



DRPAWLUK PAIN SOLUTION SUMMIT

- Dr. Pawluk: This is Dr. Pawluk. This session today of the pain solution summit is going to focus on pelvic pain syndrome, a pelvics pain syndrome as we are going to find out from Phaedra Antioco who's an occupational therapist and has her own long good while bad, long history of dealing with pain and has also a person who has done a number of summits. So I'm not going to talk about Phaedra she's going to talk about herself. And then we're going to get into the topic of pelvic pain syndrome, which is an extraordinary common problem in both women and men. Most people tend to think of it as being a female problem, but actually it's a male and a female problem, probably more in females. You know, men too, maybe it's not recognized so much in men. That's why it's basically considered a female problem. But without any further ado, Phaedra, please introduce yourself.
- Phaedra Antioco: Thank you Dr. Pawluk. I'm so glad to be here and thank you so much for putting together a summit on pain because there are so many people suffering and hurting with pain. So thank you so much for doing this.
- Dr. Pawluk: My pleasure. Thank you for being with us.
- Phaedra Antioco: Now. I'll just tell you a little bit about myself. I am an occupational therapist. I've been one for over 20 years and I am very passionate about it. I began my work working with children and developmental disabilities and autism and the nervous system, you know, and how can they cope with their environments. And that led me on such a journey of discovering the nervous system and the sensory systems. And one day, 10 years ago, I was driving home from work and I never made it home. I woke up from a coma and my world had changed. I was the therapist who became the patient. I had a rollover car accident and I learned, I woke up with a brain injury. The seatbelt had strangled me toward the outer layer of my carotid artery, broke my thoracic spine from thoracic five through eight multiple rib fractures, punctured lung seatbelt laceration, which taught me about pelvic pain and scars as well as a severe leg break.
- Phaedra Antioco: And it put me on the journey and I said, I am the therapist who treats brain injury. I'm not supposed to have one. So it's been such a healing journey. Even 10 years later, I couldn't work with children anymore because my leg pain was so bad. I couldn't sit on the floor and get up real quick. So I went the other end of the spectrum working with people, 85 to 102 is the oldest I've worked with. So I've worked across the whole lifespan and I began to see patterns that how we move our body, it starts to show up and in later years can result in pain as well as the falls, the injuries, the emotional and physical traumas that we've had as well. So that's the approach that I take is as an occupational therapist looking



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at the whole person and helping them figure out what areas of their lives, what areas of their body, their fascia are stuck so that they can feel and pelvic pain is no fun and it affects men and women and there is something that you can do about it.

Dr. Pawluk: Now I know that you do more than just OT but as a physician, I know to a reasonable extent what an OT does, but I'm not sure that everybody who's going to be watching or listening will know what an OT or occupational therapist is and what, how that compares to say a physical therapist.

Phaedra Antioco: Right. So I'm an occupational therapist who is more on the physical side, but the emotional side. So the typical thing, and I honestly, the word occupation, it doesn't seem to fit. It doesn't make sense. And it's kind of like I'm an occupational therapist. Oh, you help people get jobs. No, if you're in pain, if you're hurting going through an illness, a mental or physical, you are an occupation of being human. Right? So we help work on skills for being human. We teach the whole person and the history came from mental illness back in the day. They used to take people and just put them in hospitals, put them in cages, so to speak. And they would just go crazy. But the nurses came in and said, Hey, we have to give them crafts. Our activities, give them a purpose. And with pain. Sometimes we don't feel like we have a purpose where our pain is our purpose and how do I get out of this. But sometimes if you could just have a purpose, you can move through the pain by having a reason to get up in the morning.

Dr. Pawluk: Well in some ways I consider occupational therapy, as I said, even though it's called occupational, it's really adaptive therapy. It's hard to adapt to your problem, whatever that may be, whether it's psychological or physical, right? How to adapt and deal with it, how to create adaptations. You may have to use different left-handed forks and instead of right-handed and forks or as an example or tools, et cetera. We're not just talking about tools, but we're talking about how to adapt to your situation. What are the best adaptations you could make to your situation.

Phaedra Antioco: Exactly. And it's simple things. And I'll give a recent example cause I'll show my picture cause, it's kind of this hidden disability inside. You know, there's scars inside, there's broken bones, but this was me, uh, 10 years ago, right in the waking up from a coma. My whole world had changed and I know pain. So I, my leg bone, I had neuropathy, I had drop foot just to get to the store was miserable. So in OT we talk about OT, occupational therapy, energy conservation. So what would I do? I'm creative. I would call ahead to the store, this is before delivery and all that fancy stuff we have today. And I like say it was



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a furniture store and I needed to, can you bring it up to the front for me so I wouldn't have to walk the whole store.

Phaedra Antioco: So I call it energy conservation. You know, say you're going to a big store and you're, you're just tired and you can't, you have to eat the pride and get into those little scooters and go for it. And I also teach what you of me is none of my business, don't stop your purpose, don't stop living life. So we have these strategies and one of them is energy conservation. So I have a client and I work online as well and I coach and help people get their lives in order. And she had such bad knee pain. And in Germany she's where she lives and they don't have cars like here in the U S all over the place. You know, it's more walking, more active. So for her to go to the grocery store, she would either need to ride her bike or walk and carry heavy groceries.

Phaedra Antioco: So I had to work with her on strategies, number one, how to release those tight muscles that are keeping her stuck. But to ask, Hey, can you call and ask them, Hey, is there someone who can do a delivery for me? So it's sometimes getting out of your comfort zone to ask for what you need, loving yourself enough to make those changes. And within a week she found her power. She found her voice, she asked for help cause that's another hard thing. Even me in a, you know, a wheelchair had hard time asking for help, but within a week she's doing groceries and her knee pain is better. And it was the purpose. I want to be able to go to the grocery store. It's hard. And then it's the words that you're telling yourself and the mindset I can't. Life is so hard. And then I offered the support and training and life got better in one week.

Dr. Pawluk: One week is phenomenal, right? So you have to be creative, you and yourself in terms of doing occupational therapy have to come up with creative solutions for people. But people have to be created for themselves as well. Right? As you said, we get stuck in. We get stuck in certain ways of doing things and where our beliefs, our beliefs sort of lock us into these ways of thinking about things. But not only do we think in certain ways by habit, mostly by what we've learned in the past by our experiences. But now we also get locked in into our places by the people around us. Right? So you're not only have to work on yourself, you have to work on the people around you to help you to deal with your issues as well.

