

Pelvic Floor Workshop

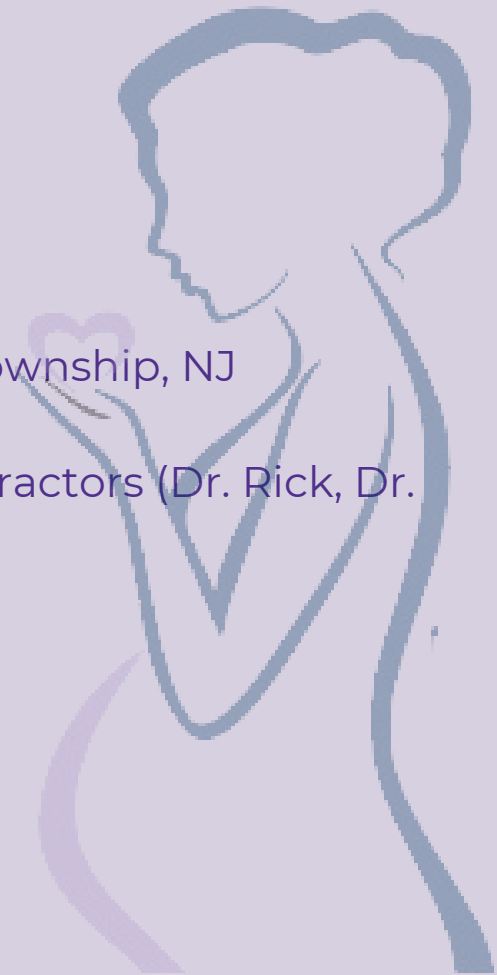


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Bellyssimo

About Optimal Health

- We are a family-owned practice operating out of Egg Harbor Township, NJ
- 1 Physical Therapist trained in Pelvic Floor Therapy and 3 chiropractors (Dr. Rick, Dr. Nick, and Dr. Anthony)
- Graduated with DPT from Stockton University
- Continuing Education
 - Birthfit Professional
 - Pelvic Floor PT through the Herman and Wallace Institute
- What We Treat:
 - Pelvic floor dysfunction
 - Sports/musculoskeletal injuries
 - Post -surgical joint repairs



Pelvic Floor Physical Therapy

A non-surgical approach to rehabilitation of dysfunctions in the pelvic area that contribute to bladder, bowel, sexual health, and pain complaints.

Approaches may include behavioral strategies, manual therapies, breathing techniques, modalities, therapeutic exercise, education, therapeutic activities, and functional re-training.



Diagnoses:

- Urinary Incontinence
- Fecal Incontinence
- Pelvic Organ Prolapse
- Interstitial Cystitis
- Constipation
- Dyspareunia
- Vulvodynia
- Pudendal Neuralgia
- Prenatal/Postpartum related dysfunction



Hips, Core, and Pelvic Floor



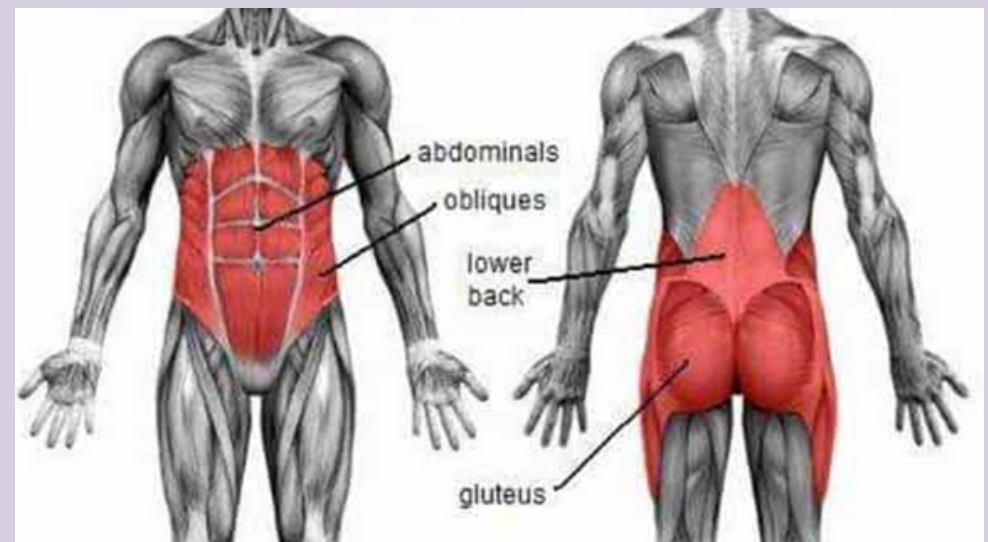
These 3 main players work together!

