Motion is Lotion: The Power of Physical Therapy with Erin Osmus

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Guest: Erin Osmus

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Erin Osmus: 0:29

So I always tell my patients, motion is the lotion. Start moving. Exercise comes in all forms. It's not just the gym. It's not CrossFit. It's not necessarily Richard Simmons or whatever. It doesn't have to be yoga. It can be a resistance band. It can be walking your neighborhood with your wife. It can be taking your dog for a walk. It can be taking the stairs versus the elevator. While you're waiting for that five minutes for that coffee to perk, there's not any reason you can't, raise your heels, go up on your toes. Can you stand while you're making coffee? Can you do 10 mini squats while you're waiting for that, Keurig to run through?

David Lowry: 1:01

Welcome to Peaceful Life Radio. That was physical therapist Erin Osmus, this is David Lowry, and with me today is my good friend Don Drew. Don, how are you?

Don Drew: 1:10

I'm doing great. David

David Lowry: 1:11

Don. I wanna hear more about Erin, tell us about her.

Don Drew: 1:15

Absolutely. Our guest today is Erin Osmus, who holds a Doctorate in Physical Therapy from Boston University and is currently an active physical therapist in the Mercy Hospital system, and she has 27 years of experience. Erin focuses on joint replacement, stroke rehab, and head injury rehab. She practices what she preaches maintaining a healthy lifestyle and daily exercise routine. I first got to know Erin last year when I visited her after tearing the rotator cuff in my right shoulder. She helped me rebuild the strength in my shoulder before surgery so that postsurgical recovery went really well and very quick. Today Erin is going to talk to us about how we can better prepare ourselves for impending surgeries and work with a therapist to recover as quickly and effectively as possible. Erin Osmus, welcome to Peaceful Life Radio.

Erin Osmus: 2:04

I'm glad to be here, guys.

David Lowry: 2:05
Erin, first of all, I think you did a great job on Don's shoulder, but I was wondering if you could take care of that big hump in his back?

Erin Osmus: 2:14
Well, don't think I can do that.

Don Drew: 2:17
I'm gonna get you for that, David. I'm gonna get you for that one Erin. I wanna start off with asking you about general fitness and the importance of exercise in the second half of our lives.

Erin Osmus: 2:27
Exercising the second half of your life is super important. We need to start with resistance training. As you all know, the older we get, we're prone to osteoporosis. We need to build bones. The best way to do that, really to prevent it, needs to start in your thirties, but if you wanna stave it off, usually by your fifties, you need to start thinking about anything that's resistant. But I'm not talking about, you don't have to hit the gym. It doesn't have to be heavy, big weights and dumbbells. But as you know, from when you and I worked together, resistance bands, that's super important. Your cardiovascular health is very important to fitness in the second half of your life. The later stages in our life we start facing neurological deficits. We have high risk for falls. The stronger we are, the stronger our core is, the more important it is for flexibility. Obviously you wanna minimize medications and minimize doctor stays.

Don Drew: 3:13
What about the positive psychological effects?

Erin Osmus: 3:15
There's huge psychological components in exercise. Anytime we exercise, we're gonna release endorphins, serotonin levels in our body, which we make inside of us, which synthetically are antidepressants and happy pills, so to speak. The more you exercise, you can release all of that. I'm a big proponent. I exercise every day. Have you ever heard the word rehab junkie? The more you exercise your body starts producing these endorphin, starts producing these serotonin levels and we start to crave it. I can't go to sleep. I can't rest if I haven't worked out. Like, I just don't sleep good. I miss it and people crave it. So psychologically, the more you work out, the happier you are.

David Lowry: 3:51

Erin, it sounds to me like if we had to put it into categories you're going to need some strength, physical strength, so we do some resistance training. You need cardiovascular health. And then flexibility is a good idea, right?

Erin Osmus: 4:06
Absolutely.

David Lowry: 4:06
And then all of that together has a synergistic effect on not only your body, but also your mental health.

Erin Osmus: 4:14
Absolutely. Let's think about the more active we are, the more that you can do, the better off you are of physiological. If you physically can't climb the stairs, there's, it's a devastating effect of that. If you can't walk a household ambulation, you can't go places, you can't do things. Your world becomes smaller. The more fit you are, the more active you are. And you don't have to run marathons, but you wanna be in good enough shape to be able to enjoy dinner, go to church and park in the back of the parking lot if you can't find a close space. You wanna be able to go to the theater. You wanna be able to do things that your body can physically tackle without being a burden to you, your family, or whatever.

