Dana Brumitt Zoom Audio

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older, slow, aging, older adults, door, wild horses, people, mobility, implications, move, called, instability, vestibular system, bdnf, excellent, signals, impaired vision, quick, dana, vehicle

**SPEAKERS**

Sage Kashner

00:03

Thank you, Bruce. I appreciate it very much. I'm looking forward to presenting to introducing our next presenter, Dana Brumitt. She's a woman I've known for a long, long time. She comes from she has a lifetime background in corporate training. And more recently has become specialized as integrative health and wellbeing coach. And I'm really excited what she's going to share with us. So Dana, come on up.

00:40

Good folks back there. Yep. Sounds good. have turned me on.

00:51

Green Button is forward. Okay. I've got driving instructions.

00:57

The Morning.

00:59

Welcome. Welcome. I am so glad you're here at this forum. Sounds like you guys are in for a great day. This night is there Fantastic. Well, Amy has asked me to have conversation with you all about some of the changes associated with growing older, and how that might affect mobility. I'll share some facts with you about the physiological impact of getting older, keeping living. And we'll talk about how that might affect mobility be good, good, okay. And along the way, we're going to do some evaluations of ourselves so we can assess our own levels of mobility just for fun. And then I'll demonstrate some movements from a program that I teach that has a profoundly positive effect on mobility, personal mobility, and you can try that too. So get ready to move. I met some folks from on the shuttle yesterday from Minnesota. Brendon, where are you? Brennan Are you here? He's sleeping in. Brandon tells me that transit people love to move. So there's Michelle to we're going to get your group moving over there. So I hope that you will participate along with me and have some fun. So I represent one of the constituencies that you serve. That's older adults. So what's older? What do you think is older? just holler, holler it out. Anything older than me? At 85 Anything 10 years more than I am right now. Okay. Experienced. Thank you. Thank you. How many people in this room are over? 50 Yay. Oh, my goodness. I was expecting about 1/3 That's awesome. 60, 60 up Skippy, a 70, anybody? 70. Awesome. I thought it was gonna be the oldest person in the room. Nobody wants to get older. There's kind of a stigma to being older. We live in a young generation. We live in a young society. But here's the deal, guys. Aging is not a disease. It's the ordinary, natural, inevitable result of living. Aging can be a risk factor for some diseases, but it is not a pathology. My favorite definition of aging you see on the screen. This is Dr. Sherwin Nuland in his book, The Art of aging, which i recommend. Maturity is not a disability. But it is a season of a tuning to the passage of yours. So a tuning I love that it speaks to being receptive to signals that that you didn't you couldn't draw it in when you were younger, and achieving some kind of harmony with the actual situation of your life. So the longer we are successful at living, the more of those attunements we'll have to make.

**Sage Kashner** 04:44

Are there

04:53

some of the changes that come with aging, they're obvious they're visible hair color and volume changes color starts to thin recedes at the temples, skin, the coal age and fans, and little wrinkles and crinkles start to appear. Some damage happens things kind of generally start to sag a little bit. But neither of these have much to do with mobility. So let's just move forward

05:27

other changes, vision and hearing. So vision starts to change as early as 40. cataracts can start to develop, but they're not noticeable. near vision tends to start to degrade first. And actually, sometimes as you get older, your distance vision gets really good for a while. But those cataracts stay back there and they begin to grow and grow. And pretty soon night driving can become kind of problematic with spiky bursts around headlights and streetlights. And most people have some degree of impaired vision due to cataracts by the time they hit 60. So all of you who raised your hands probably know that age related hearing loss that'll creeps in, kind of slowly and quietly to and it's especially pronounced in the higher frequency sounds like TF, T H's and essence. And for women's voices. words that sound the same kind of you know, T. He, they start to get hard to distinguish and you can hear the conversation but you can't follow along. One in three adults over 65 experiences hearing loss and that is twice as many men than women. So what are the implications of that?