Phaedra Antioco: And it's contagious. So another modality that I use, I must somatic experiencing practitioner because after my car accident, high-speed, my world changed and I didn't know what to do. And I am, I just, I don't remember the accident, but my body did. And it does get held into the body and you talk about thoughts. The



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words we tell ourselves can literally change the tightness, the tension in our muscles. So as a practitioner, I have people fly in to me, we do treatment intensives, we do two days. I have a husband and wife working with me right now and I can tell when they're not in their body, I could tell when they're in fear and worry and up in their head because it's empty and I can't get the muscles to release and relax. It's the funniest thing. And so what happened was I treated the wife first and she just looked 20 years younger after we've freed up the tightness of the body and the traumas that she had.

Phaedra Antioco: And what happened was she went out to dinner with him and I warned her, I said, he's not treated yet. He's going to be, you know, edgy and activated in his nervous system. And she's like, you were right. So he came in the next day, we've treated both of them and he said last night I can even play the message. We had the most beautiful day together and we have hope as a couple. We don't have to keep going to counseling. So if one person gets that mindset right, the other person gets that mindset right. And also what happens is our bodies tell a story. I always say every body tells a story. So not only is it the immediate people around you, this starts at your birth, right? The first, your first entry into the world could be one of the first traumas. You know, you're in this beautiful wound space and all of a sudden you're just shot out and welcome to the world.

Phaedra Antioco: And it's our family and it's attachment theory and how our parents to us, where we nurture. Did we feel safe or did we have abuse or did we have, you know, not support. And we were neglected in a latch key kid, so to speak. And that shows up and can affect our nervous system and how we relate to the world. And then when our nervous systems impacted, what does that do? It's responsible for our digestion, for our muscle tension, our heart rate, our breathing. So when we're stressed out by the people around us, it increases our muscle tension and puts that pressure on the bone. So it really is OT is just treating that whole person, getting someone to feel safe in their body. Again, even with the pain. And oftentimes there's something, my number one thing I teach is what's not working in your life?

Phaedra Antioco: Are you in a challenging marriage? Are you in a job that every time the boss walks by you notice your shoulders going up? Those are chronic, repetitive little traumas that keep happening and lifestyle choices that affect us in our body.

Dr. Pawluk: I just had to straighten up. You're looking at me and I'm not sitting properly.

Phaedra Antioco: And that's another thing. So that's the first step one, my fourth step is you are how you move. And how did I get this experience while I was working with



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people in assisted living? So I got my mild fascial training and I learned that, wow, when we get older we don't necessarily work and have income coming in and we need to take care of ourselves. And I saw a lot of that, but I saw that when they retired they lose a purpose. They have to recreate themselves. And so they would sit a lot.

Phaedra Antioco: And I was curious cause the pain would start trickling in. You know, the secretaries, their nerve pain, it would bone on bone or bone spurs or stenosis in their neck and pain riding down their arms while they were at a desk all their life. They were at a desk and they were people pleasing perhaps. So this is those, all this stuff that gets built up into the person. But the biggest example was a 93 year old retired dentist. And I remember walking into the cafeteria at the place and he's hunched over. He was kind of this grumpy mean fella. Well he was a dentist for, you know, 50 years again, hunchback of Notre Dame. He looked like, and I saw that really what your profession is, how you move your body starts to impact your musculoskeletal system, your fascial system, your bones and all of that.

Phaedra Antioco: And it shows up later in life. So we really do need to manage our stress. Move better, sit with better posture. Think about if you sit with your legs crossed, do you sit with the same leg crossed over the other leg all the time? And you can even just try this now. If you cross your legs, notice how the space between the ribs and the hip changes, one side might be shorter than the other, and you go to the chiropractor, Oh, your right leg is shorter. Well, it's not the leg, it's the torso. It's everything above and below it. Chances are, and it's based on how you're sitting and like I'm just, you're sitting so perfect now, but I want you just to relax a little bit, feeling into your body. That's too much. And then if you're a person like this was happening with secretaries, is you know how you're, you're on the phone back in the old day, you're on the phone and you're cranking like that, that's fine.

Phaedra Antioco: Every once in a while. But if you're a secretary for 25 years and maybe you're leaning your elbow on the table, you're jamming the shoulder into the clavicle, into the neck. So no wonder you're going to have pain. So you are how you move. So I encourage people to move differently. So here's a quick solution and you might say, Oh, I want you to start getting on the floor. And research shows that people who can get up off the floor without using their hands live longer. So how do we do this, right? Finding ways to do it. And it's okay if you get down and you have to use a stool or anything or ask for help at first, but it's that you're actually doing something for your health. And I know that if you have chronic pain, you might say, Phaedra, I can't even get out of bed.



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- Phaedra Antioco: It is so hard to even leave my house because that's a reality for many people. So just try, ask for help. Get down on the floor, start moving around and sit on the floor. If you're watching TV, think about if you're in the chair, your knees are flexed. Maybe you're on your tippy toes sitting in the chair right now. That's going to shorten that whole back line, your calves, your hamstrings. So I'm going to say for you, Phaedra said, go on the floor and sit with your legs long. Sit with your legs cross-legged. Sit on your knees. If you can tolerate, just sit differently. Sit in a different chair. Sit long ways on the sofa. That will really make a big difference in your pelvis, in your muscles. Simple and easy.
- Dr. Pawluk: That's a phenomenal introduction to put a context into what we said we were going to talk about at the beginning. Which is Pelvic Pain Syndrome.
- Phaedra Antioco: And that's why people, a lot of people have pelvic pain is how we're sitting. Are you slumped over in a chair, kind of sitting like a banana? Are you cross-legged? Are you hunched over to one side? It really makes a difference. And then throw in surgeries you've had in the abdomen. Guys, scar tissues real and unless you've had it, I say every surgeon needs their own scar to feel because scars begin to root down and they can root down into the pelvis, into the belly, affecting the pelvis.
- Dr. Pawluk: Well, tell us what pelvic pain syndrome is.
- Phaedra Antioco: Well, really oftentimes it's just pain in the pelvis and it could be inflammatory pain. It could be sharp, stabbing pains. If you have to wake up once or twice, once a night, okay, I'll give you a Slack, but you really shouldn't have to.
- Phaedra Antioco: To urinate, especially if you have to wake up multiple times, chances are you have pelvic pain syndrome and issues that you need to go in and free up the structures, free up the bladder, free up the ovaries, the uterus, the prostate for men. There are muscles down there. And I have a model here. And the hardest part of my job well is to convince people that I can help them because they've tried everything. And if you look at my picture, you saw how involved I was. I was willing to do anything to help me get out of pain. And that includes pelvic floor therapy, so people call me, especially men. They were like, do you do pelvic floor therapy? I need this therapy do you? And they're timid and they're shy. Well, what that is is we have muscles down there and yes, I work on these muscles as a manual therapist, I put a glove on.



