

## INTERVIEW TRANSCRIPT



### EILEEN KOPSAFTIS, PAIN/CHRONIC CONDITIONS SPECIALIST

#### How To Cope With Pain And Prevent Osteoarthritis

Eileen Kopsaftis, BS, PT, CAFS, MI, CHE, NE has been practicing physical therapy since 1994. Her specialties are performing manual techniques to correct biomechanical dysfunction and asymmetry, and teaching people informed healthcare decision making as well as how to resolve pain using effective self-care methods. She uses a four-prong approach to resolve the root causes of pain and dysfunction. How she accomplishes this is through her extensive education of nearly 1,800 hours of manual and movement techniques and nutrition education combined.

Eileen is certified in Applied Functional Science and Diet & Lifestyle Intervention, an experienced MELT Method instructor, and a graduate of the Nutrition Educator Program at Wellness Forum Institute for Health Studies. She speaks internationally, teaches community education classes, and serves as a faculty member and Director of Manual and Movement Education at The WFI for Health Studies.

Eileen also serves as president of the CAMEO Ministries Advisory Board. She is a founder of CAMEO Ministries which began in 1999 as the support group called Choose Freedom which serves women who have experienced sexual abuse, or abuse of any kind. Eileen has co-led this weekly support group since its inception.

Eileen is passionate about empowering others to have lifelong wellbeing. She believes life is meant to be enjoyed, not endured. She created the Move Without Pain Private Club to empower as many people as possible, as affordably as possible, to become pain-free. Her book, "Yes, You Can Move Without Pain", is scheduled for publication Summer of 2020.

Visit her website at [www.havelifelongwellbeing.com](http://www.havelifelongwellbeing.com)

- Maya Novak [00:05] Welcome to the Mindful Injury Recovery World Summit. I'm your host, Maya Novak, and this is where I'm bringing you the world's top healing experts who are here to teach you how to recover in the best possible way. That means going beyond the conventional approach to physical injuries and activating the healing potential we all have but very often forget about it.
- In this interview, I'm joined by Eileen Kopsaftis, who is a pain and chronic conditions specialist. She's been practicing physical therapy for 25 years and specializes in manual techniques that correct biomechanical imbalances in the body. She teaches people how to resolve pain through effective self-care, and how to make informed decisions when it comes to healthcare and nutrition.
- Eileen, thank you for joining me.
- Eileen Kopsaftis [00:58] Thank you for inviting me. I feel quite blessed and honored and humbled to be part of your program.
- Maya Novak [01:05] I'm so excited about this interview because you were a speaker on the previous Summit.
- Eileen Kopsaftis [01:11] Mhm.
- Maya Novak [01:11] I so enjoyed our conversation. We got amazing feedback from participants. So, I know that this interview is just going to be fantastic!
- Eileen Kopsaftis [01:22] I hope so!
- Maya Novak [01:24] It will be. I know it will be.
- So, for those who don't know you yet, can you please tell a bit about yourself - why you became a PT and not something else like an osteopath or a chiropractor or something like that?
- Eileen Kopsaftis [01:40] Yes. Well, it's actually kind of an interesting story.
- When I was little, my goal was to be a doctor because I've always wanted to help people. It's just sort of my DNA. I want people to have a better life - to not be in pain, to enjoy life, to be happy. And I think my youngest sort of inherited that. She wants everybody to be happy. When she was little, she would give her last cookie to someone if she wanted to make them smile.
- But anyhow, so I wanted to be a doctor and when it came time to apply to medical school there were some financial constrictions and so I decided I would work a year, really pile away the money, and then start school a little bit easier. As it would happen, life happened and I ended up getting married and having children. And then I decided once the children were old enough where they could be left in a room alone safely, I decided it was time to go back to school.
- So, when I started researching I realized I really didn't want to school for 12 years, and I also didn't really agree with the medical model. I didn't agree with – and I'm not picking on doctors. People who to go to school for 12 years, they want to help people. I mean they dedicate their lives to helping people.

It's the medical model that I struggle with - so treating symptoms, medicating symptoms, and not addressing the underlying causes of the disease processes.

I started researching and thinking, well, I'd spent most of my life researching nutrition, so I thought, well, I'll become a nutritionist. I requested the catalog from the - we had a wonderful college in our area that has that as a main degree - and so I requested the catalog and starting looking through it and I realized that I disagreed with most of what they were going to be teaching! And you don't tend to pass when you disagree with your professor! So I thought, well, maybe it's not a good idea. Of course, that was back when they were still teaching the four food groups. So, I was a little ahead of my time.

They also had the physical therapy degree in that manual that they had sent me. The human body had always fascinated me, and when I started researching that program, I realized, wow, this is for me. I can study anatomy. I can help people get better. I can do all the things that I've always wanted to do. And at the time, it was a Bachelor's program, so I was looking at less than five years of time invested, and so that's what I did. Interestingly, after I graduated, it became a Master's program about two years later. And then I think roughly ten years ago, I'm not sure if I'm accurate on that, it became a Doctorate program.

But I'm grandfathered in, and I find it interesting because sometimes people think if they have a doctorate, they know more than someone who has a bachelor's, but that's not necessarily the case. What happens is they spend an extra year or two researching, but not necessarily becoming a more skilled clinician. So, if you come across a PT who does not have a doctorate, it means they've probably got about 20 years of experience, which may be more beneficial than a newly graduated doctorate PT.

Maya Novak

[04:52] Oh, yes because theory is one thing, but practice is completely - I mean it's not completely different, but practice is what actually matters in regards to helping people.

Eileen Kopsaftis

[05:06] Yes. I've also spent - oh my goodness, I think the first five years after I graduated, I must have taken hundreds of hours of continuing education. I was completely addicted - and that was before it was required. New York State was one of the last States in the country to require CEUs to maintain licensure. Actually, I believe there are still three or four States left - Maine, I forget the other ones now, but there is about three or four States left that don't require any continuing education after graduation to maintain licensure.

And so New York State did not require it, but I was just obsessed with learning as much as I could. Every course I took meant I could do that much more for my patients. I could help that many more people. If ever I had a patient that I could not help, I knew there was a technique or a method or someone out there that had the answer, and I was passionate at finding that out.

I was also very blessed because, in College, I think it was my senior year, there was a woman, Mary Chew, who came and lectured. She intrigued me because she talked about the manual work and how effective it was and it wasn't all that popular back when I was in college. PT was very - all exercise-based and

stretching and they were getting big into the modalities – hot packs, cold packs, ultrasounds, E-stim, and that kind of thing. And so, what she was teaching wasn't really the norm for PTs to know any of that. It intrigued me because she professed that it was very affected.

