

Pelvic Floor Strong

TOTAL CORE AND PELVIC FLOOR
REPAIR METHOD



Informational Manual

BY ALEX MILLER





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ALEX MILLER

About Alex

Hi, I'm Alex Miller. I'm a Fitness Instructor and Women's Health Specialist from Vancouver, Canada.

I am certified in Pilates Mat by Physicalmind Institute of Canada, Postpartum Corrective Exercise by Dr. Sarah Duvall, CanFitPro FIS, TRX, Lagree Fitness and Schwinn Cycling. I have trained under some of the most influential fitness professionals in the industry in various methods including weight lifting, functional movement, treadmill running and meditation.

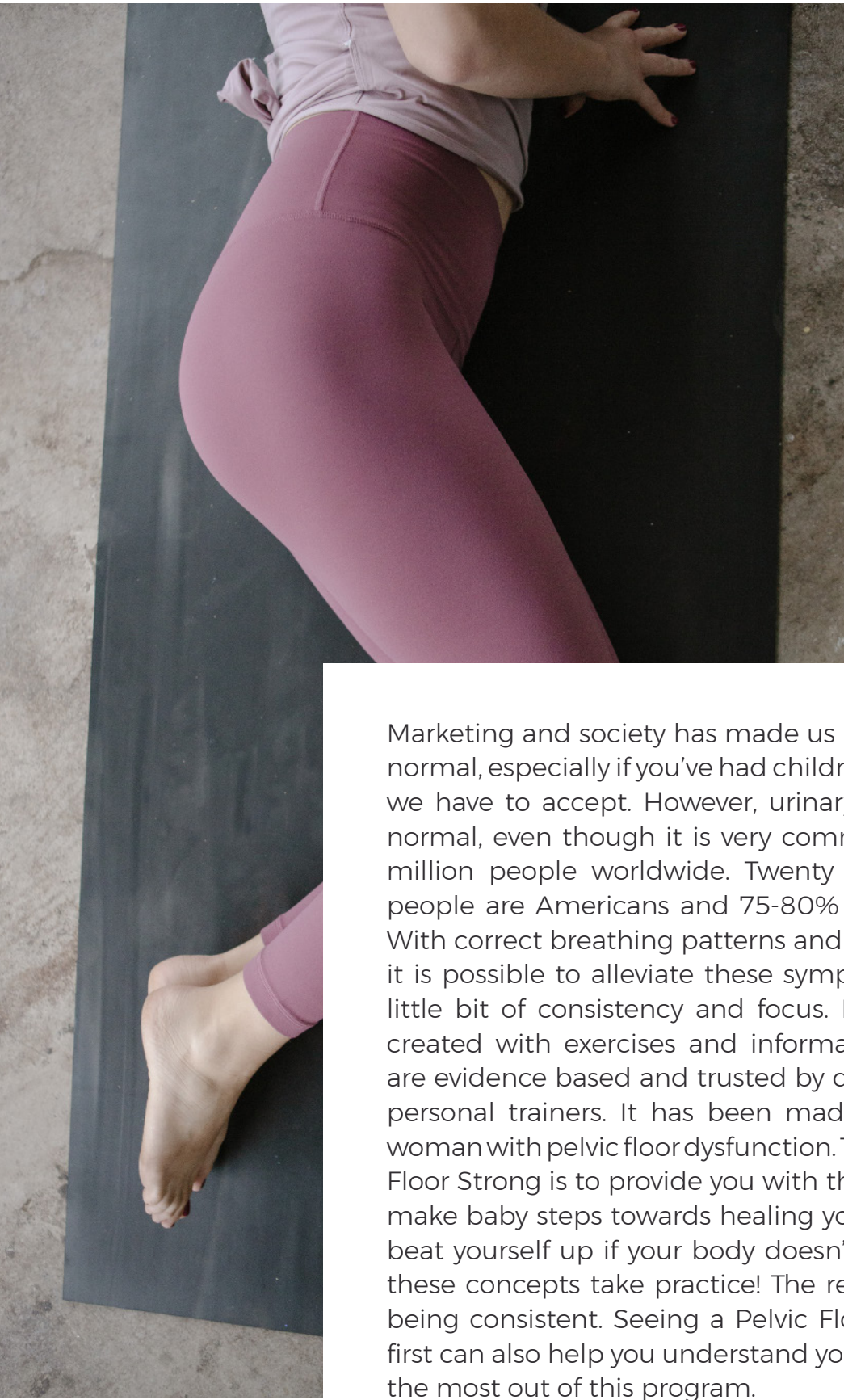


I created Pelvic Floor Strong after my mom and I both suffered for years from embarrassing urinary incontinence and dysfunctional pelvic floors. The quality of our lives were compromised as we both avoided social events and physical activity. We were constantly living in fear, afraid of having another accidental leak.

I've always been fascinated by the kinetics of the human body, hence my career and the number of women I know with the same dysfunction, which led me to the development of this program.

CONNECT WITH ME**FACEBOOK:** @alexmillerfitness

Introduction



Marketing and society has made us believe that leaking is normal, especially if you've had children, and it's something we have to accept. However, urinary incontinence is not normal, even though it is very common as it affects 200 million people worldwide. Twenty five million of those people are Americans and 75-80% of those are women. With correct breathing patterns and the right movements it is possible to alleviate these symptoms, all it takes is a little bit of consistency and focus. Pelvic Floor Strong is created with exercises and informational resources that are evidence based and trusted by doctors, midwives and personal trainers. It has been made with love for every woman with pelvic floor dysfunction. The main goal of Pelvic Floor Strong is to provide you with the right knowledge to make baby steps towards healing your body. Please don't beat yourself up if your body doesn't respond right away, these concepts take practice! The results will follow from being consistent. Seeing a Pelvic Floor Physical Therapist first can also help you understand your unique body to get the most out of this program.