07:04

Oh gosh, scuze me with reduced vision. Of course, it's harder to read finds and documents. movement can actually become more tentative because your vision is impaired and there's missteps on curbs and steps with hearing loss, communication can be misheard or misunderstood or missed entirely. So let me ask you for the work that you do. What impact does an older person's impaired vision and hearing represent have for your work just stand up shout it out. But any impact Yeah, Michelle.

07:58

More people become unable to drive or able to drive but dangerous, right.

08:07

Excellent. Good point. Hearing how you communicate him speak more slowly. Maybe articulate a little more. Absolutely. Slow down. Eye contact. Just like with it. Just like with a five year old? Yeah. Patients patients slow down the answer to everything when you're dealing with an older person is simply slow down. Our virtual attendees say delayed reactions.

**Sage Kashner** 08:48

Our virtual attendees say delayed reaction reactions. Thank you virtual attendees Hello out there

09:04

all right, so some of the details get kind of messed up.

09:30

I hope everyone who is attending virtually could hear her excellent comments about in a call center the phone especially if there's a lot of background noise Excellent.

10:09

Absolutely understanding, understanding, being an empathetic witness to what the great, great what other changes are less obvious and invisible. These are changes in the musculoskeletal system changes in tactile sensations balance, the ocular vestibular system. And of course, there's brain changes. And so these are, they also develop very, very slowly, but they're invisible, and we don't notice them. So kind of insidious. Um, let's look at the musculoskeletal system. So somewhere around the age of 52, things happen at the same time, the body's ability to manufacture protein goes down. And also muscle mass decreases, and also contractile force of the muscles decrease. And so the ratio of lean muscle to fat diminishes, bone density decreases, arthritis that's in by the age of 65, or 70, about 1/3 of muscles will be lost. And the process speeds up really, really fast after that. Musculoskeletal inadequacy is the single most common cause of vulnerability in older adults. What are some of the implications? Primarily difficulty transitioning from I call it the sit to stand motion? That's very much affected climbing stairs, of walking on uneven surfaces, pulling or pushing heavy doors. What else? Your comments? What implications might that have for the work you do? Thank you for the microphones.

12:23

Real quick, we don't have a lot of time, but I'd love to hear one or two thoughts. All risk fall risk goes up. Absolutely. Yep.

12:38

Okay, there's that. Okay, let's just take a second just for fun. And let's assess our own level of musculoskeletal competence. This is going to measure lower body strength. So everybody be ready to move here. Sit on your chair. And I'm going to have you I'm going to set my timer for 30 seconds. And we're going to sit like this. And simply stand sit, stand and sit as best as you can. For 30 seconds. This can also be done from a seated position if you prefer, I haven't started yet. Save your strength. Save your strength. If you prefer to do this from a seated position, same position, just legs up, down, up, down, make sure you get all the way up. Okay, I'm gonna set my timer here. And Ready, set. Here we go. 30 seconds. count, count, I'm sorry, count, do yourself. Nice go in

13:54

and stop and stop. Okay, measured against the population of average 50 year olds, you'd be between 12 and 17 reps on that. Thank goodness, I'm in there, I'm in there. So while you're all catching your breath, tactile sensations, there's very real changes that happen at the tactile sensation. Also starting around the age of 50 because of a decline in skin elasticity, tactile sensitivity bloodflow nerve degeneration. What are some of the implications of that would you think?

14:46

Here's the big one, a result in a lot. It results in a loss of what's called pinch posture. And that's the ability for you to apply pressure at the proximal extremities like fingers and so have a grasp on a handle or a railing or something is less secure, and it's less reliable. There's also a delayed reaction to environmental cues. So if anybody was out at the rodeo yesterday and how hot it got older people succumb to heat up to heat exhaustion much, much quicker, because they don't feel it, they don't feel it. Any other comments?

