**True to Form: How to Use Foundation Training for Sustained Pain Relief and Everyday Fitness\|**
**A Special Interview with Dr. Eric Goodman**
By Dr. Joseph Mercola

**JM:** Dr. Joseph Mercola

**EG:** Dr. Eric Goodman

**JM:** Movement. Movement is an essential part of being healthy. Wouldn’t it be nice to have some simple, effective strategies to achieve that? Hi, this is Dr. Mercola, helping you take control of your health. Today we are joined by Dr. Eric Goodman, who is the founder of Foundation Training, which has evolved over the years. I’ve previously interviewed him. He’s on today to tell us about his new book, which is *True to Form.* We’re going to go into many details.

Welcome and thank you for joining us, Eric.

**EG:** Thank you so much for having me again, Dr. Mercola. I really appreciate it.

**JM:** Many people may not be familiar with your work. You’re trained as a chiropractor but really don’t see patients in that model. You’ve really pretty much committed your whole life to this type of intervention. That’s great. Because in my perspective, it’s wonderful to have an intervention like a chiropractor as a tool and a resource. But ultimately, what’s going to make your break is what we’re doing all day long. We need these tools and resources to contribute to our health and then it will minimize the need for things like chiropractic or other types of adjustments or manipulations.

Why don’t you tell us your progression to that? Because it was quite interesting. You were motivated by a personal pain as many interventions are.

**EG:** It’s been a very interesting road. It’s been a wild ride actually introducing an idea that firstly made a lot of sense to me and has continued to help me and continues to help me. That idea is really simple. Our body is made to sort of help itself. As long as we can get the muscles to align it properly, our breathing patterns to align properly, our pelvic muscles to be more stabilized, our posture to involuntarily become stronger.

My education is in chiropractic. I’m licensed in Colorado and California, but I only really see patients if they need an adjustment for some reason that they can’t do the poses. They can’t use this more active release, this more active care. That’s what I’ve been so obsessed before for the past 10 years: the development of a program that is not a cure-all but any stretch is the word. It’s a “cure a lot” and it’s a “help a lot.”

I’ve seen a lot of different types of people strengthen their spinal cord and we integrate the muscles of their posterior chain. Reminded their diaphragm the way that it’s meant to work when they breathe over and over again, so in the future, they don’t have to think about it very much. Their involuntary process of posture is just more powerful and more balanced as a result of the Foundation Training-type work. The exercises, the body with exercises that support those muscle chains. That’s Foundation Training.
**JM:** That’s terrific. Obviously, if you look at yourself, it’s pretty clear that you have trained as an athlete and you’re committed in keeping in shape yourself.

**EG:** I’m trying.

**JM:** I think you’re doing more than trying, you’re actually doing it consistently. What was your sport? Water polo?

**EG:** Water polo. I played ice hockey for a long time when I was younger. I started playing ice hockey when I was 18 until I was in graduate school again. I actually played for my chiropractic school in Saint Louis for a little while. But water polo was the biggie. Water polo was a sport that really made me connect with my body and train hard and train to where I broke myself down pretty hard. I was in the gym a lot as well. The weightlifting that I did was not necessarily the best for me.

I’d say, while I am an athlete, and I love being an athlete, I was never quite able to perform as well as I could without hurting myself until very recently. Only the last five years.

**JM:** You actually, while in chiropractic school, developed quite severe low back pain that the professionals that you saw actually suggest surgery and you wisely rejected that consideration and started exploring yourself. It’s interesting because chiropractic has been around for a hundred years and that’s one of the primary, I guess, problems that they address – low back pain.

**EG:** It was active versus passive in my case. Plain and simple. My passive care was good. I was getting chiropractic care. I was being stretched. I was being massaged and worked on. But I wasn’t strengthening my spine myself. That’s the difference that I made.

I don’t think that I will ever negate chiropractic, because I love chiropractic. I love the ability and capacity to align the body, align the nervous system and create a very good environment for different process to occur. We strengthen that environment. We do the job or we try to do the job of keeping the alignment in place.

If you’re going to get your neck adjusted, I want your neck to stay long and strong afterwards, because that’s what’s going to stop you from having that same adjustment again a week later. Maybe you’ll have to get it a month later or maybe a couple of times a year. But the work you do is what’s going to benefit you more than anything else that you could have done and treated.

**JM:** You’ve developed a system over the last 10 years and you have large numbers of people doing it. You actually have training materials – your book *True to Form* and your previous book – and you run courses. But you actually have a number of other athletes who are using your system regularly. I can think of Ben Greenfield, who has recently adopted your regimen into his daily routine.

**EG:** Ben was very nice in writing an article about it and talking about how he’s really changed his morning routine based on this. That’s what people tend to do. They tend to absorb it, learn it, and simply make it a part of their life. We have a tremendous amount of people doing that.

**JM:** As you mentioned earlier, low back pain is a real common problem. Would that be one of the more common problems that people who’ve seek to integrate Foundation Training to their lives seek to resolve?

