

TAKE CONTROL OF YOUR PELVIC FLOOR

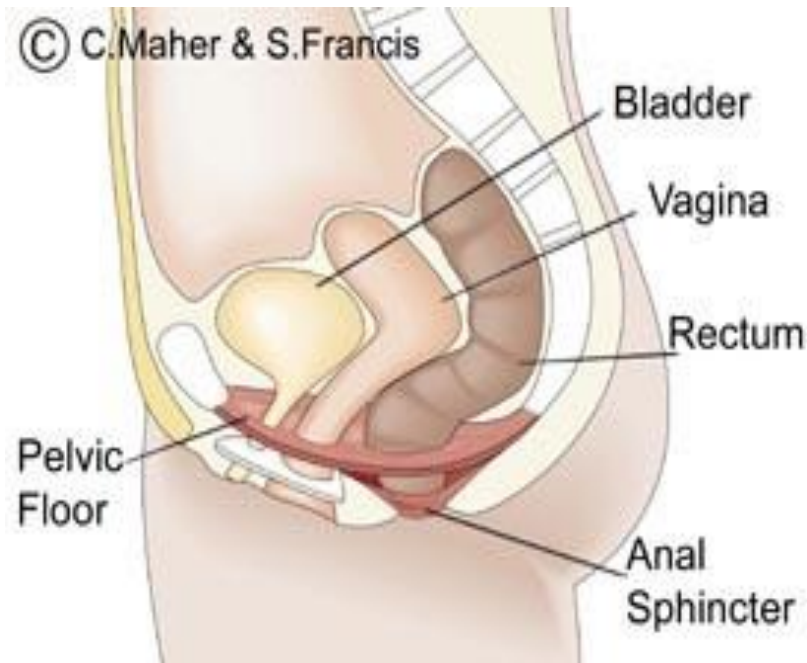


By:
Danielle
Bell

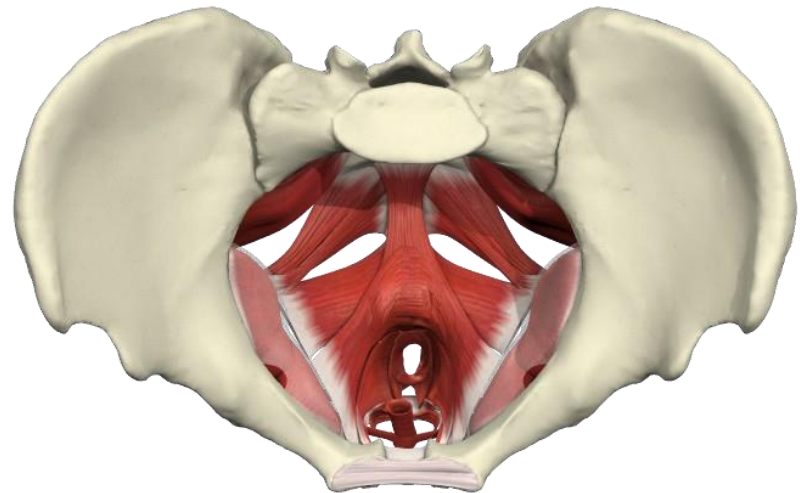


Pelvic Floor Physiotherapist,
PhD Candidate

What is the Pelvic Floor?