15:29

You kind of mentioned a little bit on the grip strength. But one of the big things that we see is this, if you have paper applications for them to ply for services, holding a pen when you have bad arthritis in your hand, the other thing big thing that we see is door handles door in their normal door handles, yep, they need to be those kind that you can just push down. Yes, door

15:52

hats, it's a lack of hand strength, and also manual dexterity. Let's test our manual dexterity real quick, everybody extend your dominant hand, spread your fingers out wide, I'm going to count to 10. And again, you count to yourself, I mean, all you're going to do is take your thumb and forefinger and touch them together and apart as fast as you can, don't cheat, go all the way out as fast as you can, I'll count to 10 Here we go. 1-234-567-8910, stop. Anybody want to share your number, I mean, need to get or 336, an average 50 year old will be someplace between 50 and 60. On that you want you might want to try your just for fun, your non dominant hand to see what you get.

17:00

So Dana, if I can kind of just add in one real quick. And, Marilyn, you're already going right? Where I was gonna ask you to go is if you can think about all these changes that Dana's talking about? And then relate them to the people who you serve each day older adults, and continue to make that connection. Thank you,

17:17

Amy. Thank you. Yeah, I'm not sure what all of your roles are. So, you know, it makes a difference to how you're interacting with older people. Let's well balance. Older people have reduced ability for the deep sensations of vibration, and proprioception. And proprioception is the awareness of joint position. And so there are mechanical receptors in the body, particularly at the hips, and the knees and the ankles, that are finely tuned to detect body sway. And they do a really, really great job. But as you get older, they lose their acuity. And so they're just less effective, they're less effective to to sense that and control that. Also, joint replacement surgeries, which many older people have had it cut rates are long, they grow back, but they never quite work the same. And also joint replacement compromises lateral symmetry, because it it often results in a slightly uneven gait. I know I have one because I haven't knee. So what are some of the implications of that? Balance, decline, compromise, postural uncertainty, lack of awareness things Jehovah the body in space, definitely can cause miscalculations in walking anywhere upstairs, downstairs on uneven surfaces. There's also a stepping up and down from curbs that the small steps are worse than the big ones. Increased fall risk causes anxiety for people if if they can't really balance. I know many, many people at the age of 50 say Oh, I can't balance quit riding my bike, that kind of thing. What do you think? What do you think? Any thoughts ideas from you? Yeah.

19:32

Think as a Mobility Manager and we're thinking about getting our older adults from point A to point B, we have to think about the whole trip from their door to their appointment or shopping or whatever, and then back again, we can't just think about the vehicle that they're riding in. It's a it's a full trip.

19:48

Excellent that last What 25 yards, so I don't know if you can but to escort people from there, to the door and maybe not just to the door, but through the door to the other side, escort them farther, provide more support, provide more support, if possible.

20:12

That's gonna say it seems like the most difficult part of that portion is going to be getting in and out of a sedan SUV or smaller vehicle, because it involves all those different things, you're talking

20:23

about transitions from one state one orientation to another one. That's where people fall, just getting out of chairs. That's where people fall. Yeah, transitions, more support, more support. And like everything else, slow down, slow down, one more. And

20:40

so as she mentioned, it's it's getting them from the door of their home to the vehicle and the vehicle to the door of the destination. But we do realize we're in a very rural community, we realize there's a need beyond that. So we're in the processing process of developing a personal care attendant program, and which volunteers will ride with that person and see them through the door. They'll sit in the waiting room, not take responsibility for a patient, but sit there to assure the providers that yes, they have transportation, no, they will not be driving, and I will see them through their door at home. So that's something that we're going above and beyond just from their door of the door of their home to the vehicle

21:22

and so amazing. That's awesome. That's awesome. Was there another comment over there?

**Sage Kashner** 21:31

I also have one if sidewalks are not accessible, then Pete people going to transit if they have balanced challenges. Sidewalks, sidewalks, yes.