When one is not optimally in motion, it will cause tightness and weakness in other regions!

This region spans from your diaphragm to your pelvic floor, both anterior and posterior and includes bones, muscles, and connective tissue!

Key Players:

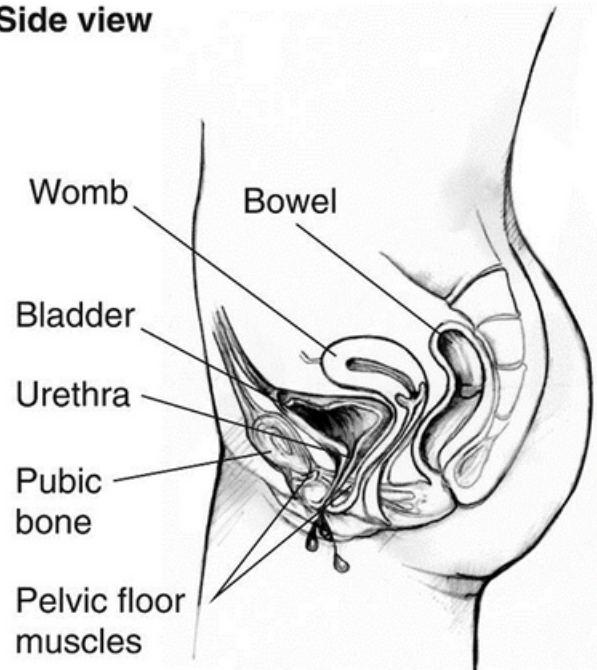
- Diaphragm
- Pelvic Floor
- Internal and External Obliques
- Lumbar Erector Spinae (back extensors)
- Transverse Abdominis
- Rectus Abdominis
- Glutes
- Hip Flexors



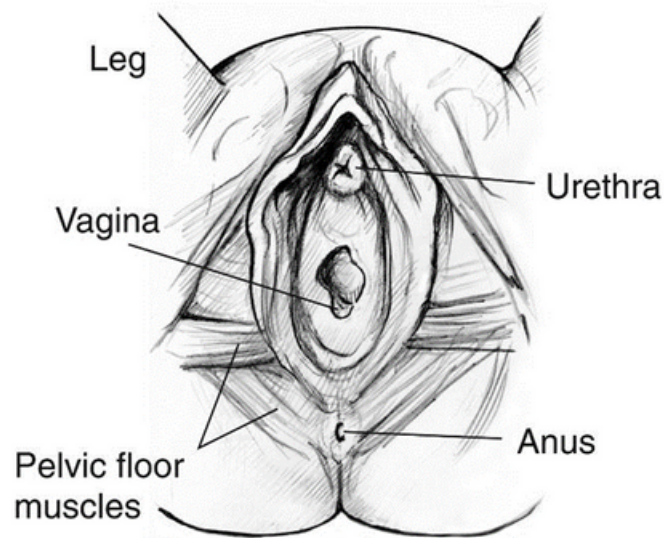
What is your Pelvic Floor?

Your Pelvic Floor is muscles, fascia, and nerves located between the two pelvic bones and the sacrum

Side view



Bottom view



Functions:

- Support organs
- Sphincter
- Sexual
- Stability/ Posture
- Sump Pump for Lymphatic Drainage
- Breathing

*What are we
discussing today?*

Urinary Incontinence and Normal Bladder Health

Fecal Incontinence

Pelvic Organ Prolapse

Pelvic Pain

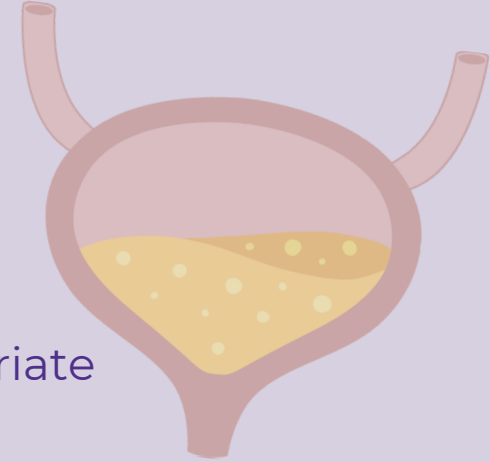
Pregnancy (Prenatal and Postpartum)

