

PUTTING YOUR PELVIC FLOOR FIRST



WHAT WE WILL COVER



What is so important about the pelvis and its muscles?

The anatomy of the female and male pelvis.

What you do that may help / harm the pelvic floor.

How to activate and relax the pelvic floor muscles.

Putting it into practice; screening, adapting exercises, increasing exercise effectiveness.

Helpful resources.

WHY DOES THE PELVIC FLOOR MATTER?

You are only as strong as your weakest link!



60% of low back pain can originate from the pelvis (joints, soft tissue, organs)



Incontinence is a **COMMON** but not a **NORMAL** part of aging, high impact exercise or childbirth

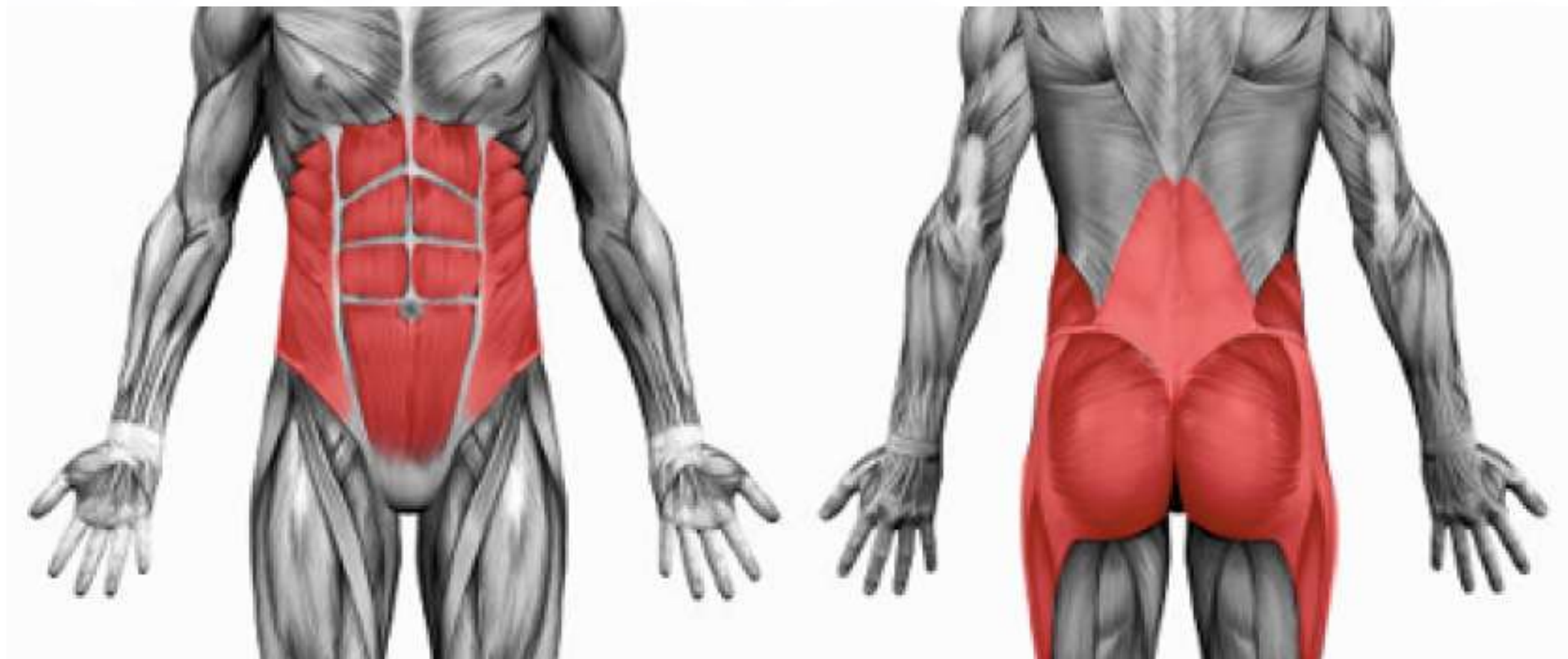
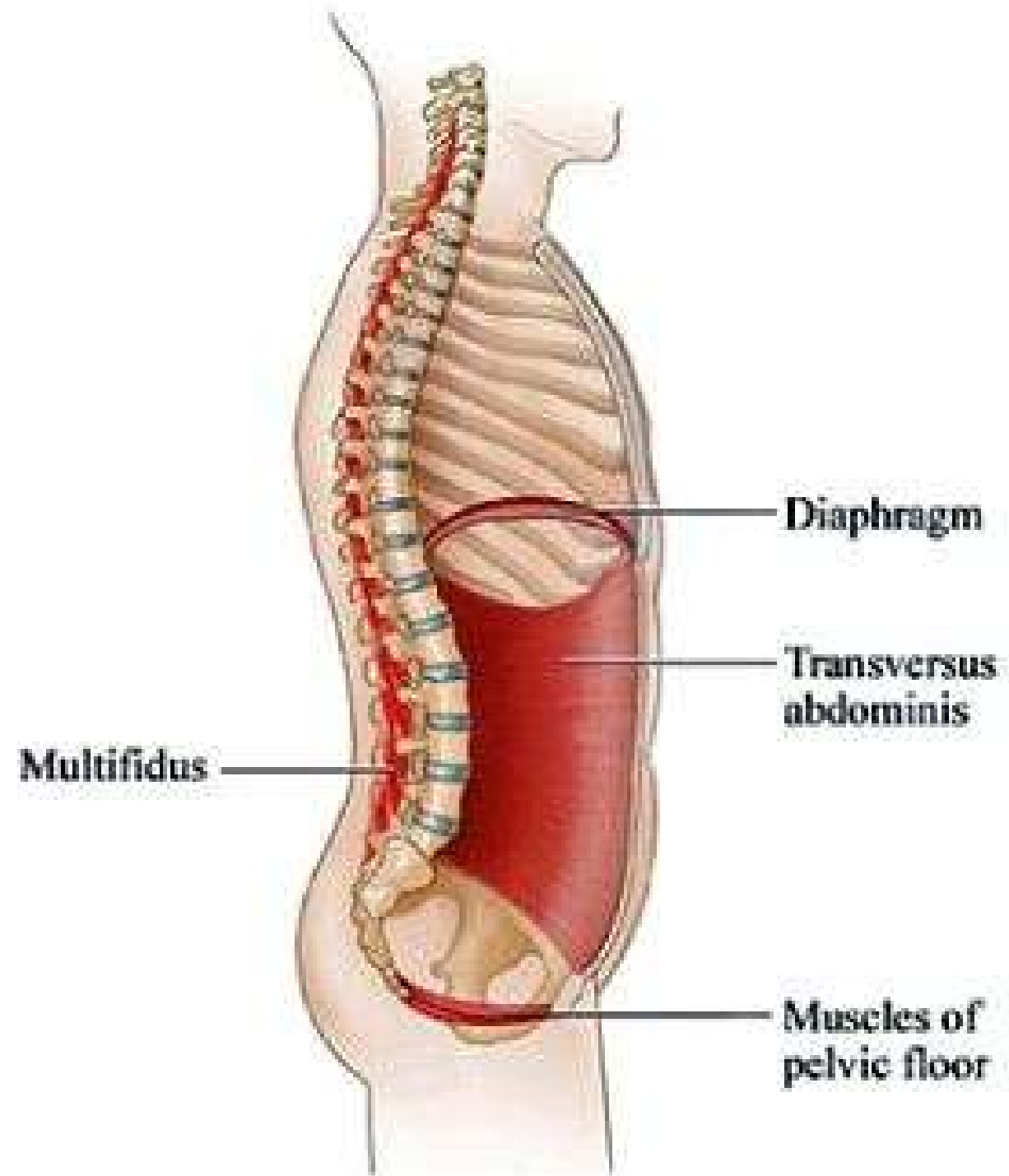
Incontinence is treatable, preventable and often curable



