

Dr. O'Connor: Welcome to the Health Disparities Podcast, our regular series of conversations about ways to address health and healthcare disparities, find equitable solutions and promote the importance of increasing physical activity. The Health Disparities Podcast is brought to you by the Movement is Life Caucus, an organization dedicated to eliminating musculoskeletal health disparities. And today we are recording in partnership with the American Physical Therapy Association representing more than 100,000 members in the profession of physical therapy. I'm Dr. Mary O'Connor, chair of Movement is Life, Chief Medical Officer and co-founder at Vori Health and Past Professor of Orthopedics at Mayo Clinic and Yale School of Medicine.

Joining me today is Dr. Drew Contreras, the APTA's Vice President of Clinical Integration and Innovation and APTA being the American Physical Therapy Association. Drew is a Doctor of Physical Therapy and a retired Lieutenant Colonel in the US Army. Drew, thank you for your service. And former White House Physical Therapist to POTUS 44, namely President Barack Obama. Welcome Dr. Contreras.

Drew Contreras: Thank you very much. Appreciate it.

Dr. O'Connor: Also joining us is Dr. Hadiya Green Guerrero, who's also a Doctor of Physical Therapy and is a board-certified clinical specialist in sports

physical therapy. She is Senior Practice Specialist at APTA and has also worked extensively with the Special Olympics in various capacities.

Welcome Dr. Guerrero.

Dr. Green: It's an honor to be here. Thank you for having us.

Dr. O'Connor: We're excited to have you. Okay. Our main focus today will be how physical therapy can help address health inequities. First, I'd like to acknowledge that this is October, which is officially Physical Therapy Month and share that #choosePT is the official hashtag of the new campaign from the APTA. Let's listen to a new public service announcement about physical activity so our listeners get a flavor of the messages you're working on to get across to people about the benefits of physical therapy for everyone with this campaign.

(Recording with music): When we walk, when we reach, when we play, we're moving through life. Lately, we haven't been moving enough. An estimated 80% of Americans aren't getting their recommended daily physical activity. This is a health crisis, and the solution is in our hands and our feet. It's on our shoulders. It's on our backs. It's in our souls. It's time to move and keep moving, America, wherever you are, however you can. Movement reduces your risk of diabetes, heart disease, and cancer. It improves your brain function, pain management and immune system. And when you need

help, physical therapists and physical therapist assistants are by your side, increasing your strength and mobility and improving your quality of life through prescribed exercise and teamwork, because we are meant to climb, to dance, to soar, to thrive. Choose to move. Choose physical therapy.

Dr. O'Connor: Well, that is a great public service announcement and I'm very inspired and moved by it. So, you all did a great job pulling that together. Hadiya, I want to go back and have you share with our listeners more about the Choose PT Campaign. What it is and what resources our listeners can access because it's such an important message.

Dr. Green: Thank you for that. So, our #ChoosePT was originally aligned with our opioid campaign. And so, out of that genesis, we appreciated the #choosePT could be for multiple aspects of one's wellbeing and along the continuum of care, right? So, starting everywhere from prevention health promotion, and wellness, all the way to sick care. And so, the physical activity campaign itself really seeks to raise awareness about physical therapist's unique value as movement experts and the benefits of regular physical activity. And it really pushes to emphasize the importance of engaging in physical activity as a way of improving one's health and wellness, as well as their quality of life. And with the importance of reinforcing a person's right to choose physical therapist services to meet their needs and goals.

So, we really hope with this campaign that we're encouraging all Americans of all abilities, ages and backgrounds to embrace active lifestyles, not just physical activity, but active lifestyles and calls to action to direct people to our consumer website, which is choosept.com.

Dr. O'Connor: Great. Thank you. I think it's a really important message. I thought the audience would like to know, our listeners would like to know, a little bit about each of you. So, Drew, tell us, where did your love for physical therapy come from?

Drew Contreras: Yeah, of course, I was like many kids growing up in wherever they are.

I was an aspiring high school athlete who managed to get himself hurt a bit. And then through that rehabilitation process got to know my physical therapist really well and it really changed the trajectory of my life and it kind of inspired me to become a physical therapist and that's kind of been my pathway professionally. Just helping people recover from injuries, helping people perform their best and just helping people get through the activities of life and that's been my passion.

Dr. O'Connor: Wow. That's wonderful. Hadiya. Tell us a little bit about you.

