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PELVIC FLOOR TRAINING

Explained by:

**LORRAINE BOYCE
DOWN BELOW PHYSIO**

My name is Lorraine Boyce, I'm a Pelvic Floor Physiotherapist and founder of Down Below Physio.

I work with men and women who have pain and pelvic floor problems who want to feel like their best selves again. In this series, I will be focusing on women's pelvic floor health to help all mothers, wives, professionals or athletes.

So ladies, if you work with me, I can help you get back to exercise with confidence and guide you along your pelvic floor journey.



An introduction to

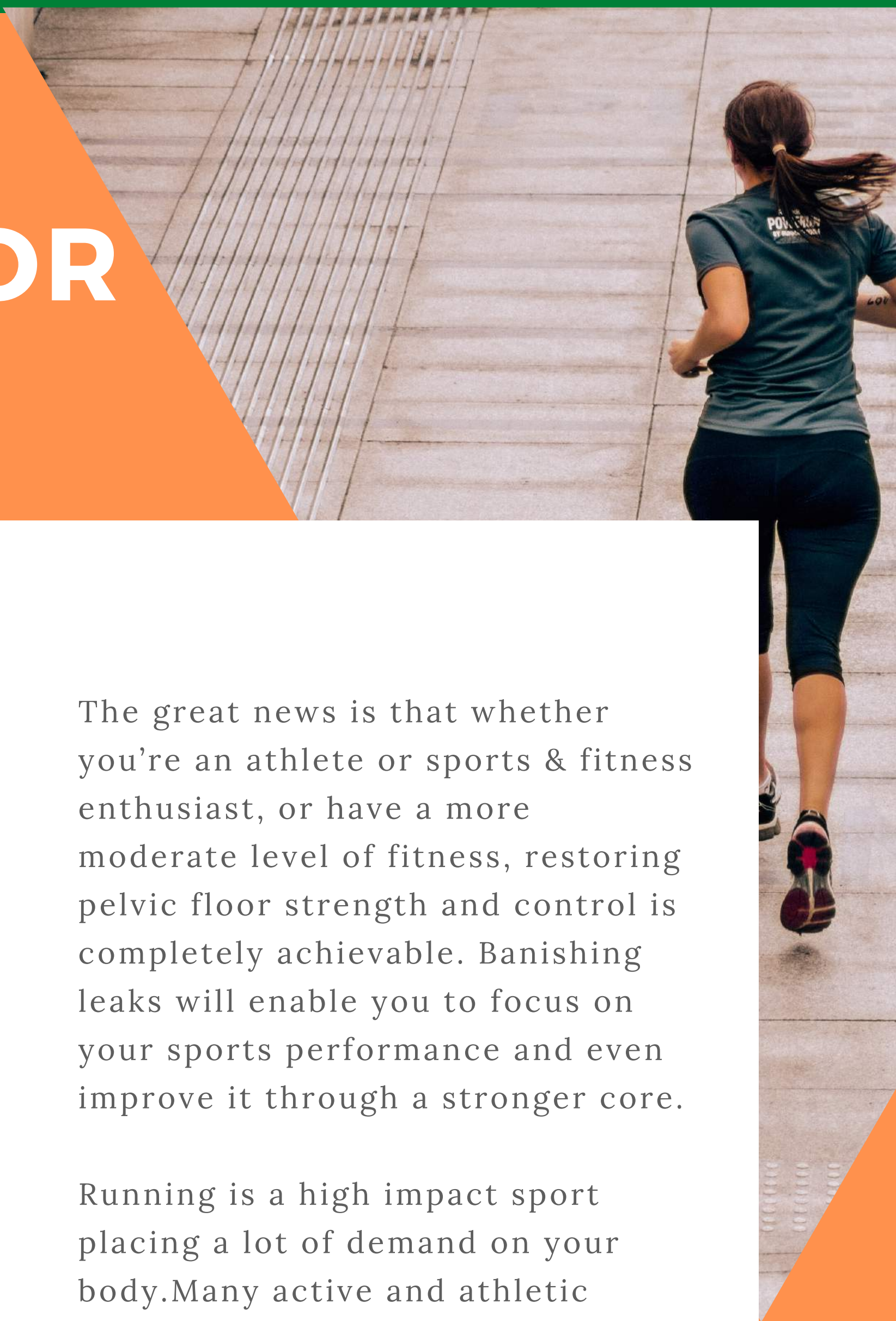
PELVIC FLOOR HEALTH

Core strength is vital for great sport or exercise performance. It forms the foundation for all movement, balance, stability and flexibility. And while we tend to factor core strengthening exercises and activities in to our fitness regime, we often forget to think about the bodies biggest unsung hero – the pelvic floor. Almost every exercise or physical activity you do affects or utilises your pelvic floor, so it's important to fully understand it, to enable you to better your sport & exercise performance.