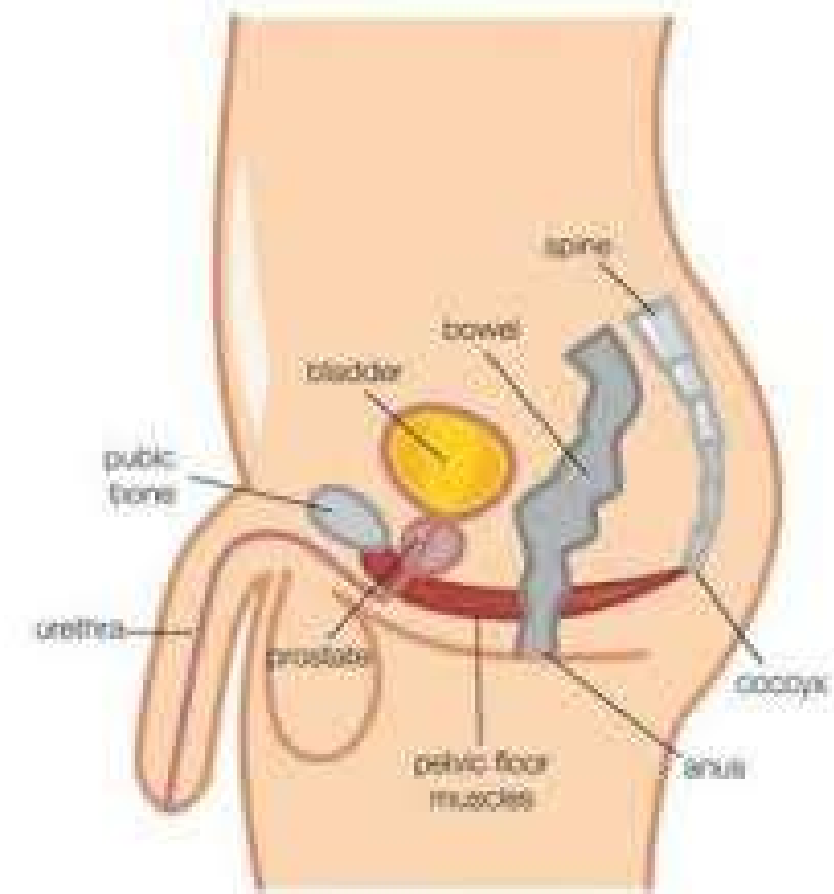
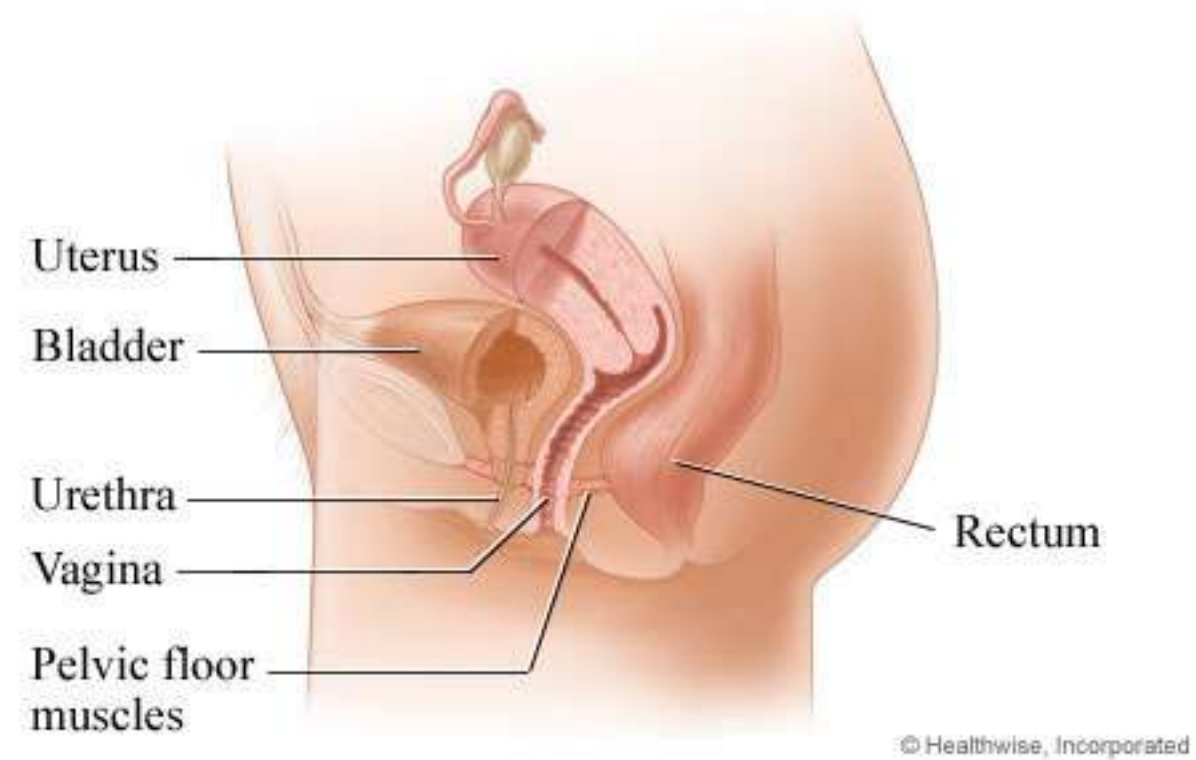
daily pelvic floor exercise may prevent incontinence and pelvic organ prolapse