Intra-abdominal Pressure and Core

Exercises / Stretches



Urinary Incontinence



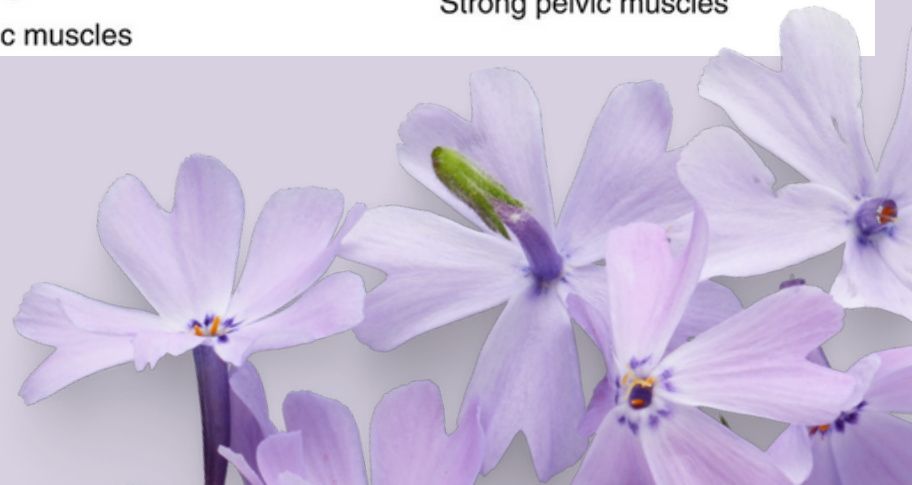
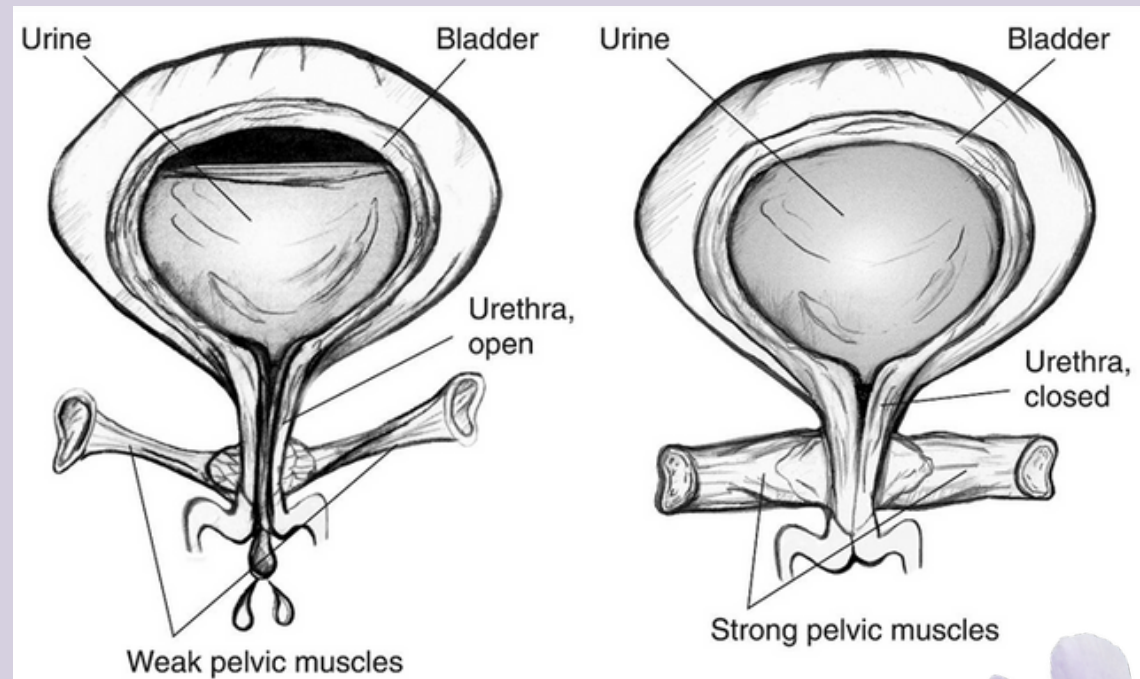
Urinary Incontinence is leakage of urine in inappropriate times and not on command