Dr. Green: I am what I call a bicoastal baby and so I have lived across the United States and in that time I've always known I wanted to go into the health field, but

really became attunedly aware that I wanted to do physical therapy when my younger brother, who's 12 years younger than I, was born traumatically and pre-diagnosed with cerebral palsy. So, I just put myself in spaces and places where I could experience that hands-on type of care that compliments what I was more familiar with in Western medicine, and I've been hooked ever since.

Dr. O'Connor: Well, that's wonderful. So, the public service announcement highlighted the very disturbing and startling statistic that 80% of Americans are not getting enough physical activity. So, that new saying, sitting is the new smoking. So, why do you think we're less physically active now? Drew, do you want to take that one?

Drew Contreras: Yeah, I'd love to. I think that, you know, unfortunately, the human progress of things is always looking at things and trying to make it easier for us as humans to do things. You know, when you look at that, just through technology or just moving around in general, just going from place to place, which is such a thing of the human experience is going from place to place. I think what we forgot in the process of all this is, just because you can do it quicker doesn't always mean that that's better, right? So, we've worked so hard on making it more convenient to get places that we haven't taken the time to realize like maybe part of the journey is worth it, right. Maybe the movement along the line is absolutely

just as important as where you're going. And I think that that's just kind of how people have taken to it because, you know, for centuries that's what the human experience was and in the last hundred years, we've just made it so much easier to go places without having to do it yourself. And I think that's been a large part of it. And then, I think the reality is that there was a period where we didn't understand the negative effects of losing that. Like, it just wasn't really apparent to us. And now you see that we've lost motion, not only in our professions, like our physical jobs, we've lost it in our community activities. You know, you have to plan things now. You have to make an effort to move as opposed to moving was just part of what you did as a human being. So, I think that's primarily the big portion of why it's moved so far. But I do think it's time to have the conversation about like maybe the pendulum should start shifting the other way.

Dr. O'Connor: That's a great answer. Hadiya, this is such an important question. I want to get your perspective on this as well. Why do you think we've become more sedentary?

Dr. Green: A large part of why I think we've become sedentary is industrialization and advancement in technology. So, to Drew's point about doing things quicker and faster, we have advanced in all aspects, whether it's science, technology or business wise and savvy this transition to immediacy, instead of that hands-on work, hands on school. A lot of children don't

even know how to write, let alone write in cursive. So, we really have become less of a hands-on or textile way of living culture. And so, I think some of that is of a natural progression and then with that comes cultural shifts, right? The expectation is no longer that you would be part of your family business, that's running a farm or whatever other hands-on type of jobs that were probably in more preponderance than there are now, right? Now, it's great to be part of a think tank. And so, we are highly a gaming society and play and work. And I think that even I've used gaming in my physical therapy with clients and patients, because that is part of the shift of the culture. Like how do you incorporate that into encouraging somebody to be physically active. But largely in part, I think it's been a natural, cultural and economical shift that has led to us being so sedentary.

Dr. O'Connor: And I would appreciate your thoughts about how physical education in schools has evolved and your opinions on whether that is impacting this increased sedentary nature of our society now. Drew.

Drew Contreras: So, you know, in a previous life I was in the military as an army physical therapist and one of the things that was very apparent as I had a job where I worked with what we called initial entry soldiers, like people who were just coming into the military for the first time. It was staggering to see young men and women who had never, ever run a mile in their life.

They had never played any sports. They had never done a lot of physical exertion. And a lot of that was because high school, you know PE had been cut or dwindled down to so much that it was barely effective. And the interesting thing was there was a point at which it was a concern to the leaders of the country, like, is this a national security concern, right? Are we that defunct in our ability to have functioning young men and women? Is this a problem? So, I think that that has played a part in it and a deemphasis on kind of those basic, you know, for lack of a better word, playground skills of just being outside and getting along with other people and playing games that may or may not have a suitable purpose. It's not going to get you further in life but learning how to be on a team and play kickball with each other, it certainly has other benefits. And I think that the devaluing of that and pushing down on the physical education requirements in lieu of other things, whatever they might be, I think that plays a part of it. So, I think that's also something that we have to really consider again, what's really the best path forward on that.