Don Drew: 4:45
One of our goals today is to focus on pre-surgical preparation and how to rehab ourselves after surgery. Let me just ask you, in terms of pre-surgery, if we know that we've got a surgical procedure coming up, in which we're going to be needing some kind of rehabilitation, what are the most important things a person can do physically to prepare their body for that surgery?

Erin Osmus: 5:08
Obviously it depends on, if it's a joint replacement or kind of surgery you're having, but the better shape you're in going into any kind of surgery, obviously the better off you are. So I made myself some notes here. A lot of times people will have therapy, kind of a last ditch effort to prevent surgery. They'll go to physical therapy, have therapeutic interventions, which will then decrease the risk of having to have the surgery. Well, the stronger you are going into that, obviously the better off you're gonna be. I tell people the thing that they really need to think about is that you need to be proactive. At Mercy, we're starting to get this trickle down effect with physicians to send people to PT as a protocol prior to surgery, we call prehab, so that they can go and meet with a therapist,

kind of figure out what's gonna be their plan. Are they gonna go into surgery and then go to home health? Are they gonna go to outpatient? What is their home situation gonna look like? What are they gonna need? A lot of times you, yourself will know you come outta surgery and there's not a lot you can do in the very beginning, but there are some isometric exercises you can do, some things that would help you immediately postoperatively before you get to the therapy sessions. And we would like to be able to have that kind of intervention with people right off the bat. So my supervisor and I are educating physicians and getting them to let us get our hands on patients before they even get into surgery. Think about it. If you can meet your therapist prior to that surgery, when you come out, you know what to expect. Psychologically you are gonna be a lot less nervous. You're gonna be a lot less apprehensive. You are gonna know what to expect. You can picture what this is gonna be going into that.

Don Drew: 6:35

I'm glad you brought that up because I remember in my case what happens when I visited my physician and he thought I would need surgery, but I wasn't able to have it for a significant period of time because I already had a couple of big hikes. And these are like international trips already planned. So I needed to follow through with those first. So I had a twofold goal. One was to get myself ready to handle the hikes, and then following that to prep for surgery because I pushed surgery out so far.

Erin Osmus: 7:05

And like I tell a lot of patients, I'm not gonna fix your rotator cuff. Obviously that's torn. But what we can do is we can strengthen all the muscles surrounding it. Joints above and below. So if it's your knee, we wanna make sure your hips and your ankle are super strong. If it's your shoulder, we wanna make sure you've got good cervical range of motion. Wanna make sure your elbow and your hands are in good shape. And we can have you going into that so all the surrounding tissue and the surrounding muscle are in the best shape that it can be before you go have that surgery. We can do a lot of strengthening prior to going in so that you're prepared. I've had several patients, they're like, Hey, I've got this big trip to Europe planned. Like I don't wanna have this knee surgery until, I have more vacation in the winter. Let's get those quad muscles as strong as possible. Let's get your cardiovascular shape in so that you can tolerate and do a lot more things. If you're not fantastic shape and barely making it to the mailbox, what's it gonna be like postoperatively if you're on crutches? So being in the best shape that you can prior to that is only gonna help you.

David Lowry: 7:57

So this prehabilitation you're talking about, is this mostly for joints, or for other conditions as well?

Erin Osmus: 8:05
Well, it's funny that you say that. I, myself just had surgery this past spring and I'm very fit. I work out every day. It was kind of an unexpected thing, but I knew I was going into it probably two months before, and I just asked my doctor, Is it safe? Can I continue to work out? She was like, absolutely. Literally the day before I had surgery, I did a 10 mile ride on my Peloton and had surgery the next day. I could barely walk to the nurse's desk, which I laughed about and I thought, this is really tough and look how good a shape I'm in. I don't know if I'd have even been able to get out of bed if I hadn't been working out prior to that. In my recovery, they tell me, Oh, it'll probably take you six months before you're back. Hundred percent. Well, I'm about three months out and I feel great.

David Lowry: 8:42
Wow. Way to go. That's an important thing. I never heard about Prehabilitation. So Don, this is a really good thing to learn about on our program because I suspect quite a few people in the second half of life are going to need that kind of information.