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The Pelvic Floor

WHAT IS THE PELVIC FLOOR?

The pelvic floor is like a woven basket of muscles that hold your bladder, uterus and bowels. These muscles can become dysfunctional for a variety of reasons, however pregnancy and hormonal changes are the most common (Herschorn, 2004).

The pelvic floor relaxes to allow us to urinate or have a bowel movement. It contracts to stop the flow of urine, tightens the vaginal opening, or prevents us from passing stool or gas (DeLancey, 2001).

The pelvic floor has been designed to work automatically, so most of the time people don't have to think about it. However, when it's not doing what it should, we then have to focus on moving it for proper function. The movement of the pelvic floor is very small. It should only move millimetres when gently tightening and releasing. You can't see it, but you should be able to feel it (DeLancey, 1989).



Whenever I tell you to lift or contract your pelvic floor, lift a marble into your rectum, lift a blueberry into your vagina and lift a raisin into your urethra.

** This is for visualization purposes only.*

The Pelvic Floor

WHEN YOUR PELVIC FLOOR IS FUNCTIONAL, YOU WILL EXPERIENCE...

- No accidental leakage (urinary/fecal incontinence)
- Control over your bladder and bowels
- Ease going to the restroom
- Improved emotional wellbeing
- Higher sexual arousal during intercourse
- Strong, ache free back and hips
- Improved abdominal tone/posture
- Core stability

WHEN YOUR PELVIC FLOOR IS DYSFUNCTIONAL, YOU WILL EXPERIENCE...

- Accidental leakage (urinary/fecal incontinence)
- Urgency or frequency of needing to urinate
- Difficulty starting to pee or you dribble after you have finished
- Feels like you can't get a good contraction or you feel weak when you try to contract
- Tampons falling out
- Reduced sensation in the vagina
- Heavy/pulling feeling (may feel like there is a tampon inside)
- Pelvic organ prolapse (distinct bulge at the vagina opening)
- Constipation
- Lower back pain
- Pelvic pain and/or pressure
- SI joint pain and/or hip pain
- Pain with sex (penetration) and/or sex "not feeling like it used to before kids"
- Difficulty breathing deeply (shallow breathing)

TWO TYPES OF PELVIC FLOOR DYSFUNCTION

- 1) Tight/Overactive
- 2) Low Tone/Underactive

IS MY PELVIC FLOOR OVERACTIVE OR UNDERACTIVE?

Overactive

- An overactive pelvic floor is usually associated with people that carry more stress.
- Pelvic floor feels weak and you can't get a good contraction (because you're already halfway contracted)
- Shallow breathing or belly breathing (can be associated with diastasis recti)

Underactive

- A good way to tell if your pelvic floor is underactive is to look at your child labour. What type of delivery did you have? Was it long, with lots of pushing? Did your pelvic floor eventually tire out and turn off?
- Kegels help and your body responds well to contracting and releasing.
- Not necessarily weak, but may be a connection issue.

The good news? Both types of pelvic floor dysfunction respond really well to establishing a correct 360° breathing pattern, practicing correct posture and healthy movement patterns.

HOW TO RELEASE TIGHT/OVERACTIVE PELVIC FLOOR MUSCLES

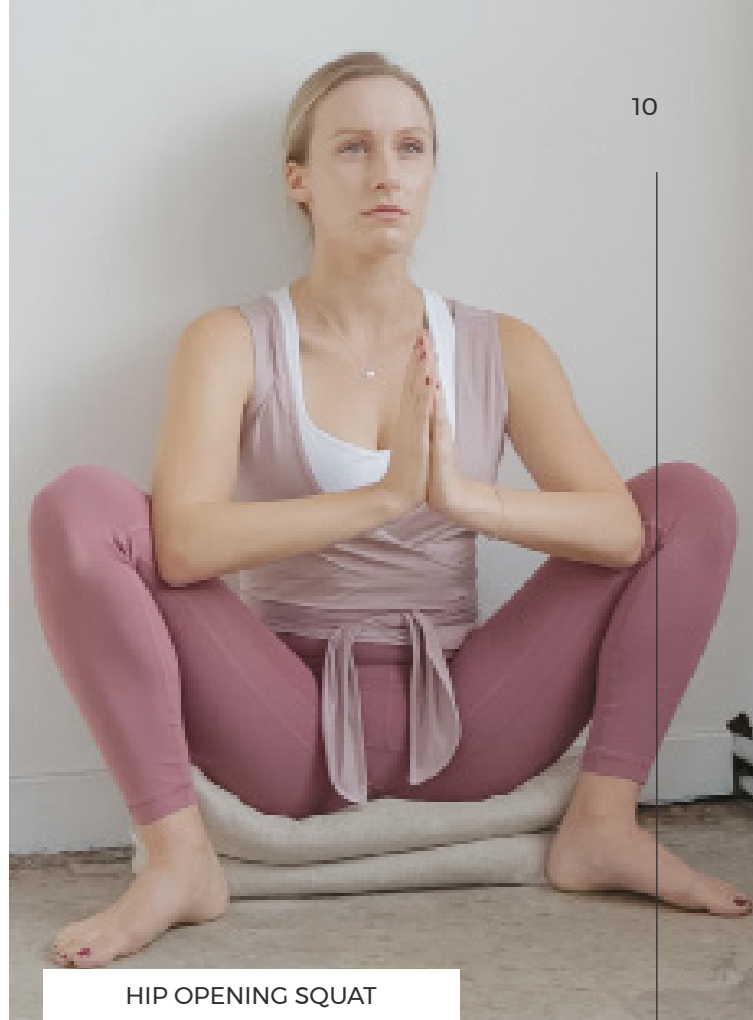
You can practice these exercises daily if they make you feel great! Some women prefer to do them every second day.

