

# THE BODY MECHANIC

The Questions You've Been Asking

These are the ten questions I get asked the most,  
about pain, movement, and the work that gets the body back.

Start with the one that grabs you.

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## QUESTION 01

# How do I know you can actually help me when nothing else has worked?

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If you've sat in another waiting room, filled in another form, and walked out with another sheet of exercises, you're carrying a particular kind of tiredness — the kind that comes not from doing too little but from doing everything you were told and still being in pain. It would be strange if some part of you wasn't sceptical reading these words, and that scepticism deserves a more honest answer than the usual reassurance.

### THE QUESTION MOST PEOPLE STOP ASKING

For most people, the path goes something like this. There's pain, and there's a GP, or a physio, or a podiatrist, and there's an assessment that focuses on the bit that hurts, followed by exercises, or orthotics, or a referral somewhere else. The pain might quieten for a while and then come back, and the cycle starts again, until after enough cycles it stops feeling like healthcare and starts feeling like guesswork.

What's missing from that path isn't effort: you've already supplied the effort. What's missing is the question that should have been asked at the start — the one that asks why is this part of your body the one carrying the load? A focused assessment treats the painful spot, but it doesn't ask what's connected to what, and it doesn't trace the chain of compensation that put the painful spot under strain in the first place. Without that question, the painful spot keeps being the only thing anyone looks at, no matter how many appointments you book.

But what if the thing causing your pain isn't where the pain is?

### REAL CLIENT STORY

Lou is working with a runner right now who came in with an Achilles problem he'd been working on with another clinician for around six months, with some progress along the way that had never quite cleared up. He could manage the short runs without much trouble, but past a certain distance the pain would come back, and the longer runs were the giveaway that whatever was being addressed wasn't the whole story.

Think about what that does to a runner. It isn't only the Achilles — it's the slow narrowing of what feels safe to lace up for: the mileage you stop trusting, the Sunday route that used to be a given that you quietly start avoiding, the way you start, in your own head, to wonder whether this is the thing that finally stops you running.

When he came in, the assessment didn't start at the Achilles — it started at the foot, with specific tests looking for what was working and, more importantly, what wasn't. What came up was that one of the big muscles in his foot was quietly weak — the kind of thing that's easy to miss if you're only looking at the painful spot — and the exercises he needed weren't very different in shape from the ones he'd already been doing, they just needed to be more specific.

At his next appointment, the news was the kind worth quietly celebrating. He's running further, the pain is less, and the achilles is quieter.

*If a door in your house starts sticking, you can plane the wood. You can swap the hinges. You can do that every year. But if the foundation has settled, the door will stick again, because the door was never the problem. It was the messenger. Pain often works the same way.*

### WHY TRYING AGAIN FEELS LIKE A RISK

If you've been let down before, the idea of trying again feels like a risk, and that isn't weakness, that's experience. The scepticism you're reading these words with was earned one disappointing appointment at a time, and it deserves to be taken seriously rather than argued out of you.

What's worth knowing is where the disappointment came from, and it didn't come from anyone meaning harm. The people who treated you almost certainly treated you well, inside the brief they were given, and the brief is the limit: look at the painful part, treat the painful part, refer if it doesn't settle. That brief gets a lot of people better, but it also leaves a particular group of people — the ones whose pain is the visible end of a long chain of compensation — going round in cycles. The cycle isn't your fault, it's the shape of how the system has been asking the question.

### WHAT THIS LOOKS LIKE IN PRACTICE

<p><b>01</b></p> <p><b>Understand What's Connected to What</b></p> <p>It starts with finding what's missing rather than only what hurts: the movement your body has lost, and the places it's been compensating around for years. Once you can see the chain, the painful spot stops being a mystery and starts being a clue.</p>	<p><b>02</b></p> <p><b>Notice Your Own Compensations</b></p> <p>Spend a single day — no booking required — noticing where you brace, hold, or avoid: the shoulder you keep slightly raised, the leg you favour on stairs, how you stand at the kettle. Compensations are quiet by nature, and they show up most when you're not paying attention to them.</p>	<p><b>03</b></p> <p><b>Work with Someone Who Looks Beyond the Painful Spot</b></p> <p>When you do bring it to someone, find an assessment that goes top down and bottom up, not just the bit that hurts. The path back to running, lifting, walking up the hill without thinking about it, becomes a lot clearer when someone can see the full chain.</p>
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*"Your body isn't broken. It's been working harder than anyone noticed."*

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### Ready to find out what's been missing?

If your pain has cycled through appointments that addressed where it hurts without quite resolving it, the work that has been missing is the work that asks why this part of your body has been the one carrying the load. A Missing Piece Assessment begins there.

**BOOK A MISSING PIECE ASSESSMENT**

■ **CLICK HERE TO WATCH: What happens in a Missing Piece Assessment**

## QUESTION 02

# Can I ever get out of my orthotics?

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If you've been wearing orthotics for years — maybe even decades — the thought of being without them probably feels somewhere between unlikely and terrifying. You've been told you need them, and you've been told things could get worse without them. Even though they're restrictive, you've kept wearing them because a professional told you to, and the idea of doing anything else has come to feel like risking the only thing that has been holding the pain at bay.

### THE QUESTION NOBODY ASKED

For most people, the story goes something like this. There was pain, there was a visit to see someone, and they gave you orthotics. The pain might have eased, but the question nobody asked at the time was what was actually causing the problem in the first place. An orthotic supports your foot, props up an arch, offloads a painful area, and changes the angle of how you stand or walk. What an orthotic doesn't do is teach your foot to work properly, find out why your foot needed help, or address what is happening further up the chain in your ankle, your hip, and the way your whole body moves.

Years go by, and the orthotics become part of your life. You can't imagine being without them, and the idea that your foot might actually be okay on its own feels like a risk you are not willing to take.

What if the risk isn't as big as you have been led to believe?