Types:

- Stress Incontinence - leakage due to pressure on the bladder.
 - occurs with exercise, sneezing, coughing, laughing, lifting or other activities
- Urge Incontinence - leakage after receiving an urge to urinate
 - Caused by spontaneous bladder spasms due to miscommunication between the brain and the bladder
- Overflow Incontinence - leakage or dribbling of urine due to overfilling of the bladder
- Functional Incontinence - leakage due to inability to make it to the bathroom on time.
 - Due to not having a bathroom close by, altered mental status and/or impaired mobility

Normal Bladder Health

- The bladder usually has a capacity of about 2 cups of urine
- Typical emptying is about 8x per day (every 2-3 hours for a minimum of 8 seconds)
- As the bladder relaxes, it collects urine and the pelvic floor muscles contract to prevent leakage
- When you urinate the bladder muscles contracts to empty while the pelvic floor muscles relax to release the held urine
- You SHOULD NOT STRAIN OR FORCEFULLY EXPEL URINE



Fecal Incontinence

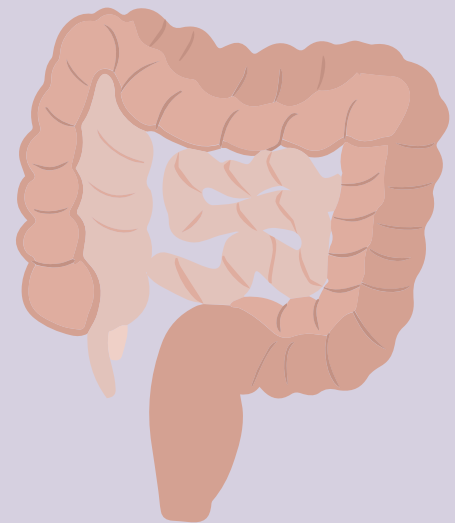
Fecal Incontinence is leakage of fecal matter during inappropriate times and not on command.

Causes:

- Constipation
- Diarrhea
- Damage to the anal sphincter muscles (which keep the stool inside the rectum)
- Damage to the nerves of the anal sphincter muscles/rectum
- Loss of storage capacity in the rectum
- Pelvic Floor Dysfunction

Treatment:

- Dietary Changes
- Bowel Training
- Medications
- Surgery



Fecal Incontinence Treatments

Dietary Tips

- Keep a food diary!
- Drink plenty of water - half of your weight in oz
- Eat 20-30 grams of fiber (add slowly to prevent bloating, gas or diarrhea)
- Eat foods that are stool bulkers (i.e. rice, bananas, applesauce, yogurt)

Bowel Training

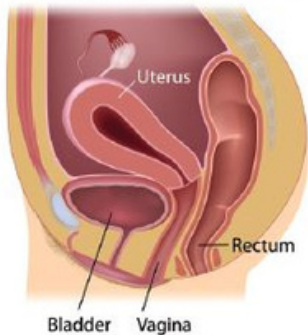
- Using biofeedback can help strengthen and coordinate muscles in the rectal region
- Kegel exercises can help to strengthen a weak pelvic floor (see a pelvic floor PT to make sure you are contracting correctly!)
- Develop a regular pattern of bowel movements!