21:45

I thank you. Sorry. It more intentional, actually stepping their gait and decreased ambulation speed so they could need more time to board or disembark the vehicles. Yeah,

21:59

slow down, slow down.

22:05

And walk Kayla's walking, I would say overall, that word that Carol brought up Patience, patience. I mean, understanding why you're saying okay, get in the vehicle and understand why they're taking their time. And they're being extra careful because they don't want to fall. Absolutely.

22:19

I um, one of the things that we're we address in our mobility management case management program is is trying to facilitate an environment that they become mobility, self sufficient. And so what we're finding with a lot of our older riders are those that are transitioning into a different in a different age group is they just don't have the infrastructure in their homes needed to access transportation. So like, maybe they have steps and now need a ramp, or, you know, personal care attendant, I really liked that idea. I wrote that I wrote that down. But there's just a lot of different things. Maybe they're they're, you know, gravel driveway and not paved. So these are things that we're trying to address as far as resource management with our with our writers is trying to get them the proper resources to be able to to make those adjustments in their their homes or the infrastructure of their house or their land.

23:14

It's wonderful. You're talking about the whole picture, not just the ride, you're talking about the whole experience, the holistic approach to getting from there to there safely. And back again. Excellent. Yeah,

23:26

I wanted to make one suggestion to everybody in the room about all of the things that you're been been talking about, one of the things that I encourage everyone to do is reach out into your community because I'm from Oklahoma City. So we have a huge network of partners that we utilize for things like this, there's a group of volunteers called Restore OKC. If somebody doesn't have a functioning wheelchair ramp, they will come and build it at their house for free. We have another group of called ABL tech, if they need special adaptive equipment, I can get it for free. We have contracts and connections with individuals that will help with accessibility inside the home and they have grant programs for him. So we've got we go way above and beyond the terms of our referrals and stuff, not just about the trip, but about their life.

24:11

Thank you. I have one more. One more.

24:14

Before I do. I want to say we've been talking and focused on needs but also point out. I've been having some conversations with an agency that's looking to involve AmeriCorps Senior Corps members to contribute to helping that you know, providing a companion to get through to the door to door and door that so it's not necessarily just a deficit that we're looking at. Let's turn it around and look at some of the positive that

24:42

yeah, fantastic. Another comment. Just

24:45

like to comment on our service we provide attendants onboard, and rather than do curb curb we do door to door and web recognition of passenger assistant training understand the aging population we're serving and the needs and many things you pointed out that are taking place, someone with arthritis that's walking from the door of their home to that vehicle can be much different than someone that's walking, it does not have that arthritis. And so we take it into consideration and our position is less exceed customer expectations, not only for the customer, but in our community. Now why are we relevant to all those relatives, all those people in the community? They stand by and watch and they say, you know, that's what we need.

25:31

So if you could just stand up real quick. Not now, because we probably need to move on. Would you mind standing up just made that comment? Anybody who would like to consider to be more of a door to door service? I know insurance off sometimes steps in. So perhaps have a conversation at lunch with our I'm sorry, what's your name, sir? Oh, Ed. Hello, I'm sorry, I didn't recognize you. At Bennett, one of the most innovative transit leaders. I know. Talk to him about insurance issues. I'm sure he has some really good advice on that. Okay, Dana, back to you.