**EG:** That’s definitely the biggest one. Without question, lower back pain. It’s the most prevalent and despairing injury that we really have in our modern era. I’d say seven out of 10 people that come to Foundation Training probably come with a low back pain complaint. Two out of 10 are for performance. They want to get stronger, more balanced, more coordinated in their sport. The other one out of 10 is for
knee pain, neck pain, jaw pain, plantar fasciitis, carpal tunnel. Just a slew of other chronic pain-type scenarios. Back pain is a biggie.

**JM**: We’ve done previous videos. That’s clearly one way that if someone is interested in this form, in this approach, can put their toes in the water. You were actually in our office and did some demonstrations. But perhaps you can provide an outliner summary for people who are interested in this approach to – how they might go about exploring it and integrating it into their daily routine.

**EG**: I’ve quite really been working more or less every day of my life to give options to people based on this one idea, which is Foundation Training. Those options start on YouTube and on my website with three videos. The website is FoundationTraining.com. YouTube is Foundation Training. Those three videos take you in some very basic poses that are powerful.

I promise there’s probably more people using our free videos to get well than using our DVDs, books, and things to get well. Awesome. That’s why we have free videos. I love that idea. Go there first. Try Prone Decompression. Try the 11-minute video that has like a million and a half hits. Just read the comments stream. If you’re having a bad day, it’s crazy the positive things people will say when they’re out of pain.

We have the new book, which I’m really proud of. It took me four years to write it. I rewrote it three different times. True to Form, which is our illustrative process of bringing Foundation Training into your everyday activities – brushing your teeth, waking up from bed, reaching into the refrigerator, whatever. How to apply very simple movement patterns that make you stronger while you do that.

Then if you want to really get into it, we have DVDs and we have a new streaming website. There is going to be a lot in this website. You can access a lot of our videos, all kinds of stuff, including 15 new workouts that nobody has ever seen. That will be available certainly by the time this interview airs. That’s all on FoundationTraining.com.

If you’re really into it, if you’re like, “You know what? I feel like there’s more to learn. I feel this is really going to change my perspective on health.” Some of you will feel that way. Come to our workshop or certification. If you come to our workshop and you decide you want to go through a certification, we take the amount of money you paid on the workshop, 100 percent of it, off the cost of the certification.

I want people to get educated. I want people to feel that our goal as a business is to support our idea, not to support ourselves entirely. We’re trying to do the right thing here: educate people with information that is really necessary. Got to know how to support yourself the right way.

[----- 10:00 -----]

**JM**: Great. As I mentioned in the introduction, moving throughout the day is really one of the key strategies to stay healthy. You can workout an hour a day every day and be miserable with chronic pain, flexibility, and such. That’s the challenge.

Actually I had back pain for 10 to 15 years or so. My application of the Foundation Training may have been flawed but it didn’t seem to resolve it. It only disappeared once I stopped sitting, which was huge. I’ve switched to a standing desk. Excessive standing can be a problem too, but essentially, it’s a lot better option than sitting.

Then I walk about two hours a day. I, of course, read your book on the beach while walking. It’s dramatic because I have an opportunity to see so many people, because I’m not the only one walking. There’s lots of others. You can see most of them, their form is just horrendous. They’re hunched over. They look like
a turtle. That’s pretty much the standard. It’s not the exception. The exception is someone with good posture.

**EG:** It is.

**JM:** I think your book offered a lot of helpful things. I can remember probably the highlight of your book from my perspective is sometimes they’re just so simple basic phrases. Chin up, chin back, chest out. Such an easy phrase to remind yourself throughout the day to do that. And it’s not up, it’s straight back. It’s like a 45 degree angle. Thank you for demonstrating that.

**EG:** Also I gave you guys a little anatomy image that shows the skull and the primary muscle that I’m trying to activate there, which is the sternocleidomastoid (SCM). Putting it in its most effective lane, so that it actually gets to a bigger, broader, more expansive contraction as it supports the lift of the chest and what’s called the contraction of the chin.

**JM:** That is not a natural position. It is natural, but due to our lifestyles, most of our unhealthy lifestyles, we decompensate from that and don’t assume that posture naturally. We have to make active intention to get back there.

**EG:** You do. You have to pay attention first. There’s a learning curve with all of this work. I can’t do anything about that. I wish I could. But it’s such a valuable learning curve to go through for a week or two. You learn some really important stuff.

The basis of that learning curve is that at first, it’s very weird to think about the way you’re holding yourself. But you do these exercises and you strengthen the breathing pattern, it’s expansive. You strengthening the anchoring muscles that actually provide a downward pull of the pelvis, so that there’s something to expand up from for the torso.

As you do this, you strengthen your hip in pattern and all these different things. You start to notice that you’re not thinking about how long your neck is. You’re not thinking about chin back, chest up, which is a cue that I will give anybody to exhaustion, because it tends to work. That more that I give that to you, the less you’re going to think about it in your daily life.