Dr. O'Connor: Hadiya, I'm going to ask this question, the same kind of question, but with a little bit of a different slant. What I see is children that are going to private schools have greater support systems for sports. There's more opportunity for sports, for sports team and for athletics than what we're seeing now in the public school system. I'm sure there's probably actual data on that, which I don't have at my fingertips, but this could only

exacerbate existing disparities if we're giving opportunity to more affluent children to be physically active at a younger age than we are for, I would call, you know, the average child. What are your thoughts on my statement, on my opinion?

Dr. Green: So, I would agree wholeheartedly that the pay-to-play model has seeped its way, not only in the public sphere, but also in the school space and to all of our children's detriment, as we know that children are advantaged or disadvantaged from the time they are even in the womb of their mothers, right? So, their mother's physical activity level matters. What I would say is the piece that I think we oftentimes may gloss over or take for granted is policy, right? So, policies have been put in place and enforced that allow for schools or enforce in schools for them to not have things like PE and art, both of which contribute to a person's or child's wellbeing and physical activity level. And I think that the aspect of the financial and pay-to-play hasn't shifted the disparity that we see and that private school kids may have more access because they're in private school. Private school kids tend to have more affluent parents, right? So, they're already set up in a position where their parents may have the means to get them to be physically active and, or in sports. Whereas children who are in the public-school sector, you might see more of a mix of the affluency of their parents and family makeup, let alone the environments that they live in that would lend to free play. So, kids who are in private school are still

paying to play sports or reactive, their parents are still paying, but they're already set up in a position to do better than those who don't have, if you're looking at it from a have and have not type of paradigm.

Dr. O'Connor: So, if we just assume that we have individuals that don't necessarily have the same access, particularly children in school, but even adults, how would you coach someone to improve their level of physical activity? I'm going to ask each of you that same question, because this is your area of expertise, you know, helping individuals become more physically active. What would you counsel the average person to do? Drew, we'll start with you.

Drew Contreras: If you're trying to get somebody to improve the amount of movement or just trying to get them to move, the thing you have to address right up front is this concept that like movement is what you have been sold or marketed to. Movement does not mean I have to go to this very expensive bicycle studio class, and I need all these resources to participate in movement. Movement doesn't require me to play a contact sport with 22 other people. So, first you have to kind of get past that barrier of what the common notion of movement and activity is. So, once you kind of get past that, the biggest thing that I hear all the time is that people feel like they more or less miss the movement boat. I'm too old. I used to play a sport, or I used

to run, or I used to do things, but now I don't do it. I don't have time. You know, I'm too old. It's too late for me to get active again.

There was a really great article in 2019 in JAMA about midlife activity. You know, I think they surveyed like 300,000 people from like the age of like 50 to 70. And what they found was that you are never too old to get the benefits of exercise and movement. Just little bits added to your daily life will have significant health and wellness, downstream effects of that. And when you start explaining that to people, letting them know that, look, you don't need to go sign up for the Boston marathon. You could walk the dog around the block. You could just simply take a stroll on your street. You know, it could be just as much as, at work, just take the steps once a day. Just once, not every day, not all the time. Don't fight to squeeze your car into that first spot in the parking lot, just park a few spots further away and just walk a few, little bit. These little things of like, just kind of changing a mindset of like, what it really means to move and kind of do that thing, I think is the biggest change that you have to make when you're trying to do this because you have to make it just something that people can adjust to or make it bite size is the best way I'd put it, right. It needs to be something that you can look at, grasp, and make a small change and start there because otherwise it's just too overwhelming. So, that would be my biggest way of kind of approaching that.

Dr. O'Connor: I think that's excellent. I mean, the people that talk about change, you know, and change management will say, shrink the change, make the change smaller so it's more manageable and more doable. So, Hadiya, what are your thoughts on that question?

Dr. Green: I think it's important to meet people where they are and really define for people the distinction between physical activity, exercise and that which is therapeutic. I think a lot of times when people hear certain words, those words come loaded with whatever connotation or meaning it has for them on an individual basis. And so that appreciation always needs to be there and our instruction to people or prescriptions to people when it comes to physical activity should be with that understanding and expression of, what do I mean by physical activity when I say that to you? What does it mean when I refer you to the national physical activity guidelines to do 150 minutes of moderate physical activity, right? You have to put things in terminology that makes sense to people and to make sense to them in their everyday lives. If you tell someone who does construction for a living, they need to be more physically active and they tell you, you know, I do that day in and day out. The only time I'm not is probably when I'm sleeping and who knows if they're even sleeping well, right? So, they might be physically active even when they're sleeping from being restless. So, I think first and foremost, meeting people where they're at is important. Two, really conveying to people that movement is essential to life and your