### REAL CLIENT STORY

Lou is working with someone right now who was told, by a professional she trusted, that the arch of her foot could collapse if she didn't support it. She was told to wear an orthotic in her shoe at all times, even in the house — trainers and orthotics from the moment she got up to the moment she went to bed.

Think about what that does to someone — not just physically but mentally. You become afraid of your own feet, you stop trusting your own body, and a professional — someone you went to for help — has quietly made you believe that without this piece of plastic, something in you will break.

When she came to see Lou, the first thing Lou noticed was her toes. The gaps between them were practically non-existent, because her feet had been squashed into shoes that were too narrow, with orthotics taking up space, and her toes had paid the price.

The work that followed did not begin with throwing her orthotics in the bin on day one. It began with something small: taking her shoes off in the house, putting the normal insoles back in her trainers, and walking to the shop — fifteen minutes there and fifteen minutes back — just to see how it felt.

Her foot didn't collapse, her pain didn't come flooding back, and she is moving better already. More importantly, she is starting to trust her own feet again.

*If you've ever watched someone do a handstand — a CrossFitter, a gymnast, anyone — they don't do it with their fingers clamped together. They spread them wide and grip the ground, because that is how they balance, how they feel what is underneath them, and how their brain makes the constant tiny adjustments needed to keep them stable. Your feet work in exactly the same way.*

### THE FEAR IS REAL, BUT IT WAS PUT THERE BY SOMEONE ELSE

When you go to see an expert, you trust them — of course you do — and when that expert tells you that something could collapse, get worse, or cause permanent damage, you listen. The question worth asking, though, is what happens when that advice was based on a narrow view of the problem — when nobody looked at your whole body, nobody checked how you move, and nobody asked why your foot was struggling in the first place.

You end up dependent on a solution that was never designed to fix the problem, only to manage it, indefinitely.

## WHAT THIS LOOKS LIKE IN PRACTICE

<p><b>01</b> <b>Understand Why You're in Them</b></p> <p>It starts with understanding what the orthotics are doing to your foot and your body, and what your foot actually needs to start working on its own again. The work is built on knowing rather than guessing.</p>	<p><b>02</b> <b>Start Small and Gradual</b></p> <p>This might mean walking around the house without shoes, trying toe spacers to give your feet room to breathe and feel the ground, and swapping orthotics for normal insoles on short walks. It is not about throwing them away tomorrow.</p>	<p><b>03</b> <b>Work with Someone Who Sees the Whole Picture</b></p> <p>Your feet need someone who looks at everything — not just the arch but the ankle, the hip, and the way your whole body moves. The work happens gradually, safely, and with guidance that goes beyond the bit that hurts.</p>
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*"Your feet aren't broken. They've just forgotten what they can do."*

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### Ready to find out what's been missing?

If you have been wearing orthotics for years and have started to wonder whether they have become a thing you depend on rather than something you needed, a Missing Piece Assessment looks at what your feet have stopped doing and at what they could still come back to.

**BOOK A MISSING PIECE ASSESSMENT**

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### QUESTION 03

## I have been suffering with plantar fasciopathy (fasciitis) for over 18 months. Can I ever get out of pain?

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If you have been managing plantar fasciitis for eighteen months or longer, you are probably no longer expecting a quick answer. There is a particular kind of resignation that arrives after that much time of trying — of strapping and orthotics and stretches and rest and more strapping — with the pain still finding its way back to the floor each morning. By now you may have been told, in so many words, that this is just what your feet are now, and that managing it is the most you can hope for. That conclusion has been earned over a lot of disappointing months, and it is also, in most cases, the wrong-shaped conclusion to have reached.

### WHAT "PLANTAR FASCIITIS" ACTUALLY MEANS

The name most people arrive with is plantar fasciitis, though the more accurate term is plantar fasciopathy. What that means in plain English is that the fascia on the underside of the foot has been torn at a microscopic level, and the new fibres that grew back to repair it have left the tissue thicker and stiffer than it was before. A stiffer fascia can't absorb load through the foot the way healthy tissue does, which is why the pain keeps coming back under demands that used to be manageable, and why strapping, orthotics, and stretching can take the edge off without ever quite resolving it. They ease the load on the spot, but they don't address why the spot has been carrying so much in the first place.

What goes missing in eighteen months of plantar fasciitis treatment is the question of why this particular foot has been under that much strain, and the answer isn't always on the side that hurts. If the other foot isn't tolerating load well, the body tends to move through it faster, shifting weight onto the affected side more quickly and for longer than it should. The answers also tend to sit further up — in how load is being distributed through the legs, the pelvis, and the whole body — patterns that have often been there for years.

But what if eighteen months of plantar fasciitis hasn't been telling you anything wrong about your foot — except that nothing yet has asked what is happening above it?

### REAL CLIENT STORY

Lou worked with a runner who had been carrying plantar fasciitis for over two years. It had started with a running injury, and the time since had been spent trying to manage it — mostly through exercises she had found online and worked through diligently for months at a time. The pain had not improved, and by the time she came to see Lou she had given up running, which had been heartbreaking, because running had been the thing she did to feel like herself.

Think about what two years of plantar fasciitis does to a runner who has had to stop running. It isn't only the pain at the bottom of the foot. It is the slow erosion of an identity that had been built around the rhythm of regular runs — the routes, the kit, and the way the body felt afterwards.

When she came to see Lou, the assessment didn't start at the foot — it started with how her whole body was moving. There was the way her stride was loading the ground, the way the muscles further up were supporting what the foot was being asked to absorb, and the specific pressure points across the foot itself. The foot was where the pain was, but it was not where the work was going to begin.

The work that followed used what the assessment had revealed. There was specific work on how the whole body was loading the foot, attention to the pressure points across the underside of the foot itself, and a change of trainers that stopped quietly working against her. The plan was hers, designed around what her body and her running specifically needed.

She is back to running two or three times a week. The pain that had defined two years and stopped her from running has become close to absent, and the runs that had once been the thing she did to feel like herself have quietly become that thing again.