Hip Opening Squat

- 1) Find a yoga block or roll up a towel, approximately 4 inches off the floor
- 2) Rest your back against a wall as you sit on your prop. If this feels uncomfortable for your hips, try adding height to your prop
- 3) In a deep squat position, bring your knees wide, turn your toes out and your heels in
- 4) Bring your hands together in front of your chest and gently press your knees apart using your elbows
- 5) Relax your body as you focus on deep breathing

Legs Up the Wall

- 1) Lay on the ground with your legs up the wall
- 2) You want your hips close enough to the wall that your legs are above you, but there isn't too much of a stretch so that your body can fully relax
- 3) Focusing on deep breathing, let your body sink into the floor



HIP OPENING SQUAT



LEGS UP THE WALL

Happy Baby

Another variation for Legs Up The wall is Happy Baby

- 1) Draw your knees into your chest as you reach for the outer or inner edges of your feet
- 2) Point your toes down to the ground and your heels up to the sky

Wishbone Stretch

- 1) Extend your legs up to the sky
- 2) Cross your thighs, one over the other
- 3) Bend your knees, pick up your head and reach for your ankles
- 4) Lower your head back down (you have the option of resting your head on a pillow for more comfort)
- 5) Squeeze your inner thighs together as you actively pull your feet away from each other
- 6) Hold and breathe for 30-seconds, focusing on inhaling



HAPPY BABY



WISHBONE STRETCH

The Pelvic Floor

WHAT IS A KEGEL?

In 1950, Arnold Kegel a Gynaecologist from the University of Southern California Recommended strengthening for the pelvic floor. It is a repetitive exercise of squeezing and holding your pelvic muscles for 3-10-seconds, followed by releasing and relaxing the muscles (Marques, Stothers, & Macnab, 2010).

HOW TO DO A PROPER KEGEL...

- 1) Start by sitting or standing tall in a neutral spine
- 2) Inhale, relax your pelvic floor
- 3) Exhale
- 4) Lift a marble into your rectum
- 5) Lift a blueberry into your vagina
- 6) Lift a raisin into your urethra
- 7) Hold
- 8) Then let it go as you inhale
- 9) Repeat, keeping your abdominals, inner thighs and bum relaxed!

Tip: Some women like to say a mantra when their bladders are full and they really need to go. It keeps them from panicking and then leaking. It can sound a bit silly, but it actually stops us from panicking and instead helps us focus on something.

"I WILL NOT PEE UNTIL I'M ON THE TOILET"

"I DO NOT NEED TO FEEL PANICKED, I CAN MAKE IT"



360° Breathing

WHAT IS 360° BREATHING?

Life gets busy. It's very common to forget about your breath with so many other things going on in your day! What tends to happen is people end up solely breathing into their chest, known as shallow breathing. I like to refer to correct breathing as '360° Breathing' which refers to not only breathing into your belly, but also into your sides and back. This turns on your body's natural relaxing hormones, known as your parasympathetic nervous system. It also supports your brain's connection to your pelvic floor and core.

360° Breathing

HOW TO 360° BREATHE...

- 1) Sit, stand or lay down in a neutral spine (please refer to page 23)
- 2) Inhale through your nose, relax your pelvic floor, as you breathe into the base of your pelvis, the front, sides and back of your abdominals
- 3) Exhale out of your mouth (create a “shushing” sound out of your mouth, shhh), focus on lifting your pelvic floor, drawing your abdominals in
- 4) Repeat

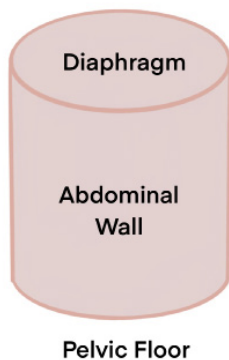


Practice 360° breathing as often as possible and in time it will become a healthy habit. This includes every time you have a bowel movement or urinate!



The Core

YOUR CORE IS AN ABDOMINAL CANISTER...



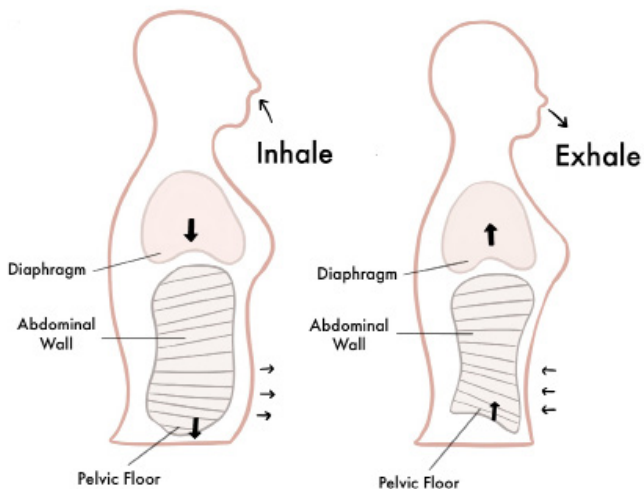
- The top is your diaphragm, which are your breathing muscles
- Your abdominal wall are the sides
- And the bottom is your pelvic floor

The Core

YOUR CORE IS AN ABDOMINAL CANISTER...