And so when I graduated, I contacted her and I asked her to please steer me toward the courses that were efficacious, that actually worked and saved my time and resources away from courses that were useless. She sort of became my mentor, and for years, her and I would drive – if it was within five hours, we would take the course together, and I learned so much under her mentorship. Like I cannot thank her enough for what I've learned.

But there are therapists out there who go years if they're not required and don't take any coursework at all. I worked with a woman who had been a PT for 20 years and she had taken a course since she graduated college. She was still treating people the way she had learned 20 years ago, which had since then been found to be not only ineffective but potentially harmful. Every single one of her back patients got posterior pelvic tilts and walked on a treadmill.

Maya Novak

[07:33] Oh, goodness.

Eileen Kopsaftis

[07:33] That was her protocol for back pain patients. So, you can imagine. I was literally shocked that this person was practicing the way she was practicing and had no clue that she was so behind the times, and really not helping her patients at all. So, PT's can be very different.

Maya Novak

[07:52] Wow. This is really eye-opening. I think that a really good way to proceed with this in regards to trust and trusting your PT. When you're injured, when you go to a PT, perhaps yes, you know because of word of mouth this is the most amazing PT, you should see her/him.

Eileen Kopsaftis

[08:15] Yeah.

Maya Novak

[08:15] But sometimes you actually don't know. So, how important is it to trust a PT and be completely – and surrender to the process for a great result? Is this important?

Eileen Kopsaftis

[08:27] Yes. It is very important to find one that deserves your trust.

Maya Novak

[08:32] Mhm.

Eileen Kopsaftis

[08:32] That's critical. Like you said, have they been recommended? Are people raving about their work?

I always tell – this is the number one litmus test for anything in our life, especially regarding any type of health issues, conditions, and chronic issues. The litmus test is how long have they been doing what they do? And how good are they at what they do? How many people have they helped?

There are a lot of people out there who have written best-selling books, and they're even treating patients. And they do not have any idea if what their theories that are written about – if they're actually effective, if they're working

to help people or maybe even harm people.

So, find out. Ask questions. Find out. Is that PT good at what they do? And if you find out yes, they are, then absolutely, you need to commit to the process.

I cannot tell you how saddened I am that I'll get some people who come into the clinic and they don't me from Adam. They don't know if know what I'm doing or not, and yet they'll be what I call – lovingly – call a hot mess. They have a lot of stuff going on. They have a lot of medical conditions. They have a lot of pain and chronic issues. They'll show up for the initial evaluation and I'll do something that will make them feel better, and then they'll cancel their next session. I might see them two weeks later. And then I won't see them again for three or four weeks. And I say this non-judgmentally, they have every reason in the book why they're not attending PT. They had maybe some hormonal issues so they were crampy, or they had a cold, or their uncle needed their help, or – there's always a good reason, yet they weren't committed to the process.

And so, it's very challenging to help someone who is not consistent...

Maya Novak

[10:24] Mhm.

Eileen Kopsaftis

[10:25] ... who is not compliant with their program. When a PT advises someone this is what you need to be doing, and you need to be doing this daily, and you don't do it – you're not going to see progress. And then those same people will be saying, oh, I went to physical therapy but it didn't work.

Well, there is no magic wand that we can wave over people the first time they come in and now they're 100 percent cured. It's a process. For some people, the process can be really quick. I've had some people, two to three session and they were markedly better. And then other people, it might take three, four, five, six weeks for them to see really good progress. They'll see some progress initially, and some success. But it'll take some time because whatever it is they're dealing with, they've got a healing process that they have to go through, and then doing all the right things.

It's a learning curve to learn what to be doing and are you doing it correctly? You need those consistent sessions with the therapist to ensure you're even doing the things correctly. Sometimes people, when you teach them something, they'll do it correctly in the clinic but then when they go home maybe they'll forget exactly how to do it. The paper – maybe they're not reading it right or the instructions aren't clear to them for whatever reason. And so then when they come back to the clinic and you ask them, okay, show me what you've been doing; I want to be sure it's working for you, and if you're ready to progress. And then they do it, and they're doing it completely wrong. And then you're like, ah, that's not really how to do it. And so, sometimes, it's a learning curve.

But it's very important if you find a good PT and you do what they tell you, the odds are you're going to have great results.

- Maya Novak [12:06] This is such an important topic. As you said, it's not just going to the PT session once, twice, three times per week. When I started with a PT at the beginning, it was three times per week, but it's also, what you do at home.
- Eileen Kopsaftis [12:22] It's huge.
- Maya Novak [12:22] So most of the work, you're going to do at home. I so agree with you because sometimes it's like yeah, I've been going there but it doesn't work. Well, of course, because just – I don't know - half an hour per week is not enough for a complete change.
- Eileen Kopsaftis [12:40] Mhm.
- Maya Novak [12:41] So can we talk about osteoarthritis? Because it's such an important topic. People who injure their ankles and knees, very often they hear, well, there will be osteoarthritis happening or sooner or later and there is nothing that you can do about it. This is also what I heard when I fractured my ankle, my talus bone. What is your opinion about this? Is this true that we actually cannot do anything, and it's just like let's wait? Or is there another piece of the puzzle?
- Eileen Kopsaftis [13:16] There is a massive piece of the puzzle that people are completely unaware about, and that is the fact that osteoarthritis is actually a foodborne condition. It is due to diet. People will look at you, like oh my gosh, what are you talking about? My grandmother had arthritis, my mother had arthritis, I have arthritis, and my child has arthritis.
- Well, we inherit our family's diet, right. We don't inherit the disease. Now, some things are genetic. They are truly genetic and there's no away around it. But the majority of the chronic degenerative conditions that we experience are really not genetic. They are diet-related.
- But the good news is if you eat your way into something, you can usually eat your way out of it. So, that's the good news, right. And that's what I tell people. I teach Nourish Away Pain classes at the local community college, and that's what I tell them. I say this is good news because when it's genetic or when someone tells you there's nothing you can do about it, it's going to happen, you're just going to have to live with it, and then you find out that's not accurate? That's – you've just been set free from this prison sentence, right, because it doesn't have to happen.
- What happens is food creates this chronic inflammatory condition in the body – certain foods. When you create this inflammatory condition in the body, you get all of these inflammatory cytokines that are promoting this inflammation in the joint linings and other areas of the body. It's sort of like a brick on the gas pedal, and that inflammatory process can't shunt, it can't turn itself off, it's stuck on.
- So now, any area that there has been injury, more than likely - unless you've done a lot of the different things that I teach or you've been exposed to those things – you may not have repaired that area 100 percent, and so now there's something altered. The joint may be slightly off. The biomechanics may not be

quite right, and so now you're going to get a little excess wear and tear. Then, of course, the body's going to be sending fluid there. It sees a problem and so it's this immune process response.