If I do my job the right way, whether you’re watching my free videos or you’re coming to my certification, we’re going to be on it with you. You’re going to learn without thinking about it, how strong your body can be.

Posture is a very beautiful thing, except when it’s messed up.

**JM:** It is.

**EG:** It is. We naturally adapt towards our chosen method of absorbing gravity. For a lot of people, this is volumeless tool of absorption, which is all it really is. Our muscles absorb force. That’s what they do. Whether they’re contracting or expanding, they are absorbing or providing force.

If we can take the opportunity of gravity, this ever-present weight of our own body that we feel, and simply provide five percent more energy in absorbing it, five percent more conscious effort throughout the day, it’s going to change our life forever. It’s going to have people reacting to you differently. It’s going to have you reacting to things like anxiety and breathing stuff differently.

You’re going to feel the difference of a closed airway and an open airway. You’re going to feel the tightness of your jaw from the head traveling to forward, contracting the back of your neck when you’re in a bad posture. The non-aesthetically pleasing postures. But when you stand up, stand strong like my
buddy, Tim Brown, said, stand tall, it’s literally the phrase I ended *True to Form* with, with full credit to Tim – when you stand tall, the muscle just work and they learn how to do it.

You start interacting with people like a confident human being interacts with them. Some people have it naturally. Some people can fake confidence. Some people can fake posture. But when you’re caught off guard and your reaction is to stand up tall instead of shrink down and different things like that, that comes to the training that you’ve done for your muscle chains. That comes to the training you’ve done for your breathing patterns and basically for your posture. That’s when it becomes involuntary. That’s the beauty of it. When your posture is just strong.

**JM:** How long does that process take? Because most people watching this probably don’t have good posture and we’re taught incorrect things to correct it like shoulders back, which will actually make your posture worse from what I understand in some ways.

**EG:** It’s a compartmentalized correction at the place that’s not causing the problem. The places that cause the problems in posture are the upper and lower ends of the spine more than anything else. They need to be pulling away from each other, not towards each other. It’s just that simple. The back of your head, the top of your head needs to be pulling away from your tailbone, not forward, not back, just straight up like it’s meeting the opportunity of gravity head on. That’s what that should do for you.

When you start seeing those changes, when you start seeing your spine as a series of bones stacked on top of each other that have the opportunity to literally be pulled away from each other, not up and down like manual traction and decompression, but with the couple of motion of the rib cage during expansion breathing. You lift and expand the rib cage as well.

Those ribs pulling away from the center of the spine gave movement in the spine. They create movement in these channels like cerebral spinal fluid. Great stuff that gets to your brain it makes you think right. These things come down to posture and it comes down to the difference of this and this versus this. Just standing up right instead of folding into one of your extension or flexion points.

**JM:** The first one you demonstrated is actually much more common.

**EG:** The flexion.

**JM:** The second one, the extension one, hyperextension is typically more in hypermobile individuals.

**EG:** Gymnasts, dancers, figure skaters, yogis.

**JM:** Mostly all women.

**EG:** But people who do these things well. I’m have a friend named Michaeelle Edwards who has something called Yogalign. She actually teaches alignment and decompression of the axial skeleton. Really good hip alignment. There are some methods of yoga that are just so spot on.

**JM:** How long will it take the average person who suffers from one of these typical flexion problems to transition to a natural posture when they adopt this program? Foundation Training.

**EG:** It may be a matter of weeks to months. I believe for some people it may be a year. The whole process, they’re going to be feeling better along the way. They’re going to notice incremental changes the whole time. They’re going to see that their body is supporting itself better steadily. They’re thinking about it less. They’re feeling less pain. They’re feeling better posture. That’s when the real changes start to happen. But there’s no set timeline. It’s 10 minutes a day or so. Five minutes a day. Just do something.
They can implement this program just by going to your site, FoundationTraining.com or the YouTube channel and watch these things. Because typically viewing the activity is going to be a better teaching tool than actually reading about it.

EG: Always. You want to somebody moving through the motions. Absolutely.

JM: It gets on your brain a little better. I’m really grateful for your work, because it really helped me transition my posture as I was walking. That’s a big part of my day now. That’s where I get most of my reading done. I read 150 books last year while walking. Now it’s not as many books, because I’m reading more papers.

EG: So many books.

JM: It’s great. I love it.

EG: It can help you be mentally and physically healthy.

JM: Yeah. Movement is one thing, but also is getting sunshine, not just for the intention of increasing your vitamin D levels. I think that may be one of the minor components of why exposing yourself to sunlight is so – it’s an important one.

EG: It’s the motion. You’ll get it better walking.

JM: But also light into your skin and through your eyes, not obstructed by sunglasses or even regular glasses or contacts if possible.

EG: Whoever put them there, however they got there, I believe most of the things in the universe are here for a reason, and it’s our job to use that. Utilize them. Get out on your fields. Look at the sun. Enjoy the air. Enjoy the wind. Enjoy the rain. That’s stuff all put here for a reason. Whatever that reason might be.