*A wet patch on the ceiling is where the water is showing, but it isn't where the leak is. Plaster over the patch and it appears again, on the same ceiling or on the one above it. The body works in much the same way. The painful spot is where the strain is showing. The source is almost always somewhere else.*

### **WHY EIGHTEEN MONTHS ISN'T "TOO LATE"**

There is a particular fear that arrives somewhere around month twelve or month eighteen of plantar fasciitis, and it tends to take a familiar shape: maybe this has gone on too long, maybe the tissue has been irritated for so long now that it cannot come back, maybe you are the version of this that doesn't get better. That fear is reasonable. It is also, in this kind of work, almost always pointing in the wrong direction.

The duration of plantar fasciitis isn't a measure of how far gone the tissue has become. It is, more often than not, a measure of how long the cause has been sitting somewhere else, untouched. Tissue under chronic load doesn't lose the ability to recover — it loses the conditions in which to recover. Restore the conditions, and the recovery tends to begin sooner than the years of trying would lead you to expect.

### **WHAT THIS LOOKS LIKE IN PRACTICE**

<p><b>01</b></p> <p><b>"Fasciitis" Is a Description, Not a Cause</b></p> <p>Plantar fasciitis describes what the underside of the foot is doing when it has been asked to absorb more load than it can. It doesn't describe why — and the why is almost always sitting somewhere else in the body.</p>	<p><b>02</b></p> <p><b>Look at How You're Standing, Not Just How You're Walking</b></p> <p>Without booking anything, catch yourself in a window or a mirror and notice how you are standing when you aren't thinking about it. Notice where your weight is, what your pelvis is doing, whether one shoulder is sitting higher than the other.</p>	<p><b>03</b></p> <p><b>Find an Assessment That Includes Your Gait and Posture</b></p> <p>The practical test of whether the work will reach the cause of your plantar fasciitis is whether the assessment includes how you stand and how you walk, alongside the foot itself.</p>
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*"Your feet aren't one of those things. They have been showing strain that begins somewhere else."*

### **Ready to find out what's been missing?**

If the work that hasn't yet been done on your plantar fasciitis is the work that looks at the rest of your body, a Missing Piece Assessment is the next step. It starts with how you move, looks at where you stand, and treats your foot as part of the connected system it has always been part of.

**BOOK A MISSING PIECE ASSESSMENT**

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## QUESTION 04

# I'm fed up with clinicians only looking at the part that hurts. I feel like it's all connected.

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You're not wrong, and you're not being difficult. The frustration you feel when yet another appointment ends with a focus on just one thing — the shoulder or the knee or the foot — while everything else gets filed under 'not my area', is completely valid. The truth is that you've already done something most people take months to work out for themselves: you've noticed the pattern. You know it's connected. You just haven't yet found anyone willing to look at it that way.

## YOU'VE ALREADY WORKED IT OUT

The fact that you can feel the connections — that your hip affects your back or that your shoulder started playing up around the same time your foot got worse — isn't you overthinking. It is your body giving you accurate information. Symptoms don't appear at random. They appear where the load has become too much, where one part of the chain has been asked to do more than it can manage. The information you've been picking up on has just been arriving at appointments where the listener was trained to look at one thing at a time.

Most practitioners are very good at what they do within their specialism, and the specialism is what they were trained to look at. A shoulder specialist looks at shoulders. A podiatrist looks at feet. Nobody is trained to read the whole chain unless they have specifically chosen to work that way. So you leave each appointment with one piece of a puzzle, and nobody ever sits down with all the pieces in front of them at once.

But what if the connections you have been feeling are exactly what an assessment should be starting with?

## REAL CLIENT STORY

Lou is working with a client right now whose case looked, on paper, like a complicated one. A tight quad on the left, a tight adductor on the left, foot pain on the left. An old SI joint injury from seven or eight years ago that still flared up. A frozen shoulder on the right. A tight pelvic floor. And, somewhere along the way, a discovery that she was hypermobile in some of her joints.

She had tried strengthening, then yoga, then stretching, and while some things had improved a little, nothing had quite resolved the whole picture. Think about what that does to someone after years of trying. You start treating each new symptom as more evidence that the puzzle is unsolvable, rather than as another piece of the same puzzle.

When Lou looked at the whole picture, something became clear immediately. Almost everything on the left side was pointing toward the hip and pelvis as the hub of the problem, and the old SI joint history fitted neatly into that picture. The frozen shoulder on the right was the body compensating across — when one side struggles for long enough, the other side starts working harder, and over time that effort shows up somewhere visible.

The hypermobility added another layer. Joints that move beyond their normal range need the muscles around them to work overtime to create stability, and stretching a body like that tends to make things worse rather than better. What this client needed wasn't more flexibility but stability, and strength in the right places.

The work has been about putting full-body movement back in. The hip flexors are settling, the pelvic floor has started to change gently through the work being done at the foot, and the right shoulder is finding range it hadn't had in a long time. The puzzle she had been carrying is starting to read as a single piece.

*A bicycle wheel holds its shape because every spoke pulls in tension against every other spoke. Loosen one spoke and the wheel goes out of true, and the bend shows up in a place that has nothing to do with where the loosening happened. Bodies often work the same way.*

## WHY CONNECTED DOESN'T MEAN COMPLICATED

There is a worry that sometimes follows the realisation that everything is connected. It sounds something like this: if my body is one system, and one part affects another, surely fixing it becomes impossibly complicated. That worry is real — after years of trying things that haven't quite resolved the whole picture, it makes complete sense that connectedness would feel like more to deal with rather than less.

What it actually is, though, is the opposite of that. When everything in the body relates to everything else, the patterns become readable — which is exactly what a good assessment is built to work with. A body that has been compensating for years isn't harder to read but more revealing, because the compensation tells you directly where the load has been sitting and where the work needs to begin.