26:01

Yeah, thank you. Thank you. So let's, let's see how we're doing in the balance department everybody. On your feet if you'd like you can also do this from a seated position. If you want to do this from a seated position, sit forward on your chair so that both of your feet are firmly pressing against the floor. Otherwise, stand beside your chair, give yourself a little bit of room to move, stand on the right hand side of your chair, if you're right handed. Other side for lefties. I want your chair to be there for you to grab on to if you need it. So we're going to do just a quick three step balanced experiment. Starting from a nice balanced base, both feet weight distributed evenly. Take the outside foot and put it slightly ahead of and closer to the others a semi tandem stance. And we're simply going to stand there and balanced by count to 10 ends off 1-234-567-8910 Perfect. Next step, take that same foot now. Yield to toe, bully tandem stance. weight evenly distributed between both feet. Okay, ready, we're going to hands off for 10 987654321 wobbly, that's okay. And then last, all your weight goes forward on the front foot. We're gonna raise the back one up off the floor about this much. Ready? Here we go. 1-234-567-8910, grab, grab your chair, if you need to. Thank you so much. An average 50 year old will do that with no wobble and no touching the chair. So I don't know you 50 year olds out there some something to shoot for. So the ocular vestibular system also undergoes changes with aging. The ocular vestibular system is the system that it's the network of your inner ear and your eye working together communicating with the brain. And this system is it's in charge of stabilizing the visual field and coordinating the body while it's in motion. And so aging affects that in a number of ways. One way, if the if the physical structures change at all, like a vote, they can get thicker, they can get misshapen. Also, the viscosity of the fluids in the inner ear increases. And so the sensory and signaling processes slows down a little bit. And then medications, of course can interfere with the neural signaling. What are some implications of that? Very closely related to balance but when the tight coordination between the eyes and the vestibular system doesn't work quite so well. It gets you get dizzy. It's a common common problem of older people. In fact, 90% of people over the age of 80 will experience episodes of dizziness, physical coordination suffers, that causes anxiety for people and of course increases the fall risk. Any thoughts from all of you and please if you're watching us on the live stream, send your notes they can send a note to you can't they? Yes they

**Sage Kashner** 29:58

can. I have vertigo listed here to go. Yes.

30:03

Oh, what a horrible feeling. Yes, thank you. Anybody else?

30:09

Another big issue is depth perception, depth perception. Yes. Absolute stepping up stepping down. slopes? I know because I deal with that. But slopes are also an issue. So a lot of times when you're looking at like, when they're in your in your transit terminals and so forth, or do you have steps painted? So they can see that depth perception slopes, things like that.

30:37

All those wayfinding markers know what else is the hazardous situation is being in an environment that has a lot of glass, sliding doors, glass partitions, and it's really clean. So you can't tell where the opening is if the door is open or closed, that signs on some of those things. And you can see three layers of signs through the glass can be very hazardous.

30:59

Something a lot of people don't realize it's also tinnitus is tinnitus, tinnitus, because it can get so loud that you can't hear anything around you. And as you take steps it pounds inside of your head. So you're hearing impacts that nobody else can understand. I know I deal with this all the time, myself. Yikes. And it comes along a lot when you have any sort of inner ear obstructions or damages. Right.

31:34

Thank you. Thank you. It's not something that occurred to me but cool. From

**Sage Kashner** 31:37

the live stream. medications may also affect the vestibular system. Ringing in the ears can happen and macular degeneration. Oh,

31:49

macular. Yes, thank you. Thank you.

31:52

Part of our travel training includes an aspect to make sure folks who might not be able to step up into the bus. Practice using the lift because the lift could even cause you know, some discord ocean. So part of our travel training is getting people used to the left.

32:09

Definitely any change in orientation like that. Excellent. Well, let's test our ocular vestibular system and see how it's doing for all of you. Three minutes. Okay, we're running out of time. fixture your eyes right here on this white tape. And I'm going to set the timer for 30 seconds. And all you're going to do you don't have to count this this slow. Just peg your eyes there. Turn your head preside aside, but keep your eyes on the white tape. Okay, you're going to turn your head from side to side, keep your eyes on the white tape go. Don't turn your eyes, keep your eyes right here, just turn your head slowly.