Throughout our lives, our pelvic floor, which is a deeply internal, basin shaped muscle holding all of the pelvic organs in place (uterus, bowel, vagina, bladder), and which also provides us with control over when and how often we urinate, can become weakened, losing its tone & strength. This is commonly a result of pregnancy, childbirth, menopause, and pelvic and prostate surgeries, leaving 1 in 3 women and 1 in 10 men unable to control urinary leaks.

The great news is that whether you're an athlete or sports & fitness enthusiast, or have a more moderate level of fitness, restoring pelvic floor strength and control is completely achievable. Banishing leaks will enable you to focus on your sports performance and even improve it through a stronger core.

Running is a high impact sport placing a lot of demand on your body. Many active and athletic women (including Olympic athletes), also suffer from urinary incontinence due to the additional pressure placed on the pelvic floor due to the high impact. Running and jumping activities can result in a weakening of the connective tissue that supports the bladder.



An Overview of Returning to Running

POST NATAL

Explained By: Lorraine Boyce

Source: Groom, T, Donnelly G & Brockwell E. Returning to running postnatal - Guidelines for medical, health and fitness professionals managing this population. March 2019 #R2RP

Having the right information is so important in order to optimise your postnatal recovery and get you back to your full fitness again.

It's very difficult to get back to exercise at all or to return to your previous level of performance if you are struggling with issues such as incontinence, prolapse or pelvic pain.

I cannot recommend a Postnatal Assessment with a Pelvic Floor Physiotherapist enough after having your baby. An internal exam can clarify the extent of any muscle weakness and pick up if there is any issue with the structural supports for your pelvic organs i.e. prolapse. Most women need some instruction to improve their technique of contraction and guidance in progressing their strength training programme.

Running is a high impact form of exercise and a proportion of the impact is transmitted to the pelvic floor. If you return to running before your pelvic floor is able to tolerate this impact, you may experience symptoms such as leaking, heaviness or pain.

Most importantly, do not rush back to high impact exercise too soon! Your body has been through a lot of changes and needs time to recover!



Key signs/symptoms of pelvic floor and/or abdominal wall dysfunction (Return to Running Postnatal, 2019)

- Urinary and/or faecal incontinence
- Urinary and/or faecal urgency that is difficult to defer
- Heaviness/pressure/bulge/dragging in the pelvic area
 - Pain with intercourse
 - Obstructive defecation
- Pendular abdomen, separated abdominal muscles and/or decreased abdominal strength and function
- Musculoskeletal lumbopelvic pain

The Guidelines recommend that a low impact exercise timeline is followed within the first 3 months of the postnatal period, followed by a return to running between 3-6 months postnatal, at the earliest.

In addition to this every postnatal mother, regardless of delivery mode, should be offered the opportunity to receive a pelvic health assessment (from 6-weeks postnatal) with a specialist physiotherapist to comprehensively assess the abdominal wall and pelvic floor including vaginal +/- anorectal examination as indicated.

The Pelvic Floor Training and Postnatal Pilates programmes available online from Down Below Physio are an ideal form of exercise for this time when your body is recovering to regain your base of strength.

TOP TIPS FOR PELVIC FLOOR MUSCLE TRAINING

It is very difficult to stay disciplined with a programme of Pelvic Floor exercises if your not sure if you're doing them correctly in the first place. So here are some of my Down Below practical tips:

1. How to squeeze. Squeeze closed at your back passage as if you are holding in wind and at the front as if you are trying to stop the flow while passing urine. The muscles squeeze closed and lift up inside.

2. It's more subtle than you think! Exercising these muscles shouldn't show on the outside, nobody should be able to 'see you doing them'. You shouldn't be visibly pulling in your tummy, clenching your buttocks or bracing your breath!

3. Breathe! Holding your breath means you're more likely to bear down rather than lifting up, so focus on keeping your breathing natural and relaxed in the background.

4. Squeeze on your exhalation! The natural instinct is to take a big breath in and hold it as we squeeze. But it is better to squeeze as you breathe out. This may seem hard to coordinate at the start but will become easier as you practice it.