it is never too late to teach old muscles new tricks!

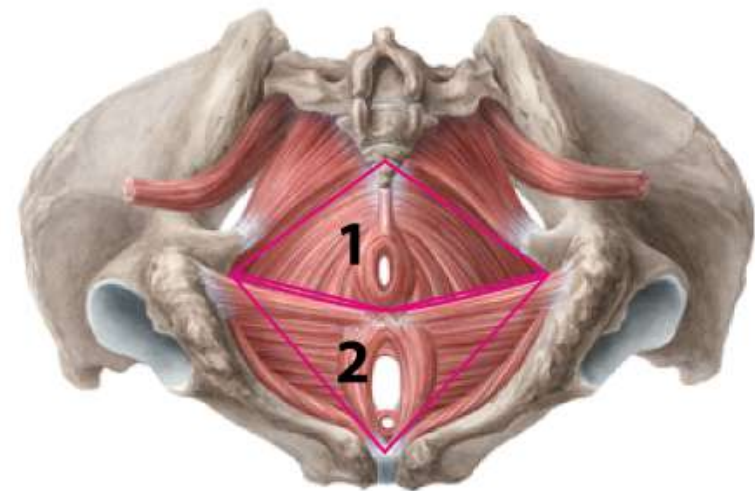
THE INSIDE STORY OF CORE STABILITY



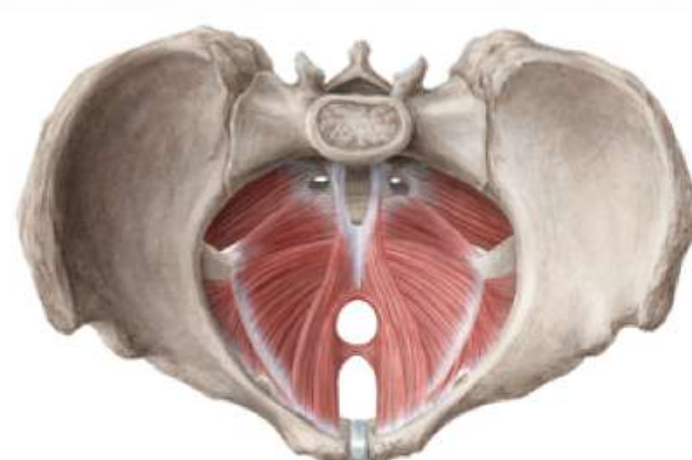
THE AMAZING PELVIC FLOOR MUSCLES



Pelvis seen from below



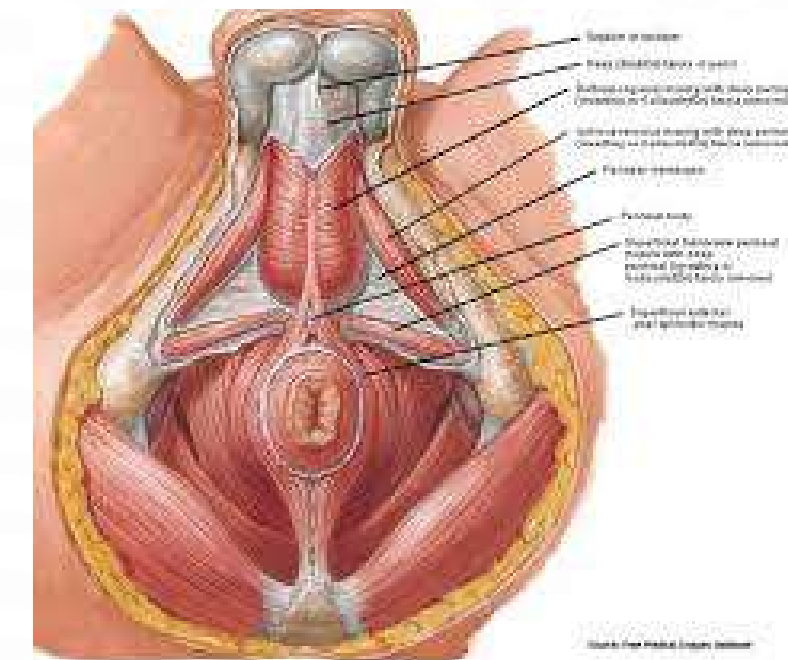
Pelvis seen from above



The pelvic floor is divided into 2 triangles.

- 1 - Anterior pelvic floor muscles: urogenital space
- 2 - Posterior pelvic floor muscles: rectal space

Female pelvic anatomy



Male pelvic anatomy

WE NEED HEALTHY PELVIC FLOORS!

FUNCTIONAL PELVIC FLOORS HELP WITH:

SUPPORT - bladder, vagina, uterus, bowel, prostate. Ligaments hold organs up, muscles support from below

CONTINENCE - control of the bladder and the bowel. When muscles contract they stop flow, when muscles relax they allow emptying

SEXUAL - enhance sexual function and satisfaction. Need to balance between strength and suppleness

STABILITY - supporting the mobility of the pelvis, hip and lower back (core)

BUT BE WARNED

Sometimes our pelvic floor muscles can become TOO TIGHT! This may occur from overactivity (i.e. horse riding, pilates) or anxiety.

Symptoms may include; difficulty/painful peeing, constipation, painful intercourse, incontinence. An internal assessment is required to determine if muscles are too tight or too weak because treatment is very different.

THE GREATEST RISK TO THE PELVIC FLOOR IS ...



**When pressure inside the
abdomen is GREATER
than what the
Pelvic Floor Muscles
can meet**

WHO IS AT RISK?

Some things increase our risk of pelvic floor dysfunction:

- Pregnancy
- Having had babies; large headed babies, prolonged labour, tears
- Being overweight
- Having a chronic cough - due to smoking, allergies etc.
- Having had pelvic/lower abdominal surgery, including prostate
- Bearing down; having constipation, lifting heavy loads (weight lifting), bracing (poor technique)
- Repetitive loading; jumping (trampoline), high impact sports (gymnastics, tennis)



WHAT DOES PELVIC FLOOR DYSFUNCTION LOOK LIKE?