JM: Walking is important. I do about two hours every day. Sometimes three. Sometimes an hour. But typically about two hours. That’s really one of my most important health routines. It’s so crucial to make sure you’re walking the right way, because you could actually be making yourself worse doing it. There are certainly going to be benefits even if you’re walking the wrong way, but why not optimize the whole process?

[----- 20:00 -----]

I would love to hear your inputs on some simple points that we can attempt to apply. Because really, walking seems simple. Pretty much anyone can do it, unless you’re injured. But it’s a pretty complex activity to do optimally.

EG: The first thing. There is the plate of the plantar flexion in walking as a result – I’m going to explain plantar flexion real soon. We walk in sneakers or high heels or something all the time. Most of those things have a heel that is at least a half inch, to an inch, to a couple of inches higher than the toes. What that does from an arch standpoint, it makes our arch a little tighter. Whatever, it doesn’t matter. It completely alters the mechanism of our range of motion though. Completely alters it.

One of the first things that I recommend people do is if you can walk barefoot, walk barefoot. If you can’t, find one of those zero-drop shoes. They make a zillion types of them. Slowly, steadily get your body better at walking closer to barefoot.
Now the rationale behind that is the plantar flexion, which is the shortening of the muscles on the back of the ankle in fact and the lengthening of the muscles at the front of the ankle and calf on the shin. That angle is going to completely change that the back of your body absorbs force.

When you dorsiflex your ankles, meaning your lifting the top of your foot towards your shin – everybody do that real fast. Lift the top of your foot towards your shin. That is a tremendously important piece of walking. When you’re walking with plantar flexion, you very rarely dorsiflex, contracting and shortening the muscles of the shin.

That’s Step 1. Making sure that there is good dorsiflexion in every step. Literally lift the top toes away from the ground. Lift the balls of the feet away from the ground and try to spread your feet a little bit. What that will do is it’s going to allow the hips to follow a much natural range of motion. As the feet dorsiflex, it triggers these muscles of the inside and outside of the legs.

Those muscles have internal rotation capacity and external rotation capacity. Both of which are very important for walking. External rotation is the foot coming forward. It’s reaching forward to try to scoop. It just has this little outer angle and an inner angle.

That inner angle, that little from outside to inside, is probably the piece of walking that’s missing in most people. The ability of the adductors, the medial hamstring, the muscles of the inner part of the thigh, the inner upper part of the thigh, to contract during a walk, to spin that hip a little bit more neutral towards straight ahead, or even in some people it might be a little bit necessary to kind of go pigeon toed a little bit, but not at the toes, at the hips. The hips go inward, not just the feet.

Long story short, range of motion of the hips is so significant to walking. That range of motion is a limited and most frequently in people at the feet with plantar flexion, excessive plantar flexion or excessive external rotation.

The other piece of that puzzle is here. When the head has fallen too far forward, you’re smelling your way forward, that’s not a very natural human posture. What’s more natural is to allow the chest to lift, the shoulders to lift, and the chin to retract. Chin back, chest up. At first it will look and probably feel a little bit awkward, but you’ll notice that it’s a significantly more muscular way to walk.

If you simply focus on chin back, chest up, shoulders big, broad, not backing down. Out. If you focus on that, you’re going to be walking very different. You’re going to experience this really rhythmic counterbalance in your walk. When the right foot comes forward, the shoulder comes forward on the opposite side. It’s just these nice little muscular glutes, hamstrings, calves, adductors across the body to the opposite shoulder and pec and lap. So many muscles involved. It’s the SCMs that are very important as well to keep that chin back, chest up function happen.

Walking is such a complex thing. If I had to give people the healthiest thing you can do, if you could only pick one activity for the rest of your life and you have to pick one and that’s it, I’d say live in a place with hills and walk. Uphill, downhill, side step. You can do all kinds of different walks. Did you ever see Monty Python’s Ministry of Silly Walks? They do all kinds of walks.

It’s that you do in tall and you’re doing strong, and you use that walk, whether it’s for 10 minutes or for two hours, you use it as a time to check in with your body. Walking meditation happens so easily. Whether you’re reading a book and just getting lost in the book, not thinking about the day, or getting lost in your body thinking about your breathing, thinking about your posture, thinking about the different muscles that are supporting you. While they are pulling you forward, they’re also lifting you up. The better you get at that, the better you really does seem to thrive with a good hour or two of walking a day if you did well.
JM: Are you suggesting that plantar flexion is limited in most people and they need to improve their flexibility?

EG: Dorsiflexion.

JM: Dorsiflexion is limited.

EG: Actually I would argue, they both limited. Plantar flexion is a little too short, a little too tight at the back of the leg and in the arch. It’s like if this is neutral, plantar flexion is a little too tight this way. That stretch on the top limits the ability of this muscle to contract fully into dorsiflexion.

