to have a prescription from your doctor. But in the last few years TENS and E.M.S. units which are electrical muscle stimulations which actually helps retrain the muscles have been approved by the FDA for purchase over-the-counter. So you can get some almost as inexpensively as 25, 30 dollars now. And then they can go up as fancy bells and whistles and you can get one for a thousand dollars. But they all kind of do the same thing.

[00:22:10] And I think people are really beginning to realize that not only are they inexpensive but they help decrease that acute pain, that chronic pain, and really help reduce or even eliminate the need for those often dangerous medications. After my surgeries, I've had two hip surgeries, a shoulder surgery, and a couple of hand surgeries, and after day one I just use a TENS unit in ice and I didn't need any pain medications.

Diane Berardi [00:22:37] Really?

Dr. Jo [00:22:39] Yeah. So...

Diane Berardi [00:22:40] Now, how would you know how to... Where to place the electrodes? Right? With a TENS unit.

Dr. Jo [00:22:48] Yes absolutely. So my my book that's coming out August 20th is called, Maximum Pain Relief with your TENS Unit. And so I just go into a lot of detail about kind of explaining pain like I did at the beginning so you can understand it and then I go into how to use the unit, how to place the electrodes properly over different areas of the body. And then I also show at the end of the book, a whole bunch of simple stretches and exercises.

[00:23:17] There's over 200 step by step color photos that you can use in conjunction with the TENS unit, just to really get the best possible results. Because the TENS unit, even though it does help increase circulation to the area so it does kind of help that healing

process, It really needs to be used as well as treatment of strengthen those muscles and stretching them out and getting the best possible results.

[00:23:41] But what I really like about my book is a lot of my viewers will often ask if I have print outs or hand outs of the stretchers as an exercise I say I love watching the videos but can I have something in my hand to go with it. So these stretches and exercises you can actually do without the TENS unit as well. So you can really get it for either.

Diane Berardi [00:24:00] OK. So now this leads to my other...the other staff question, which, oh my gosh! Can TENS help radiculopathy of the neck and upper back? [laughing]

[00:24:13] You have to tell us what radiculopathy is and even if I pronounced it correctly. [laughing].

Dr. Jo [00:24:19] You did! You did. That was great.

[00:24:20] Yes. So, radiculopathy is really when the nerve root, right at the spine, is getting compressed or pinched for some reason and then it gets inflamed. So a lot of times with radiculopathy you actually feel more of the pain, maybe it's going down into your arm if it's your neck or if it's in your back it'll go down into one of your legs. Sometimes you know people will feel it like sciatica symptoms or something like that. And so yes it can. It can help with nerve pain as well. But in the same situation, it's not going to... It's not going to solve the problem but a lot of times it will help calm down that pain enough where you can do the stretches and exercises to help get rid of that radiculopathy. And I do have some videos for that as well.

[00:25:05] This is great. okay. I know. They tried to stump me. See...

Dr. Jo [00:25:10] I think they're trying to stump me as well. [laughing].

Diane Berardi [00:25:13] So I imagine, obviously we can start with improved diet and in combination with other things. You know, TENS.

Dr. Jo [00:25:25] Absolutely.

Diane Berardi [00:25:27] OK, topical pain relievers. Yeah. You can probably... It's really all six alternatives for pain relief. You can kind of... Do at once.

Dr. Jo [00:25:41] You can! And the thing that I always tell people is you know physical therapy in general is really where you should start first. Because it's the completely all natural you're not you know doing anything else except these stretches and exercises. And I think a lot of times you know it's really underused for the elderly population. And I think that's because a lot of times caregivers think that there has to be an injury to their parents before they talk to the doctors about getting a referral. But a lot of times you know even if it's not pain, it can be balance issues, it can be weakness in the arms, in the legs, but you know it can be chronic pain or fibromyalgia or any type of things like that. And you can get that referral and then come and see a therapist and they can do, not only helping you treat current pain, but they can help with preventative measures as well. You know, finding ways to do things so you don't end up hurting yourself. And I think that's something that is just underutilized. But you know nine times out of 10 if you come and see a physical or occupational therapist we're going to find something wrong. [laughing]

[00:26:55] And we're gonna help you find ways to fix it. Even if it's just you know short term a couple sessions just to get to on the right track. I think it's worth going and getting an evaluation to find out if it'll help.

Diane Berardi [00:27:06] And I was going to ask that you know for our listeners... You know you can't just go to a physical therapist you need a referral from your doctor, right?

Dr. Jo [00:27:14] If you have Medicare, Medicaid, those government insurances you do need a referral from your doctor. Now in some states, if you have general insurance like BlueCross, BlueShield, Aetna things like that, some states do have what's called direct access.

Diane Berardi [00:27:31] OK.

Dr. Jo [00:27:32] You can see a physical therapist for up to 30 days without a referral.

Diane Berardi [00:27:36] Wow OK.

Dr. Jo [00:27:38] But I don't know if that's in all states. I know it is in the state that I'm in. So I would I think that would be an easy question you could just call any clinic that you're interested in going to and asking them first and just say, I have this insurance. Do I need a referral? And they should be able to tell you right away.

Diane Berardi [00:27:53] And you know you don't think about balance issues. You don't think about going to a physical therapist or you know saying to my doctor, could you give me a referral for a physical therapist for my parent?

Dr. Jo [00:28:04] Right. Absolutely. Because a balance issue could potentially lead to a pain issue if there's a fall or bumping into things or you know so is that's almost a help with preventative you know even though balance issues is a serious issue, it can lead to some very serious things you know, hip fractures we see that a lot. You know I was just walking in a slip and fell and now I have a hip fracture that I have to heal from. So getting there first before any that happens is really the best first step.

Diane Berardi [00:28:38] Now tell us how people can reach you and also the title of your new book and how they can get it.

Dr. Jo [00:28:45] Absolutely.

[00:28:47] So you can find me at AskDoctorJo.com. The book is... [laughing]

[00:28:56] I'm like, What is the name of my book? My book's name is, Maximum Pain Relief with your TENS Unit.

[00:29:02] And you can find more information about that at www.AskDoctorJo.com/book. So we wanted to make it pretty easy for you.

Diane Berardi [00:29:10] Thank you so much, Dr. Jo for being here again.

Dr. Jo [00:29:14] Thank you so much for having me again.

Diane Berardi [00:29:14] Oh this was great information for us.

Dr. Jo [00:29:18] Well thank you.

Diane Berardi [00:29:19] You're welcome. And Parents Are Hard To Raise family, I love getting your e-mails and questions so please keep sending them. You can reach me at Diane at Parents Are Hard To Raise dot org or just click the green button on our home page.

[00:29:30] Parents Are Hard To Raise is a CounterThink Media production. The music used in this broadcast was managed by Cosmo Music, New York, New York. Our New York producer is Joshua Green. Our broadcast engineer is Well Gambino. And from our London studios, the melodic voice of our announcer, Miss Dolly D.

[00:29:46] We love our parents, but parents sure our hard to raise. Thank you so much for listening.

[00:29:51] Till next time... May you forget everything you don't want to remember and remember everything you don't want to forget. See you again next week!