25%

> 15 YEARS HAVE SOME
PELVIC FLOOR DYSFUNCTION

1/3

FEMALES HAVE
INCONTINENCE AFTER
DELIVERY

28-80%

ELITE FEMALE HIGH-
IMPACT SPORT ATHLETES
HAVE INCONTINENCE

- Urinary or bowel leaking (incontinence) - incontinence can be brought on by **stress or exercise** (cough, sneeze, jump, run, double-unders), an intense **urge** to pee even though bladders not full (triggered by running water, key-in-lock, toilet sign) or a combination of both
- Pain - lower back, pelvis, groin
- Pelvic organ prolapse - prolapse = "to fall out of place" e.g. dropping of uterus into vagina
- Painful intercourse - sometimes muscles are too TIGHT

THE IMPACT OF PELVIC FLOOR DYSFUNCTION

-
- Become less active because of leaking and/or pain gain weight symptoms worsen become less active
 - More at risk of developing low bone density
 - Feel less inclined to be sociable, feel embarrassed/depressed/frustrated
 - Less interest in sex/intimacy
 - Have an increased risk of injury due to less core stabilization, rushing, poor technique
 - Maybe less likely to adhere to an exercise program or is reluctant to progress

HOW WILL YOU KNOW?

Use the Screening Forms

Watch out for:

- Breath-holding, bracing
- Bulging or tenting at the belly (most easily seen when doing a small crunch action), possibly a separation between rectus abdominus muscle
- Bearing down instead of pulling up/lifting
- Poor flexibility through lower spine, pelvis, hips
- People who are very flexible can be very flexible internally too
- Overuse of groin muscles, keeping knees together

pelvic floor first

Pelvic Floor Screening Tool



Did you know that bladder and bowel control problems are a common issue, affecting over 4 million Australians? Did you know that women are at higher risk of these problems because of pregnancy, childbirth and menopause – and that certain exercises can cause or worsen these problems?

This survey has been designed to see if you are at risk of pelvic floor problems, and if so, to make sure your exercise program is pelvic floor safe. The survey will take 5 minutes to complete and your answers will be confidential.

About you...	Yes	No
Are you currently pregnant?		
Have you recently (or ever) had a baby?		
Are you going through or have been through menopause?		
Have you ever undergone gynaecological surgery (e.g. a hysterectomy)?		
Are you an elite athlete (e.g. a runner, gymnast or trampolinist)?		
Do you have a history of lower back pain?		
Have you ever injured your pelvic region (e.g. through a fall or pelvic radiotherapy)?		
Do you suffer from constipation or regularly strain on the toilet?		
Do you have a chronic cough or sneeze (e.g. because of asthma, smoking or hayfever)?		
Are you overweight, obese or having a BMI over 25?		
Do you frequently lift heavy weights (e.g. at work or at the gym)?		

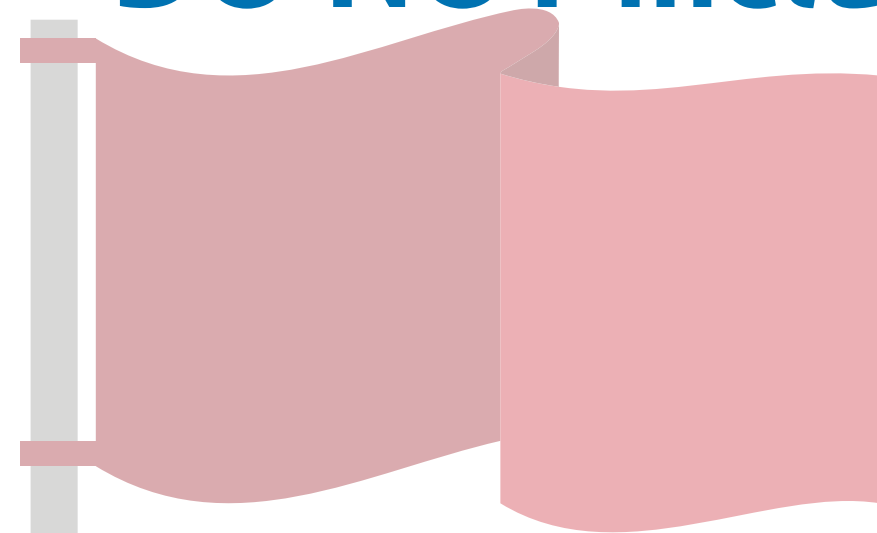
Do you...	Yes	No
Accidentally leak urine when you exercise, play sport, laugh, cough or sneeze?		
Need to get to the toilet in a hurry - or not make it there in time?		
Constantly need to go to the toilet?		
Find it difficult to empty your bladder or bowel?		
Accidentally lose control of your bowel – or accidentally pass wind?		
Have a prolapse (e.g. a bulge or feeling of heaviness, discomfort, pulling, dragging or dropping in the vagina)?		
Suffer from pelvic pain or experience pain during or after intercourse?		