But when you've got that underlying inflammation as well from a diet that promotes that, now it's just going to be like gangbusters. So, absolutely, you are more than likely going to end up with arthritis in that joint as well as other areas. It's not going to be isolated just to that one.

It's so important that people understand that what they put in their mouths can profoundly affect how they feel.

Maya Novak

[16:09] Mhm.

Eileen Kopsaftis

[16:09] When I have people take my coursework for the Nourish Away Pain, within a week sometimes, they'll come in on the second class and they'll tell me they cannot believe how much better they feel, how much less pain they have. Sometimes the pain is almost gone in just a week. And we live in the land of instant gratification, right? So, oh my gosh, if changing your diet and one week later you have less pain, isn't that worth it? I have people tell me, oh, could never give that up or I could never do that. I say, so what you're saying is you can never give up your pain? You can never give up your disease? You could never ...?

I mean we can eat our way out of Type 2 diabetes. We can eat our way out of cardiovascular disease, even advanced cardiovascular disease. Caldwell Esselstyn – Dr. Esselstyn's been doing that work for decades and he shows the slides of the cardiac arteries or the coronary arteries being occluded and then like two years later after changing the diet, those arteries are wide open – beautiful, no impaired circulation. So, we can do those things.

Even back pain, chronic back pain can be related to circulation. I tell people the number one thing doctors don't check when somebody has chronic pain is their lumbar artery circulation. Dr. Lena Kauppila from Finland has been doing research for decades on how impaired circulation to the lumbar arteries will cause chronic back pain, disc degeneration, deep muscle pain when you're climbing stairs in the deep hip muscles. She's actually broken it down into which branch – there's three branches in the lumbar arteries – and which branches are impaired will create specific symptoms to the back.

So, what we eat is profound when it comes to those things. The research is starting to back us up now. We're starting to get some of the evidence scientifically wise, right, it's scientific. For instance, there is a study that shows eating more fiber – I think the top 25% of the people eating more fiber have a 61% lower risk of getting osteoarthritis in the knee – 61%. They're not even eating as much fiber as people who consume a wholefood plant-based diet.

So, I figure my odds of getting arthritis are probably almost zero. I'm 61 and I can exercise with the best of them. I can do push-ups, you know, and I work 12-14 hour days because I love what I do. I'm not willing to give any of it up. I don't have any pain in my body.



Now, I did have a serious accident over 20 years ago. I was on crutches. I did have injury to my body, and I have no limitations. Now, that said, because of what I do, and taking all the continuing education courses that I take, I have been under the hands of some very skilled clinicians. I had broken my ankle and I was lacking plantar flexion, there was pain when I went to point my toes. I was at courses, and whenever the clinicians teaching the class asked for volunteers, I always volunteered because they fix you in front of everybody, and so my plantar flexion was restored. But there is no pain in that, and that was over 20 years ago. At my age, ideally, I should have arthritis there and be having pain and I don't, so.

Maya Novak [19:44] True. Can we touch what kinds of foods are actually creating this inflammation?

Eileen Kopsaftis [19:55] Yes.

Maya Novak [19:55] Because you talk a lot about this, but I can hear participants, like yep, but tell me a bit more about foods. What should I include or potentially also exclude from my diet?

Eileen Kopsaftis [20:05] Yes, that's a very good question.

Basically, there are certain foods that promote inflammation in the body, and then there are foods that fight inflammation in the body. Generally speaking – and a lot of the times when people go to change their diet, they struggle to do it correctly, so I always recommend that they contact someone who is an expert in that, to help them to be very successful at their changes, so then they don't fail. Because many people say, oh, I changed my diet. I did that, it didn't work. But they really didn't do it.

I kind of tease people a little when I say – I show them a combination lock on one my slides and it's a three-number combination lock – or four numbers. I say how many numbers does it take to open that lock? They think it's a trick question, right. Then finally, they say four, and I go exactly. So if I only dial three of the numbers will the lock open? And they say, no.

That's what happens with diet. If you don't do all the numbers or all the dials, you may not get the results you're looking for. So, it is important that people understand that and they don't say, oh, well I'll just make that one little change and see what happens. Sometimes you can make one little change and you will see results. You will see a positive effect. But very often, it does take opening – dialing all the numbers to get that lock to open.

So that said, one of the foods that really promotes inflammation in the body is foods that are high in arachidonic acid. Now, arachidonic acid is something that your body will make from plant foods but they get arachidonic acid directly from animal foods – and this is all animal foods - anything with a face or a mother, even if it swims.

So, we're talking fish, even salmon that's promoted as a health food really is not. It's more than half fat and some of that is saturated. So, it's really not a health



food and I know everybody's been led to believe they need to consume omega-3 foods, but that's not really accurate on how our body works physiologically. That's been a huge theory that's been promoted by lots of well-meaning but misinformed healthcare professionals.

There's a lot of books out there that really confuse people. They're, oh my goodness, well now this person says that isn't good and tomorrow somebody will say that's bad and people get very confused. And so, again, I say the litmus test is who is teaching it, how long have they been doing it, and how many people have they helped?

So, if you look at the work of Dr. John McDougall, if you look at the work of Dr. Pam Popper, if you look at the work of Dr. Caldwell Esselstyn. These people, and more – Dr. Dean Ornish – I could name a long list of people. They have been helping people reverse disease, eliminate the need for medications, and restore their health for decades – 30-40 years. So, I would say listen to what they have to say because it works, right.

The point is you don't have to be 100 percent vegan. You don't have to completely eliminate animal foods if you don't want to. But you do need to minimize them to no more than 10 percent. What that means is no more than two to three times per week. That's all animal foods, right, fish, chicken, beef, pork, eggs. Anything, like I said that, that has a face or a mother, even if it swims.

So that said, that will radically reduce your intake of arachidonic acid because those foods are high in arachidonic acid and that's that brick on the gas pedal. It's forcing those inflammatory processes on your body and they can't turn off. A lot of people are consuming animal foods three, four times a day. And so, that's going to wreak havoc.

Other things that will impair circulation, lead to chronic pain, and harm things are high-fat foods, specifically oils. A lot of people have been taught that oil, again, olive oil is a health food. So, hopefully, don't turn off your computer now if I'm telling you not to consume olive oil, okay. The point is...

Maya Novak

[24:15] Or coconut!

Eileen Kopsaftis

[24:16] Right – or coconut oil, or canola oil, or as Dr. Popper jokes, motor oil, right?

There is no oil that's good for your body. It's concentrated fat and calories and it impairs and harms the circulation. You have these little cells called endothelial cells that line all of your blood vessels and they get injured by oils and high-fat foods.

