PELVIC FLOOR AND DIASTASIS

6 PART COURSE

Part 4

Pelvic Floor Exercises

Pelvic floor tightness

- Pelvic floor tightness is a big issue for building pelvic floor strength. We need the ability to lengthen first to then give it a place to contract back from.
- Use breathing and hip movements to get the pelvic floor to let go.
- Decreasing stiffness in the transverse abdominals can help both decrease tightness in the pelvic floor and decrease the load out front through a diastasis.
- If someone has pelvic organ prolapse, they can feel hesitant to inhale down into their pelvic floor. Exploring breathing into the sides of the pelvic bowl and into the lateral abs can help encourage the breath to go down in a more gentle way.

***Note:** Be aware of birthing positions and potential trauma (even if it's not recognized as trauma), as this can affect how someone can connect to their muscles in that position. If someone is struggling or not making connections, try changing positions.

Seated Side Breathing

- Sink into one hip, making it feel heavy and opening the ischial tuberosity a bit.
- Wrap your fingers around that side with your thumb in the front.
- Inhale into your hand and down, weighting that sit bone more.
- Exhale slowly and gently.
- Lean to the opposite side through your torso to get a bit more expansion and length on that side.
- Move your hand down and see if you can inhale any lower, eventually breathing into the pelvic bowl.
- Switch sides and repeat.
- Compare the two sides.
- Try this in side-sitting, which can put the muscles in a bit more of a lengthened position to make it easier to feel the expansion.

Hands and Knees With Hip Shift

This is helpful for working on the muscle length-tension relationship in our posterior hips that can affect pelvic floor tightness and function.

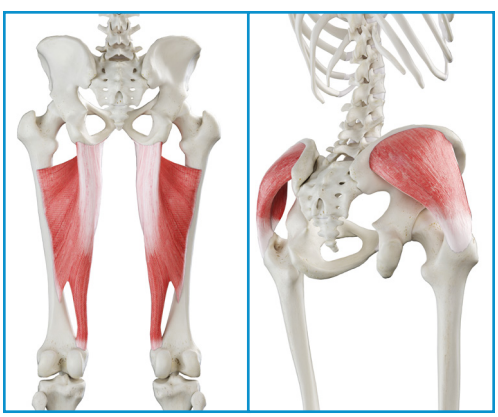
- Right leg is on a book or block, weight is mostly in the right leg (80%), and let the left hip sink toward the ground.
- Feel how it helps to push the right hip back and create a gentle stretch to the right posterior hip musculature.

Notes

- Lift the left leg up using the left adductor, squeezing the left femur back up into the socket. You may feel a natural pelvic floor lift.
- Your left pelvis and knee should now be higher than the right.
- You can also achieve this by pushing from the right glute medius to help you shift into the left side.
- You can also use both at the same time, the left adductor and the right glute medius while making sure to stay centered over your right knee and femur.
- Be sure to shift straight up and not to the side, do not scrunch through the torso, and stay long.
- Switch sides, and repeat on the other side.

Compare sides

- Which side did you feel had more mobility? Could each knee and pelvis get just as high as the other?
- How did it feel using the adductor and glute medius? Could you feel it equally in both muscles on both sides? How does that correlate with other symptoms? (i.e., did you only feel your adductor and tend to have a tight and overactive adductor?)
- What is happening at the pelvic floor?



Adductor Glute medius

Feel: Lifting leg adductor, down leg glute med, abs, slight stretch in your posterior hip muscles of the down leg as you lower the other knee down to the ground

Do not feel: Pinching in front of the hip, back, pinpoint spot in the glute, hip flexors, neck

Split Stance Hinge With Airplane: Release Hip and Pelvic Floor Area

- Hold on to a chair for support.
- Stand in a split stance with 80% of the weight in your front leg and 20% in your back leg.
- Pull back with your front leg and forward with your back leg to help you sit back into your front leg glute.
- Keeping your front knee over your midfoot, hinge down, opening the glute of your front leg while maintaining the opposing pulling action in your legs.
- Don't tuck your pelvis or fall into an anterior pelvic tilt.
- Keep some lower ab tension.
- Pull in and down with the front hip adductor to turn your pelvis toward the front leg. As you come down into internal rotation, your knee might go back a bit.
- You should feel your front leg adductor and hamstring working as well as the front glute opening.

Notes

- Push away through your hip as you go into external rotation and your front knee might go forward a bit. You should feel the front glute working.
- The front knee should not collapse in or turn out as you do the movement. Your femur should be in a fixed position as your pelvis moves around it.
- Hold each end range position and breathe as you try to work into the range a bit more.
- Make sure you're actively holding and not collapsing into end range positions.
- Compare sides.

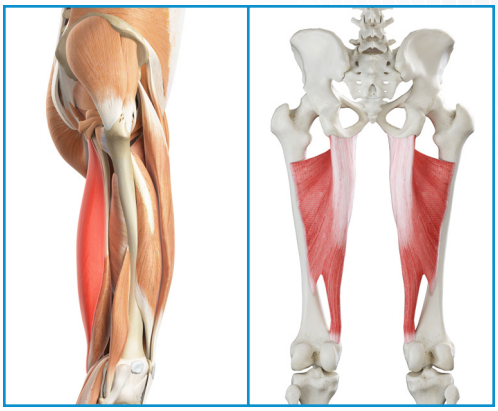
Opposite side for comparison

Troubleshooting tips:

- If you feel a pinch in the front of your hip as you go down, make sure you didn't fall into an anterior pelvic tilt. Find more front leg hamstring and lower abs.
- If you find that you roll to the outside of your foot as you rotate out, put a small towel roll under your arch to stay connected with it as you move.
- Compare sides, and then assess your pelvic floor function.

Feel: Front hamstring, front leg adductor contracting and glute lengthening as you lower, front leg glute max contracting as you lift back up, maybe lower abs

Do not Feel: Pinching in front of the hip, knee pain, quads, hip flexors, back, burning or working in the center of the front leg glute



Hamstring Adductor

Glute Maximus

Notes