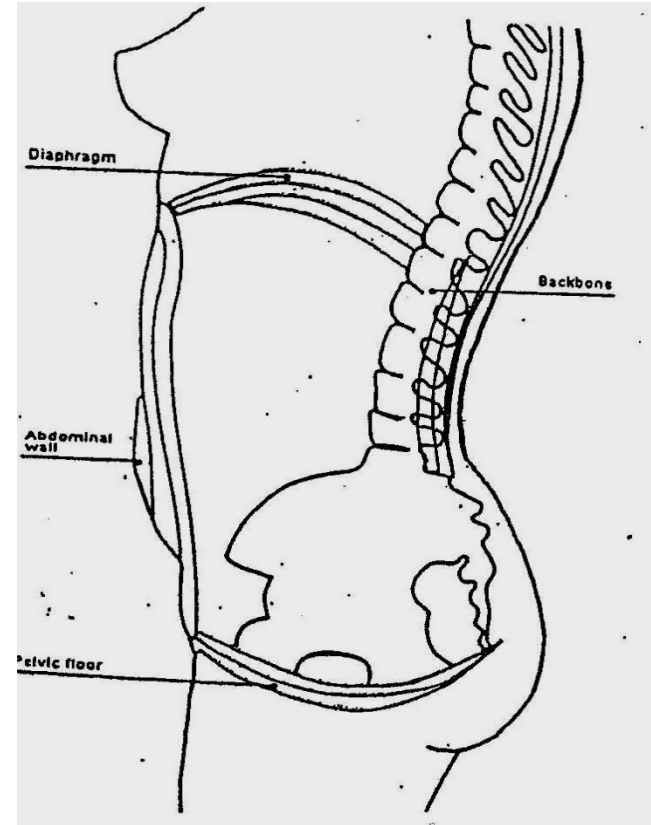


Not just muscles!



The Floor and the Core: How does it all tie in?

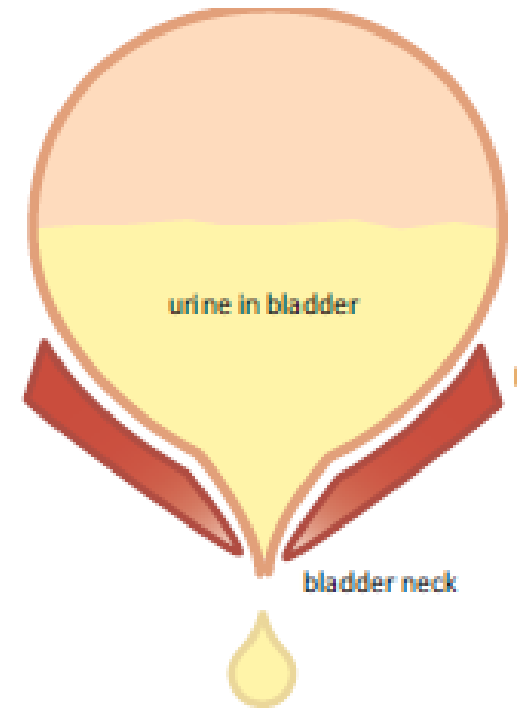
- The “CYLINDER” of core stability
- Controls pressure inside the abdomen ‘cannister’
- What’s your weakest link?



Why do we have to exercise our pelvic floor?



- Strength
 - Endurance
 - speed
 - co-ordination in functional train
 - To relax too!
-
- Symptoms- convenient storage, never leak, comfortable, relax to empty. Secure.



Factors Affecting the Pelvic Floor



- Pregnancy and Child birth
- Constipation
- Persistent heavy lifting especially if bearing down
- Genetics, hypermobility
- Chronic cough/sneeze
- Excess body weight
- Hormone changes
- Surgery