This is my ankle. This is my shin. Plantar flexion. We’re all a little too far here. Most of us are a little too far here, especially high heels and things like that. Especially runners that wear sneakers constantly that are not zero-drop there. They might be hurting you a little bit. We want to find neutral, because from the neutral we can plantar flex and dorsiflex. That’s where we want to be. Most people are very limited in their capacity to dorsiflex.

JM: Do you recommend some stretching or strengthening exercises to improve that?

EG: The recipe of Foundation Training. As we have developed it to this point, and I say me because it ain’t me anymore. I got a brilliant team of people that has helped me teach this for many years now. That crew and myself have created this anchoring process and this isometric eccentric loading of a very big human movement, the hip hinge.

We included in that anchoring process two remedies: internal rotation called the anchoring chain of arches all the way up to the inner groin up to the pubic symphysis, the center of the body. I gave you another anatomy of it that shows the thigh that is angling up to the pubic symphysis that sends you to the form. Those anchoring muscles are so important, so we train them.

The other remedy is eccentrically loading the posterior chain. This statement might be above a couple of people’s head but I want you to know that it’s easy to figure out and every one of you can feel it right away. When you hip hinge properly and you keep your feet planted firmly on the floor, your chin pulled back and your spine long, you’re already effectively dorsiflexing your ankles. You’re eccentrically loading the shin muscles, the tibialis anterior.

We keep the weight back on the heels in all of our standing exercises and that again creates this eccentric tightening and contraction of that shin muscle, the tibialis anterior, overtime. By reminding it and making it stronger and stronger and stronger, it begins to participate more frequently with the rest of the body. That’s when more of that magic happens.

JM: Terrific. Now, one of the processes I’ve noticed is that ideally you want to tilt your pelvis forward or anteriorly tilted for good posture. At least that’s what I understand.

EG: You know I’m going to get you. It’s true for some people. Some people do need to go to an anterior pelvic rotation, and some people in order to keep themselves strong, actually need to go the other way. Posterior. They have a lot going up there.

JM: Hypermobile people would have to be more posterior.

EG: A lot of hypermobile people, a lot of power athletes. A lot of power athletes have this sway back that is very muscually supported. Don’t get me wrong. But what you’re going to see in it is a couple of the curves of the spine have been straightened out together, particularly the thoracic spine.
That’s where we make the changes at the pelvis. We don’t make the changes at the pelvis; we make the changes by reeducating the axio skeleton to lift and pull away from the pelvis, so that the base muscles, the ones below the pelvis have something pulling against them and that’s how they stay strong.

What happens – it’s really cool – is this pelvis that’s supposed to either be rocking back or rocking forward, it’s not rocking; it’s being pulled from top and bottom into a more neutral position. For some people, more neutral is a little bit more anterior; for some people, it’s a little bit more posterior.

**JM:** Would it be the majority of people that need to go anterior?

**EG:** Yes. Absolutely. The vast majority.

**JM:** The vast majority. I notice that when I externally rotate my hips or my upper legs going outside, the tendency is for my chest to come up, my chin to go back, and my pelvis to go anterior. It seems to do everything right.

**EG:** It’s perfect. You have just eccentrically loaded the anchoring muscles. You turn your feet away from the center. Correct?

**JM:** I plant my feet but just rotate the hips.

[----- 30:00 -----]

**EG:** What you’re doing is weightlifting style stance, which is great. Keep doing that. It’s a little different from what I teach. They are both effective. What I’m going to teach is that same isometric twist, the other way. From the same position too.

**JM:** That’s what I’m trying to understand because it seems to me that most people need the anterior tilt to the pelvis. When you externally rotate, it seems to work. But if you internally rotate, you go the other way. You’re getting posterior result.

**EG:** You’re using absolutely too much to internally rotate it for you. You’re using a little too much stomach contraction. But we can make this really simple. If you’re external rotators, the butt muscles, the glutes, the periformis muscle, some of the biggies. If those are too tight…

**JM:** They are in most people. In almost everyone watching this, those muscles are tight.

**EG:** Yes. We sit on our butt all day. Those are going to get tight. If you have shortened, tightened external rotators pulling away from the center making your feet turn out, you don’t want to strengthen those muscles in that position because they’re too short. You’re asking a shortened muscle to get shorter. It has a very limited range of motion.

Instead we want to eccentrically load those muscles, twisting them in. by twisting the hips in – again, it’s not the feet twisting yet; it’s the isometric contraction you’re talking about where the leg really wraps itself inward to support you. Just like when you’re standing firm on the ground and you outward rotated a big muscular movement from the hips.

When you do this internal rotation, this anchoring posture, making the outside lines of your feet parallel, what you’re going to find is that you are eccentrically loading the external rotators. You’re making the glute muscle force itself into more length, making the periformis muscle force itself into more length.

**JM:** It’s somewhat counterintuitive.
EG: I’m OK with that. It is. It is quite literally. It’s actually counter-informative as well. It’s informing the muscles that in order to get stronger, you have to get longer first. It’s creating a more sustainable isometric contraction of the base of the pubic symphysis, those adductor muscles that insert right in there, the squeezer-ins. They squeeze in. They keep it tight at the base of the pelvis. Those are getting more endurance as a result and battling against the external rotators more efficiently. That’s where balance starts to really come in when those two chains are strong.