I could paper for my entire house with the studies that show this. So, this is not just my opinion, this is fact. When people are consuming a lot of oil, they're harming their circulation. And obviously, when you harm your circulation, you're wreaking havoc on your body chronic pain-wise, degenerative disease wise, everything wise.

So, those are things that are important.

Maya Novak

[25:06] And also, you talk here about degenerative diseases and chronic pain, but also when you are freshly injured, when you are healing if there is not a good blood flow, then we can also have then swelling and more pain and toxins not being flushed out. So, it's the whole process, right?

Eileen Kopsaftis

[25:30] Mhm, absolutely.

Circulation is critical when you're repairing. Our body even has this beautiful process called angiogenesis, which is the birth of new blood vessels. It will literally create an increased blood supply to repair injury.

The interesting thing is if angiogenesis is out of balance because of a poor diet, it will create blood supply to feed a tumor. It'll create blood supply to promote fat cells to maintain themselves. So, it kind of works against us if our diet is working against us.

If your diet is correct, what puts angiogenesis back in balance is plant foods – berries, soybeans. I'm not talking the processed soy protein isolate, which is a horrible thing for us, but actual soy and tofu, if it's organic, is actually good for us. And it's protective against estrogen type breast cancers, which people don't realize. They think they're supposed to stay away from it, but that's a misnomer too. I won't get off on a tangent.

The point is that, yes, that circulation is critical for healing and we do not want to do anything that impairs our circulation, absolutely.

Speaking of that, dairy foods are very high in fat. Cheese is 70 percent fat, mostly saturated. So, that's going to impair circulation as well as do many other things that we do not want to happen in our body.

Maya Novak

[27:03] Yes, in regards to saturated fats, I think it was last year or perhaps a couple of years ago, I read a really interesting study in regards to osteoarthritis and saturated fat and how this can also contribute to the developing osteoarthritis.

Eileen Kopsaftis

[27:23] Mhm.

Maya Novak

[27:23] It's not well known and people don't know that. And when you're injured you go to the doctor's office, then you go to the PT's office or osteopath or whoever, and usually, these are not areas that are covered. So, basically, they take care of you physically mostly, but the rest is ...

Eileen Kopsaftis

[27:46] Right and doctors don't have any training in nutrition at all. So, if they're giving you advice – nutrition advice – it's based on their own personal observations, what articles they've read, what studies they may have looked at, but it's not school-based at all.

Maya Novak

[28:03] Yes, talking about osteoarthritis; another thing connected to joints is cartilage.

Eileen Kopsaftis

[28:14] Yes.

- Maya Novak [28:14] Mostly what we hear, general thinking, is that cartilage cannot be healed.
- Eileen Kopsaftis [28:24] Mhm.
- Maya Novak [28:24] So, if you have anything wrong with your cartilage, that's actually it. What is your research on this? Can cartilage actually re-recover or no, that's it?
- Eileen Kopsaftis [28:40] There is actually some research that has been ongoing and it has been showing that cartilage – that thickness can actually increase. I believe just walking can do it.
- Now, there's one caveat to that. If someone is obese, that's not seen. They don't see an improvement in the cartilage. So, the goal with someone who's carrying a lot of excess weight, the number one goal for them would be to do non-weight bearing work until weight loss occurs and then start doing it.
- So it's important that you're doing the right things for you and you're not harming yourself. It's also important that you're getting the right education and you're doing things the right way if you're not sure how to go about things.
- But yes, the data is showing that cartilage can improve. And again, diet is a big piece of that.
- Maya Novak [29:40] So, to sum up, if someone is overweight, it means that yes, you take the diet, you start eating more fiber, you include more plants, you're going to reduce your weight.
- Eileen Kopsaftis [29:55] Mhm.
- Maya Novak [29:55] Meanwhile, you are doing non-weight bearing exercises and then when you can, you start walking and this will help rebuild cartilage.
- Eileen Kopsaftis [30:04] Yes. That is what the data is showing, yes.
- Maya Novak [30:08] Perfect.
- Eileen Kopsaftis [30:09] Mhm.
- Maya Novak [30:10] When we talk about injuries, we cannot go without saying a word about pain.
- Eileen Kopsaftis [30:20] Mm.
- Maya Novak [30:19] Many times with pain, it's like people are asking what is actually good pain and what is bad pain? Because usually when we hear pain, it's just, oh, that's bad. That's – no. So, is there a difference between good pain and bad pain?
- Eileen Kopsaftis [30:35] Yes, and what I'll tell people is a lot of the times people think when they come to a PT that stands for pain and torture, right! And since my passion is to stop people from experiencing pain, I really don't tend to force them to experience pain when they're working with me, right.

So, it really depends on what's happening with them, why are they seeing a PT. Is it someone who's just had a total knee replacement and they have to get up and walk? Well, there's no way that's going to be painless. That is going to be pain and the first few times they do it, it's going to be pretty intense pain. There's no way around it. You're walking on a joint that was just surgically altered, so that's going to be painful. But if they don't get walking, now what happens, right? So, it's very important. It depends on what you're actually healing, and what process you're working through, and the repair and the time involved.

But that said, many times people have chronic pain and they're doing things that hurt and that may not be beneficial for them because they may be slowing down or inhibiting the healing process. So, again, it's important to have expert guidance. That's where seeing the PT or the expert is a good idea because you know, okay, I'm doing this, it's hurting, should I keep doing it or should I not? And that's going to be very specific to the person, what they're actually doing, and what issue they're trying to recover from.

So, that said, there is pain that occurs that's not harmful. It's really more the body is trying to adjust to what you're asking the body to do, and at first, it complains.

It's sort of like the kid who doesn't want to take out the garbage, they're going to complain. But if the garbage builds up, they're not going to be happy about that either, so they learn, okay, there's a reason I have to do this and this works, and okay, I'm okay with that.

There are lots of methods – or I shouldn't say lots of – there are several methods that will pretty much alleviate pain during the repair and healing process. One of them that I love is the MELT method because that addresses the connective tissue, it enhances the autonomic nervous system's part of healing and repair mechanism, that parasympathetic nervous system, and so it promotes healing. It promotes repair. It also hydrates and lengthens and decompresses what's going on in the body. So it can be very, oh my goodness, I was in pain and now I'm not.

Maya Novak

[33:22] Mm.

Eileen Kopsaftis

[33:22] Right, that's how effective it can be.

So, there are ways to ease the discomfort or the pain that occurs from your actual rehab process. There are times where biting the bullet and getting through it is going to benefit you. It's not always something that you should, oh, I can't do that because it hurts.