Don Drew: 8:55
I had a question for Erin about how far in advance of surgery someone should begin working with a physical therapist. But I was also reminded that not all insurance will cover people. So I think part of my question is not just how far in advance to surgery, should someone begin working with a physical therapist, but if they can't, what are some strategies perhaps they can do on their own?

Erin Osmus: 9:18
A lot of times you can ask your physician. There are some doctors that are pretty good that have some handouts. They have some worksheets. That's the thing that my supervisor and I are doing some research so that we can pose this to insurance companies because not everybody can physically get to therapy. Not everybody has the financial means or insurance to cover it. But talk to the physician. Say, Hey, what do I have available to me? What's safe for me to do? A walking program is a good place to start. A lot of my patients they're like, I can't walk that far? Can you walk to the mailbox? Start with that. Can you walk to the end of the block? Start with that. If you're safe to do so, if weight bearing is tough for you, then try an exercise bike. I like recumbent bikes for the second half of our life. I'm a big proponent of those. I like good back support. It's non-weight, it's closed chain, so you don't have the impact of walking or running. A lot of local gyms, a lot of Medicare and several different supplements will pay for silver sneakers. A

lot of times you can go into a gym and say, Hey, are there any options with my insurance company that some of this will be funded? You can get a trainer you can work with, and some of that's paid for. We just have to be proactive. It's your health. You gotta ask questions. And I take for granted the knowledge I have. My mom and my brother are both therapists, but we were talking one day years ago about how the knowledge we have, we feel like is such common sense. We're like, everybody should know this. But everybody doesn't know this. And a lot of times physicians overlook and assume that people know. So you have to ask, Hey, what's out there for me? What's available? Can I go to therapy? Can I try that before surgery? Is that an option for me?

David Lowry: 10:44
While we're talking about being proactive, I'm one of those people who don't know very much about physical therapy. Do you have to have a doctor recommend you? How does one get into physical therapy in the first place?

Erin Osmus: 10:56
You need a physician's order to get into physical therapy. You need to check with your insurance. Obviously, there's cash pay. You can pay if you have the means if your insurance doesn't cover it. But most people, your insurance will cover physical therapy. You need a physician's order. Any doctor can write it. A PA, a Nurse Practitioner, it doesn't have to be an ortho, it doesn't have to be some big specialist. Most general practitioners will write you an order for physical therapy. You just have that referral sent to whatever clinic is close to you that does what you need them to do. And they'll call and set up your appointment. I do tell patients don't fall through the cracks. If you're supposed to have physical therapy and nobody calls you. Follow up. You gotta take control of your own health.

David Lowry: 11:30
That's the truth. Let's ask a question about exercises that you think we probably ought to all be doing to help us in the second half of life to maintain this good physical health that you're talking about.

Erin Osmus: 11:41
I believe people hear the word exercise and they think, Oh, it's a CrossFit Gym, or it's, oh, it's Richard Simmons. Or, oh, I have to be in this formal setting. It absolutely doesn't. There is so much out there. We have so much information. I'm a big proponent of Pilates. I like it. It's a lot of core strengthening for people. It's resistance training. You don't need a lot of equipment. You can Google Pilates and it comes up with lots of different things. It's wonderful for spines. People have a lot of back pain and a lot of back problems. It's a lot

of core strengthening. Strengthening your core is a great place to start. People, if they have bad knees, they can't walk. Like I said before, I love cycling. I think a recumbent bike is great. If you don't have a lot of equipment, you can do a complete workout with a resistance band you can buy at Target or Walmart or Dick's. If you come to physical therapy, we'll give you one for free. Resistance is super important. I'd like to see that because it builds better bone health versus an open chain workout, like a bicep curl or such. If you don't have weights, you can use a water bottle. It's, 16 ounces. All the time tell my patients, start with a can of soup. Start doing some bicep curls with a can of soup. You can get some resistance. It doesn't have to be rocket science.

Don Drew: 12:50
You mentioned pain, Erin, I wanna ask if it's possible that physical therapy can help reduce the need for pain medication after surgery?