JM: Which specific aspects of Foundation Training tend to focus on that? Would that be the Founder?

EG: All of them. Every single one is anchoring and decompression. Every exercise at this point is anchoring and decompression.

JM: That’s great, because that’s such an important component. See, the goal here is really to have a 100 years or more where you are able to move freely all day long, not have any restriction or pain, the way you were designed to. Your body is supposed to last 100 years. It’s not supposed to wear out before that. It frequently does because we are engaging in activities, which are not really aligned to our ideal posture.

EG: Modern society tends to put us in the position very readily to break down quickly and to sort of almost suffocate our tissue with vital oxygen barely flowing in them. Circulation. Our muscles are sort of stopped from going long to short. They just kind of pose and hold it. It’s usually very passive. It’s not an ideal situation to have longevity.

JM: It is really a crucial goal. It should be a crucial goal of everyone I believe, because we live in this type of society that imposes these unnatural positions, to do this now, to do it early, because it’s never too late.

EG: Early intervention.

JM: Guaranteed that if you don’t do some type of active approach, you are going to be miserable when you get older. You’re going to be restricted. You’re going to lose your flexibility, your strength, and you’re going to be impaired. You’ll be frail. The last thing you want to do when you get old is frail. That is just something you want to avoid at all costs.

Foundation Training is a rational, simple, reasonable, and inexpensive approach to do that. Even if you don’t do Foundation Training, you’ve got to do something unless you want to be miserable at some point in the future. It’s almost a guarantee.

EG: I don’t say this often, but I could not have said that any better myself.

JM: It’s just the truth. It’s a reality that if you live long, especially if you’ve been focused on exercise as I have for over almost 50 years and really seeking to do that, but not understanding the bigger picture to understand the mobility and posture and movement is really far more important than cardiovascular benefits. Because you need to be able to move through life. That is what you’re designed to do.

EG: If you’re not doing it correctly, you’re limiting every system, including your cardiovascular system, the respiratory system, the sleep, the integumentary system, the skin. All of that is holding on not as well as it could. It’s just like eating well. It changes your chemistry. It changes your physiology. Moving well changes your physiology over time.

JM: Yes it does. There’s no question. Ideally if you can walk barefoot – I just did a calculation a few days ago. I think I’m about 97, 98 percent of the time barefoot.

EG: That’s actually really good.
JM: I hardly ever wear shoes. If I have to fly, the minute I get on the plane, the shoes come off. In the care, I’m not in a car hardly at all. I probably travel less than 2,000 miles a year.

EG: I’m so envious of that.

JM: That’s not an issue.

EG: I’m taking steps to change that though.

JM: Being in a car is not one of my favorite activities. But another benefit of this chin back, chest out is that you’re going to look physically better. You won’t look like a weakling. You’ll have this appearance at least of being more confident. Just from a cosmetic, aesthetic perspective, it’s crazy not to do it.

EG: It’s going to make you a lot better. It’s definitely going to make you feel a lot better.

JM: One of the things that you see very commonly in people as they age is what they call a dowager’s hump. In med school, maybe at least as far as I can remember or maybe I was confused, it was believed that they were ascribing that to sort of the inevitable development of osteoporosis as you age.

EG: How crazy is that?

JM: Yeah. But that’s what they were teaching. I think it’s clearly more of an artifact of improper posture. What’s your take on it?

EG: Things like osteoporosis. Things like osteomalacia. Osteoporosis the changes in the bone metabolism, I would say unless the person has some kind of congenital nutrition deficiency – they can’t produce vitamin D very well, they can’t metabolize it very well, they can’t produce osteoblasts and things like that – it’s probably because they’re bearing their weight on their joints. They probably have a lot of thickened calcium at the ends of their joints, which negates the need for thickened calcium at the middle of their joints.

The long bones. The joints are connecting bones. In the middle of those bones, we need a lot of strength too. I think a lot of people by resting in these sort of passive, complacent postures, they tend to put all of the stress on the joint stack and shocking joints with a lot of force at the end of bones. We have a muscular system surrounding our body that can be considered to be broken up in chains. But ultimately, there’s one web that is based on one goal, which is lifting us, propelling us, and supporting us.

You can compartmentalize injuries. You can compartmentalize elements and muscles and bones. Even things like osteoporosis can be compartmentalized into an area that has more or less. But ultimately, it is very little more than an incongruency of what we’re doing versus what we should be doing.

JM: That makes sense. That really wasn’t the intention of my question, but it’s a good tangent. I do want to get back to the original question though. It makes perfect sense. The traditional thought is that you want to do some type of strength training to build these, establish these muscular forces to build bone density. It’s a sort of piezoelectric effect.