## WHAT THIS LOOKS LIKE IN PRACTICE

<p><b>01</b></p> <p><b>Your Symptoms Are a Pattern, Not a List</b></p> <p>What's happening in your shoulder might be related to what's happening in your foot, and what's happening on one side might be related to what is happening on the other. The shape of where you hurt often points to where the actual load is sitting.</p>	<p><b>02</b></p> <p><b>Draw Your Own Map</b></p> <p>Without booking anything, take a piece of paper and draw a stick figure of yourself. Mark every spot that has hurt, ached, or felt off in the last few years, and note which side and roughly when each one started.</p>	<p><b>03</b></p> <p><b>Find an Assessment That Reads Both Sides</b></p> <p>Once the map exists, find someone whose work is to read the relationships across the whole body rather than to refer each complaint onward.</p>
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*"Your body isn't a list of separate problems. It's a single pattern, waiting to be read."*

## Ready to find out what's been missing?

If your symptoms have been treated as separate complaints when you have known they aren't, the work that has been missing is the work that reads them as one pattern. A Missing Piece Assessment looks at the whole body, including the connections that single-area appointments aren't built to map.

**BOOK A MISSING PIECE ASSESSMENT**

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## QUESTION 05

# What makes you different to a physio, podiatrist, or osteopath?

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It's a fair question, and one you've earned the right to ask carefully. By the time someone reads this, they have usually paid for hope a few times before, sat in different waiting rooms, and walked out with different exercise sheets that were each, in their own way, partially right. Asking what makes someone different isn't scepticism — it is what you do when you've been paying attention. So here is an answer that doesn't dodge the question.

## THE SPECIALISM PROBLEM

Physiotherapists, podiatrists, and osteopaths are highly trained professionals, and within their specialism they are very good at what they do. The thing to notice isn't the skill, it is the shape of the question they were trained to ask. A podiatrist's question is what is happening at the foot. A physio's is what is happening at the area referred. An osteopath's is the body within their own framework. Each question is sharp and answerable, and each one quietly leaves the rest of you out of the answer.

This matters most when the problem hasn't quite resolved. If a course of physio brought relief that didn't hold, or if orthotics helped without making the pain go away, it is usually not because the treatment was wrong. It is because something upstream or downstream in the chain wasn't part of what was being looked at, and without that piece the painful spot keeps being asked the same shape of question, and keeps giving the same partial answer.

But what if the reason previous appointments only partly worked has been sitting outside every assessment so far?

## REAL CLIENT STORY

Lou worked with a woman in her thirties who had been carrying foot pain for six years. She had seen many people. The working diagnosis had been Achilles, and the advice given had been a heel lift in her shoe and pain relief for the flare-ups. Scans had been ordered along the way, and they had shown nothing abnormal.

Six years of pain that scans cannot explain does a particular kind of work on a person. She had started using the word 'flare-up' for the bad days, the way you do when something has stopped feeling resolvable and started feeling like weather. Underneath all of it, the quiet question that arrives when nothing structural shows up on the imaging: maybe this is just how my body is now.

When she came to see Lou, the assessment didn't start with a search for what was wrong. It started with a different question entirely: what had been layered on top of a body that had been in protective mode for six years, and what would change if some of it were taken away? The work that followed was about subtracting rather than adding.

The body was given conditions to settle rather than to keep pushing through, and the nervous system, after holding a guarded posture for years, slowly began to calm down and accept that change was possible.

Within six months, the work was done and Lou had discharged her. A recent message described a walking wine tour with friends — the kind of plan she now doesn't need to think twice about. Her friends had commented on it: she had been able to commit to the day without worrying that it would cost her.

*An orchestra has many specialists. The violinist plays the violins, the cellist plays the cellos — each is highly trained in their own part. But it takes a conductor to hear how the parts fit together and which section is carrying the music at any given moment. The body has many specialists too. It also needs a conductor.*

## WHY THIS ISN'T JUST ANOTHER SPECIALISM

There is a fair worry sitting under this question, and it goes something like this: 'whole-body' might just be another marketing phrase for the same shape of appointment. Words like 'holistic' and 'integrated' have been used by enough clinicians to mean enough different things that they have stopped meaning much at all. The question to ask isn't whether someone uses the word — it is whether they are asking a different shape of question from the one you have already had answered several times.

A specialism asks what is wrong with this part of you — a sharp and useful question that answers a particular kind of problem very well. A whole-body assessment asks something different: where the load is actually sitting in your body, and why this part is the one carrying it. That second question is what hasn't been asked of your body yet.

## WHAT THIS LOOKS LIKE IN PRACTICE

<p><b>01</b></p> <p><b>It's the Question, Not the Title</b></p> <p>The difference isn't the skill of the practitioner, it is the shape of the question being asked. A specialism asks what is wrong with this part. A whole-body assessment asks where the load is sitting and why this part is the one carrying it.</p>	<p><b>02</b></p> <p><b>List Who You've Already Seen</b></p> <p>Without booking anything, list every practitioner you have seen for this issue, what each one looked at, and what they didn't. The gaps between assessments are often where the actual answer has been sitting all along.</p>	<p><b>03</b></p> <p><b>Look for an Assessment That Includes the Foot</b></p> <p>The practical test of whether their assessment is whole-body is whether the foot is included regardless of what brought you in. The foot is the foundation of how the body loads.</p>
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*"Your body isn't asking for another specialist. It's asking for someone willing to read it as a whole."*

## Ready to find out what's been missing?

If the assessments you have had so far have asked what is wrong with the painful part and the answers haven't quite held, a Missing Piece Assessment asks something different. It asks where the load is actually sitting in your body, and why this part has been the one carrying it.

**BOOK A MISSING PIECE ASSESSMENT**

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## QUESTION 06

# Why haven't the exercises I've been given in the past made a lasting difference?

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You've done the exercises, been diligent, followed the plan. For a while, maybe things improved a little. Then the pain came back, or the progress plateaued, or you stopped and realised that nothing much had actually changed. There is a particular demoralisation that follows the discovery that effort wasn't the missing piece, and that is probably the part nobody else has named for you yet. This isn't a reflection of your effort — it's a reflection of the order in which things happened.