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Phaedra Antioco: It's not at the first date, the first meeting, you know people do intensives with me. It's at the end of the session. We've built trust and so we have muscles there. It's the pelvic bowl. It is the base of the spine and we have a right hip and we have a left hip and the structure's there. We have muscles all above it. We have muscles in the front of it and those all need to be released to help you break free from pain because why? When the fascia, the muscles are tight, it's going to put pressure on all the nerves. Sciatic pain. I consider that more of a pelvic problem because the nerves are coming out of the spine right here and they need to be released. Oftentimes there's an impingement or if there's nerve pain in the feet that tingley if it's not a diabetic related thing, that's a cellular issue.

Phaedra Antioco: We can treat it internally. So there's a great article in Elle magazine back in the day, you put what where yes, we do internal work and I go in and we free up all of this. So what causes pelvic pain? Well, if you've had for men it can be, see a lot of engineers who are sitting at the computer all the time. This just tightness and inflamed to sitting too much can cause pelvic pain, tailbone injuries and falls. How many times have you slipped on ice, fell down the stairs, fell out of a tree. So I add the trauma piece. We have to explore and release past traumas and then we have to rewire the brain out of that trauma. And I have a great story that just happened yesterday about healing pain, a hip healing knee pain. So, but in bottom line is these muscles get really tight and we need to free it up.

Phaedra Antioco: Now for women, if they've had a episiotomies their scar tissue there, if you've had a hysterectomy, if you've had a tubal ligation, your tubes tied. For men, if they get what they get, you know, I forget that word right now, but there are scars that root in there and it doesn't maybe hit you in your 30s or in your forties, but I tell you what, the pattern was 65. It's like the warranties wearing out and things start to cause pain. It's how you move. I'm sitting the wrong way, but then I have a gallbladder removed up here. So that creates scar tissue. I've had my tubes tied when I was delivering my babies. There's so much. This is for women. Every woman needs internal pelvic treatment. Every woman hands down, you might not want it, but it will change your life. So many women have had vaginal tearing with delivering their child the tearing then, and they have to get sutured up. And that leaves scar tissue. So if you're having intercourse and you're having sharp stabbing pains, chances are there is a scar in there. There's a tightness in there. So I look at the pelvis that way. There's so many, any type of surgery there, any type of falls, injuries, hip, you land on your hip that could affect ovaries and your reproductive health. And really one of the biggest things that I teach is



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Phaedra Antioco: We think about back pain. We have to treat just the pelvis, just the back, the front side and the back side. We also have a brain in the skull right there and an osteopathic medicine. They have found that they structures are related. So if you look at this red part of, of the this skull, this is called the sphenoid, it's kind of behind your eyes and inside here. But if you look at that, can you kind of see how it looks like this? Like a butterfly, right? So sometimes if we've had falls injuries on our head, stress because we're in a challenging marriage or challenging work situation or clenching our jaw and you know the word anal retentive.

Phaedra Antioco: You feel it down there. So just, and again, this takes body awareness. That's the systematic work I do. A lot of us are up in our heads and not in our body, but if you point your jaw, chances are you're going to squeeze down there. So if you're going to PT or chiropractic and their work in the back, they're working the back but they haven't worked cranially they haven't worked your in your mouth. I take gloves. Yes, I work in the mouth and we release those muscles. Now the mouth, I also tell people this is kind of what it's like to do into internal pelvic floor treatment cause it's very intimate. We go in and we release the muscles and free up everything. And when I can't get the pelvis to move those, when I can't get, I'll say it in layman's terms is when I'm working on you and you're stuck and your muscles aren't moving and letting go and your bones are just clenching up, I usually have to go up to the head and I have to open up all of these cranial bones which get set when we're born. We come out of the vaginal canal, the contract, relax, contract. Relax is important to set these bones up so these bones can get out of whack with falls injuries, head trauma. So many people have had concussions. So if the pelvis isn't moving, I go up to the head and I free up everything there. And then I also look, I get you crying on the table oftentimes because emotions and injuries can get trapped in the body. And then I do the pelvis last. So we free up from head to toe.

Dr. Pawluk: So do you start then with the pelvis with people come in with those pelvic tech complaints and see what you can do there. And then if that's not releasing and the symptoms aren't getting better, then you move up. And I deal with the skull.

Phaedra Antioco: Yes. And so the first time, and I have people, they wear clothes when they wear like shorts and a tank top. I have them laid down, I measure them and I look at their posture and I do a walking up evaluation. So I walk them down the hall and I video them. And usually boy, we walk like, Oh, did just crunched over and the pelvis isn't moving. You know, this should be moving, you know, Oh it's my right hip. It hurts. It hurts. Well it's a three part unit in my opinion. So we need to



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treat all of that. So they would be on their back and I teach them how to release their psoas muscle. So I basically work the stomach first for all types of pelvic pain. Why? And I'm going to share my screen if that's okay with you. It's all connected.

Phaedra Antioco: The body's all connected. So I do have the Organs here. So let's just go in and look at structure. So if you have reflux, digestive issues, gosh, if you've had part of your colon dissected, it's going to create scar tissue and put pressure. So oftentimes I could help release all of those. I mean like really it's amazing the work can get rid of reflux sometimes in one session, just by freeing up the pressures that stuck in the body from how you're sitting, how you're moving, any surgical scars. So here's all the anatomy. It's kind of a cool look into the anatomy. I'm going to take it away though right now so we can see the muscles. I also put the nervous system here so you can see that there's nerves running throughout our body. But think about if you're sitting and you're hunched over all day on the computer, you're putting pressure on all of this beautiful organ system that we have.

Phaedra Antioco: So we definitely need to work on our posture because underneath our skin is at the cellular level, all this steps. So if you move the wrong way, you're going to be putting pressure on these areas. Okay? Oops, we took the muscles out. So going back to the stomach. So I start everybody on their stomach. So just look at all of these muscles here and the two biggest muscles that can be something that really needs to be treated is the diaphragm muscle. And that's up here and it's a huge muscle. This was the muscle that I had treated that brought out the fear of the car accident because I had the seatbelts going here, left shoulder into the right hip. And this muscle up here. Look at that. I'm going to take off the nerves so you guys can see it clearer.