And then – and here's a great thing – I had someone who had a horrific history of injury, multiple car accidents, multiple surgeries, she's only in her 40s, she just had a horrific 20-25 years of life. She's to the point where she doesn't want to move. Now, her pain has progressed to where life is not tolerable. She decided she had to do something out of desperation. She came across a video of a woman – and forgive me, I cannot think of her name now, but she's a woman who's a retired ballerina and she has this stretching program that she

has available on video. And so, this person just did some of the most subtle gentle movements that this woman was teaching on this video and within three days, her pain was reduced by 30 percent, just by starting to move.

So, sometimes we get so fearful of motion because it's going to hurt that we actually cause more pain. We have to learn to move through it because once we move through it, now it can start to resolve.

Maya Novak

[35:01] Here it's also very important that when you are moving through this, that yes, there is a physical aspect, but also how you are perceiving things, what is happening in your mind, are you fearful because this also can create more pain in the body.

Eileen Kopsaftis

[35:18] Mhm.

Maya Novak

[35:18] If you are going into some movement like afraid and all tense, of course, there will be more pain, right? It's the combination of the physical aspect but also what is actually happening internally and how you are going through this internally.

Eileen Kopsaftis

[35:36] Yes, absolutely.

As a matter of fact, Dr. John Sarno, who did work – he passed away a few years ago – but his work was all based on what he termed tension myositis syndrome or TMS.

What the tension myositis syndrome was is he had determined that all of these people who had these chronic health conditions, not just pain but obviously pain was a big part of it, was because there was an underlying psychological issue or emotion that was not socially acceptable or something the person could handle mentally. So the body subconsciously buried it, which created this tension and now that tension is creating health issues or pain issues that are socially acceptable or the person can handle emotionally.

And so the interesting part about his work is he had a huge success rate of people who, just after reading his books, realizing oh my goodness, I've got this underlying tension, I've got this problem that I'm not even aware of and that's what's causing my pain. Once these people realized this, they were able to address their issues and improve – radical improvements just by being aware of this. So there's that.

And then Dr. Jonathan Kuttner from New Zealand, he considers John Sarno one of his mentors, and he writes about that in his book. It's called Life After Pain. He also coined something called pain patterns. He said what happens is, is we attach an external stimulus to the occurrence of our pain because of some episode that occurs. He gives an example, he slammed into the side of mountain hang gliding and was very injured, almost died, severe pain for about seven years, horrible back pain. He was a General Practitioner, a Family Practitioner MD, and he now is a pain specialist because he figured out how to fix himself, and now he spends his life helping others. He teaches the best way I've found to treat trigger points because it's painless. It's a 90-second painless release of

a trigger point. I've never found anyone who teaches a painless trigger point release technique. This man is wonderful. He's got some great online programs available for the layperson.

But in the pain pattern, what he found and he gives the example of himself, is when he had this horrible back issue, he got up one morning and the pain took his breath away. He couldn't even move. I don't even know for how long. The pain was so intense and severe. So, fast forward to the next morning, he wakes up and immediately his brain is - I'm going to get that pain when I get up, and lo and behold didn't it happen, and so his body was stuck in a pain pattern. When his brain said, oh, when we get up we have pain, so now it's attached to emotion and activity. But it doesn't have to be that way, and when he realized that he was able to break that pain pattern.

That's what he teaches many of his patients. Some people will say, oh, you know, whenever I sit – now, sometimes it can be a mechanical issue. They could have a sacrum that's stuck in extension or flexion that's not allowing that transitional movement and when they sit, that's getting stress. That can happen. I can be a biomechanical issue. But more often than not, it might be a pain pattern, something that the person's brain has attached to the pain.

So yes, pain perception is huge. There's something called central sensitization syndrome which they have recently been doing a great deal of research regarding. What happens is the signals in the brain get scrambled. So, the brain is receiving a pain message even though there's nothing going on in the body. There's absolutely nothing in the body that should be sending a pain signal to the brain, yet the brain is getting this pain signal. So, this person is really experiencing pain. I'm not saying it's all in their head or they're making it up or imagining it. That's not the case. The brain itself is perceiving serious pain. The really interesting part about this is cognitive behavioral therapy, which teaches us how to think differently, fixes central sensitization syndrome. The very sad part about that is, is most healthcare practitioners have never even heard of it, and that's because the institutes of medicine tells us it takes roughly 17 years or longer for new data that's working to make it into general practice.

But pain perception is huge – huge – and it's not always happening in the body. Just a brief little thing and this will help people to really understand pain a little better, I think – I don't know where we are timewise or how much time we have left.

Maya Novak

[40:47] We're okay.

Eileen Kopsaftis

[40:48] There are three different types of nociceptors – those are pain cells in the body, okay.

One is an A-delta fiber. An A-delta fiber has a myelin sheath, which is this insulation around the nerve that makes the transmission go really fast, it's like a superhighway, right. Those nerves, typically are the nerves that we go after when we use a tens unit. A tens unit looks like a little transistor radio - probably most people don't even know what a transistor radio is, I'm showing my age!

But it hooks up to these little electro pads that you'll put on the body and it'll have little wires. Some of them now are actually wireless, so they're like Bluetooth. But what happens is, it will send a signal to the body that follows along the A-delta fibers, which are very fast, right. So, that signal gets to the brain and blocks the receipt of the pain message from the body.

Now, we also have C fibers, which are the slow pain nociceptors. They don't have any myelin sheath and it takes a while for the pain to travel from these. That's typically the ones that your chronic pain use. You can almost of thing of – if you've ever stubbed your toe and it takes a minute before you feel the pain – that's because it's the C fiber. It's the slow one. It takes a while to get there, okay. So, when you're using the tens unit it's blocking those. Now, the C fibers will respond to chemical changes, pH changes in the body, like inflammation. So, if you have inflammation the C fiber is the one telling the brain what's going on, and why it hurts. They also will respond to mechanical pressure, so if you get damage from pressure. They also respond to thermal changes like heat or cold. Those fibers are the ones that we access when we take an anti-inflammatory, because that changes the pH, right. They respond to massage because that's the mechanical pressure. And they also respond to using a hot pack or an ice pack because that's the thermal change. So, those are the ones we're accessing that way.

There's a third kind of a nerve cell, a nociceptor, called a silent or a sleeping nociceptor. They only awaken during very, very noxious stimuli. So, we're talking serious injury, serious pain, serious harm – now they're awake. What can happen is during the chronic issue they don't go back to sleep, they stay awake. And so now, the person develops what's called hyperalgesia or reflex sympathetic dystrophy or complex regional pain syndrome. All of those different terms we have for pain that is just beyond ridiculous and we just can't even live life anymore the way we knew it because of that pain that's not going away. A lot of it is because those silent or sleeping nociceptors have not gone back to sleep.

So, there's a lot about pain that we still don't understand. Acute pain, injury pain – that's pretty well understood at this point.

Maya Novak

[44:04] Yes.

Eileen Kopsaftis

[44:04] But chronic pain that doesn't go away, they're trying to figure it out.