## THE MISSING STEP

Most exercise programmes start with strength, and the exercises tend to focus on the area that has been identified as weak or problematic. Strength is important, but it isn't the starting point. Before the body can build useful strength, it needs to be moving in a way that makes that strength worth building. If the movement pattern itself is incomplete or compromised, adding strength on top won't always resolve the pain, because you are loading a pattern that still has something missing.

Think of it this way. If you have been walking with a subtle compensation for two years and you start strengthening your leg, you will get stronger — but you will get stronger at moving with the compensation. The pain may not shift, because the underlying pattern hasn't changed. What needs to happen first is restoring what is missing: finding the movement patterns the body has lost and giving them back. Once the body has those patterns available, the strength built on top of them does what strength is meant to do.

But what if the reason the exercises haven't stuck has nothing to do with the exercises, and everything to do with what was being asked to come first?

## REAL CLIENT STORY

A while back, Lou worked with a man who had been carrying pain in both knees for around ten years. The knees had their own backstory — a history of rolling ankles before they ever became the knees' problem. He had been a professional dancer for many years, and by the time he came to see Lou, he had been told he needed surgery.

Think about what ten years of pain in both knees does to someone whose body used to be his living. A dancer's relationship with the body is particular, because the body is the instrument, the asset, the thing that has always done the work. By the time he was being recommended for surgery, the question wasn't only whether to fix the knees — it was whether the body that had carried his working life for years was now something he was being asked to give up on.

When he came to see Lou, the work didn't start with strength — it started with what was missing. Specific movement patterns the body had quietly let go of over the years needed to be put back in before any meaningful loading could happen. The exercises themselves were not hard in the way a heavy lift is hard, but they were challenging in a different way: when something has been missing for years, you don't know what you are reaching for.

Once those patterns started to land, the work shifted, and strength came in on top of patterns that had been put back in their proper place. He kept drilling them, gently and often, until they had become habit, and the body — given enough time — started to accept the change.

He is back doing leg day at the gym without discomfort, and back at spin sessions. The knees that had been recommended for surgery are doing what he used to ask of them, and the body that had been carrying ten years of caution is starting to forget what caution felt like.

*Learning to ride a bicycle isn't about pedalling harder. It is about finding balance first, and only after balance is there does pedalling do what pedalling is meant to do. The body works the same way. Strength layered onto a pattern the body hasn't yet got back tends to make the wrong shape stronger, not the right one.*

## WHY THIS TIME ISN'T JUST MORE OF THE SAME

There is a fair fear that comes from doing exercises that didn't stick before. After enough rounds of trying, the suspicion sets in that perhaps the issue isn't the programme but you — that you must have been less consistent than you remember, or simply not the kind of body that responds to this sort of thing. That suspicion is real and it has been earned, one disappointing programme at a time. It is also, almost always, in the wrong place.

What looked like discipline failing was usually sequencing failing, because the exercises weren't wrong — the order was. When strength is asked of a body that hasn't yet been given the patterns to use it, the strength has nowhere useful to go, and the body adapts to the same compensation it has had all along. Doing different exercises in the right order tends to be what makes the difference, and the right order is almost never the order most programmes start with.

## WHAT THIS LOOKS LIKE IN PRACTICE

<p><b>01</b></p> <p><b>Restore the Pattern Before You Load It</b></p> <p>Strengthening an incomplete movement pattern reinforces what is already there, compensations and all. The starting point is restoring what is missing, so the strength that comes later actually goes where it can do work.</p>	<p><b>02</b></p> <p><b>Watch One of Your Own Exercises</b></p> <p>Without booking anything, pick an exercise you have been doing for a while and slow it right down. Notice where you brace, hold your breath, or quietly shortcut the movement to make the rep happen.</p>	<p><b>03</b></p> <p><b>Find Someone Who Asks About Movement Before Strength</b></p> <p>The practical test of whether they work in the right order is whether the first conversation is about how you move, rather than about how strong the painful part is.</p>
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*"Your body isn't failing the exercises. It's been asked to build strength on a foundation it didn't yet have."*

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**Ready to find out what's been missing?**

If the exercises you have been given haven't quite stuck, the work that has been missing is often the work that comes before strength — the work that restores the movement patterns your body has been compensating around. A Missing Piece Assessment finds what has gone missing first, so the strength built afterwards has something useful to layer on top of.

**BOOK A MISSING PIECE ASSESSMENT**

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## QUESTION 07

# Do you only work with people with lower limb pain?

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You came here looking for help with a shoulder, a neck, an elbow, or something further afield than a foot, and the page mentioned feet enough times that you started to wonder whether you had landed in the wrong place. You hadn't. The work here is whole body, and whatever brought you to this page belongs in the same conversation as everything else.

## THE WHOLE SYSTEM

The body doesn't work in isolated parts. Every joint, every muscle, every movement pattern is connected to everything else. A shoulder problem can have its roots in the way the ribcage moves, or doesn't. A neck issue can be driven by tension that starts at the pelvis. An elbow that won't settle might be compensating for something happening much further away. Treating the body as a whole isn't a philosophy, it is what the body actually requires when pain has become persistent and complex.

There is also more to the picture than muscles and joints, because breath is part of the system too. The way you breathe, whether your ribcage moves freely, whether your diaphragm is doing its job, and whether you have built up patterns of holding or bracing without realising — all affect how the whole body moves and how safe the nervous system feels.

Underneath all of it is the brain. Movement patterns are neurological as much as they are physical, and the brain learns how the body moves, holding onto patterns once they have become compromised or restricted. Getting better movement isn't only about the muscles, it is about giving the brain better information — new patterns to learn, new inputs to work with.

But what if the area you have been searching for help with is connected to something the assessment hasn't yet looked at?