Phaedra Antioco: And that's the diaphragm. So the diaphragm, when we breathe, it expands. It floats, it enlarges but oftentimes because of how our moving or stress, we're not breathing, you know, we're cleansing our Johns, putting pressure on the vagus nerve. We're not breathing deep enough. So for pelvic pain, we have to treat the abdomen first. And honestly, this is severely overlooked unless it's a really trained pelvic floor Therapists like myself who's gone to all the trainings, I love training and if you can get over a lot of therapists, there's not a lot of us who do this because you have to get over the social stigma of actually working internally in someone's private parts. So again, we have the respiratory diaphragm, and then we have the pelvic diaphragm and here. So we have to free up down here and that just gets stuck. And then we look at the psoas muscle, I'll take it out here.



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Phaedra Antioco: This muscle is huge and it needs to be treated. This is my number one treatment for back pain is treating this muscle and we have to free the rib cage. We have to free the diaphragm. Then psoas then the pelvis and these muscles. Think about it. If you're sitting so much, they're going to get shortened and I could share that here because it's just such, This is like hip flexion. This is being in a chair, so I'm just going to have you. You see that muscle belly when it's standing, it's long and when we're sitting as in our knees are coming up towards our chest. You see how it's short. Many of us are walking around with short abdominal muscles short, psoas muscles, okay, so I'll just show it to you again. Here it is going long and then if we get older and we sit too much, it starts to get short.

Phaedra Antioco: And notice how it pulls into the groin in the pelvic floor muscles. I had a client who has a pain right here, she says, and what I did was I had to go in internally vaginally on this side and also work that muscle. So it's all connected. But the first part is that I do is we have to treat the whole body. And this is the skeleton. And underneath it is our nervous system that controls everything. So let's just put the nervous system in there. Okay. The central nervous system and I could take out the bones, here's our nervous system, we'll put the bones back in and we'll put the organs in and we'll put the muscles. So if you're not moving correctly or you've had falls and injuries, they're bracing patterns that can happen in the body. isn't it? I have this whole crazy view of pain. It's so effective.

Dr. Pawluk: Wonderfully demonstrated physically cause people, you know, people really don't have a sense of their own anatomy. Their skin is showing. Right.

Phaedra Antioco: Exactly. And I'll be working out here. I'll take some of the muscles off and we'll be talking about the pelvis and look at those muscle structures because boy, it really is so effective in treating pain.

Dr. Pawluk: Let's proceed.

Phaedra Antioco: And then another thing I find is, you know, so yes, there's the birth trauma of, you know, delivering your child and then there's, you know, a woman will, Oh I have the doula or the midwife, it's going to be beautiful. I'm choosing the hospital, but the baby's just going to come out. If you're stressed, you've had a hard life and you had a lot of trauma, you're tightened your pelvis because you have a job that sits a lot and you're pregnant and you're just trying to open the pelvis and be free to release the baby, that can be a trauma that all of a sudden you know, you're pushing, you're working hard and you say, I have to, I have to



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have a C-section. Are you kidding me? My expectation was that this baby was going to be born perfectly normal into the world.

Phaedra Antioco: So what I do is help release the muscles because sometimes there's bracing patterns that happen from the falls in the injuries that we had. Our body can go into fight, flight or freeze and we haven't released that. It gets trapped in our bodies. So that's another thing that I do is I take a good history, all the falls, the injuries, and the funniest thing is people tell me, Oh, that was 30 years ago. Well let me tell you, it shows up. And what happened around the time that you had the accident, the fall, the surgery, the injury, were you going through a divorce? Were you a single mother of three and then you had a car accident that hurt your shoulder? So we have to treat the layers because it's almost like our fascial system, and this is quantum physics. There's not enough research on this, but I see it as truth in my own practice is the body is like a hologram and our body is cold. That position of the fall, the injury, the hurts. And so this gentleman who came in, I talked in the beginning about him and his wife getting together and just being, having their happiest day after treatment. This is the craziest story that happened is when he was 10 years old and I have permission to share this, he had firecrackers in his pocket and he went to light it. And it went off and he got third degree burns

Phaedra Antioco: and he was in the hospital for 30 days. He said, I walked abnormally for a year and I'm working. And again I started the pelvis, I started the belly, nothing's moving, nothing's moving. Then I think, is there an emotion behind it? Is there something stuck, a fall injury, hurt, an emotional hurt can get stuck there? Well, guess what? It was Christmas time and little Johnny didn't get to open his presents because he was in the hospital and instead he was a latchkey kid. His parents were busy working all the time. They weren't available and they didn't consider Johnny while he's in the hospital to save his Christmas presents for him and his brother got to them and his brother opened that race car and by the time he got home in two weeks, his brother had ruined all the toys. They were all broken. So during the session I start to pay attention to what I'm feeling and the fascia, the muscles start to melt under my hands when I'm working on his pelvis.

Phaedra Antioco: On that third degree burn scar. He came to me for knee pain. I can't even walk. Oh, you can't go for a walk with your wife. I heard, I can't. So I go and I hear the emotion behind it and he, this 60 year old man had the voice of a 10 year old a boy. So I'm working in, it starts to release. I text his wife and I said go to the store and get a race car and if there's a race track, get that too. So the end of this session, he's laying there and he's just really feeling good. We're testing is



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his joints, everything's moving. He's in the bed and I do what's called renegotiating the trauma. And I said, now I want you the guy of today, the 60 year old today to go back and talked with your 10 year old and connect with him and give him what he needed while he was in the hospital.

Phaedra Antioco: And his parents were too busy working for him that he didn't get the race car. And I left. I said, don't get up. And I put a cozy blanket around him just to imitate the hospital scene cause I've been there. I know what it's like. I have trauma around the hospital and I went out and the wife came in and we got this big fast and furious red sports car. He's laying there and he just had the biggest smile and we said, here you go. And for me that was the trauma is complete. That fight, flight or freeze. You were so scared, you froze, you shut down maybe. And the next day his knee pain was nil, barely any knee pain. And that was just about two and a half hours.

Dr. Pawluk: What happened to his voice?

Dr. Pawluk: Manly. Posture changed. The picture is great. I mean he looked so different and then we released that trauma but it got, it went even further because he said, I never realized that I had such resentment for my brother. My brother had a really, Ed's an adulthood. He ended up becoming an alcoholic and he just died way too young two years ago. And Phaedra you helped me realize baggage that I was holding onto that I didn't know I was holding onto. So by letting go of the baggage in the body and the nervous system. He had the most beautiful day. He took his wife to the airport, they had lunch at the airport. He said, I walked around the whole airport and I didn't have pain. And you know, when we released the pain, the brain is sitting there looking for it. It should be there, it should be there, but it's not.