There are certain areas of the brain that light up when pain occurs, but those same areas of the brain also light up when there is not pain occurring and other things occur. So, we still have a lot to learn – a lot to learn.

But I think the most important piece is there are a lot of methods and techniques out there that help the body to heal and repair that are not well known. They're not mainstream information, but they're very effective.

Another part of the litmus test that I tell people - find out how long somebody's been doing something and how good they are at it, also is what they advise low-risk high-benefit, right?



- Maya Novak [44:53] Mhm.
- Eileen Kopsaftis [44:54] So, 99 percent of what I teach people is all potential benefit and no potential risk, and that's key, right.
- So, when we're doing things like surgeries for chronic pain and we don't even know what we're playing with, and we're installing these nerve stimulators that half the time the leads migrate and end up someplace they're not supposed to. It's horrendous what people are experiencing under the hands of the medical world when it comes to chronic pain. I know we're going to talk a little bit about evidence-based, but my mission is to get the word out there, and I'm really glad that you've invited me for this so that people will know this stuff.
- Maya Novak [45:38] Thank you so much for explaining this because it's such an important topic.
- Eileen Kopsaftis [45:45] Mhm.
- Maya Novak [45:44] Exactly what you described – I was nodding here, like yes, yes, because I know exactly what you're talking about, not just because of the theory but because I lived that, you know.
- Eileen Kopsaftis [45:57] Yes.
- Maya Novak [45:58] When you are in chronic pain, all of a sudden there are sparks around the body even though it's not the injured area, it's somewhere else. So, for me, it was very interesting to experience this.
- Also, when you described that then we attach pain to some outside – whatever is happening – I remember how it was for me. I woke up, everything was fine, then I put my sneakers on and went to the gym and on the way to the gym, the pain started happening. For me, it was like, wow, that's very interesting. So me going to the gym, it was actually there will be some pain involved. Not just like I'm going to be training and it's going to be sore, but a different kind of pain.
- So, thank you for explaining this.
- Eileen Kopsaftis [46:52] Yes.
- Maya Novak [46:52] Can we talk a bit about these evidence-based practices in regards to chronic pain.
- What is your experience? Are these effective when treating chronic pain?
- Eileen Kopsaftis [47:08] Yes.
- So, I just did a talk about this at the Wellness Forum Conference a couple of weeks ago. When I was really delving into the research, I was actually rather shocked at some of the things I came across.
- I wanted to be sure that I was presenting a fair viewpoint and looking at all sides and making sure that it wasn't just my opinion being presented because a lot of the time we tend to look for what supports what we already believe and we

ignore what we don't believe. And so I try, as a clinician, to not do that. That being said, every person on the planet is biased. If someone says they're not biased that's not accurate because we're all biased in one way or another. But I try not to let that sway what I presented to people.

So, when I was looking at the evidence for evidence-based treatment what I found was quite interesting. A great deal of what I do for people doesn't really have a lot of science-based evidence for that specific issue. And it's very challenging because when you're looking at chronic pain there are so many variables. It's very challenging, if not impossible, to design a well-designed study – to limit your variables, to be able to have your control, to be able to have your intervention group, and not have all these other things play out and have to get rid of them mathematically, right.

So, how do you have a study that's going to be valid or accurate? It's next to impossible because a lot of the things that play into the thing with pain – we have our mental status, if someone is dealing with a lot of stress, a lot of issues in their life, our emotional status. What's the environment like? Are they in a safe environment?

There's something called the polyvagal theory which talks about the fact that we have our vagus nerve which is radically affected when we don't feel safe. So, if we're in an environment where we don't feel safe, it could even just be a high-stress job, the brain doesn't know, well, nobody's going to hunt us down and kill us here, but they perceive it as feeling safe. You can be in relationships where you don't feel safe. It doesn't mean that you're physically in risk, but you might not feel safe emotionally. So, that's going to play a role in all the chemical processes in the body, the tension, all those things that happen.

There's so many variables when it comes to chronic pain, and of course, diet. Most people aren't even looking at diet. But the interesting thing – osteoarthritis – one of the studies I forgot to mention was two weeks on a wholefood plant-based diet radically reduced osteoarthritic pain in the subjects. So, it's being shown more and more and more, right.

So, with this evidence-based thing, because there's so many variables, it's next to impossible to produce good accurate studies that will prove certain things work for pain. I can have three people walk through the door of the clinic with the exact same diagnosis, present with the exact same symptoms, but have completely different reasons why they have those symptoms. So now, I can't do the same treatment with all three of them because it's not going to work with all three of them.

That's how there's just no way to have an evidence-based approach to chronic pain because each person is so unique and individual and their situation is so unique, and their body is going to respond differently based on their makeup. I have people who will respond really, really well to the MELT work, it becomes their lifeline. And then other people it doesn't really float their boat. But yet you'll do the total motion release or you'll do the move without pain, and now these people are like, oh my gosh, they're 90 percent better and you can't

take that stuff away from them because it's working, right. So, it's really – the evidence-based, I just don't see it ever really working for chronic pain.

And then the interesting this is a lot of the things that are happening, supposedly based on evidence-based medicine, isn't being played out in the data. Like for instance when I did my presentation a couple of weeks ago, I stuck to just knee osteoarthritis because if you cover everything out there it just gets too muddy, so I wanted to keep it simple and clear.

So, just looking at knee osteoarthritis, one of the first things that is done if a person goes to their primary care or to an orthopedist, is they'll be prescribed an NSAID. Now, the interesting thing is, is when you look at the data for NSAIDs – a non-steroidal anti-inflammatory drug, right, like Ibuprofen and those kinds of things, the data says that NSAIDs don't work for knee osteoarthritis. Yet it's the first thing being advised, right. So, there's the evidenced-based, but it's not being followed, okay.

When you go to an orthopedist one of the first things he's going to want to do is give you a steroid injection, right. He's going to give you a corticosteroid injection to reduce the inflammation in your arthritic knee.

Now, the interesting part is, if you look up the American Academy of Orthopedic Surgeons Guidelines for knee osteoarthritis, the first six guidelines are what's call conventional guidelines or a conservative approach. And the number one guideline – and I pulled it up here so I wouldn't misrepresent it – is they recommend self-management programs, strengthening, low-impact aerobic exercises, and neuromuscular education, and engaging in physical activity consistent with national guidelines. And they show strong evidence; the quality of the supporting evidence is high.

That's the number one approach that's recommended, yet I have people come to me all the time, and the orthopedist doesn't even recommend PT, let alone exercises. Their first visit, they're saying let's inject you.

Maya Novak

[53:20] Yes.

Eileen Kopsaftis

[53:21] Right.