Pelvic Organ Prolapse

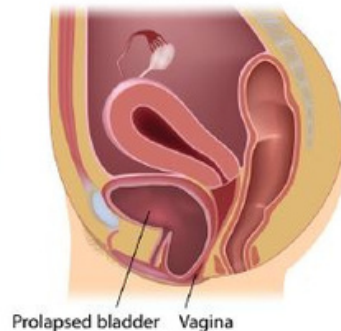


Pelvic Organ Prolapse is when the pelvic floor musculature is too weak and cannot support the uterus, bladder, and/or rectum leading to their descent from their normal anatomical position towards or through the vaginal opening

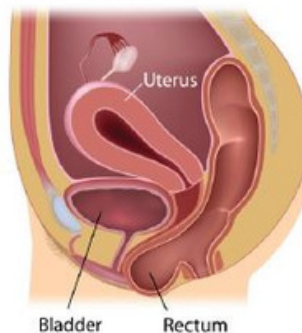
NORMAL ANATOMY



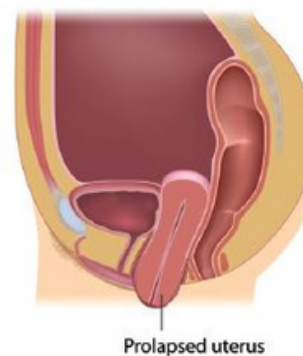
CYSTOCELE



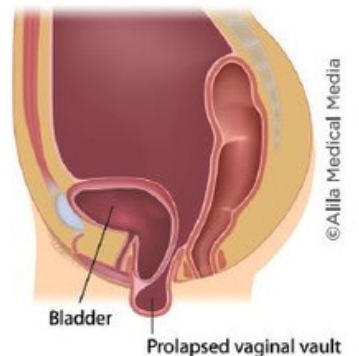
RECTOCELE



UTERINE PROLAPSE



VAGINAL VAULT



Pelvic Pain

Location:

- Any pain that is located below the belly button anteriorly, between the hip and below the PSIS's posteriorly
- Can be caused by another health condition or be a condition in its own right

Treatments:

- Stretches to hips and legs to decrease tension
- Internal Soft Tissue Massage
- Diaphragmatic Breathing
- Down-training System



Pregnancy

Over the 9 months of pregnancy, your body is changing and growing, so you may experience aches, pains, and change in bowel/bladder/sexual function that you didn't experience before.

Childbirth is perhaps the most physical, mental and spiritual experience of a person's life, and during the time leading up to birth, you need to have a strong support system

Weeks Pregnant	Chiro	PT	Massage	Expectations
6-12 wks	Monthly if balanced		Monthly	
13-16 wks	Monthly if balanced		Monthly	1st Trimester Transition
17-20 wks	Monthly if balanced		Monthly	Energy increases, continue with strength and conditioning 3-4x/wk
21-24 wks	Monthly if balanced	Initial Evaluation	Monthly	Feeling motivated, continue with strength and conditioning 3-4x/wk
25-28 wks	Bi-monthly or more if BREECH	Bi-monthly	Monthly	Glowing Phase, continue with strength and conditioning 3-4x/wk
29-32 wks	Bi-monthly or more if BREECH	Bi-monthly	Monthly	Baby is Positioning, continue with strength and conditioning 2-4x/wk
33-37 wks	1x per week	1x per week	Bi-weekly	Deload and Store Energy, continue with strength and conditioning 2-4x/wk
38-42 wks	1x per week	1x per week		Move to enhance fitness, continue with general movement, strengthening and accessory work

Postpartum

After the arrival of your bundle of joy, sometimes we forget to also focus on mom!

Postpartum is:

- 0-2 weeks co-regulation period
- 2-6 weeks - recovery period
- 6-12 weeks - rehabilitation period
- 3-12 months - rebuilding period

Bottom Line:

Postpartum lasts FOREVER!
Give yourself time and space to heal!

Post-partum	Chiro	PT	Massage	Expectation
0-2 wks				Breathing and Bonding with newborn
2-6 wks	4-6 wk Evaluation	4-6 wk Evaluation	Evaluation	Breathing and Babywearing
7-12 wks	Weekly	Weekly	Every 2-4 wks	Rehab and Rebuild
3-12 months	Weekly	Weekly		Restore and return to prior level of function and activity

Carrying your Baby!

- Perform the mini squat or lunge
 - You want to use your legs, hips, and glutes when lifting as this limits risk of back pain and helps to strengthen hips, core, and pelvic floor!
- Place one hand under the head and the other beneath their bottom.
- Raise their body to your chest region, making sure to support their neck since they are born with such little neck control! This support is critical until age 3 months when they develop good control!



How to?