5. Having some visual imagery can help you get an effective contraction:

- Imagine you're trying to stop your flow of urine mid pee.
- Imagine you're trying to hold in wind.
- Imagine you have a tampon inside, and you want to lift it up inside you.
- Imagine you are trying to tighten around your partner during sex.

6. Keep it simple, don't overthink it! We often put ourselves off doing them before we ever start because we make it a big, unmanageable task in our minds that we have to make a big commitment to. Start with one set, once a day for one week and get that into routine first, then you can add to it when you have your routine established.

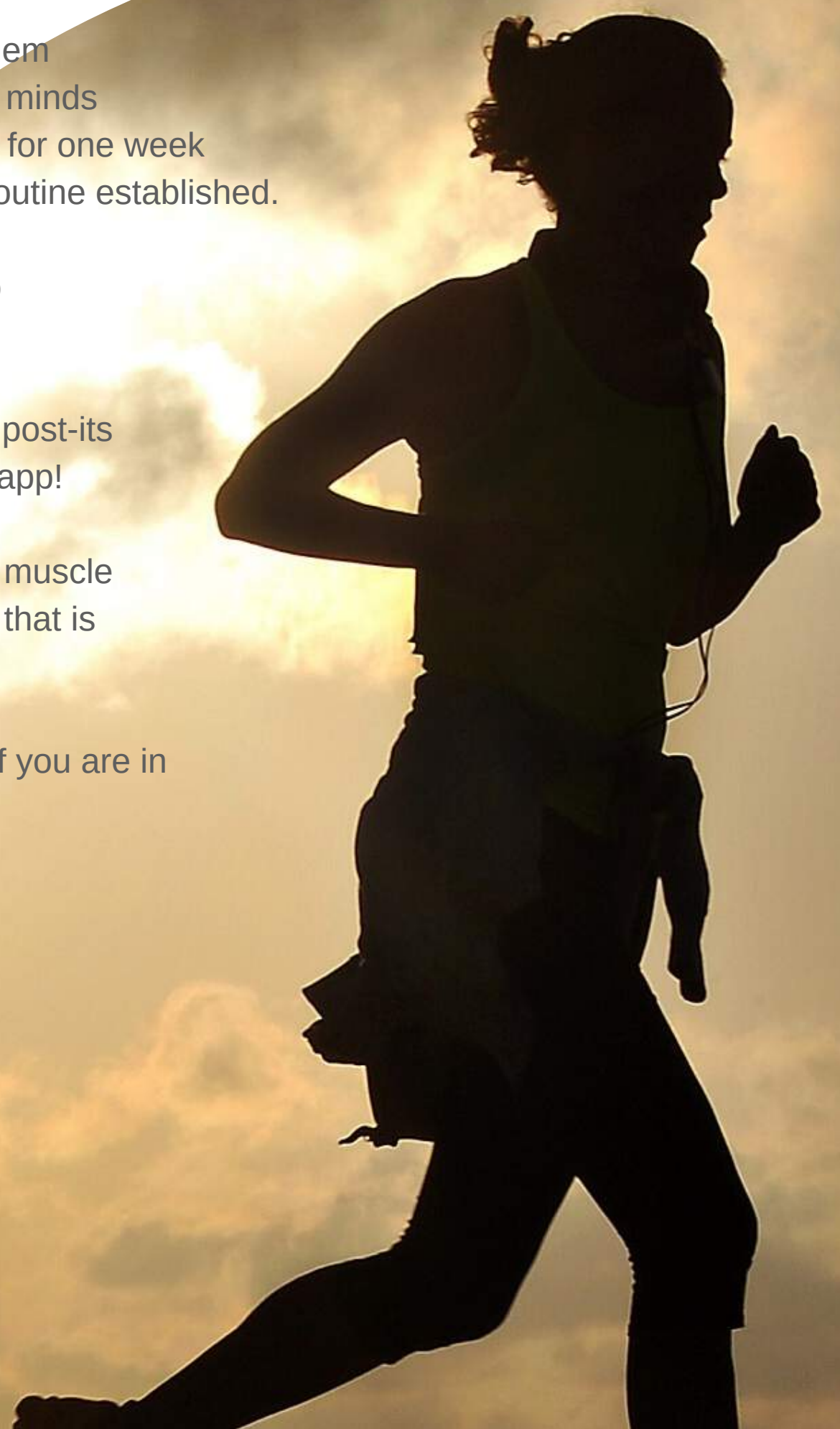
7. Routine is so important! Link it to the same time every day or link it to something you do everyday to help you remember.