wellbeing and that you move even when you're in the mother's womb. That's one of the telltale signs to whoever's caring for you. If your baby's not moving by a certain portion of that gestation or that baby growing, something's not right. You can be somebody who has a spinal cord injury from the neck down, and there's still movement happening within your body. Your heart is moving, the blood is pumping through your limbs and sometimes it takes someone or something external to move your limbs for you to help that process go so that you don't develop something like a bed sore or some other chronic condition, but it is literally essential. And I think if you can link that to something that a person enjoys or wants to do that they're not able to do right now, or they would like to do it in a more fulfilling way, whether it's play with their grandkids or be able to go jet skiing, that's part of the approach that I would recommend for people to assert when they are trying to engage people into physical activity.

Dr. O'Connor: Well, thank you. I want to follow up, Hadiya, with your comment about meeting people where they're at. And we've been talking about barriers to movement, you know, some people saying, as Drew mentioned, oh they're too old, or some people feeling they don't have the resources. I want you to comment on the disparities that we see in levels of physical activity between men and women and between different racial and ethnic groups. For example, in the African American community or the Hispanic community. And, of course, I mean, we know there will always be

individual differences, but your thoughts about kind of attitudes within those populations related to physical activity. That's the first part of the question. Then the follow up is, okay, if you believe that there are some differences, then how can we address those differences to decrease the health disparities that we know are real?

Dr. Green: I do believe that there's plenty data that show that we do have differences in our perceptions as well as the actual level of function and activity that can be separated by the social constructed differences called race. You know, this is near and dear to me. I most recently did a little bit of research on people's self-perception of their wellbeing and their social activity levels and their work activity levels once they've been told that by a doctor, they have arthritis. And what we know is that their coping is different and coping usually comes from the way you are taught. I mean, only 70% of your personality is genetic and the rest is environmental. And so that environmental piece really, we could see come into play when time and time again, women and people who are of an ethnic minority in the United States reported consistently and significantly that they had more limitations in their work and social activities once told they have arthritis. And so, I think part of the way that we change this is people's expectations or socializations. So, for instance, as a clinician who's told somebody that they have arthritis's or working with somebody to reduce their discomfort that's secondary to arthritis, or to figure out what the problem is that

exacerbates their discomfort and maximizes their function, I think it's important to teach people about pain. There are different perceptions about even weight from race to race, right? We know there's certain races like my father would say, he's from the Ivory Coast and they call it tasaba. Like they like a big bottom and that's something that's attractive to them. We see that culturally in the images that we are portrayed in different music or social media aspects. But I think helping people to understand what is healthy and what's going to maximize their function and happiness long term is part of the way you address that. So, you have to address the policies that exist that allow people to persist in poverty and in places and spaces that don't allow or afford them to do all these things that we're saying are good for them and which involve physical activity so that their aspirations for physical, meaning phenotypic, so how they look, aspirations are more in compliment with being healthily, physically active. When we consider health disparities and including disparities in physical activity, I think that it's shortsighted of us to stop at looking at the differences or acknowledging that there are differences that exist between the races, because race is a social construct and a social construct that is confounded by policies and beliefs that are not based in science or actual facts. So that's the danger I see in that. I think it's telling if we're going to take that information and use it so that we can destruct the constructs that allow us to persist in these avoidable differences in physical activity, chronic conditions and decrease in function and disability based on race.

And the way that I think people can go about addressing that is collectively coming to places and spaces where we find the same things important, and we work to implementing those. So, going beyond the conversation, asking your local authorities, whether it's your school district in reimplementing physical education in school, whether it's your organizations, like Movement of Life who have implemented things like Operation Change and go in and work with the communities and actually train the trainers where you're actually implementing programs that those in the community can do in a way that is meaningful to them and that can be carried over and sustained.

Dr. O'Connor: So, Drew, it was an important question that I want to get your perspective on it as well.