Erin Osmus: 12:58
Pain management is a huge part of physical therapy. We have modalities, you have heat, you have ice, we have movement, manual therapy. Pain management is huge. And obviously you come outta surgery, lots of people on narcotics, postoperatively, but the less time you're on pain meds, the better for your whole body in general. You get lots of secondary issues. So I always tell my patients, and you've heard this before, motion is the lotion. Start moving. You're gonna start feeling better. A lot of times we have poor posture. Even with our joint replacements I do a posture alignment on everybody. The first thing I do is, let's look at your posture. And they're like, Well, I'm here for my shoulder. Yeah, but let's talk about that. If your shoulders all rolled forward because you've been a desk job your whole life let's get yourself in better posture.

David Lowry: 13:37
A question I have, Erin has to do with walking versus running. Can you clarify the role of walking and running as a form of exercise for seniors?

Erin Osmus: 13:46
Sure. To each their own. Running is gonna be hard on your joints because it's gonna be high impact. So every time your foot hits that concrete, think about all the force that goes up through that ankle, up through that knee, up, through that hip, up through that spine and every vertebrae of your spine. But lots of people run well into the later stages of their life. Walking and running. Either one. You wanna get your heart elevated. You wanna get your target heart rate. You can Google target heart rate. It's like two 20 minus your age. It's all at an individual basis. If you're trying to lose weight, walking actually is gonna probably burn more calories. I tell patients that and they never believe me. Oh, I should

be running. Not necessarily. You wanna get 20 minutes of walking or 20 minutes of running to hit a good aerobic, to get good cardiovascular effects. You gotta start somewhere. Not everybody can go out and walk 20 minutes or run 20 minutes. I always tell patients, Start with what you can do. Start with five minutes and increase, two minute intervals at a time to be safe.

David Lowry: 14:37
I'm one of the fortunate ones who has a wife that loves to get up every day and we walk and solve the world's problems for 45 minutes every day.

Erin Osmus: 14:45
I love that. That is fantastic. And walking, I can tell patients if you do nothing but walk, it's so good for you. You get your arms pumping, get moving.

Don Drew: 14:53
Let's turn our attention now to post-surgery. Right? We, so we've gotten ready for the surgery. We've done what we can to strengthen ourselves, say it's a joint, and we've done what we can to strengthen the muscles around there and our endurance and we're feeling pretty good about where we're at going into surgery. We're now out of surgery, and, of course, we're hurting. At first we're on some pretty serious drugs usually. And you wanna, try and tailor yourself off that as quickly as possible. But nonetheless, you wanna be starting your physical therapy within, I don't know, what is it about, anywhere from a few weeks to a few months. The hospital's gonna want you to move right away.

Erin Osmus: 15:29
When I worked inpatient, I got knees and hips up day one. They came out of surgery that morning, I was walking them that afternoon.

Don Drew: 15:35
What is the typical or average situation look like for somebody coming out of surgery? They're out a couple weeks to a month. They're gonna see a physical therapist for the first time. What's gonna happen?

Erin Osmus: 15:46
Usually when a patient comes home, depending on the level of assistance and how much support they have at home, a lot of these surgeries used to be, you would stay in the hospital for sometimes a week. Now these are outpatient surgery, so you're going home immediately. A lot of patients are gonna get home health. They're gonna have a home health therapist come into the house. If you're up and going and your doctor says you're

ready for therapy to get into an outpatient setting, but some patients have home health and a therapist will come into their home and do some therapy. It's minimal. They're just kind of getting them moving. Usually by week two, depending on the joint or whatever, they're coming into their outpatient setting. They've made an appointment. There's usually a little bit of pre paperwork to come in. They're gonna meet that therapist and then get an evaluation. An evaluation's gonna consist of measuring. If it's the knee, we're gonna see how much can you actually move it? How much can I actually move it? How much pain are you gonna be in? They're gonna ask you to rate your pain zero to 10, zero being no pain, 10 being I need to go to the emergency room. They're usually gonna give you a home exercise program. Move it around a little bit and then we're gonna talk about your pain management. Are you using ice? Are you icing it right religiously at home? That's a natural anti-inflammatory. Let's make sure we're doing it. You, you've got lots of edema. Those are the kinds of things we wanna get you out of. Then we're gonna set up appointments. And each time it's gonna build. So depending on the protocol, the physician, so obviously as a physical therapist, I work under physician's orders. So they're gonna have a protocol for their expectation of movement. With each stage we're gonna move you a little bit more. We're gonna assess your pain. The general rule of thumb is that the more you're moving, the less pain you're gonna be in.