## REAL CLIENT STORY

Lou worked with a woman who had been struggling with a frozen shoulder. Lifting any weight, even modest weight, had been causing the shoulder to flare. The pattern had become predictable enough that she had started to anticipate it, and the things she would once have lifted without thinking had become things she planned around.

Think about what a frozen shoulder does to someone who has lived around it for any length of time. It isn't only the pain — it is the slow rearrangement of life around what the arm can and cannot do, the calculations about reaching, dressing, sleeping, and the quiet narrowing of what feels safe to attempt.

When she came to see Lou, the work didn't start by loading the shoulder. It started by reading what the shoulder was actually doing — which turned out to be carrying a nervous system that had been bracing around the joint for months.

The first piece of work wasn't strengthening, it was settling. A few cranial nerve exercises came first, the kind that signal to the body that it is safe to let go of a guarded pattern. Some Anatomy in Motion exercises followed, opening up movement the body had stopped exploring. Only then did the loading work begin, on a shoulder that had become available again.

The shoulder is moving in ways it hadn't moved in a long while. The nervous system, given time and the right signal, has stopped guarding so hard. The arm she had been carefully working around for so long is starting to feel like part of her body again.

*A spider knows where the fly is by reading the vibration of the whole web, not by examining a single strand. Pluck one strand and the whole web feels it. The body works the same way, and what seems to be a problem at one strand is almost never resolved by working with that strand alone.*

## WHY MORE TO LOOK AT DOESN'T MEAN MORE TO TREAT

There is a worry that often sits beneath the question of whole-body work, especially after years of treatment that has needed multiple visits. It sounds something like this: if an assessment looks at the whole body rather than only at the painful area, doesn't that mean more body parts to treat, more sessions, and a longer programme?

What a whole-body assessment actually does runs the other way. Looking across the system isn't about treating everything that comes up — it is about finding the one or two places where the load has actually been sitting, and treating those. The painful areas you arrived with are usually downstream consequences of something further along the chain. Once the source has been read accurately, the programme tends to be smaller than readers expect, not larger, because the work targets the few places that are quietly carrying the rest.

## WHAT THIS LOOKS LIKE IN PRACTICE

<p><b>01</b></p> <p><b>Your Body Doesn't Care About Specialisms</b></p> <p>Every joint, every muscle, every movement pattern is in mechanical and neurological communication with every other one. The area that hurts is where the load has gathered, and the cause is almost always in the conversation between that area and the rest of the system.</p>	<p><b>02</b></p> <p><b>Notice Where Your Breath Goes</b></p> <p>Without booking anything, pay attention for a day to where your breath goes when something hurts, and what it does as you move. Breath is part of the picture, and how it moves tells you something the painful area on its own can't.</p>	<p><b>03</b></p> <p><b>Find an Assessment That Reads the Whole System</b></p> <p>The practical test of whether the assessment is whole-body is whether they look at how you breathe and how your nervous system is holding the body, alongside the area that brought you in.</p>
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*"Your body isn't where the pain is. It's the whole system the pain has been arriving from."*

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**Ready to find out what's been missing?**

If your shoulder, neck, back, or anywhere else has been treated as a local problem when your body is one system, the work that has been missing is the work that reads the whole. A Missing Piece Assessment looks at muscle, breath, and the way your nervous system is holding the body, alongside the area that brought you in.

**BOOK A MISSING PIECE ASSESSMENT**

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## QUESTION 08

# Do I need to go to the gym to do the exercises?

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No, you don't need a gym membership, you don't need specialist equipment, and you don't need a dedicated space at home. There is a particular self-protective question that gets asked before any new programme is committed to, and this is one of its commonest forms. What it usually means is whether the work will fit in, or whether it will become another thing you half-do and feel quietly bad about. The exercises are designed to fit your life as it already is, not to ask you to build a new one around them.

## BUILT AROUND YOUR LIFE

The exercises you will be given are adapted to suit you and your circumstances, and they don't require a gym, weights, or anything you are unlikely to have at home. What they do require is consistency — which means doing them regularly, as part of your daily routine, so that the new movement patterns have a chance to become habits. The change happens there, in the repetition, rather than in the intensity of any single session.

Most people find that up to twenty minutes a day is enough to make real progress, and often less than that in the early stages. The goal isn't to exhaust you, it is to give the body the right input regularly enough that it starts to adapt. To make that as straightforward as possible, every exercise is recorded on video with clear, specific guidance on what to do and how to do it. There is no guessing later, no trying to remember what was shown, and no reason to do the movement incorrectly because the memory has faded.

But what if the reason previous programmes haven't stuck has less to do with discipline than with whether they were ever designed to fit your life in the first place?

## REAL CLIENT STORY

Lou is working with someone right now whose experience of physio, up to that point, had been the kind constrained by NHS time pressure. A long-standing ankle injury, a few appointments, and what those appointments had largely amounted to was a sheet of exercises handed over with an instruction to go away and do them. He had arrived at Lou's with no real expectations, because the shape of physio he knew had ended there.

Think about what a long-standing ankle injury does to someone who isn't, by identity, a gym person. There is the pain, but underneath the pain there is the slow narrowing of what feels safe to attempt — the daily calculations about distance and surface and shoes, and the assumption that builds quietly over time that the path back probably involves a gym he has never set foot in.

When he came to see Lou, the work was prescribed differently. The first session was about what he could already do and what he actually wanted to do, rather than what a sheet had been telling him to do. The plan that followed was his, designed around what his ankle needed and what his life could hold. They met every few weeks, with the work itself happening at home, in the small windows of an ordinary day.

As the patterns came back and the strength layered on top of them, the work shifted shape — and none of it had needed a gym.

He went from struggling to walk without pain to running regularly. He is stronger in his body than he was before the injury, the ankle that had been the long-standing problem has become a part of his body he can trust again, and he had never once been inside a gym.