8. Use reminders! If you are struggling, set an alarm on your phone, use post-its in strategic places, or use an app such as the NHS developed "Squeezy" app!

9. It takes time. It can take up to three months or more to strengthen any muscle and see really noticeable changes. Even then, don't just stop doing them, that is when you need to maintain the improvement you've gained.

10. Seek the advice and expertise of a Pelvic Floor Physiotherapist, if you are in any doubt about what you are doing.

Source: Lorraine Boyce



Returning to Running

HOW TO START

The Return to Running Postnatal (2019) guidelines remind us that it is important to focus on **‘What you CAN do’**

Start by setting goals. Goal setting allows you to focus on the task at hand, monitor progress and also allows enables progressions.

All goals require work to accomplish, and the more we understand about our own bodies and new life, the better equipped we will be to set and work toward our goals!

GOALS:

1. Improve physical and mental well-being.
2. Education - importance of postnatal rehab and graded return to running
3. Improve pelvic floor and abdominal function
4. Build strength and fitness
5. Facilitate safe return to sport

Before participating in any exercise, you must be screened by a qualified doctor or physician, and do consider getting a postnatal check with a Pelvic Floor Physiotherapist.

Return to Running Postnatal (2019) Guidelines

It is sensible to start small, often with around 1 to 2 minutes of running at an easy pace. Setting short-term goals, such as reaching a target distance, can be helpful alongside long term goals such as competing in a race. These goals will influence training progression.

Expert consensus of the present authors advises that a total weekly running distance/time should not be increased by more than around 10% per week.

Including walk breaks can be helpful to reduce fatigue initially and can be gradually reduced and removed. A ‘couch to 5km’ programme can be helpful as this usually includes walk breaks and builds gradually towards 5km of running within around 9 weeks.

Postnatal women should be advised about the key individual signs that they need to monitor during their return to running.

This includes a realistic discussion on what is acceptable and should be expected, as well as any indicators that training needs to be reduced, modified or stopped.

Heaviness, dragging, incontinence or moderate to severe pain may suggest excessive training distance or intensity. Mild MSK pain (0-3/10 on a pain scale) which settles quickly after a run with no pain lasting into the next day is often acceptable but decisions should be made based on the individual and the nature of their symptoms.

Returning to Running

KEY POINTS

Source: T, Donnelly G & Brockwell E.
Returning to running postnatal -
Guidelines for medical, health and fitness
professionals managing this population.
March 2019 #R2RP

Recommended baseline strength for the pelvic floor muscles in standing prior to return to running:

10 fast repetitions

8-12 repetitions of a 6-8 second maximum voluntary contraction.

60 seconds of submaximal 30-50% contraction

Diastasis Recti (tummy muscle separation)

Screening to check if there is any separation of the abdominal muscles is important as this is a key stabilising muscle group and needs to be functioning well to support your return to running. Your abdominal muscles must be coordinating well with your pelvic floor muscles and your breathing pattern for optimal function and performance.

C Section Scar Tissue

It is also very important to check the scar for any restrictions, not just the superficial skin layer but also through the deeper layers of muscle and connective tissue. Restrictions and adhesions can be mobilised with scar tissue massage.



Strength testing

In order to ensure key muscle groups are prepared for running, each of the following movements should be performed with the number of repetitions counted to fatigue.

Aim for 20 repetitions of each test.

1. Single leg calf raise
2. Single leg bridge
3. Single leg sit to stand
4. Side lying abduction

Assessing the strength of all key hip muscles; abductors, adductors, flexors, extensors and rotators is also recommended and a Physiotherapist can help you with this.

NOTE: Weakness in these areas of strength testing should not be considered a barrier for return to running but instead identify where strength work can be directed.

Load and Impact Management Assessment

In order to successfully complete this assessment, the postnatal mother needs to achieve the following without pain, heaviness, dragging or incontinence:

- Walking 30 minutes
- Single leg balance 10 seconds
- Single leg squat 10 repetitions each side
 - Jog on the spot 1 minute
- Forward bounds 10 repetitions
- Hop in place 10 repetitions each leg
- Single leg 'running man': opposite arm and hip flexion/extension (bent knee) 10 repetitions each side



Returning to Running

POST NATAL



Return to running is not advisable prior to 3 months postnatal or beyond this if any symptoms of pelvic floor dysfunction are identified prior to, or after attempting, return to running.