When you Inhale, your diaphragm presses down, which pushes out on your abdominal wall and down on your pelvic floor. Everything descends down to create space. This should relax your pelvic floor.

When you exhale, your diaphragm coils back up, your abdominal wall goes back in and your pelvic floor lifts back up. This should contract your pelvic floor.



The Core

INTRA-ABDOMINAL PRESSURE

Your abdominal canister creates a pressure system called your “intra-abdominal pressure”. If you notice whenever you exert yourself to move something heavy you naturally exhale to create more strength and pressure. This is the pressure your body uses whenever you go to the washroom or move a heavy couch. A cough is a quick burst of intraabdominal pressure and should force air upwards. However, we often cough downwards which puts unnecessary pressure on the pelvic floor.

ENGAGING YOUR CORE

Have you ever been told to engage your “core”, but you don’t know what that means exactly? You are not alone. Engaging or activating your core is an often misunderstood term and it’s very common for women and men to suck in the bellies instead, which is incorrect. Your transversus abdominis, I will be referring to as “TA”, is the deepest layer in your abdominal wall...it acts like a corset that wraps around your waist. When I tell you to “draw your abdominals in” or “engage your core”, I want you to picture your TA drawing in as your corset pulls tighter (front, sides and back).





The Core

FOLLOW THESE STEPS TO LEARN HOW TO ENGAGE YOUR CORE...

- 1) Find your neutral spine (see page 23)
- 2) Inhale into the front, sides and back of your abdominal wall
- 3) Exhale through effort, making a loud “shhh” sound from your mouth
- 4) Contract your abdominals by cinching your corset, TA, from the middle of your 6-pack abdominals, all the way around to your spine

** If your pelvic floor is tight, don't worry about lifting and squeezing it. You'll want to put a greater emphasis on inhaling and relaxing your pelvic floor.*

With activities that require more effort such as picking up your child, laundry basket, groceries or objects off of the floor, see if you can inhale before you make the movement, then exhale as you contract your pelvic floor and lift the object.

Posture

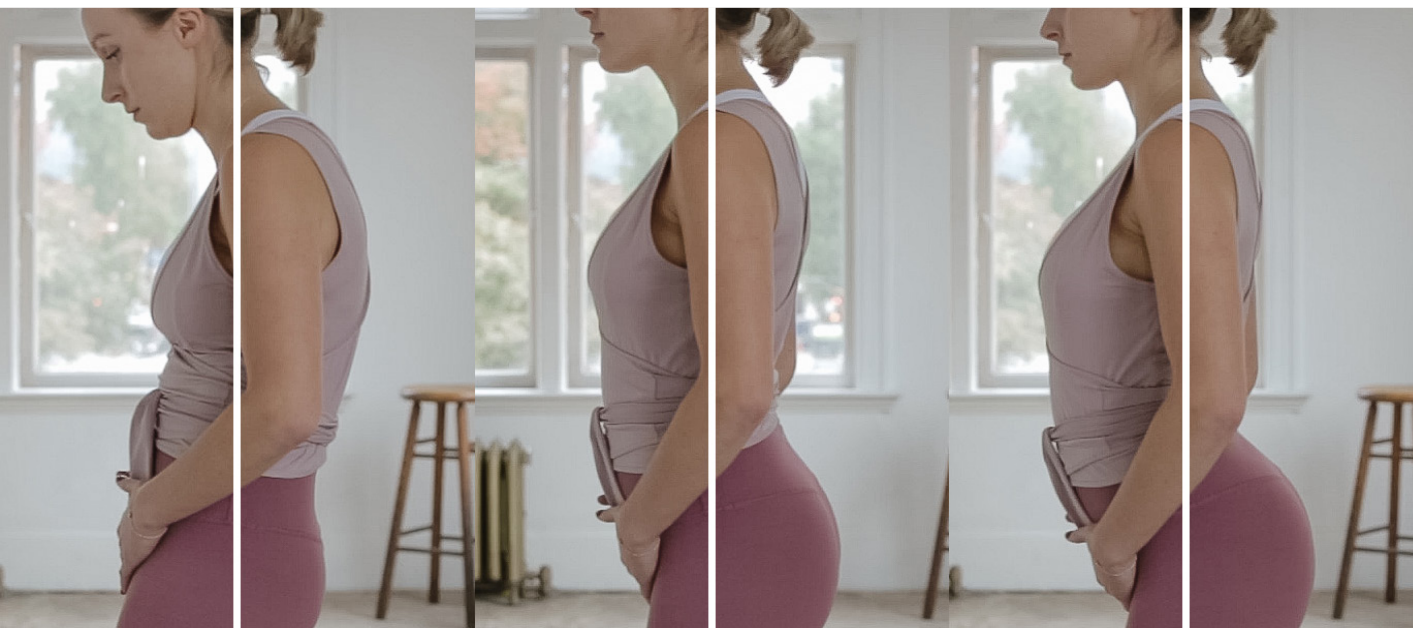
There are two specific postures I often see in women with pelvic floor dysfunction and diastasis recti. Both of these incorrect postures create an obstruction from top to bottom in the abdominal canister as the pathway is no longer smooth and clear. The pelvic floor and diaphragm move up and down in sync with each other. When your posture is poor, the pelvic floor and diaphragm lose their connection. This causes weakness in your abdominal canister and your intra-abdominal pressure (Park & Han, 2015). When your body is in better alignment, it allows for the correct muscles to fire, including the diaphragm (breathing muscles) and pelvic floor.