Drew Contreras: So, one of the things I think that that the disparity gets kind of propagated, right? I think it has a lot to do as well with employment and kind of your vocation. Take for example, a lot of manual labor and difficult jobs that are very physical tend to have a higher percentage of minority populations working on them. And like Hadiya said earlier, if I've been laying sod all day long for 12 hours, I'm not particularly interested in going for a bike ride when I come home. But just because you've been moving doesn't mean you've been moving in a quality way that is helpful for your health and for your body, right? You know, some movement stuff is quite

destructive on a daily basis when done in excess. So, then, it becomes a pattern of sometimes the goal is perceived as, well, I'm doing better because I don't have to move all the time. Because I have to move in order to feed my family, why would I do this? Like, this is something I should aspire to not do, because then I can be doing something other than what I'm required to do. So, movement doesn't always have a perception of beneficial as much as it can be specifically tied to work, right or to the things that you have to do and then it's no longer something that you want to do. So even if there's benefits for it, yeah, yeah, I know, I know you tell me to move more. I hear you. I hear ya. You know, loading pallets all day long in the back of a semi-truck, you're not particularly interested in going to a weightlifting class. So, I just think that we have to, kind of like Hadiya said, like, you got to meet people where they're at, right. And there's ways of doing that and there's ways of opening their eyes to other opportunity, to reframing these things, to kind of help them see what's beneficial to them and what's better for life. But again, you have to meet them where they are and you have to be realistic about what it is that they're doing all day long and not just tell people, well, you need to move more.

Dr. O'Connor: Hadiya, would you like to make an additional comment?

Dr. Green: I just wanted to add - yes, thank you, Mary - that one of the ways I also think is important for us to implement change is to shift in culture and a part of

the shift in culture comes from the messages that we get over and over again. So, I do think things like this physical activity campaign that the American Physical Therapy Association has and other organizations like the President's Council. Big organizations also have a responsibility in shifting the culture and messaging consistently and providing the examples that people can use to implement in their own environments.

Dr. O'Connor: I know. You know, I would love to see private companies and corporations really encouraging some level of physical activity like, walk with the boss for 30 minutes over lunch. I don't know. Like why do we not as a nation acknowledge how important physical activity is, and then take responsibility for creating opportunities to increase it? Instead, it's just like, yep, we know we should do it, but nobody is stepping up to create the opportunities that make it easier for people to be physically active. My wonderful participants are doing a head nod with me as we're recording this on Zoom. So, you can't see that, but I will share that they seem to like my comment.

I want to go back to another topic that I think is very important when doctors or nurse practitioner or someone tells a patient, yes, you need to exercise more, or you need to move more. That is a common recommendation, right? But another common recommendation to a patient is that you need to lose weight. So, as the nation has not only

become more sedentary, but we've become much more obese, I'd like you to comment on the role a physical therapist can play in helping an individual get to and or maintain a healthy weight. Drew, how about, we'll start with you this time.

Drew Contreras: For the most part, people will have some sort of barrier that's preventing them from doing more physical activity, more than not and the barrier may be real or perceived, right? Regardless of --- it could be a diagnosis of arthritic condition, or it could be whatever, whatever it is, right. There's a theme that's keeping them from moving as much as they should be. And the truth is you see an orthopedic surgeon when you have a fracture, you see your cardiologist when you got a heart problem, right? Physical therapists are movement specialists. Regardless of if you have all four limbs or not, regardless of what your comorbidities of diabetes or whatever your condition is, physical therapists help you move. That's what we do. We are movement professionals. So, whatever your reason is that's preventing you from doing that, I promise you, your physical therapist will find a way to get you moving more and the problem is that that's sometimes complicated, right? Like sometimes it's just not that easy to do and you need somebody's guidance on how to do it and how to do it appropriately, effectively, and safely. So, you wouldn't embark on anything else without, you know, tackling such a big thing like this without some sort of advisor, right? Whether this was like, you were trying to buy a

house, you need somebody to help you with that. If you were trying to start a business, somebody would help you with that. If you're trying to tackle something as big as this, you need somebody to help you along that pathway and that's what physical therapists do. And I would just encourage you, like find somebody that's going to meet you where you're at and is going to help you along this process, because you're only here once. You only got so many trips around the sun, let's make the best of it. Let's get these things under control. Let's do what we can and just find somebody that's there to help you along with that and that's what I think a physical therapist would do.

Dr. O'Connor: I agree completely. I've worked with physical therapists my entire career, and you are all amazing. And Drew, I hope I'm not like putting you on the spot, but I think our listeners would be really interested in a POTUS story. If there's a POTUS story that you can share because there aren't that many people that I interview that have been the physical therapist to the president and that was President Barack Obama. So, is there anything you can share with us?