Don Drew: 17:15
What I hear you saying is that as a therapist you are going to be an evaluating each patient individually and designing a rehab program based upon how well they're doing, what their pain levels are and so forth. So everybody's gonna be treated a little bit different. There's not necessarily a single protocol for all people who have had shoulder surgery?

Erin Osmus: 17:33
No, the movement is the same, but what they wanna do is completely different. I mean, I have a patient that, he's a truck driver. He has to be able to get up and into that truck. So guess what we're doing? We're working on steps. We're working on how he can pull himself up. We're gonna work on compensatory strategies if he's right-handed, and really needs to be able to use that right hand. Okay. We're gonna have to start strengthening this left hand a little bit. Every patient's different. If this patient's like, Oh, hey, I take care of my elderly husband. I need to be able to get home and be able to do this for him. Every single person is different. And it doesn't matter what my goals are for you, what matters, what your goals are. So you want your physical therapist to ask you, What are your goals? That's the most important thing. What do you wanna accomplish out of this? I need a buy-in. I'm selling this to you. You're walking in that door and I have all these things that I need you to be able to accomplish. But if you don't believe in what I'm telling

you, and you don't believe that it's gonna work, you're not gonna do it. Basically with physical therapy, it's 20% that therapist, and it's 80% you. Obviously, we don't come to therapy every single day. Most patients come twice a week or once a week. Depends on, what their insurance will pay for what they can manage into their schedule. I mean, some people's got kids or they have grandkids, or they have obligations that they're doing. So I tell them, Look, I'm gonna empower you to be able to take care of yourself, but this is an investment that you're making in you. And all the things that we're talking about today, the bottom line is that people need to invest in their own health. I can give you all the exercises to do. If you don't go home and do them, you're not going to get better. You're not gonna feel better. Your pain won't improve. So ultimately, I'm just here to be the coach or the cheerleader and say, Hey, the things that will make you feel better, but you gotta go home and do it.

David Lowry: 19:05
Do you find that people are good about following through on those exercises or is this a point of contention with the kind of work you do?

Erin Osmus: 19:12
I would say I'm a pretty good salesperson and most people weed themselves out. So most of my patients are pretty compliant or they don't come back. Most people will come in and I give them my sales pitch and like, Hey, this is what I can do for you and this is what you can do for yourself. And they either buy in or they don't. I would say 80% of my patients that I see on a regular basis are compliant because they don't come back if they don't. People are doing it. People are showing up. I mean, we're a busy clinic.

David Lowry: 19:37
I'm assuming, and correct me if I'm wrong, but at the second half of life it's going to be knees, shoulders, hips and backs. What's gonna happen to us when we walk through the door?

Erin Osmus: 19:48
You'll be greeted with a smile, of course. And I'm gonna say, Hey, tell me about your pain. And I always wanna say, what is this interfering with in your life? But most of the time it's interfering with, well, I can't get on my knees to weed my plants anymore. Or I can't, get up the bleachers to go see my grandson play baseball anymore. So I'm like, okay, well why is that happening? Tell me about your pain. Why is that hard for you? So I'm gonna assess what's going on. When I do it, my back hurts. Or when I sit on this, I have all this pain. Okay? So we have all kinds of special tests and things that we're gonna do. We're gonna test your strength, test your mobility, and then I'm gonna give you some exercises

to address it. A lot of times it's because people don't move. Nine times outta 10, they need some mobility or some flexibility, or their hamstrings are super tight. It's movement. In a very sedentary world I just have to get people moving most of the time. So I give them a home exercise program. Usually I print it out and give them pictures. I'm like, Hey, this is what you need to do. And then we make an appointment to come back and I'm like, Go home and do these, make mental notes, and come back and see me, make our next appointment and let's go over it again, and we'll build on it.

Don Drew: 20:50
After therapy is through, life continues. What can we do post therapy to keep on improving, building strength, building flexibility, mobility, those kinds of things?