HERE ARE THE TWO DIFFERENT INCORRECT, YET COMMON POSTURES...

1) Posterior Pelvic Tilt; tucking your pelvis and clenching your bum

The next time you're standing in line at the grocery store or brushing your teeth, purposely squeeze your glutes and hold for 1-second, then let them go. Do they feel any different? Do you feel a release or relaxation in the muscles? If the answer is yes, then you clench your glutes. See if you can catch yourself mid-clench and try and stop yourself. The goal is to keep your glutes relaxed all the time!

2) Anterior Pelvic Tilt; Sticking your bum out



POSTERIOR PELVIC TILT

NEUTRAL SPINE

ANTERIOR PELVIC TILT

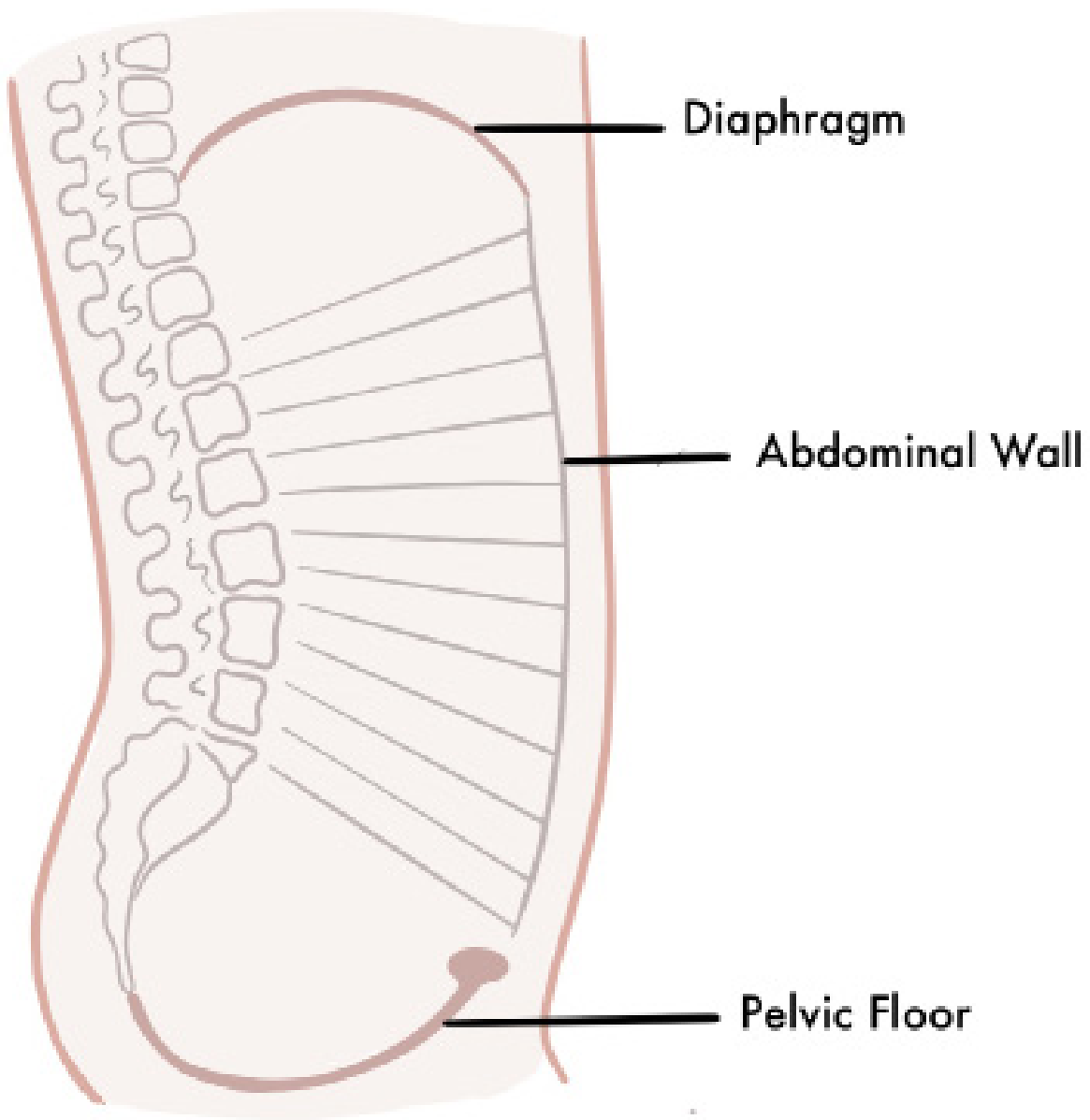


Posture

FINDING YOUR NEUTRAL SPINE

By maintaining a neutral spine, you'll allow for a seamless path between the top and bottom parts of your abdominal canister. This creates easy breathing and a good foundation for healing in your body, repairing your pelvic floor and core.

*When standing in a neutral spine, try to keep equal weight through both of your feet and a slight bend in your knees. Not only will you use 30% more of your muscles which boosts your metabolism, but your joints, pelvic floor and core will thank you for it!