2018 Commonwealth Games

Team England female athletes

38%

experienced stress
incontinence during
training

28%

experienced stress
incontinence during
competition

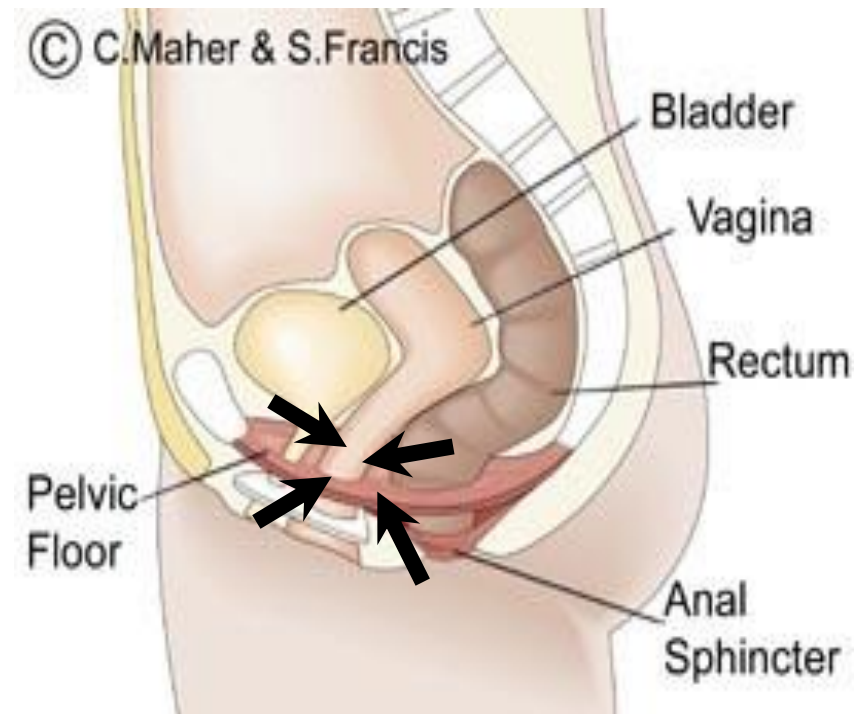
Before we start.....



- Posture, posture, posture
- RELAX outer tummy and buttock muscles
- Don't hold your breath

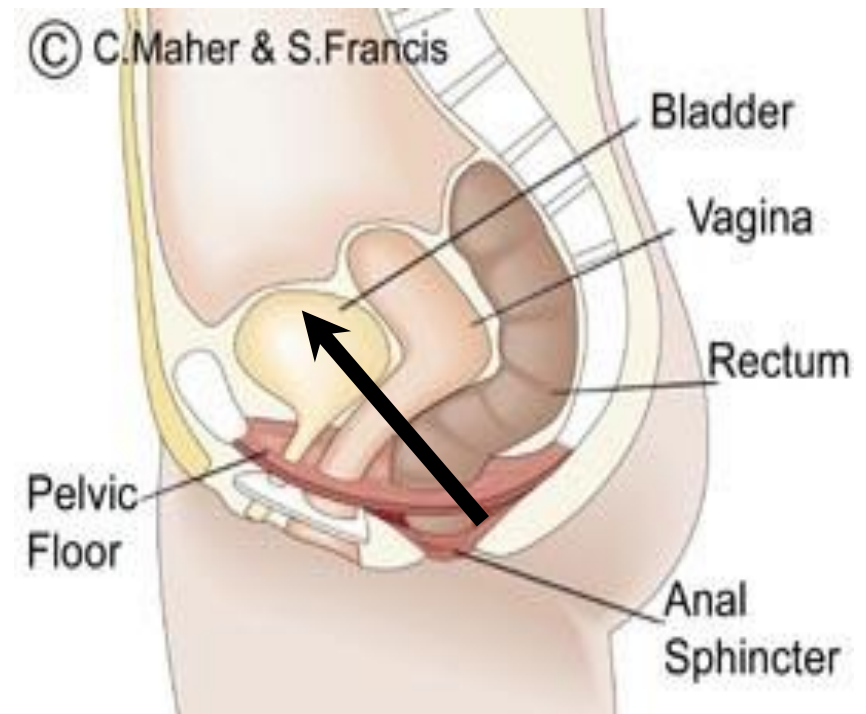
Let's give it a go.....