Erin Osmus: 21:02
I tell my patients all the time, they're like, Am I gonna do this forever? And my answer's yes. Yes, in some form you're going to have to do it forever. That's what I encourage people, depending on what their lifestyle is, continuing to do it. And if you get to that point where you're like, Okay, maybe I want something else. You can come back and see therapy again and go, I wanna advance this program. Like, I feel really great and I would like to do something more. Or you can see a trainer and a gym. A lot of times we will transition patients from our clinic into a gym. It's called a bridge program so they're working out themselves. They've already set the precedence, they're already coming to see us twice a week. I'm like, What's the difference if you start going to the gym, you're already coming up here, you're already committed to this. So start going to the gym three times a week or whatever. It has to evolve. And I do try to do that and say, Okay, so if your life is this, and so now I wanna play pickleball, I wanna do these things, then you gotta keep staying active. So exercise is always something you need to do. But yes, you wanna progress it and continue to do it. There's lots of resources out there. There's Pilates classes. A lot of my spine patients, I will transition them into some sort of Pilates class that they can start doing. Sometimes patients will start a walking program in addition to their exercises. A lot of times I try to give them like, Okay, if you're on the, green band, when you leave here, I'm gonna give you a blue band. After, three or four months you need to start using this band and then go to the black band to continue to do this exercise because you, you wanna continue to progress for sure.

David Lowry: 22:25
How many times a week do we need to be doing certain things and give us a sample program that an ordinary person in reasonably good health could do?

Erin Osmus: 22:33

First you probably need to make sure that you're cleared for exercise. So if you don't see your physician on a regular basis, you need to make sure that your cardiovascular health is such that you can exercise. Make sure your blood pressure is where it needs to be, your blood sugars are managed, if you're diabetic. All the things that you need to make sure that, hey, to your doctor. Am I clear to exercise? He or she says, Yes, you're good to go. Then it's reasonable to say, Okay, I need to start with 10 minutes of physical exercise a day, start with that. And then I wanna move up in two minute increments so that I'm getting 20 to 30 minutes physical activity, whether it's walking, taking a resistance band and doing some bicep curls, some overhead reaching stretches. Exercise comes in all forms. It's not just the gym. It's not CrossFit. It's not necessarily Richard Simmons or whatever. It doesn't have to be yoga. It can be a resistance band. It can be walking your neighborhood with your wife. It can be taking your dog for a walk. It can be taking the stairs versus the elevator. My big one is are you coffee drinker? Yes. Okay While you're waiting for that five minutes for that coffee to perk. There's not any reason you can't, raise your heels, go up on your toes. Can you stand while you're making coffee? Can you do 10 mini squats while you're waiting for that, Keurig to run through?

David Lowry: 23:41
There's a lot of ways we could do that. You could do that while you're watching television.

Erin Osmus: 23:45
You can watch Jeopardy and raise your arms up, kick your legs out. You can do leg kick outs sitting in your chair. You can pump your ankles. You can go heel toe. I tell patients when you're on a plane, I'm sitting there constantly pumping my ankles, constantly marching in place, moving my feet around.

David Lowry: 24:01
I love it. It's easier than you think, and that's the main thing. It doesn't have to be something you dread. It's something that you build into your day and easily enough done.

Don Drew: 24:10
Erin, we've covered a lot of territory today. What do you think are the most important takeaways from today's discussion?

Erin Osmus: 24:17
The most important thing is that your physical health is your responsibility. You need to take control of your life and advocate for yourself. I hope that somebody that listens to this at least takes away from this to ask their physician, What can I do? Can I have physical

therapy? Am I a candidate for that? It is your benefit. If you're in the second half of your life and you're under Medicare, that is your benefit. You've paid into that. Utilize your physical therapy if you can. Advocate for yourself with your physicians. Physical therapy is not their go-to. Advocate for yourself. Ask questions. What's out there for me? What can I do? Pain is not a have to. I tell patients, I can't promise you that I can take away your pain, but I can give you things to rescue yourself from your pain. It's not a given. Okay, well, I'm in my seventies now, I'm gonna hurt. You don't have to, you don't have to suffer. There's so much out there and so many things that you can do for yourself. And exercise isn't always about quantity. It isn't about, committing an hour a day. It's about the quality of it, and what you do and what you commit for yourself. This is your life. You gotta live it. It's so important to take care of your body. You only, you get one shot at this.

Don Drew: 25:21

None of us really ever want to have surgery, but sometimes it's necessary. And of course, sometimes there is little we can do to prepare due to the nature or timing of the surgery. But when we can, therapists like Erin are there to help us prepare and recover in the best and fastest way possible. Erin Osmus, thank you for your passion and expertise in physical therapy and helping so many people prepare and recover from damage to their bodies and wellbeing. And thank you for being on Peaceful Life Radio.

Erin Osmus: 25:47

Thanks for having me, David. Thanks for having me, Don. Appreciate it.