But strength training is going to be an hour four times a week, five times. What’s going to be more effective is what you’re doing all day long, generating these electrical forces and contractions. If you have the right postures, that’s going to be actually preventing osteoporosis. I haven’t thought of it from that perspective. What I was originally referring to was the dowager’s hump, where people slump over seems to be –

EG: The dowager’s hump, I didn’t understand that earlier.
**JM**: It seems to be more or less related to chronic improper posturing that just worsens over time and actually develops these rigid intractable calcifications.

[----- 40:00 -----]

**EG**: Yes. I think you’re right. I think the lack of movement and stagnation in bone leads to calcification and typical degenerative changes. Degenerative changes along with spine make it less mobile, not more mobile. It supports it because the muscles aren’t, the discs aren’t. It puts very rigid support structures in place.

Now, can you imagine 20, 50 years from now, when it’s 60 or 70 years after cellphones and iPads come around, the dowager’s humps, we can start calling them the iPad hump. The humps and iPhone and iPad humps that are going to come into these kids. Not just kids, parents. This is not a generational bias of any kind. Everybody uses them, from very young to very old. The longer we’re here, the more likely we’re going to stay there later in life.

The younger you are, the more capacity you have to be plastic, to engage your body’s natural tendency to respond to stimulus in such a fashion that will get better and better and better at doing the thing you’re asking it to do. If you’re often asking it to look down at your phone, please often ask it to lift your chest up, to pull your chin back, and to just stand very firm on the ground.

**JM**: You can still look at your phone in a healthy posture.

**EG**: Just look at your phone up.

**JM**: And keep your chin back and chest up.

**EG**: Allow the correct curves of the spine to do their job. The neck curve can do this, but it’s the curve that goes back. It’s actually much more prime to look up. The thoracic spine, however, the rib cage, the Stegosaurus hump that we have, that can flex very, very readily. But I want you to notice my neck. How much is my neck moving while I do this? Very little. It’s coming from my mid thoracic spine, a place that most people are starting to actually lose flexion.

**JM**: That’s the other common problem. Actually the beginning of the progression of the dowager’s hump is the loss of thoracic extension.

**EG**: If there’s one piece of value to Foundation Training that I think will linger for a long, long time – because there are a lot of ways to integrate the posterior chains, there’s a lot of ways to strengthen your spine or to strengthen your hips. A lot of ways.

But our decompression and breathing protocol, the ability to literally re-educate the muscles that surround you axio skeleton, the spine of rib cage to re-educate those muscles towards the expansion instead of contraction. It’s something that’s always going to set our work aside from everything else. Not better. Not worse. Different. It’s an accessory.

The better you get at things like decompression breathing, which can be taken and applied to any movement, any exercise, any activity. The only unique thing about it is our specific protocol of learning how to engage the diaphragm more appropriately by drastically strengthening the muscles that surround the rib cage.

That in and of itself will do more for your spine, more for your chest and neck, more for your dowager’s hump, more for anything that has not fully calcified on your spine than anything else I can possibly teach you. If I can teach you, I can teach you better, but I can’t.
JM: Assuming you haven’t developed this forward flexion dowager’s hump, because once you have that, unless you’re going to do some surgical intervention, and I’m certainly not recommending that, it’s just not going to reverse as far as we know the state of the art. Is it your position that application of these throughout life prior to the development of that virtually no one needs to develop that?

EG: I think that with the exception of things like ankylosing spondylitis (AS) and diffuse idiopathic skeletal hyperostosis (DISH) that have – I don’t want to make it – sometimes I will almost inadvertently, accidentally make a grandiose statement. I don’t want to do that. No matter what I’m saying, it’s wrong if I say all or nothing.

But a lot of people can get a lot better if their spine hasn’t calcified yet. At any age, the younger you are, the more room you have. If you practice this type of work, if you practice good posture using yoga, using Foundation Training, using Pilates, using the Bar Method, using something that makes you focus on your body, not just lift weights, not just external artificial resistance, but how to support your frame, you’re so far ahead of the game. You’re so far ahead of the game.

I don’t know if we can do away without. I don’t know what leads to that. That’s depression, man. That’s anxiety. That’s so many things that take us to this place. Physical remedy’s very important though. Prevention is –

JM: I think in my view it may be able to prevent most of it at least.

EG: I certainly agree with that statement.

JM: A fair statement. As I am in the last half of my life, at least most likely, this has become an increasingly important focus of mine to really integrate some types of approaches and some exercise programs. It really is. I basically stopped cardiovascular training for the most part, except for occasional Peak Fitness, but I focus on these things.

EG: How are you feeling?

JM: I feel great. Absolutely.

EG: How’s your energy?

JM: It’s not just the exercise I’m doing. We haven’t talked for a while. I had a radical shift in my approach in nutrition.

EG: I heard about that.

JM: Focusing on burning fat for fuel. That’s a simple term, but it’s massively important. I really think it’s the treatment of almost all diseases: to really have your body well adapted the way it was designed to. The carbs are evil. If you’re in good shape – you could still have carbs, but to get there –

EG: Sometimes a little bit. I have one story that I tell people about the fat-burning thing. This is like my go-to. This is all the evidence I need on what we’re supposed to eat. Have you ever heard of Earnest Shackleton?