Phaedra Antioco: He got better in that session and he's lighter and it took the stress off of him. You know, he became the father who was just like his, his father. He wasn't always there for his kids because he thought he had to provide and work really hard. So again, this is just a huge occupational therapy treatment session here. This is what it's like. And so we reclose that trauma. He got the race car, he learned something that he had stuck in his heart about his relationship with his brother. So then he can do forgiveness work on it.

Dr. Pawluk: Well a phenomenal and we're going to have to, at the end we'll talk about where people can find people like you to do this kind of work for them. You're only one person and there are thousands of people watching this summit series, so we need to provide people other resources. Let's go back first. And one of



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the most common thoughts about pelvic pain syndrome is it's all about sex. It's all about sexuality. It's all about, you know, again, there's pain in the vulva, there's pain in the vagina, there's, there's pain in that area. And so that's where that relates to women. But again, how do you deal with women who complain of vaginal pain overall lower pain?

Phaedra Antioco: Well, we take a history because I see that sometimes if they've been molested, raped, all of that, those bracing patterns get stocked. So we address that and we fight back the predator and they get released. We do manual therapy, we go in, we go inside in a safe place into these muscles and I'll share them with you now that we just, there's a way to release them so they can just Google pelvic floor therapy in their area. I'm unique in that I have the trauma, I experienced it. So I was like, I want to figure out why my body shaking after this. And it was that it held on to the car accident. So it's not just why sex, We might associate sex with pelvic pain. Well, a lot of women quite frankly, can't have comfortable sex. It's very painful. It puts a strain on their marriage cause they're, you know, that's part of life.

Phaedra Antioco: And sexual health is so important and we really should at any age be sexually active. I have clients who are 78 in assisted living is falling in love and having intimacy and having intercourse. So then we have to look at our hormones and the general health and also free up whatever scars you might be having there. I just had a gentleman who was sitting a lot. He has a job with a big engineering company sitting a lot. And he was hesitant, but we did the internal work cause he was inflamed inside. What does inflamed feel like? It's hot, it's red, it's bumpy, it's, it's kind of swollen. And sometimes we can go in and free up the hip inside. We can free up the prostate and also just to have better sexual health, better urination. If you urinate and you have to it sputters for a man, if it sputters and it's not a straight stream or for a woman, you might urinate and you're not complete. You stand up, you go again there, chances are there's a fascial restriction, something structurally tightening and putting pressure on that organ.

Dr. Pawluk: So what kind of trauma would you typically find to cause these kinds of symptoms?

Phaedra Antioco: You know what I've seen, I've seen obviously trauma with delivering your child and having to have surgery and there's sutures there and I mean, women have ripped back to the rectum. They've had such challenging births molestation, rape. I had a woman who her first time having intercourse, got pregnant and ended up having an abortion and we worked on that. And when we recreated



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that trauma scene through somatic experiencing, she was able to, the tissue literally melted in my hands. The mind and the body are so connected. It's true. I see it every day. All right, falls on your tailbone. And I'm just going to share this picture here.

Phaedra Antioco: We go in and look at all these muscles we have here. Those need to be treated. So just something simple you can do and it might be a little tender. So you have to be careful. Maybe a softer chair or a firmer chair is take a tennis ball and put it on the anus externally. Sit on it, can have your pants on and just sit on it and you'll feel like, Oh, and you will feel better afterwards. But I do recommend you see a specialist first because chances are, if you're having pain, you have so many layers that you might not even be able to feel it or you could be so inflamed that you can hurt yourself. So you just have to play with it, but I just want you to know we have muscles here and they're connected all the way up.

Phaedra Antioco: If we're tight down here, it pulls up here. I just had another woman, I worked on her for like four or five hours just to treat her neck pain. Those muscles weren't releasing. Well, she told me she had a bladder sling mesh. Terrible stuff, right. It's sometimes you have to do it, but she was adhered down in her pelvis, so I was working internally on her and things started freeing up and I will say that sometimes pelvic floor work can be painful. It's like scar tissue breaking and it's like, it can be this tough burning sensation. It's kind of like scar tissue is like dried gum on a sidewalk. It's just hard to get up and move. That's what I say. So we're working with her and then I had her turn her head and the head move better, the neck move better.

Phaedra Antioco: I she wanted me to work her neck. I did. I did. I did and it wasn't working. I'm like, please just trust me and be comfortable with me doing the work. You had a bladder sling, you have like mesh claiming your whole organs together and it sure enough it freed up her neck so it can also help if you have migraines. If you have jaw pain, neck pain, shoulder pain, you can free up the pelvis to really help people. So this is just a good visual of the muscles. I just wanted you to see that here. And then also we have to treat the leg muscles. So getting stretches, when I say sit on the floor with your legs long, you are going to be stretching the back side of your body and this is so important and if I just take these off, you know you can see the bones. How many times have we fallen even as a kid, how many times have we fallen on our tailbone? There are muscles attached to it that need to be released and that's the work that a pelvic floor therapist. That's the work that I do. I just happen to add the trauma piece to it because sometimes when things aren't getting better and I treat people who've tried everything and



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they don't get better, there's an emotional component underneath it most of the time.

Dr. Pawluk:

So women with pelvic pain, vulva pain syndromes, again, often it is related to sexuality. So there's no necessarily physical trauma like falling down and hurting yourself or the trauma of surgery or the trauma of childbirth. So many women who don't have those experiences and never had babies even, well often younger women can often have vulva pain syndromes as well. And I guess again, here, the mind body connection is important. So if you, if women have experienced involuntary sex, nevermind rape, but they're in a marriage and the spouse wants a lot of sex and they don't want sex, well what happens? What do they do publicly when that situation occurs?

Phaedra Antioco:

That's when they need someone who can help with this, you know, um, they can follow me. I have a group on Facebook. It's live your life pain-free. And I do free trainings all the time to support people cause I know it's not always in their means to be able to come to me. I've also just did a series called the hidden traumas of the five D's, a divorce, death, disability, debt and all that stressors in life gets trapped up into the body. So we really, from an occupational therapy perspective, we have to get our life situation in check. But really we need in the work of Stephen Porges, polyvagal theory is we need connection. We need to be able to express ourselves freely. We need love, nurturing and support. So finding a support group, if you're in a marriage that's challenging and maybe your childhood trauma led you to be attracted to men who are emotionally unavailable, who are narcissists and they want sex all the time cause they're sex addicts.