33:11

54321 Anybody experienced a little vertigo just with that? It would not be uncommon. You can also test your ocular vestibular pitch that was the orientation. This is the pitch your you can do that up and down this way too. But we're since we're running out of time we're going to move on brain. Here's the biggie. What happens in the brain as you get older, the cognition and processing in the frontal lobe that's here slows down the space between a signal and the response gets wider. So the times are slower. Also activity in the hippocampal loops, you have two of them one on each side of the head. They look like see horses slows down. And this is the area where signals come in the brain figures them all out, takes them in short term memory and moves them to long term memory that slows down. And then also the production of BDNF brain derived neurotropic factor slows down. And BDNF is the brain chemical that supports and encourage the growth of new neurons and synapses. And that that slows down and I say tends to slow down because there's a very strong correlation between physical activity, mental activity and the growth of new BDNF and older people. And so older adults who are physically and mentally active don't exhibit this age related loss of BDNF. So good to know right? What are some of the implications of the slower brain processing times Again, slower response times. forgetfulness, this is the biggie. This is the old one did it come in this room for kind of thing that happens to older people name and word finding. Aging does not significantly affect long term memory. But because of this hippocampal slowdown, it definitely does affect short term memory. mental agility, under conditions of immediacy, like driving a car 70 miles an hour in the dark at night. That is compromised gravely. Older people should not do that. Don't do that. Hey, let's take a second. Let's see how your hippocampi are working. I'm gonna give you five numbers. And the minute I'm done, I'd like you to give back to me. Okay, just say out loud 57312. Excellent. Your latency was perfect. Accuracy was perfect. Good. hipcamp iHealth out there, even given to me backwards.

36:13

Now Pretty.

36:18

Pretty good. Pretty good. I know, gosh, we have so much. There's so much more we can talk about, but we're running out of time. And so let me let me just say that. We've talked a lot about a lot of changes that happen when you're growing older. Please, please, please remember, aging is not a disease. It's the natural, normal, inevitable process of living. And over the past several decades, a lot of research has been done on what are the factors two, that used to lead to a lot of the disability that we saw on aging. And now we know that many, many, many of them are avoidable. And we've learned the difference between aging and disease. And one of the other things we've learned is the incredible power of lifestyle to make a difference. And that's in the domain of nutrition, exercise, sleep, and social connectedness, to lifestyle modification has demonstrated a remarkable ability to put the brakes on aging, and even in many cases, reverse it. So we were gonna do some Tai Chi, but we are flat out of time. track me down. Maybe we could go do Tai Chi out there by the pool later if you want. But yeah, there's that green space out there. If you want to talk about any of these things, or have more questions, track me down. I'm gonna be here all day thing

37:48

here with us for lunch. Correct? You're gonna be with us for lunch? Yeah, great. So maybe after lunch, so we don't get the yawns after lunch. Maybe we do a little bit there. We can do some Tai Chi. Okay, thank you live in Danang. So the point of that was not to depress us, the point of that was to again, help understand those changes that nothing we do or very little we do can stop, right? We can. We can do things to kind of ameliorate those things, those changes, but we can't stop them. So there is a piece of acceptance in that. But think about that in terms of the impact. Again, when you are working with older adults, maybe that will bring a little bit higher understanding of maybe what they're going through. And maybe you maybe they're places where we need to alter our act or reactions to older adults to make sure that we are taking into account all these changes that happen. Okay, our next presenter is going to be oh sorry Bill has announcement. We do all right. I guess we're out with Dana Why don't do you want to come back up and do some of that Tai Chi then? Yeah, sorry about that. We just here we just unraveled you don't can use my hand