- 1 SQUEEZE around the vagina or base penis



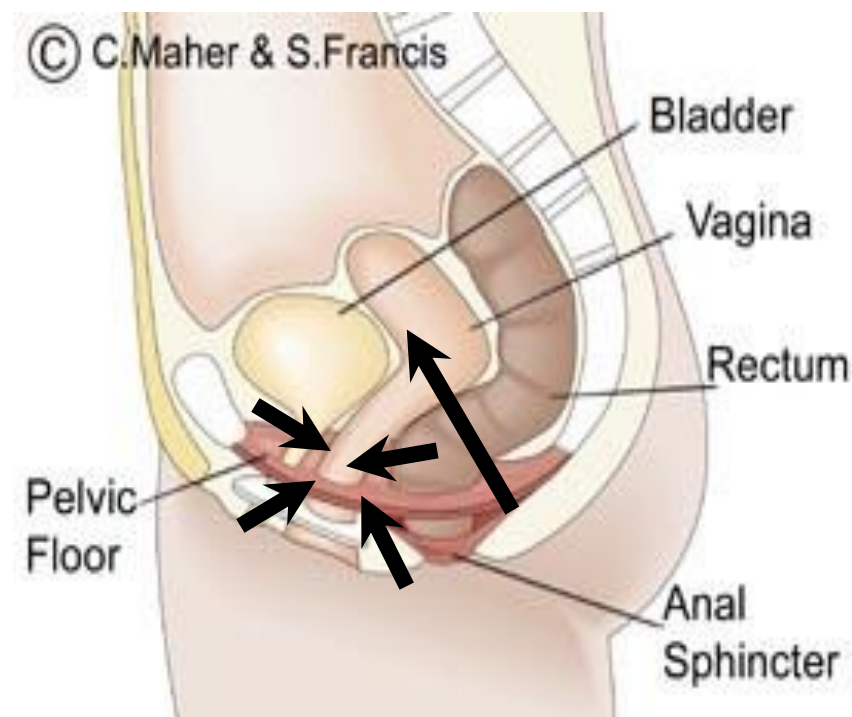
Let's give it a go.....

2 LIFT the anus up
and forwards



Putting it together:

- 1 SQUEEZE around your vagina
- 2 LIFT your anus up and forwards
- 3 LOWER your anus
- 4 RELAX around your vagina



How long and how many?



- To strengthen a muscle you need to fatigue a muscle
- Must be individualised:
 - How long can **YOU** hold for?
 - How many can **YOU** do?

Am I doing it right?

- Mid flow wee stop occasionally only
- Self digital internal or perineal exam
- Feel deliberate relaxation (not involuntarily let go)
- Apply it during exercise!



Example Program



- Hold for as long as you can (up to 10 seconds) and Repeat 10 times.
- Do as many quick lifts in a row as possible (up to 10 in 10 seconds)
- Pulse at top if not able to sustain.

LETS TRY IT!!

The Knack!!



Brace with your pelvic floor and deep abdominal muscles **BEFORE** and during cough, sneeze, lift or exercise.

Let's give it a go.....nose blow

How do I know if I'm doing it right?



- **Vaginal assessment.**
- **Perinometry**
- Real-time Ultrasound
- Electromyography (EMG)



Which exercises are safe for my pelvic floor?



- Your Pelvic Floor Strength must match your level of activity.
- The stronger your pelvic floor is the more strenuous the level activity you can do safely.



*Which exercises are safe
for my pelvic floor?*



Anything that doesn't **OVERLOAD** your
pelvic floor!!!!

*All Exercises can be
modified.....*



TALK!!

**Tell your instructor
if you have any pelvic floor
Problems**

Code word?????



Modified Exercises:



- Scaling options!
- slow down (reset pelvic floor)
- Do your daily home practice!
- Never hold your breath, or grunt
- Blow while you lift
- Tall torso
- Don't over grip your core
- Feet closer – jumping jacks
- Knees softened to absorb landing- jacks

Beware of.....



- Fatigue points- end of workout
- double leg lowers— bend knees to shorten levers
- Russian twist- feet down or lower weight
- skipping – try single leg side to side



pelvic floor safe exercise



Do not continue if leak or bulge- match your scaling to your weakest link

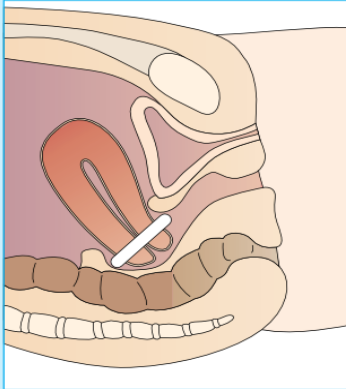
Pelvic floor problems don't typically fix themselves

Vaginal support pessaries are a great option during exercise while you get strong in the long term