So, moving onto the injections and, again, I didn't want to misrepresent myself here, so let me move this down. Going to the injections, this is really good, okay, they recommend NSAIDs or tramadol as a strong evidence when you're looking at medications. The interesting part is, as I just said, NSAIDs have been shown by the data to not be effective for knee arthritis, okay. Yet the orthopedic surgeons are told to recommend NSAIDs.

And then moving onto procedures, their guidelines say unable to recommend for or against corticosteroid injections because the evidence is inconclusive. Yet it's probably the number one thing that's advised. So, we even have some evidence-based medicine and it's not even being followed, right.

Even in my world, physical therapists, there's this strong push on evidence-

based medicine for physical therapists and what they've come down to for PTs is they have this thing called clinical prediction rules. Clinical prediction rules have been out now for, oh my gosh, maybe eight-nine years. What they've been doing is they want us to base our diagnosis and our plan of care on what is shown in the evidence to be effective.

Now, the problem is what if no one's done a study that shows what's effective for that issue, right. And if they have, they want us to follow what's called level one CPRs; they have the highest clinical use value. There's extensive validation studies with multiple patient populations and practice settings done by a diverse group of practitioners, and there's been an impact analysis to determine their value in the efficiency of the care, the best patient outcome, and the cost-effectiveness.

But the interesting part is – and here's where it gets funny – although it's been suggested that well-constructed clinical prediction rules can improve clinical decision making and practice, there's a lack of consensus as to what constitutes a sound CPRA. So, nobody's even agreeing what is a good clinical prediction rule or not.

Maya Novak

[55:55] Yes, and ...

Eileen Kopsaftis

[55:55] So, how are we ever going to have an evidence-based when people can't agree. The evidence, sometimes, is questionable. People aren't even following some of the evidence. And it's contradicting itself.

Maya Novak

[56:12] And even if we have evidence, it doesn't mean that it's going to work for that specific person. Or if we don't have official evidence, it doesn't mean that it's not going to work, right?

Eileen Kopsaftis

[56:26] Yes.

I have a perfect patient story that will explain this beautiful understanding. I had this young man come into the clinic. He was a football quarterback for the local college, 22 years old, and rock-solid muscle from head to toe. There was not an ounce of fat on this young man's body and there was not one weak muscle in his body. He came in because he had a diagnosis of itis – he had tendonitis - shoulder and elbow, okay, so throwing the football for hours at practice. So, I assess him. There is no lack of strength. There is no lack of range of motion. There is nothing going on biomechanically with his arm, so I know that's not the problem.

So, I ask him to pretend he's throwing the football. He pretends he's throwing a football, I look down at his feet, and his ankle was unstable. His planted ankle was rolling out and not stabilizing him. So I asked him, okay, how many times have you sprained your ankle? He said, I roll them out all the time in practice and I have to walk off the pain. Now, internally, I'm screaming why would his coach and trainer let him practice with that kind of ankle instability, but I didn't say that. I said, your issue is your ankle and until we stabilize your ankle, your shoulder is going to continue to complain when you throw the ball because the ankle is not stopping you at the appropriate moment. The mechanics of the

shoulder girdle are going further than they're supposed eccentrically, which is creating a stress and a strain on the structures. Until we fix your ankle, this is not going to get better.

I never touched his arm once. He had four sessions. We focused on stabilizing methods and activities for his ankles and by the fourth visit, he could do a three-hour practice throwing that football and had no symptoms in his arm.

Maya Novak

[58:22] This is so important because...

Eileen Kopsaftis

[58:26] So, evidence-based practice would have researched that arm until the cows come home.

Maya Novak

[58:31] Exactly.

Eileen Kopsaftis

[58:32] They would have x-rayed it, imaged it, injected it, recommended all kinds of stuff, iced it, stretched it – it wouldn't have done a thing for his problem.

Maya Novak

[58:41] Exactly.

Eileen Kopsaftis

[58:42] And how is evidence-based medicine ever going to catch up with that?

Maya Novak

[58:46] Yeah.

Eileen Kopsaftis

[58:47] It can't.

Maya Novak

[58:48] So here, with this example, is this young man went to another PT, perhaps it would be just about his shoulder.

Eileen Kopsaftis

[59:02] Mhm.

Maya Novak

[59:02] Or – I don't know – whatever would be happening.

It could happen that sooner or later that person would start losing hope about their healing because it's just not getting better and better.

Eileen Kopsaftis

[59:13] Mhm.

Maya Novak

[59:14] So, what would you say to someone who is losing hope about their healing?

Eileen Kopsaftis

[59:20] Hope is a necessary human emotion. Hope needs to be the foundation of everything in our life because rarely is live the way we want it to go, right. I mean life is what happens when we make other plans. And so when we lose hope, we stop doing anything that's beneficial for ourselves. When we lose hope, we quit. Once we quit, there's no way to succeed, it's impossible.

I've worked with people who have come in and they've had an issue for 20 years, and I've been able to help them resolve the problem because we've figured out the core issue. I tell people the number one reason your pain isn't going away, is because the cause has not been addressed.

Maya Novak

[1:00:16] Mhm.

- Eileen Kopsaftis [1:00:17] And so if you're not getting better, whoever you're working with hasn't figured out the cause.
- There are so many brilliant people out there. I joke there are courses that I take from people that I say I want to be like them when I grow up! I mean there is so much brilliance in the world. We just need to find the brilliance that will fix us.
- Never stop seeking, never stop learning, never stop asking questions because the only way to fail is to quit, and we only quit when we lose hope.
- I've been leading a support group for women who have been abused since 1999, and the first thing we give those women when they come in is hope.
- Maya Novak [1:01:06] Mhm.
- Eileen Kopsaftis [1:01:06] Because with it, nothing can resolve.
- There is – I guarantee no matter who's watching this, no matter what's going on in your world, things can be made better if you know the right things to do.
- I've had people come in who have been so surgically altered. They've had things implanted. They've got all this stuff going on in their body that every breath is a pain. And yet show them some subtle MELT method technique or show them some rebalance techniques, show them something – even just how to breathe better.
- People don't realize holding your breath can ease pain. What I mean by that is if you take a nice full breath in, and then you exhale completely, pause before your next inhale for about two to three seconds. When we inhale, our muscles increase in tension. When we exhale, our muscles decrease in tension. But when we've completely exhaled before our next inhale, is when our muscles are at their most relaxed. So, just doing that for a few breaths can ease someone's pain.
- There is always something we can do, so don't lose hope.
- Maya Novak [1:02:26] Mm. I love this, and I love this very simple technique. Breath is so extremely important.
- Eileen Kopsaftis [1:02:35] Yes.
- Maya Novak [1:02:35] It's so powerful.
- Eileen Kopsaftis [1:02:37] Mhm.
- Maya Novak [1:02:37] Eileen, I could talk to you for hours! We could talk, and talk, and talk, but slowly we're going to wrap up.
- Eileen Kopsaftis [1:02:48] Yes.
- Maya Novak [1:02:48] I do have two more questions for you, one a bit more fun for the end.
- Eileen Kopsaftis [1:02:52] Okay.