Phaedra Antioco:

I mean there's so much of our childhood that could come into the current day. So finding a codependent anonymous group to go talk with. Same peers, women, they have women's group or men's group that you can express yourself and feel safe. It really is about feeling safe again in your mind, body and your spirit, and when you feel safe you can just go a little more. You can just do a little more and looking at hormones, you know Dr. Pawluk, you specialize in this holistic medicine is looking at your hormones because so many people are not on hormones at a certain age. After menopause, I don't need them, but most of the experts I've interviewed have said bio identical hormones are very helpful and there could just be a simple vaginal cream that they could put on because it's, the tissue gets really thin as we age and especially hormone related.

Phaedra Antioco:

And so if they can just do one little cream, maybe something could be better. There's lubricants that they could use that are extra moist and protective layers



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for that. And it does take negotiating and couples therapy. You know, I'm in the, I have a couple that I'm working with right now and there's one with a sexual trauma and we're working through that and hoping she can be expressively open because she then likes to overeat because of that sexual trauma. And then she doesn't like her body image. So, you know, just try doing whatever it can to start feeling sexy again. To love yourself, believe in yourself, and also to feel safe to communicate with your partner. Because if you're in a relationship and you're angry and you're upset, I want you to start tuning in to your body. Every body tells a story. It's like an antenna. And when you're hurting, embracing and you're in clenching and you're in pain, there could be a trigger on the outside that's getting you.

Dr. Pawluk: All right. So one other thing, I guess talking about sexuality and pelvic pain syndromes is if, people who engage in, let's say, rough sex or unusual sex with toys, have you seen, dealt with those kinds of individuals? As well who tend to have that part of trauma because of that?

Phaedra Antioco: I have not specifically, and again, I do work with a really safe space so people can be open to saying, you know, things like that. I have not had people who are, I mean I've had people who are in cults and sexually abused for years. I mean it's real. It really is. And that's, that's complex trauma, which often leads to these complex chronic pain issues. So when people I work with are not getting better, chances are there's a trauma hidden under there. There's it's, just hands down, we call them syndromal. Maybe their parents were sick and in hospital all the time and in pain they kind of take on those behaviors. But as far as using toys I do recommend that I think every woman should use that because the vibration can help increase blood flow to those muscles. I just showed you to the nerves through all this at the cellular level. We want to free that up. And if you are 40s, 50s, 60s, 70s, and you're just not interested in intercourse, really there is, there are things that you can do and it is healthy. It's healthy for us.

Dr. Pawluk: Yeah. We shouldn't think of it as odd or non-ethical or non-spiritual approach. It's a physical approach and you have, and with these vibrating toys, I'd rather call them tools, I suppose, than toys and you have control.

Phaedra Antioco: Absolutely. Absolutely. So it's just the mind sometimes gets in the way and there is a wonderful tool. It's called Le Wand and when people, it was made popular on sex in the city but it has an attachment and the attachment goes right deep. Think about how I have hip pain and it hurts and you know, you go to the PT and they're doing all this outside but we got to get in here. This is, you know, we've got to get in there. Oh well you can do it yourself with a tool, a



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vibrating tool and you just go in and you just push it and just feel if there's tightness there, just like you say, Oh, rub my shoulders and you have pain there.

Phaedra Antioco: We have that same tightness and trigger points in our pelvis and you can treat it and yourself even, and a good therapist will teach you how to do it yourself. And that's how I stay out of back pain. I had a tailbone injury, I slammed it on a rock in Sedona and I was never the same. And sometimes I will have burning, but I know how to treat myself and which muscles to release. And I'm fine. I have stenosis, herniated disc, but, and I have a terrible MRI but I'm pain free because of these, this tool. And so there is a way, and that's my biggest thing. And as an occupational therapist we can find strategies to help you make those changes. And you know, I've been there, I swear I had, my goal in life is just to help people in pain because I have fallen, broke my jaw when I was 11 I fell down two stories.

Phaedra Antioco: I had that pain. So I know the jaws related here, I'm still treating it at 40 years old. I had a major car accident. I fell down the stairs a couple of years ago on my 40th birthday was four days in the hospital. And what did they do? They discharged me, I swear to God with 90 Oxycontin's and the nurse warned me, said, don't take them. They're highly addictive, right? So I know that I can do this pelvic work. And last I'll say is, I even went to a fancy doctor here who does pain injections. And I told him, Oh, I treat myself. He's like, you need to be careful. That's not safe and it is safe. If you're trained and you have a pelvic floor therapist that you're working with, I don't need to go and get these painful steroid injections and that harm my tissue when I can release it myself.

Phaedra Antioco: And it was funny, the doctor had no idea. And again, I'm the therapist who became the patient and I've been on a healing journey and now I'm working emotional stuff because it's all after having an accident, after having all this chronic pain, I get it. Life just is somewhat a little harder with paying because there's always that pains channel on that. Always that pain channel. And I know Dr. Pawluk, You, you're a very big into PEMF and after we did our interview, you inspired me and I got treatment with that and It did help relieve my pain in the pain since the impulses down my spine. So thank you for that.

Dr. Pawluk: Well, and that's an important tool. We have a separate session on PEMF's and pain as well. Let me ask, what was that tool you said Le Wand. How do you spell it?

Phaedra Antioco: It's L E and W A N D LE WAND. It's two words. It's like French LE WAND but there is an attachment, there is a attachment you put on the head of the massager



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and the massager is great jaw pain, get it to massage here. Shoulder pain, you could get the chest. And then so the attachment has like a finger like attachment and you can get it right into the hip. Now you have to use lubrication. And a product that I love is "mamas be magic" and it's got olive oil, bee's wax. It's very thick and viscous. And if you put that on and you don't necessarily have to penetrate fully through, you could just go into the front and just work your way and relax. And the jaw could be clenching. It's hard to get in. So I say bring your awareness here because when you bring your awareness there, the jaw and the cranium just softens. And so it's a little wand and then it's a \$40 attachment. It's silicone on top that has like a finger on it and you just go in and get into that hip. And if you're having hip pain, it just might take it away. If you're having back pain, bladder issues, it really can help.

Dr. Pawluk: Wonderful. Excellent. Do you have any other, tools or resources that people could access?