Pessaries

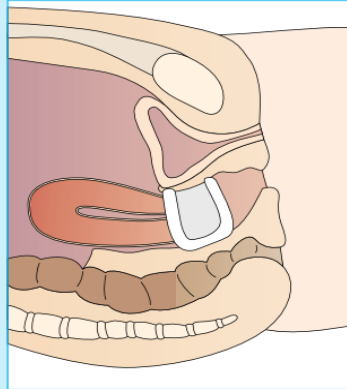
Support pessaries

Ring pessary



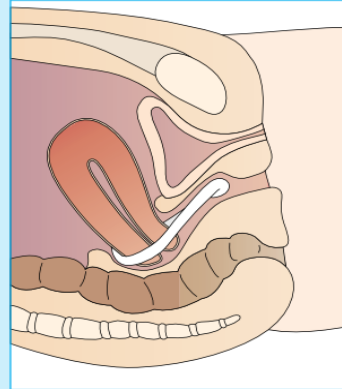
First and second degree uterovaginal prolapses
The most common pessary, and the easiest to use

Gehrung pessary



Cystoceles and rectoceles, with or without uterine collapse
Can be manually moulded. It rests along the anterior vaginal wall to straddle the bladder, and the lateral bars straddle the rectum, providing support via the legator sling

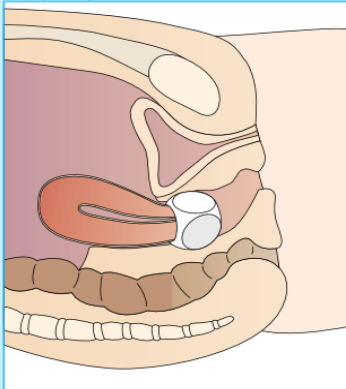
Hodge pessary



Mild cystoceles in women with a narrow pubic arch, and for correcting a retroverted uterus

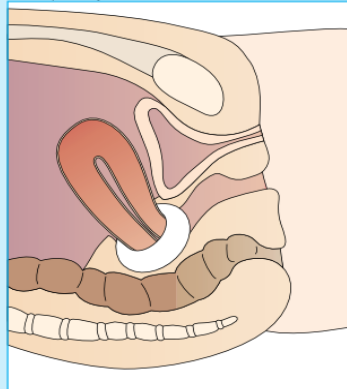
Space occupying pessaries

Cube pessary



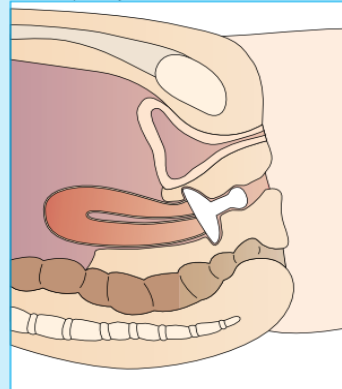
Third degree uterovaginal prolapse
Maintains its position by creating suction between itself and the vaginal wall. Has no area for drainage and has to be removed nightly

Donut pessary



Third degree uterovaginal prolapse
Remains in place by having a larger diameter than the genital hiatus. Usually latex, but an inflatable version allows for easy insertion and removal and an individualised fitting

Gellhorn pessary



Third degree uterovaginal prolapse with decreased perineal support
Concave surface fits against the cervix or vaginal cuff. Stem should be positioned just behind the introitus, so perineum must be intact

Pelvic Organ Prolapse



Cystocele
(Prolapsed bladder)



Rectocele
(Prolapsed rectum)

Take Home messages- Safe Exercise



- Do not continue an exercise if you are leaking/prolapsing/aching – modify, improve, retest
- Use your pelvic floor strength at times of need and don't hold your breath
- Gravity and momentum play big roles
- All females are at risk- even teens, or Caesarean deliveries.
- We are all different in dimensions, causes, abilities

If you cant feel your
pelvic floor squeeze or
cant stop leaking or
bulging-



See a pelvic floor physio to
assess your pelvic floor strength
and learn how to contract your
pelvic floor CORRECTLY



Any questions?



- Happy to discuss or Email me
- Danielle@activephysiomackay.com.au