Posture

HERE IS HOW TO FIND YOUR NEUTRAL SPINE... IT CAN BE FOUND EASILY LAYING DOWN OR STANDING...

- 1) Place the heels of your hands on your hip bones (the bony landmarks located at the front of your hips)
- 2) Place your fingertips on your pubic bone
- 3) Stick your bottom out, notice how your your pubic bone goes further in from your hip bones
- 4) Now, try tucking your bottom under, notice how your your pubic bone sticks out further than your hip bones...if you're laying down, try imprinting your spine to the floor
- 5) Now, find the perfect spot where your hip bones and pubic bone are in perfect alignment.
- 6) That is your neutral spine. Everyones will look a little bit different!



TIGHT PECS

Your pecs run across your chest and attach to your shoulders. When they get too tight, they pull our shoulders forward, causing our posture to round forward known as 'hunched forward posture'.

This posture makes our breath shallow because it condenses and squishes our breathing muscles, our diaphragm (Sanders & Annest, 2017).

And as I mentioned earlier, without deep breathing our abdominal canister becomes weak and dysfunctional because the diaphragm no longer connects well to the abdominal wall and pelvic floor. It's like trying to drive a car with only 3 wheels, it doesn't work well (Courtney, 2009).

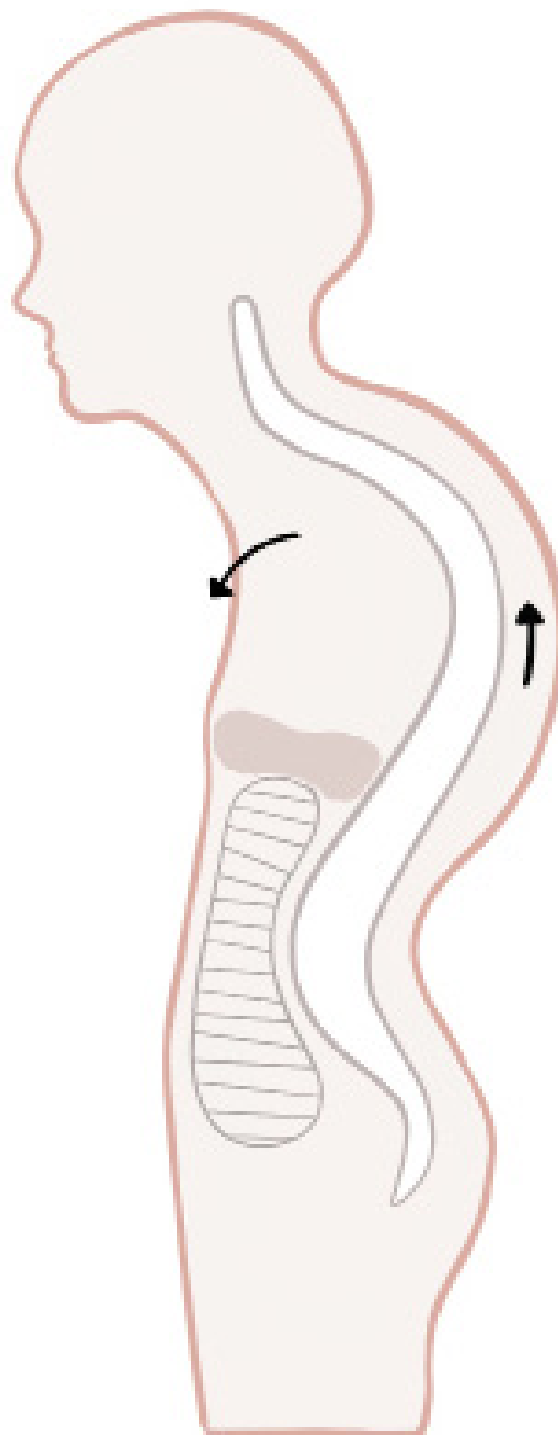
TRY THIS WITH ME...

1) Slouch in your chair with your shoulders rounded forward. Now try to take a deep breath. You will notice you can't get a deep breath.

2) Now try it sitting straight up with your shoulders back. You will notice you can get a deeper breath.

PEC STRETCHES

By simply doing a variation of the following pec stretches every evening before bed, not only can you heal your shoulder pain, but it will leave you with beautiful posture to create natural deep breathing patterns, which supports the healing process of your pelvic floor and diastasis recti.



Make sure to never stretch
to the point of pain.

Standing Chest Expansion

1) Stand with your feet hip distance apart and a soft bend in your knees

2) Interweave your fingers together behind your tailbone

** If your pecs are too tight to weave your fingers together, use a hand towel to make up for the distance*

3) Reach your hands away from your bum as you open your chest out and up

4) The further you draw your clasped hands away from your tailbone, the greater the intensity

5) Hold for 20-30-seconds

Elbow Wrap Stretch

1) Sit cross-legged on the floor, or stand with both feet firmly planted on the floor