Phaedra Antioco: You know, if people want to email me, I have the five day pain relief challenge. It's just stretches and movement. I just want to say it doesn't have to be hard. It really doesn't. And the really number one thing that you can do and it takes courage, is to look at what's not working in your life and what is the stressor, what is the challenge? I recently had an experience in my business. Working with someone in December was not a happy month for me and I couldn't let that person go as far as working for me. But they let me go and it was so much freedom. I've never been happier. So you have to look at, if that relationship's not working, that job is not working. Find the support through your peers in your family and make the change and that alone could help your pain.

Dr. Pawluk: I'm going to get medical and technical for a second. What kinds of imaging have you found works to help you to come up with a diagnosis for a pelvic pain syndrome or the components of it where the problem lays. Are any imaging studies valuable at all?

Phaedra Antioco: Well, you know, it's helpful for the mind because I find, I was just having dinner with Dr. Ken Sharlin. He's like, people want a diagnosis, they want a diagnosis so it can help with that. But I have a terrible MRI, so I guess I would say an MRI, but MRI doesn't show scars and fascial restrictions. Right? So you have the MRI and I have a terrible one, but I can be pain free and I can have someone who has a just fine MRI and they have terrible pain. So it's just, it's really inconsistent. I just feel like through my skill level, I can sense the restrictions and the tightness in what's wrong in the body. And I've worked with thousands of bodies, so I had a woman the other day and her hip kept clicking and she doesn't have, she's 48



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doesn't have hip pain, but it was clipping, it was clicking like there's something wrong with the joint, and we might be at the early stages that we can treat it and help it before she needs a hip replacement. So there really isn't much about it, but it's really about palpating and feel. So if you have a therapist or if you even go in yourself with your finger and you're feeling tenderness, chances are you need to get this released. And I want to encourage you not to be afraid to do it because your life will change. After I talked about the diaphragm, the breathing diaphragm, the pelvic diaphragm, if we can free that up, your nervous system gets freed up and you'll be driving home from treatment, singing in the car.

Dr. Pawluk: Well, maybe after somebody sees a public therapist, they'd be less likely to be resistant and reluctant to do their own self-assessments. Most women don't walk with their hands in their vaginas. And most men, or women want to put their fingers up their rectum. Now obviously.

Phaedra Antioco: Yeah, I teach people like when I work, I do teach couples, they can work together. We'd be doing virtual sessions, I have a whole video training and all and they can work on it with each other. And then the wives say, Oh, but then he's gonna want some, you know, but hopefully we free up the pelvic pain that you find help and you want to be intimate again, that it's not scary for you.

Dr. Pawluk: Good. That's good to know. The other thing I wanted to mention too is I don't think that MRI for the, for pelvic pain syndromes and muscle issues in the pelvis are all that helpful for several reasons. I mean MRI is decent for soft tissue, but the problem is that you have to have somebody who knows how to read a pelvic MRI or soft tissue perspective. And the same thing happens with ultrasound. Ultrasound technicians can be variably helpful with assessing scars and to spasms and muscles and issues, but they're not very helpful. So my point I guess is that you're probably going to get a much better assessment by having a manual physical examination than you will by doing imaging studies or electromyography or nerve conduction.

Phaedra Antioco: Absolutely. Absolutely. But it really, it's like if you have pain down there, chances are, especially number one, if you've had vaginal tearing with delivery, you need to get treated. All new moms, once they're healed up should really receive treatment. It would make the postpartum time much easier.

Dr. Pawluk: And that's tied to do it because it's early in the process and you don't develop a chronic problem right later.



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Phaedra Antioco: Because then the brain gets involved and I get people there, they feel better, we've released everything. They get off the table, but the brain is already protecting them and guarding and clenching. And I say, no, the pain's not there. But you then have to rewire the brain out of pain because you are moving better. But then you're, you know, getting in and out of the car. I'm always guarded when I bend over to get something under the sink. I'm guarding and protecting myself. When I get up from a chair, I'm wincing. Well you don't have to win anymore, but the brain is already perceiving it. So then we have to help change the brain.

Dr. Pawluk: So how long after delivery would you recommend initiating a process like this?

Phaedra Antioco: You know, if it was traumatic, we can get right in a way. We don't have to work internal. Like I said, we start external. So I would say three to four weeks I would work with someone. I'd worked with someone in the hospital while giving birth, you know, but you don't want to be too intrusive. But there's a lot of pain. They need that emotional support. It's a lot of work. I haven't had a child, but I've worked with women who've had, and there's a lot that can go wrong and even just an episiotomy scar can be so problematic.

Dr. Pawluk: So particularly with episiotomy or forceps deliveries, any kind of traumatic delivery, any prolonged the delivery process probably would benefit from some kind of therapy. And I made, it may have to wait like six weeks or eight weeks after delivery to start a process for many women. And I guess if they're having a lot of fatigue and pain and fatigue and all of the things that happen when you've had a new baby because your life is no longer your own. Right. And that kind of can add to the burden of the discomfort and problems that you have.

Phaedra Antioco: Absolutely. There's so many factors. And then I see so many women because they breastfeed and they're not used to that. And then they get that chronic neck and shoulder tension and that could like, they could be, Oh, I was 32 when I had it and now I'm 45 and I have all this chronic neck pain. It never got released from when you were breastfeeding. I see that a lot too. It's wild. And this is my journey. I couldn't work with kids anymore and I started working with older people and I learned that, you know, our bodies hold onto stuff. Scar tissue, memories, emotions, bracing, patterns never really fight. If someone's attacking you and you couldn't complete the fight response, what I do is they come in and on, my hands are on them and I have them. So you guys, if you're watching, you can even do this is fight back that predator, be alone with yourself.



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Phaedra Antioco: Get into a quiet state and replay it and recreate it that you actually fought back. Because if not, this gets stuck in your body and it just gets challenging right there. You didn't get to run. Sometimes I'll have patients run out of room to complete that flight response or their freeze. They shut down. Life just became hard. Or they don't, they want to watch TV all day and eat chocolate instead of really finding their purpose. So if I had to say, it's like, look at what's not working in your life. Explore and release those past surgeries, falls, hurts, emotional and physical. Then you've got to rewire your brain, eat right and move better, move more, move differently.

Dr. Pawluk: So even minor trauma that you would have thought was innocuous can still lead to a problem by itself. So it becomes an individual assessment at a fairly low level and specific level around the body about where you're carrying problems. And even though you may come in with knee pain, um, you may have other parts of the body that are part of that problem. So it's not just the knee, it's other parts as well that contribute to it.