Drew Contreras: Absolutely. So, here's a good thing and I thought about it as you were talking about walk with the boss, right? So, you were talking about, hey, you know, that's just a simple way to kind of get that going to get people moving. You know, there was a time where, as I was working with

President Obama, I was just telling him, like, you just need to move more. The problem when you're president is, as he would say is, I live upstairs from the store. I walk downstairs from the shop and I'm at work. Everybody comes to me at work. I sit at a desk. Everybody comes to me, and they leave and then I walk back upstairs and I'm home. Like, I don't go anywhere. I don't do anything. So, it was one of those things where I was like, well, I mean, and again, right, he was a very physically active, physically fit man, but he just needed to move more. So, it was a matter of, I said, why do you have to have all your meetings in the office? Why can't you just walk and talk? And it was kind of like a moment of like, I don't know. I never thought of that. So, fast forward. An unbeknown fact to most people is the president doesn't move without there being a lot of other things that happen. So, there's actually a really funny thing on YouTube, you could look up, it's called the bear is loose. And so, I may have had this conversation and at one point the president may have decided I'm going for a walk for this meeting. Needless to say, like Secret Service was not thrilled with the idea of the president just getting up and walking around DC. It was not what they were looking for that day, for him to get up and start walking. It's hilarious because he's just kind of walking around. He's, having a meeting with somebody as he's walking, then he just stops and interacts with some people and just keeps walking. And this kind of actually evolved into like, he would have meetings where he would just walk, whether that was on the 18 acres in the grounds or whatever, he

would just have walk meetings as a way of encouraging and showing leadership of like, yeah, hey, moving's important. But what's really funny about that. If you actually go and look at this YouTube, you'll see that on this day, I may or may not have been leaving work just a little early that day and as I was trying to leave, I was stopped and they said, "Hey, you can't leave yet. You can't move your car right now." And usually that means, oh, hey, there's something at the gate or whatever. And lo and behold, here he comes. He's walking, having his meeting, walking, and there I am standing trying to leave for the day. And he's like, "Hey, Drew getting my steps in today." And that was so great, right. So, Drew got a whole bunch of Secret Service people, a bunch of extra exercise that day and then got himself caught for trying to leave work early that day. True story. But I think it was a good way for him just kind of showing that you know, movement was important and just kind of, like you said, showing leadership in that and just trying to find ways to make it happen.

Dr. O'Connor: I know if we could all walk with the boss, do walking meetings. I mean, little things can add up and make a difference. So, Drew, that was wonderful. I really enjoyed that. Thank you for sharing. All right. We're going to close. We've basically come to the end of our session, and I just wanted to ask each of you, what is the most important message you would like to leave our listeners. Hadiya, we'll go to you first.

Dr. Green: Thank you for that profound question. Even with time to think about it, I still find it like one of those aha moments. I think one of the things that I think is most important to take home about physical activity is to make it work for you and make it about honoring yourself and do it for reasons that you want to do. Whether it's because, you know, you'll have better mental health if you are more physically active, or you want to keep what little bit of memory you do have. And we know that there's signs that shows moving and being physically active helps keep your memory sharp amongst many other things, admittedly. But really use physical activity if it feels like it's something you do in addition to your life, as something that honors you so that you can do it in a way that becomes habit, regular and lasting in its benefits.

Dr. O'Connor: Wow. Hadiya, I love that. Do it to honor yourself. That is so true, and I think such an important message for everyone. Drew, what is it that you would like to leave our listeners with?

Drew Contreras: I think the thing I'd love to say is just no amount is too little. Any amount of movement is better than no movement. You're never too old or you're never too broken or too anything to do it, right? Any amount of movement is good, whatever you can squeeze in that day, whatever movement snack you can fit into your life is good. And, and I would just leave it at that.

Dr. O'Connor: Well, I think those are both incredible valuable messages to leave with our listeners. So, I want to thank our two guests, Dr. Drew Contreras, who's APTA's vice president of clinical integration innovation and Dr. Hadiya Green Guerrero, who's also a Doctor of Physical Therapy and board-certified clinical specialist in sports physical therapy for joining us today. I really enjoyed our conversation. It's such an important topic, namely increasing our level of physical activity in order to promote our health and wellness. And you two are absolute experts in that topic and I thank you and I know our listeners have enjoyed this. So, on behalf of all of Movement is Life. We appreciate all of the listeners joining us, and we will welcome you to a future podcast. So, thank you everyone and have a great day and get out there and do some movement.

(End of recording)