Risk factors for potential issues returning to running

- Less than 3 months postnatal
- Pre-existing hypermobility conditions (e.g. Ehlers-Danlos)
 - Breastfeeding
- Pre-existing pelvic floor dysfunction or lumbopelvic dysfunction
- Psychological issues which may predispose a postnatal mother to inappropriate intensity and/or duration of running as a coping strategy
 - Obesity
- Caesarian Section or perineal scarring
- Relative Energy Deficiency in Sport (Red-S)

Example of exercise progression for the early postnatal period (0-3 months)

Week 0 to 2

- Pelvic floor muscle exercises (once catheter removed) targeting strength and endurance functions.
- Basic core exercises e.g. pelvic tilt, bent knee drop out, side lying abduction.
- Walking (for cardiovascular exercise).

Week 2 to 4

- Progress walking/pelvic floor muscle/core rehab.
- Consider introduction of squats, lunges and bridging, in line with the functional requirements of day-to-day life as a new mother.

Week 4 to 6

- Introduce low impact exercise e.g. static cycling or cross-trainer taking into account individual postnatal recovery, mode of delivery and perineal trauma. Recovery should be such that the new mother is comfortable sitting on a saddle.

Week 6 to 8

- scar mobilisation (for either c-section or perineal scar)
- Power walking
- Increased duration/intensity of low impact exercise
- Deadlift techniques beginning at light weights no more than the weight of the baby in a car seat (15kg) with gradual load progression e.g. barbell only with no weight. This aims to strengthen and restore strategies for carrying out the normal everyday tasks required when caring for a newborn and/or older siblings.
- Resistance work during core and lower limb rehab

Weeks 8 to 12

- Introduce swimming (if lochia has stopped and there are no issues with wound healing).
- Spinning (if comfortable sitting on a spinning saddle).

Returning to Running

POST NATAL

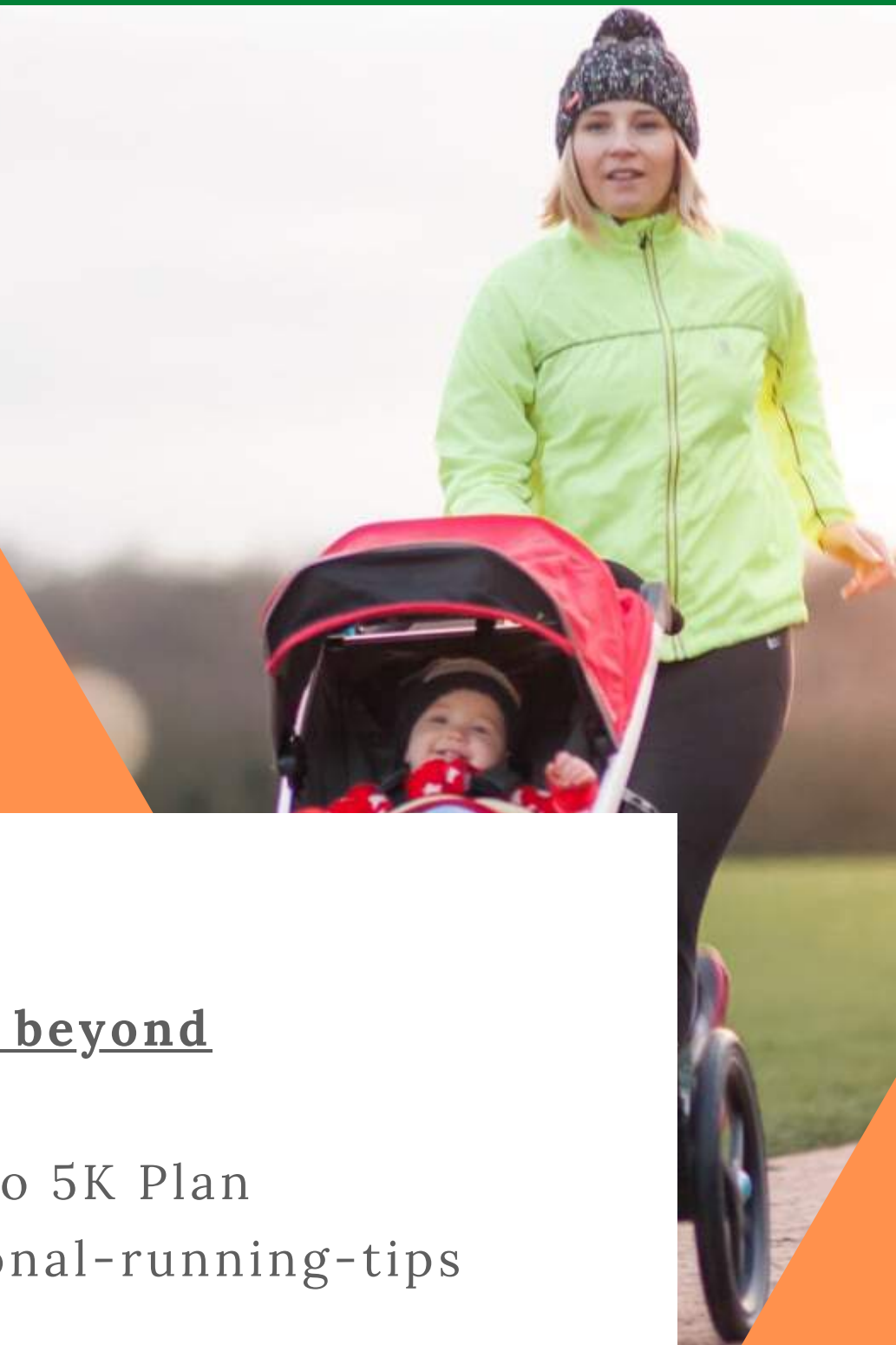
Return to running 12 weeks postnatal and beyond