Phaedra Antioco: Absolutely. And my client with the knee pain with the, you know, the firecracker, he had six inches of his colon taken out, so we didn't even really get to the belly and he doesn't know. But pelvic floor is coming next because it's related. The legs are attached up here. And I use the example of, as you know, when you make the bed and you pull on one corner and infects the other, it's all related there and the pelvis, it just, wherever your pain is, it's above it. It's below it your pelvis. It's like a pulley system so that the stomach muscles are tight, the leg muscles are tight. We have to work both. And we only got, we only really did his right leg that day. But the emotional trauma was huge. And then he was happy. He was free. And really looking at his relationship with his brother and healing that.

Phaedra Antioco: So there, there's just so many layers and I feel like this is the healthcare of the future. This is what I do to treat myself and my clients so they don't have to have knee replacements, hip replacements, and be on narcotics. There are tons of women specifically cause this is the biggest problem, pelvic pain with women that are struggling and suffering deeply without any hope. And so many don't even know about pelvic floor and treatment. And so you're doing such a great service here today to be talking about it. So thank you for having me on for this.

Dr. Pawluk: Well, you're very welcome and I'm very happy to provide this topic to educate people. I want to do one last thing. And that's craniosacral. At the beginning you talked about, you brought out the skull, so tell us a bit, a little bit about



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craniosacral therapy and when you do that versus anything else or do you always combine them?

Phaedra Antioco: You know what people say, can you refer someone to me? I'm just a lover of learning and I've taken so many trainings. I had a brain injury, I had a really bad brain injury with diffuse axonal injury, but prior to that I was seeing an osteopath in my town and because I fell and I landed from two stories, I broke my jaw at age 11 and so I would struggle with depression and the depression, I feel it was structurally related. So when my brain gets out of whack, it would cause the emotional pain. So he came into the hospital, client told me he had an accident. So he came into the ICU. He treated me, you know, hands on and it doesn't really look like you're doing anything. My mom thought it was witchcraft or something. It was really funny and I swear to God, he saved me.

Phaedra Antioco: He saved my life and I don't have the symptoms of a brain injury because I was inpatient at Barrow's neuro rehab. The neurologist comes in and he looks at me and I'm sitting up in a chair and my full body brace and everything and he's scratching his head and he says, I'm going to order another MRI. So he comes back. The MRI was terrible, but functionally I'm doing great. He said, wow, based on the results of your MRI you should be on a ventilator the rest of your life. So basically my doctor came in and he redirected the cranial rhythms. We have ventricles in the pumping and the fluids of the brain in there. It goes all throughout our body. And this doctor came in and he released all of that so that I'm, I really credit him to the reason why I'm not, I'm able to work and I'm able to perform and help people with my own experience.

Phaedra Antioco: So going back to what cranial sacral is, is it's hands on, the skull is not solid. We believed it was solid, but it's several bones. And this goes back and you can look up Williams Sutherland, Dr. Sutherland and he took a helmet with vices and he would put pressure on different parts of the brain and it would change his behavior. So treatment for migraines, jaw pain, we need to open this up. It is so important. It's just like, you know I have a sheet on the table in my office and I show people, I say, Oh you had a gallbladder surgery. I take the sheet and I twist it. Oh you hit your head. I take the sheet and I twisted it. You had a traumatic birth and so by the end we're just scrunched up.

Phaedra Antioco: If we don't free this up, everything else below it is going to be not as effectively released. So we've got to go in and help open these bones. They do get jammed and I see it a lot and a lot of us have a lot of stress. The way that society is this day. It's very fast paced and when we clench our jaw, it pulls all the way down our body and then we have mouth procedures that can cause problems. I work.



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Look at this guys. There's bones there and maybe you fell and hit the back of your head. This little part here gets jammed and then it starts to cause migraines and issues and jaw pain and clenching and then digestive issues. So cranial sacral goes in and helps free up this structure. Beautiful. Myofascial release is similar. They kind of along the same lines. I mean I don't, there's, there's conflict in the world of which one's better. So I did both and I just feel that we need both and more therapists need to learn this. It's just expensive training. So we don't have, they don't have, we don't have a lot of practitioners who are doing this, but if you can free this up, both the pelvis and the head, you will feeling happier, more joy and that life is more manageable.

Dr. Pawluk:

I want to go back to the point about the head and the fact that the skull feels like it's solid. You know, you probably have written driven over bridges that have these plates and then they have these interlocking, it looks like they're inter locking joints. Well, those joints allow for expansion and contraction of the bridge. Well, our skulls are the same. So if you're looking , show the top of the skull, you can see it's irregular and that means that those two plates, the skull between the light blue and the green across there, that line across there that shows you that there they're touching each other, but they're not solid, they're loose. And that's those little connections that have to be broken up in order for the plates to be able to flex and move, right?

Phaedra Antioco:

Yes. And there's a membrane around the brain that goes all the way down the spinal cord called the dural tube. It's a thin filmy membrane. And if we have twisting up here that that membrane gets twisted up here and can pull all the way down below in the pelvis. And that's why I was able to help the woman's neck pain by treating her pelvis the other day.

Dr. Pawluk:

Perfect. Well, we're out of time now. Let me ask again. Do you have any resource, any other resources, besides, the one that we mentioned for the pelvic, any other resources that you want to tell people about?

Phaedra Antioco:

Well, the best thing is, you know, I do have a Facebook group and I do so much free training. I just give information away and you can hop on live and I could guide you specifically if you had a question about that. That's the live your life pain-free. Um, and then you can just Google pelvic floor therapy in your, in your area and you know, getting a tennis ball and sitting on the, on the anus and sitting on the button muscles and that can help free you up as well. And then really just working on stress management. One of my favorite things, you might be scared about it, but just do it. Go to a yin yoga class or a restorative yoga. I call them the lazy yogas. You just go lie down and really can get in touch with



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your body and feel your restrictions and your poles. And it's, it feels so wonderful. So those are my basic recommendations.

Dr. Pawluk: Is there a pelvic pain organization or association?

Phaedra Antioco: Yes. Pelvicpain.org and they can find stuff there. Tons of information.

Dr. Pawluk: Perfect. Phaedra thank you so very much for taking time out of your very, very busy schedule and sharing all of your wisdom and knowledge and experience with our viewers and have a great day and good luck with the courses that you're doing.

Phaedra Antioco: Thank you so much, Dr. Pawluk and for all those people listening, don't give up. There's always hope. There is always something that you can do and I hope that you find it here on the pain solutions summit.

Dr. Pawluk: Thanks again Phaedra.