1. **Position yourself comfortably** with back supported, pillows supporting your arms and your baby, and your feet supported by a footrest.
2. **Position baby close to you**, with his or her hips flexed and neck in slight extension without side bending/rotation. Their mouth and nose should be facing your nipple. Gentle pressure between baby's shoulder blades supports their core stability and allows strong independent movements of their head and neck.
3. **Support your breast** and bring the baby towards you. Your baby's face should first touch with their chin and then the baby's nose. Pressure of the breast on your baby's chin stimulates mouth opening and sucking reflex!
4. **Attach or latch baby onto your breast.**
Encourage him or her to open their mouth wide and pull them close by supporting their back.

Laid Back Breastfeeding

Laid-back breastfeeding is when you use a comfortable, reclined position to feed your baby! It is also known as biological nurturing or the natural breastfeeding position!





Let's Get
Moving!!



Breathing and Core

Breathing and the core work together for stability and during dynamic exercise. Proper intra-abdominal pressure allows us to stand in the most optimal position and transfer load efficiently, preventing improper positioning and causing pain, tightness, and/or weakness!

Diaphragmatic breathing

- Either lie on your back with knees bent and feet shoulder width apart or sit in a butterfly position
- Place one hand on your stomach and one on your chest
- Gently breathe into your stomach and limit motion of your chest
- Gently breathe out and repeat



Piriformis Stretch

The piriformis stretch is a great stretch to complete to loosen hips and decrease sciatic pain down the legs! When this muscle is tight, it sometimes pinches the sciatic nerve, causing radiating pain, numbness, and/or tingling.

- **Piriformis Stretch**

- Sitting upright, cross one ankle over the opposite knee
- Press knee to the floor and lean slightly forward, holding for 30 seconds.
- Repeat 3 times on each leg
- You should feel the stretch on the side of your glute



Bridges

Bridges are a great exercise to help strengthen the core, glutes, low back, and pelvic floor musculature by helping to improve posture, decrease back, leg, knee, and pelvic pain and improve coordination and stability!



- **Bridges**

- Begin lying on your back with knees bent and feet shoulder width apart.
- Brace your core and contract pelvic floor musculature, dig heels into the ground and gently lift your hips off the ground
- Pause, then gently set hips back down to the floor
- Repeat 10 times, 2x per day.

- **Pelvic Tilts**

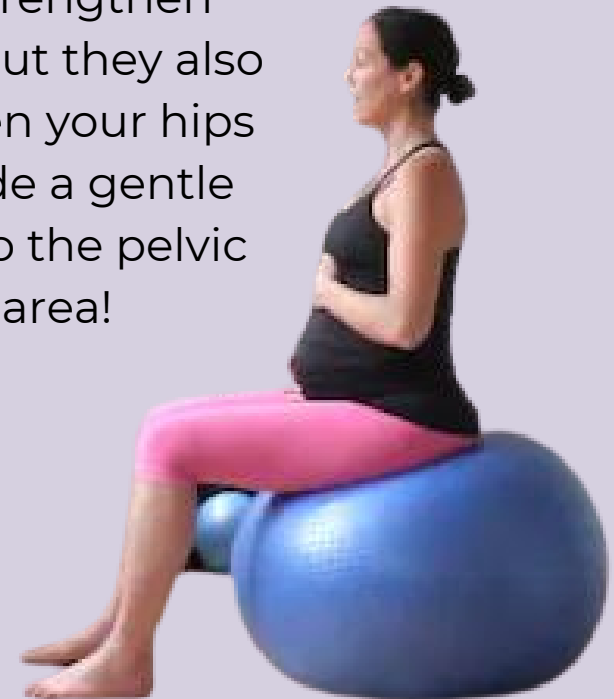
- Sit on a physioball with legs spread to around shoulder width apart and feet flat on the floor
- Slowly tilt forward, pressing the front of your pelvic floor into the ball
- Then, slowly rock backwards, tucking your tailbone under.
- Repeat 15 times, forward and back.

- **Pelvic Circles**

- Sit on a physioball with legs spread to around shoulder width apart and feet flat on the floor
- Slowly roll your hips in a circular motion to the right
- Continue circling for 10 laps, then perform circular motions to the left, repeating 10 times.

Physioball Exercises

Exercises on a physioball not only help to strengthen your core, but they also help to open your hips and provide a gentle massage to the pelvic floor area!





Questions?