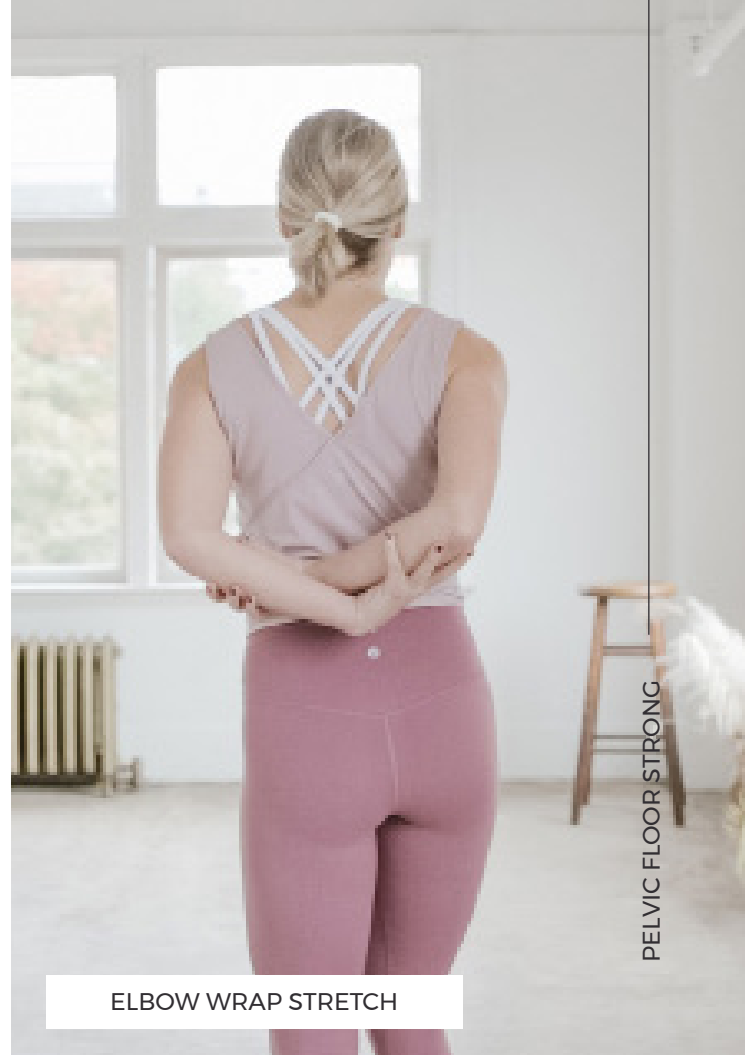
2) Bring your arms behind your back and clasp each hand around the opposite elbow or forearm

3) Hold for 20 to 30 seconds

4) Focus on lifting your collarbones and squeezing your shoulder blades together



STANDING CHEST EXPANSION



ELBOW WRAP STRETCH

Back Bend Stretch

- 1) Sit or stand and bring your hands to the back of your head
- 2) Point your elbows to the sides of the room
- 3) Allow your head to fall back into your hands as you open your chest and squeeze your shoulder blades together
- 4) Hold for 20 to 30 seconds

Wall Stretch

- 1) Stand against the outer corner of a room or in a doorway
- 2) Bend your right elbow to a 90° angle
- 3) Your upper arm should be parallel to the floor at shoulder height
- 4) Place your right forearm against the corner of the wall with the left side of your body open to the room
- 5) Very gently press into your right forearm to feel a stretch in your pec
- 6) Hold 20-30-seconds
- 7) Repeat on the other side



BACK BEND STRETCH



POSTERIOR PELVIC TILT



Diastasis Recti

WHAT IS DIASTASIS RECTI?

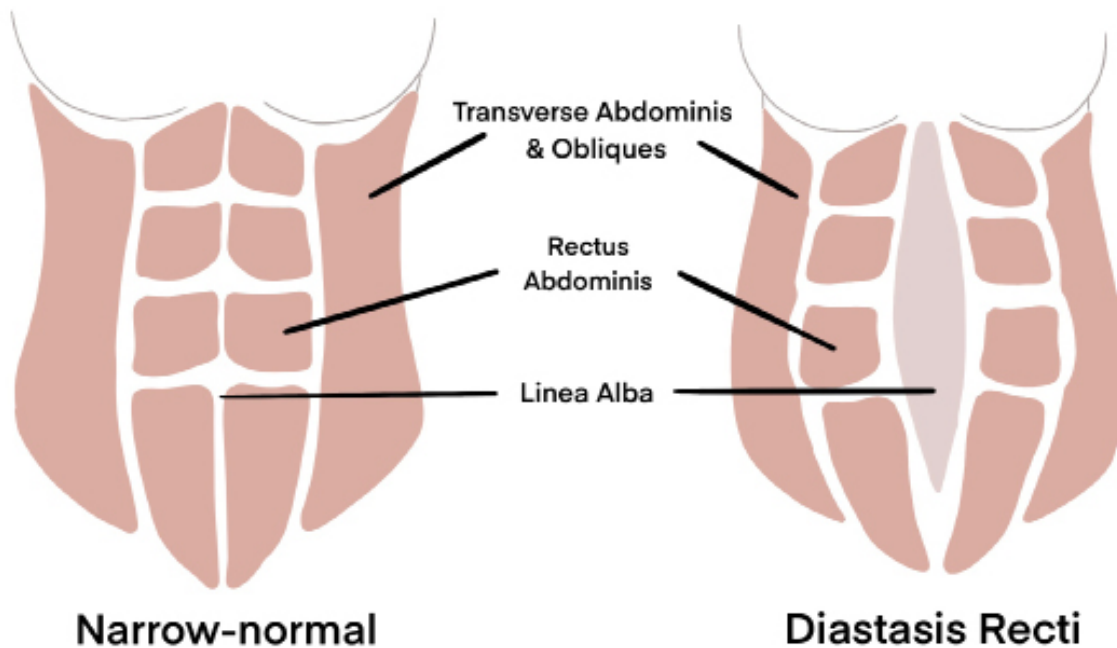
Diastasis recti in women is a separation of your middle abdominal muscles. 'Diastasis' means 'separation' and 'recti' is your middle abdominal muscles, called your 'rectus abdominis'. Your linea alba, the tissues between your abdominals become very thin and can create either a dome, coning or gap on your belly. This can happen at the top of your abdominals, the bottom, or sometimes the entire thing (Sperstad, Tennfjord, Hilde, Ellström-Engh & Bø, 2016).