If you answered 'Yes' to any of these questions it is important to discuss a pelvic floor safe exercise program with your exercise professional. If you experience any of the symptoms outlined in the second part of the survey, it is also important to speak to your doctor or a continence professional – as many of these symptoms can be treated, and in many cases cured.

For further information, including free brochures and the details of local continence professionals, contact 1800 33 00 66. Protect your pelvic floor and stay in control. Visit www.pelvicfloorfirst.org.au

RED FLAGS!

**If you, or your client, suspect pelvic floor dysfunction then
DO NOT include these exercises in their program:**



- Sit-ups, crunches, 100's, V Sits
- Deep squats, lunges
- Full press-ups, pull ups, full planks
- Skipping, box jumps, running, bouncing, rowing
- Heavy resistance - push, pull, lift, press

GOOD NEWS!

Even small changes have a BIG impact!

A small weight loss makes a big difference in bladder and bowel control

Within 2 - 6 weeks of practicing pelvic floor muscle activation you should notice a difference with pain, leaking and/or strength

ANYONE - male, female, old, young, at any stage can learn how to use their pelvic floor muscles more optimally (stronger, more relaxed)

FINDING THE PELVIC FLOOR MUSCLES (THE ABS)

Alignment

Chest lifted, long spine, ear over shoulder over hip

Breathing

Inhale = relaxation/descent

Exhale = elevation; slow breath in and follow relaxation, exhale slowly and follow elevation.

Strengthening

On the next breath, as you exhale, follow the elevation and lift your pelvic floor muscles GENTLY, hold 5 seconds while still breathing then on next breath IN, relax/let go.

**Practice - Practice -
Practice**

**1 - 3 x per day at
least 5 x per week**

**Improvement will
take 2 - 6 weeks**

HELPFUL TIPS & TRICKS

Best positions to learn pelvic floor muscle activation and relaxation:

- lying on back with legs bent and supported
- on hands and knees 'let your belly hang out'
- sitting on swiss ball or rolled towel



- It is very subtle, think **lift** not squeeze
- Close your lips - if you tighten your facial lips your pelvic floor muscles also tighten
- Slow exhalation through pursed lips (like blowing up a balloon or hissing) turns on lower abs and supports the pelvic floor muscles
- Use visuals - women "draw a tampon up inside" or "slowing pee", men "jumping into cold water!"
- ALWAYS COME BACK TO A RELAXED STATE

PELVIC FLOOR STRENGTHENING EXERCISES

FITMOMMYFITFAMILY.COM

ASSISTED HEEL DROPS



BRIDGE



DEAD BUG



BIRD DOG



WHEN TO REFER ON

If your client is struggling with:

- Activating or relaxing the Pelvic Floor Muscles and is frustrated
- Leaking and there has been no improvement with trying Pelvic Floor Muscle exercises
- Ongoing, or an increase in pain during workouts

THEN ask them to follow-up with their GP or seek assessment with a Pelvic Health Physiotherapist

- Encourage them not to give up
- Help them to find help
- We are responsible for helping people to optimize their health, let's do it right



THE MOST IMPORTANT THING

Whatever you recommend for a client, or yourself, you/they must ensure that their pelvic floor muscle strength can meet the pressure demand of the exercise/activity

Consider how you would prescribe any dosage of exercise (FITT)