- Maya Novak [1:02:52] One question that I have before that is what is your number advice that you would give someone who is injured right now and recovering from an injury?
- Eileen Kopsaftis [1:03:05] My number advice would be make sure you seek out an expert who knows what they're doing, and then do what they say.
- Maya Novak [1:03:15] And it's allowed to also say no too. If you have one session and you don't feel okay, to seek someone else.
- Eileen Kopsaftis [1:03:25] Oh, absolutely.
- I had someone – he was a congressman actually, who came to me after a shoulder surgery and I believe – and they were in session in congress and they have their own physical therapy there so that they don't have to leave the session to seek whatever they need medically. And I believe the therapist at congress – and this was 20 years ago, so I'm not saying any names or anything. But I think the therapist at congress probably was the one who injured his shoulder.
- Maya Novak [1:03:53] Mm.
- Eileen Kopsaftis [1:03:53] Because he said that he would do things to him and it was extremely painful, then he ended up needed surgery because he had a complete rupture of the tendon. So, when I worked with him and he had to go congress, he was going to be in session for three weeks and he was afraid – I said go see the PT there. If he hurts you, just get up and say thank you but no thank you and leave. So, he came back and he had progressed while he was gone because he was doing his exercises right, and goes, look, he says and I didn't let him hurt me, I got up and left.
- So yeah, we have to understand we have a right to say no.
- I had somebody in his 30s who told me until he heard me talk he thought he had to say yes to everything that was advised to him by a medical professional. Like he didn't have a right to say no. I don't know, I thought maybe we'd moved to Russia or something. But I just joked a little and I said, no, what should happen – and I'll say this briefly – what should happen in the medical world is we should be told our options. This is what I'm recommending, and then be told what are the benefits, what are the risks, and then we decide what course of action we would like to take. That is what should be happening in the medical world and it's not.
- Maya Novak [1:05:11] Yes, I so agree with you. Because in the end, we're going to be living with the consequences, no one else.
- Eileen Kopsaftis [1:05:19] Yes. Yes, and you don't have to be a medical expert. You don't have to understand the medical world at all. We all figured out how to buy a good car and we're not mechanics. We all figured out how to buy a house and we're not contractors. We can do our research. Tell me what are the good points, what are the bad points and I'll decide.
- Maya Novak [1:05:37] Yes.



- Eileen Kopsaftis [1:05:37] Right?
- Maya Novak [1:05:38] Absolutely, yes.
- I do have one last question, a bit more of a fun question.
- Eileen Kopsaftis [1:05:42] Okay.
- Maya Novak [1:05:43] This is, right now, imagine being injured and you know that the recovery will take some time, perhaps even more than a year, and it's not going to be completely easy. Now, imagine that you could choose one of these two gifts when going through the recovery.
- Gift one is you go through your recovery doing all the necessary work to heal in the best possible way, and when you are done you will have the gift of preventing any future injuries.
- Or gift two, that you can go back in time and prevent the accident that caused this injury but then you take your chances. You might get lucky and never injure it again or you might get injured the very next day, so you just don't know.
- Which gift – what would choose and why?
- Eileen Kopsaftis [1:06:38] Hmm. Okay, so I would probably choose the learning how to fix myself for two reasons.
- The first reason is whenever we go through something that's hard we become better people. We become more resilient. We become more able to empathize with someone else who's going through something. We become better listeners. I think – and I share this in the support group that I lead and I tell the women, I say I'm actually thankful for everything that's ever happened to me because it's made who I am. I kind of joke a little and say if I had had a perfect life, I'd probably be some superficial little twit who didn't care about people, right. So, I think what happens to us makes us who we are and it gives us depth and character. There are times I joke and say, okay god, I'm already a character, I don't need more, but it really makes us who we are. So, that's the first point.
- The second point is learning how to fix yourself, which is 99 percent of what I do in my practice because I do online consulting, I work with people all over the world, I don't have to put my hands on them. I teach them how to fix themselves. I assess them and I teach them methods that for the rest of their life now, anything that occurs, they know how to fix it.
- The really profound part of that is they can help other people fix themselves, right. So, once you have that knowledge, that's priceless. Knowing how to fix yourself is priceless because you can help so many other people. And who doesn't want – well, there might be people out there who don't want to help other people, but I think for the most part people care about other people and they do want to help other people. You see someone stranded by the road, people stop and help, right. Look what happened with 9/11, everybody was out helping. As people, I think we have big hearts and we want to help.

So, knowing how to fix yourself, that's priceless.

Maya Novak

[1:08:55] I love this.

Eileen, for those who would love to learn even more about you or perhaps contact you, where can people find more information and how to get in contact?

Eileen Kopsaftis

[1:09:09] Yes, I have a couple of websites. My one website, you can directly contact me through is [havelifelongwellbeing.com](http://havelifelongwellbeing.com), all one word. You can contact me through there or email. I have a monthly newsletter that goes out. I do a topic of the month and I do a recipe of the month and a tip of the month.

My tip of the month last month was about walking and how that reduces our stress and our cortisol levels. So, walk. Don't walk for exercise. Walk to relax. It's a beautiful thing. I do it every day and it's amazing.

And then I also have the Move Without Pain website. It's called [movewithoutpain.com](http://movewithoutpain.com), and that has different modules on it depending on the person's issues. But again, I don't isolate. I don't see a shoulder or a knee walk through the door. I see a whole body. And so that training, even though the module might be on knee pain, the training is on how to train the entire body so that the knee is getting the support, and the areas that are supposed to do the job are doing their job so the knee can heal. So, it's a very different way of approaching pain.

Maya Novak

[1:10:30] Beautiful.

Eileen Kopsaftis

[1:10:30] And it has a lot of information and education as far as nutrition and conventional treatments for pain, and what's the evidence behind what's being done and what shouldn't be done.

One quick little tidbit people don't realize, but corticosteroid injections have never been approved by the FDA for the spine because of the high risk of injury involved. There's a black box warning on that, but injections for the spine are done all the time.

So I have all this information on those models as far as, okay, what's being done, what are the risks, what are the benefits, and then what works.

Maya Novak

[1:11:04] Fantastic.

Eileen, thank you so much for being here and for sharing your knowledge, that was just an amazing interview and I know that people are going to get so much out of this and really be then able to heal in the best possible way. Thank you so much,

Eileen Kopsaftis

[1:11:21] Yes, I'm very excited. Thank you, Maya.