Diastasis recti is commonly caused by the expansion of the abdomen for various reasons including pregnancy and weight gain (Rett, Braga, Bernardes & Andrade, 2009).

Whenever you sit up or add pressure to your core, watch for doming, take your time and keep your core engaged.

Diastasis Recti

separation of the abdominal muscles at the linea alba



WHY IS DIASTASIS RECTI PROBLEMATIC?

Not only will diastasis recti make it hard for you to engage your abdominals, but it will also affect the relationship between your diaphragm and pelvic floor. When your abdominals are weak or unable to engage properly, it will cause weakness in your abdominal canister and your intraabdominal pressure system. Many women experience symptoms such as chronic abdominal pain, back pain, pelvis instability and groin pain (Mota, Bø & Pascoal, 2015).

Diastasis Recti

HOW TO CHECK FOR DIASTASIS RECTI...

1) Halfway between breastbone and belly button - Find your belly button and your rib cage. Pick your head up. If you do feel a gap, how wide is this gap? Do your fingers squish in?

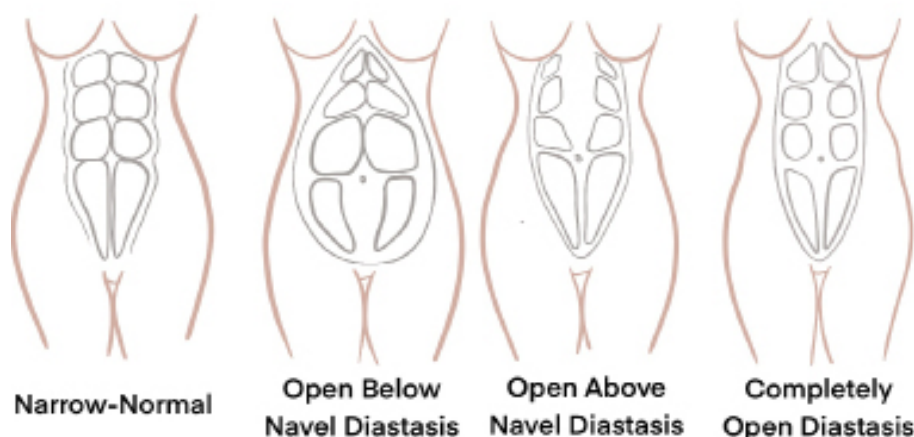
2) Right above your belly button - pick up your head. Feel here, is there any gap? How far do your fingers go down? How many fingers wide is it? 2.5 fingers or less is technically not a diastasis. We are looking for firmness. I have had people close their 2.5 gap, but it's not always necessary for function.

3) Halfway between your belly button and pubic bone - Pick up your head. Is it firm or is it soft and squishy?



Diastasis Recti

Different Variations of Diastasis Recti



IMPROVING DIASTASIS RECTI

To heal diastasis recti you will want to start by reducing any pressure on your abdominals. The following exercises are considered diastasis unsafe' in the beginning...

Any front loading movements such as...

- Front planks
- Pushups
- V-sits
- Rolling like a ball
- Burpees
- Pikes on a ball
- Ab rollouts
- Crunches
- Sit ups

However, this doesn't mean you can't slowly begin to intensify the abdominal load as you get stronger. You will eventually progress to the point where you can handle front loading movements because they will become safe as your body gets stronger.

THREE STEP

Movement Sequence

These three exercises can be practiced anywhere from daily to 3-4x per week. I specifically designed this movement sequence to support a well functioning pelvic floor and strong core (bye bye diastasis recti!)

EXCERCISE 1: 1-MINUTE STANDING CORE CONNECTION

- 1) Stand with your feet slightly wider than shoulder width in a neutral spine
- 2) Inhale, relax your pelvic floor, fill your belly with air while relaxing your body
- 3) Exhale, gently lift and squeeze your pelvic floor
- 4) Inhale, relax



THREE STEP

Movement Sequence

EXERCISE 2: 1-MINUTE **CHAIR SQUATS**

1) Stand with your feet slightly wider than shoulder width

2) Inhale, relax your pelvic floor, bend your knees as you slowly lower your bum down towards the chair

3) Widen through your sit bones while keeping your big toes pressing down into the ground

4) Hold 1 inch above the chair for 2 seconds

5) Exhale, lift your pelvic floor, return back to standing tall as you squeeze your bum at the top

6) Repeat



THREE STEP

Movement Sequence

EXERCISE 3: 1-MINUTE DEAD BUG

- 1) Lie on your back, find your neutral spine
- 2) Slide your toes in towards your bottom and float your feet so that they are the same height as your knees
- 3) Reach your arms straight up to the ceiling
- 4) Maintaining tension in your core, inhale as you extend an arm overhead and the same leg down towards the ground
- 5) Exhale, lift your pelvic floor as you return back to your starting position
- 6) Continue to alternate sides

** In the informational video, I am demonstrating opposite arm and opposite leg moving together. Both variations on the exercise work well!*



Three daily steps:

Step 1) 360° Breathing

Step 2) Three Step Movement Sequence

Step 3) Good Posture



Pelvic Floor Strong