F.I.T.T. PRINCIPLE

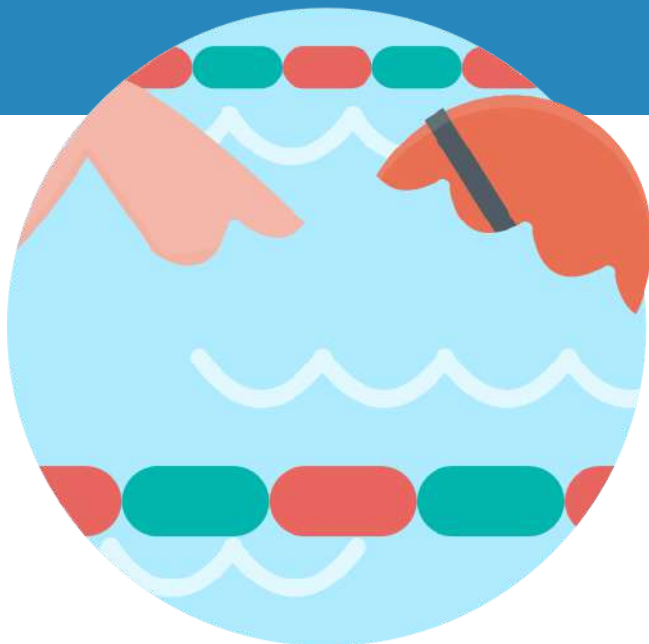
FREQUENCY | INTENSITY | TYPE | TIME

Bring awareness but not paranoia!

PELVIC FLOOR SAFE AEROBIC EXERCISE

BASIC

- swimming
- step-fit
- cross trainer
- aqua fitness
- cycling



ADVANCED

- paddling
- rowing
- jogging
- steps/hills
- zumba



INTENSE

- skipping
- trampoline
- boxing
- cross/metafit
- fast sport



EXERCISE MODIFICATION RECOMMENDATIONS

EXERCISE	BASIC	MODERATE	ADVANCED
Hills	Walk up and down	Jog up, walk down	Jog up and down
Wide leg stance e.g. squat, warrior pose	Feet hip width	Feet just beyond hip width	Wide stance
Bouncing	Up/down on toes	Jog on spot, step ups	Jumping, skipping, running
Core exercise	On hands and knees, on back with knees bent	Modified plank, table top	Full plank, leg lifts, crunches, pull ups
Lifting	Resistance between waist and shoulders	Resistance between knees and shoulders	Resistance from floor to overhead
Squats, see stance suggestions	Slight knee bend	Knee bend to 90°	Deep squat

FINAL POINTS TO CONSIDER

- Be nice to the bladder! **Drink water.** Avoid citrus, sugar, caffeine, alcohol before or during a workout
- **Empty** the bladder before the workout begins
- **Recruit** pelvic floor muscles before resistance/pressure, rest them between sets
- **Posture** - maintain neutral spine to minimize abdominal pressure
- **Breathe** - exhale during exertion and never hold your breath
- Choose supported positions - e.g. sitting on swiss ball, sitting, lying down
- **Stance** - the narrower the stance, the less strain on the pelvic floor muscles
- **Encourage** clients to listen to their body - if an exercise/machine makes symptoms worse, avoid or modify it. Improving strength/fitness includes **all** muscles
- Wearing a pad is ok if it allows your client to keep exercising, but aim to help them **fix the cause**

RESOURCES

Presenters

Danielle Lapointe

Physiotherapist

Dynamic Rehab

backactive@gmail.com

Trudie Botma

Pelvic Health Physiotherapist

trudie.botma@tdh.org.nz

Margie Humphreys

Pelvic Health Physiotherapist

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Supporting organisations

Sport Gisborne Tairāwhiti

www.sportgisborne.org.nz



Helpful websites

www.continence.co.nz

See handout supplied

www.physiotherapy.org.nz

Find a physiotherapist, info on Pelvic Health physios

www.pelvicfloorfirst.org.au

Handouts, screening tools, resources for clients and trainers

www.burrelleducation.com

General info for clients and trainers

Total Body Power Plate

0210 834 7868