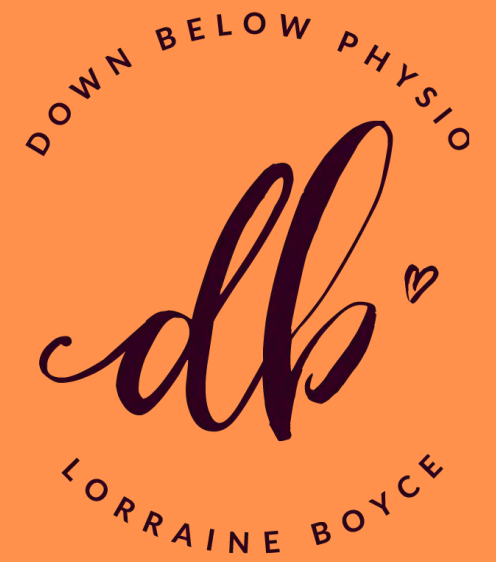
- Graded to return to running e.g. Beginner to 5K Plan
<https://www.athleticsireland.ie/runzone/recreational-running-tips>
- Goal specific – agree short and long term goals
- For challenging goals consider working with an athletics running coach through joining one of our affiliated clubs or Fit4Life groups!
- Risk factors to injury e.g. obesity reduce distance to a couch to 3km rather than 5km- <https://www.athleticsireland.ie/runzone/recreational-running-tips/minimise-risk-of-injury-when-running>
- Build training volume (e.g. distance/time) before intensity
- Monitor signs and symptoms and modify program appropriately or signpost to professional help to address postnatal issues

Buggy Running

Once a woman is 12 weeks postnatal and passing the tests recommended in these guidelines plan as graded return to running.

- Agree a manageable starting point with short and long term goals.
- Progress training gradually and adapt it to individual needs and risk factors.
- Monitor the response to running and modify as needed.
- Consider buggy running as an option, not before the baby is 6-9months old, starting slowly with a two handed technique.





ONLINE PELVIC FLOOR TRAINING AND PILATES PROGRAMMES

<https://downbelowphysio.ie/fitness-packages/>

Programmes are €20 for a month's **unlimited** access.

- Access your online package from the comfort of your own home.
- Enjoy unlimited access to the clinical information and exercises in your package for the month of your subscription.
- There are various levels of difficulty, so you decide what exercise intensity is right for you. These are pelvic floor focused fitness packages, so you can finally know if you're squeezing those 'Down Below' muscles correctly.
- Avail of my expertise as a Pelvic Floor/Women's Health Physiotherapist so that you can be assured that you're doing the right thing, that's safe and effective.

PACKAGES INCLUDE:

- Baby on Board- Trimester 1
- Baby on Board- Trimester 2
- Baby on Board- Trimester 3
- Don't Squeeze, Relax Please!
- Fab Abs
- Online Pilates
- Painful Pregnancy
- Pelvic Floor Essentials
- Your Body After Baby

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