*Nobody brushes their teeth for two hours once a month. They do it for two minutes, twice a day, every day, because that is the kind of thing teeth respond to. The body's movement patterns respond to the same kind of input. Small, specific, and often.*

## WHY THE RIGHT EXERCISE IS OFTEN THE ONE YOU CAN ACTUALLY DO

There is a fear that home-based work, without gym equipment or anyone watching, must be less effective by definition. Gyms are where serious work happens, weights are how strength gets built, and a few minutes in the kitchen feels somehow lesser than an hour with a barbell. That assumption is reasonable on its surface, and almost entirely wrong about how the body learns.

The exercise that produces lasting change is the one that gets repeated, not the one that looks impressive. A short, specific routine done daily, in the kitchen between the kettle and the front door, will outwork a weekly gym session most of the time. Repetition is what teaches the body, and intensity is what fine-tunes it once the teaching has happened. Without the repetition underneath, the intensity has nowhere useful to layer.

## WHAT THIS LOOKS LIKE IN PRACTICE

<p><b>01</b></p> <p><b>Repetition Beats Intensity</b></p> <p>The body learns movement patterns through small, repeated input, not through occasional heavy sessions. A short routine done daily, with the right exercises in the right order, does more for lasting change than a longer session done sometimes.</p>	<p><b>02</b></p> <p><b>Find Five Minutes That Already Exist</b></p> <p>Without booking anything, look at your existing day and find a five-minute window you can attach a routine to. The kettle boiling, the few minutes before the school run, the time the tea brews.</p>	<p><b>03</b></p> <p><b>Find Someone Whose Programme Fits Your Life</b></p> <p>The practical test is whether the work can be done in the actual minutes you already have, with video guidance you can rewatch, and exercises specific to what your body needs.</p>
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*"Your body doesn't need a gym. It needs small, specific work done often enough to become habit."*

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## Ready to find out what's been missing?

If previous programmes haven't quite fitted into your week, a Missing Piece Assessment starts with what your life can actually hold. The work that follows is small, specific, designed to fit the minutes you already have, and delivered with video guidance so it doesn't depend on memory or supervision.

**BOOK A MISSING PIECE ASSESSMENT**

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## QUESTION 09

# Why do you always look at the foot?

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It's a question most people don't think to ask, because most assessments only look at the foot if the foot is what brought you in. There is a particular kind of mild puzzlement that arrives when someone comes in with a shoulder problem, or a neck, or a back, and finds Lou paying real attention to what their feet are doing. The reason for that attention is worth a few minutes, because what the foot tells the assessment isn't only about the foot.

## THE FOUNDATION OF THE WHOLE CHAIN

The foot is where the body meets the ground, and the way it loads, the way it moves, and the way each part of it does or doesn't function affects everything above it. The ankle, the knee, the hip, the pelvis, the spine, the shoulder. A restriction or compensation that lives at the foot doesn't stay at the foot — it creates a pattern that travels upward through the chain, joint by joint. Something as small as a big toe that grips the ground instead of moving freely changes the way the ankle tracks, the way the knee loads, and the way the hip has to compensate.

There is another reason the foot is always part of the assessment, and it goes beyond mechanics. When you are upright and moving, your feet are the only part of you in contact with the ground. That makes them the primary source of sensory information the brain uses to understand where the body is in space, and whether the body feels safe and stable. When the feet are working well and giving the brain clear, accurate information, the whole system can respond — the body feels grounded, movement becomes more fluid, and that sense of underlying safety can positively influence other parts of the system, including the pelvic floor and the breath.

But what if the reason your shoulder, or your hip, or your back hasn't quite settled has been sitting at the place that nobody has been looking?

## REAL CLIENT STORY

Lou worked with a woman with a young family who had been carrying chronic lower back pain for some time. She had tried more than one route to settle it, but the back had eased briefly each time and then returned. By the time she came to see Lou, she was beginning to wonder whether the back was simply going to be a thing she lived with.

Think about what chronic back pain does to someone running a young family. It isn't only the pain — it is the slow narrowing of what feels safe to lift, bend, and twist, the calculations about which child can be picked up and how, and the assessments about which game on the floor is going to cost her later.

When she came to see Lou, the assessment didn't start at the back — it started at the feet. The left foot in particular needed strength, and both feet were moving less well than they should be. The big toe on both sides was plantarflexed, pointing down toward the ground rather than lifting freely, which sends a particular kind of compensation signal up the chain, and the back is often the part that ends up carrying it.

The work that followed was at the feet, not at the back. The plantarflexed big toes were given back the movement they had been refusing. Strength was built where it had been missing, and the broader range of foot movement was rebuilt where it had quietly disappeared. Each piece of foot work sent a different signal up the chain to the back, which had been receiving the same compensation signal for years.

Her system responded to the work being done at the foot. The back pain that had felt like an identity has settled. She is living the life she deserves with her young family, free of the calculations the back used to demand.

*A tree's shape is read in the canopy, but the canopy isn't where the shape comes from. Whatever the leaves are doing, the roots have decided first, quietly, below ground. The body's foundation works in much the same way. What the shoulder does is read from above, but the foot has often decided first.*

### WHY THE FOOT ISN'T A DETOUR

There is a fair scepticism that arrives when a shoulder problem prompts an assessment that begins at the feet. It sounds reasonable enough on the surface: this feels like a detour, or the kind of holistic-sounding move that is more theory than practice.

What the foot actually is, though, is the short way, not the long one. It is the foundation the whole body loads through, the surface the brain reads to know where it is in space, and the place where compensations tend to both begin and end. When someone arrives complaining about a shoulder and the assessment starts at the foot, it isn't because the shoulder isn't the problem. It is because the foot is often where the shoulder's problem began — quietly, long before the shoulder made enough noise to get noticed. That isn't a detour. That is following the chain back to where it actually starts.