39:27

No, she's not wearing Dang, I don't think people can hear it

39:52

you hear me? Okay. I teach a fall prevention program. I call it a balanced improvement or program. I teach it to people from the ages of I've had people in my classroom 50 to 98 years old. And I've had people come in with walkers, I've had people come in with those walking sticks like this. I've taught it to people who were entirely wheelchair. But this program increases postural stability, improves balance increases and improves lateral symmetry, it improves coordination. And it's been proven in in hundreds and hundreds of clinical studies to just increase mobility along all the measures that we've talked about this morning. So if you would be so kind as to try it, I'll show you a few of the motions, you will need to get on your feet. Or you can do these seated if you prefer, just give yourself some room. You need to be able and spread out if you want to go to the corners of the room, all we need is that you can see me because I asked you to just follow my body motions. In fact, I'll take this off, so it's easier. So high Chitwan Moving for Better Balance starts with breathing. And it uses the breath. And it takes the body through a series of motions in all directions, slowly and quickly from stability to instability to big instability and back again, across a number of axes. And now that's what makes it so beneficial. So we start out by just everybody take a great big breath in through your nose and out through your mouth. Just do a quick check and make sure your knees are not locked. We need soft knees for this. And again, let's do another inhale and this time, reach up and catch an invisible beach ball in front of you. Right here, big fat beach ball. And as we inhale, it fills up. And as we exhale. Fantastic. So just move with me. I'll talk you slowly through these motions. We start by shifting our weight to one side. Come with me Come with me. I see you're coming with me. Come with me. Go the same way as I'm going shift your weight to one side. And then begin to introduce instability with a twist. Twist your body I call this the wind up, wind up, wind up wind up. And now increase the instability by lifting your outside heel off the floor. Yep, very good. And now we're going to do a percussive movement, which is a quick step to the right. Now exhale, exhale, exhale, bringing yourself back, squeezing the ball, bringing yourself back to a position of stability and just drop the ball gently on the floor. Keep moving. Now we're going to be unstable on the other side, on the other side. Get ready, you're going to push off with that outside foot. Catch the beach ball over here. And then thinking, thinking, inhale, exhale, inhale, exhale. Okay, now we're going back, same thing, do your wind up. Inhale and step quickly. And then exhale, through the center through the center, dropping the beach ball, exhale and keep moving, keep moving, keep moving, shifting your weight, get ready to push off and catch the ball on the side. Nice job. Nobody gets to fall in a fall prevention program. No fouling allowed. Let's take this to another level of complexity that was born number one is called the move a ball. Amazing. We're going to do form number two now it is called Park the wild horses mean. In the regular class, it takes about four weeks to get here. So you're in the accelerated group. So we're going to introduce a couple of new things. One is our step I'll just show you our step is going to be diagonally forward about 45 degrees this time. Okay, come back. And we're also going to do a part the wild horses main hand gesture when we come to the middle by taking our hands follow along like this. And here's where it gets its name and your parting the Wild Horses Mane and looking at your hand, okay, there you go. It looks beautiful. Now let's do it. Here we go. Starting starting position. A deep breath in and we're going to do our wind up. Get ready we're going to step diagonal and exhale. Exhaling again down through center, you're squishing your beach ball again, exhaling exhaling and right here we're heart the wild horses men and sink in. back palm is down front palm is up. weight is evenly distributed between both Feet. All right, now we're going to introduce instability. Pick up your your back heel and push off. And then go back, rock back, exhale, exhale, exhale. And this time, we're going to pick up our front toe. And we're gonna leave it up, and we're going to give a sharp pivot forward with the breasts. There you go. Now slowly moving forward, slowly moving forward, your ball is now back in play, and you're going to catch it out in front of you with a push off of your back foot and catch the ball here. So this hand is on top, this hand is on bottom, your weight is on the outside, your outside hip. That's the hip that your hand is up on. We're gonna go back the other way. With an inhale, do our wind up. And now a quick step diagonal. Exhale, down through the center, come down to the center, and park the wild horses main and sink in. This palm up, that pumped down. You're looking beautiful out there. All right, we're going to instability we're going to push off with our back heel, push off. Ah, I know rocking back, slowly exhaling rocking back, rocking back and this toe comes up. And we're going to do a quick pivot forward and start shifting your weight to the front foot. Exhaling and get ready to catch your ball out here with a push up, catch your ball and sink in. Beautiful, you have just done form one and form two. Thank you