JM: Yes. He was the Antarctic explorer.

EG: He got stuck on the island for months and months and months with a lot of men. None of those men died. Do you know what they ate?
JM: I think it was whale and seal blubber. Stephen Phinney who’s probably one of the best experts in this area really tells great stories about that. He’s actually been in nutritional ketosis for I think over a dozen years.

EG: I’d love to talk to him.

JM: He’s an M.D., Ph.D. He’s been in this for the longest. He’s written a book with Jeff Volek. That’s my new focus.

EG: I want to hear all about that.

JM: In response to the exercise interventions, it’s hard to say because I’m integrating this. When you’re brain’s running on ketones, it’s a whole different animal.

EG: But do you notice calmness?

JM: Yes, definitely. My tendency towards becoming an angry and irritable has diminished considerably although it’s still present in certain circumstances. But my response is generally throttled with more.

EG: I really believe it. I really believe that it just fuels us a little bit differently and it gives us the capacity to relax a little bit more. Relaxation is something that’s always difficult for me. I’m on. I’m always on. You know Jen. You can ask Jen. When I eat well, the difference in my temperament is remarkable.

JM: For those who don’t know Jen, she’s your significant other.

EG: Yes. She’s very significant. She’s writing a book. On Chapter 8, Little Bodies Become Big Bodies on True to Form. Jen is tackling a book with Harper Collins, and she’s writing it right now, on the first year of life, on developmental patterns and how to meet for them for the first year of life. Her work is incredible. It’s really interesting.

JM: Is there going to be a little Dr. Eric Goodman along the way?

EG: One of these days. It’ll be great. He’s going to come out angry and passionate too I think.

JM: Well, you’ve done a lot of great work, Eric. I really congratulate you for doing that. The beautiful thing about this is you’ve just really begun for the most part. You’ve done a lot of good stuff. You’re at the beginning of your educational career. We look forward to future innovations. But in the meantime, you’ve done enough already that anyone watching this can significantly benefit from that.

We’ve already mentioned some of the previous approaches. Go to FoundationTraining.com. Go to the YouTube channel. The book True to Form. These are all great resources. They can look at the previous interviews I’ve done with you.

But the issue is take action. Do it. We all need this type of intervention in our lives. Whether it’s not Foundation Training, that’s fine. Do something. You’ve got to do something. You have no excuse – well, I can’t say that because absolutes aren’t really correct. But there’s virtually no one watching this who has an excuse not to do something. Even if you’re wheel-bound. You’re paralyzed.

EG: You can do this breathing. You can do anything. If you have control of the front nerve and above, you can at least breathe better.

JM: Even if you’re paralyzed from the neck down.
EG: I have a friend that is and we do some of those work. His name is [inaudible]. He’s a very good guy from Oklahoma City, but had a very tragic accident. If there’s one thing I’d do in my life, I really hope I get to spend some more time with that guy and really see what we can do based on breathing. Because he’s got such a cool spirit to work with. There are some people out there that are really extraordinary to work with a little bit. I wish I could say that more.

[----- 50:00 -----]

JM: Usually treating the fringes, the ends of the capacity humans have is really where we find many interesting innovations. I hope you have a chance to work with him. I want to thank you and encourage everyone to explore this Foundation Training more, because there’s a great chance that you’ll get some magnificent benefits. If you’re doubtful, I would read the comments on YouTube from people who’ve actually viewed it. These are not planted testimonials. These are honest observations.

EG: We’ve had some tremendous testimonials recently. I would never pay somebody for a testimonial. Everything that somebody says about our work is because they’ve opened it – including if I said something bad about it, they believe that too.

JM: Of course, there are always detractors. But you’re work is getting out there and more people are adopting it. When you have something that’s useful and helpful, it will become more widely adopted and hopefully this type of approach is even integrated into chiropractic training, because it really needs to be. I know they teach a lot there.

EG: They’re so into this.

JM: This is the core. Because it’s not what you do in the office, it’s what you do outside the office that’s going to maintain those interventions for the long-term.

EG: Can I give you a real quick story about that? 30 seconds or so?

JM: Sure.

EG: There’s this group of guys. They call themselves “The Adjusting Ninjas”, which is a cute name. They’re great guys. They’re all young chiropractors. Lance Von Stade, Brett Jones, Jordan Fairley, and a number of other ones. Adrien Villalba. Lots of great guys. They’re all in their early 30s. They’re all these hungry, hungry, hungry chiropractors.

What they’re doing is they’re teaching chiropractors to take better care of themselves. They’re teaching longevity based on biomechanics while you’re adjusting, while you’re seeing patients. They’re teaching the doctors to be healthier. The result will always be healthier patients when you do that. I’m so proud of what these guys are doing. They’re great guys with an amazing message for chiropractors.

JM: We need them. Hopefully, there’ll be more like them.

[END]