### WHAT THIS LOOKS LIKE IN PRACTICE

<p><b>01</b> <b>Foundation and Sensor at Once</b></p> <p>The foot is both the mechanical foundation of how the body loads from below, and the brain's primary source of information about where the body is in space. Whatever the body is doing higher up, what the foot is doing underneath is part of the explanation.</p>	<p><b>02</b> <b>Take Your Shoes Off and Pay Attention</b></p> <p>Without booking anything, spend a few minutes barefoot — on a hard floor or grass or carpet — and notice what your feet are actually doing. Which toes move and which don't, where you put your weight.</p>	<p><b>03</b> <b>Find an Assessment That Looks at the Foot Regardless</b></p> <p>The practical test of whether the assessment is whole-body is whether the foot is included as a matter of course — not only when the foot is the complaint.</p>
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*"Your feet aren't just where the body ends. They're where the rest of the body learns where it is."*

### Ready to find out what's been missing?

If your back, hip, knee, or anywhere above has been treated without anyone looking at the foundation underneath, a Missing Piece Assessment always includes the foot. The foot is where the body loads, and

where the brain reads the ground, and an assessment that takes that seriously tends to find the lever that other assessments have missed.

**BOOK A MISSING PIECE ASSESSMENT**

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## QUESTION 10

# I feel like I'm at rock bottom. Is it going to be a long journey to restore my system?

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If you're reading this, you have probably tried more than you can comfortably count, and there is a particular weariness that arrives after enough of that. The road back from here probably feels enormous, slow, and uncertain. That feeling is real, and it has been earned — often over years of trying things that haven't quite worked. But the journey from where you're standing is shorter than it looks, and the reason is worth a few minutes.

## THE BODY WANTS TO RESPOND

Years of working with people in persistent pain has shown, again and again, that when you give the system what it has been missing, it responds. Not slowly, not reluctantly, but quickly. The body isn't broken — it has been doing its best with incomplete information, compensating around patterns it never had the chance to correct. Give it the right input, and it knows what to do with it. The capacity for change has been there all along, waiting for the conditions in which to use it.

What creates those conditions is the exercises themselves. Up to twenty minutes a day, done consistently, built around restoring the movement patterns the body has been missing. When those patterns start to come back, the body adapts to them, new habits form, and the system gradually starts to work the way it was designed to. The key is diligence rather than intensity — doing the work regularly, following the programme as it has been designed, trusting the process even when progress feels subtle, because the change is happening even when you cannot quite see it yet.

But what if the reason your system has felt stuck has been the absence of the input it has been waiting for, rather than the presence of damage you can't recover from?

## REAL CLIENT STORY

Lou worked with a woman who arrived at her clinic carrying knee and hip pain that had narrowed her life into something much smaller than it should have been. She had been through more than a handful of practitioners over the years, looking for help, and by the time she sat down in front of Lou she said, in so many words, that she had lost hope of ever being out of pain. A year before, the upper limit of what she could do in one go had been ten to fifteen minutes of walking.

Think about what losing hope of ever being out of pain does to a person, especially one who has already tried several different routes to find it. A ten-to-fifteen-minute walking limit is not just a clinical measure. It is what is on the table when you are deciding whether you can pop to the shops, take the dog out, or walk somewhere with a friend without becoming the reason everyone else's plans have to change.

When she came to see Lou, the assessment didn't start with another list of what was wrong. It started with what was still working underneath the pain, and with finding the cause of the knee and hip pain that had been driving the smaller life. The cause turned out not to be hidden, or beyond reach, or too far gone — it had simply been sitting in a place that the earlier assessments hadn't been scoped to look at.

The work that followed was a programme she could do, and could see working. For the first time in years, the exercises did not produce more pain — they produced quiet, accumulating evidence that the body was responding. The motivation to keep doing them came back not because she made herself motivated, but because the work was visibly working.

She is no longer in the place she arrived from. On a recent trip to London, a friend offered to get a taxi, and when she asked why, was reminded that ten to fifteen minutes of walking had been her upper limit only a year before. She had forgotten she had ever been there. The world has quietly become hers again.

*Give a neglected garden water and light and the plants come back faster than you would expect, because the seeds were never the problem — the conditions were. The body responds in much the same way. It hasn't forgotten what it knows how to do. It has been waiting for the conditions in which to do it.*

## WHY YOU DON'T NEED TO FIND MORE ENERGY FIRST

There is a particular kind of dread that arrives with the idea of starting again from rock bottom. Not because the work itself sounds hard, but because the energy to take on another long thing — after years of having been worn down — feels like something you would have to find from somewhere, and most of what you had has already been spent.

What the body needs from you, at this stage, isn't more energy. It is small, regular, consistent work that doesn't ask you to climb anything heroic. The energy comes back from the body responding, not from you forcing it to respond, and as the system begins to do its part, the climbing-out feeling that you had been steeling yourself for stops being yours to do alone.

## WHAT THIS LOOKS LIKE IN PRACTICE

<p><b>01</b></p> <p><b>The Body Has Been Waiting, Not Deteriorating</b></p> <p>The reason a system at rock bottom can change faster than you would expect is that the body hasn't actually been getting worse — it has been compensating, bracing, and working around something that was missing.</p>	<p><b>02</b></p> <p><b>Notice What Your Body Is Already Doing</b></p> <p>Without booking anything, spend a few minutes today noticing the things your body is still doing — even small ones, like the breath that came in without asking, the grip that held the kettle.</p>	<p><b>03</b></p> <p><b>Find an Assessment That Takes You as the Starting Point</b></p> <p>The practical test of whether the work will fit where you actually are is whether the assessment treats your current state as the beginning of the work, rather than as an obstacle to it.</p>
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*"Your body isn't broken. It has been waiting, and the waiting is what gives you somewhere to start."*

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## Ready to find out what's been missing?

If you have arrived at this page from a long way down, the work that has been missing is the work that treats your current state as the beginning rather than a barrier. A Missing Piece Assessment starts with what is still working in your body, and with the small, specific input it has been waiting for in order to

respond.

**BOOK A MISSING PIECE ASSESSMENT**

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