

Pelvic Floor and Diastasis 6 Part Course

Part 3: Pelvic Floor Education

Function

- Supports pelvic organs
- Front helps with urinary continence
- Back helps with bowel continence and passing gas
- Sexual satisfaction

Can have tightness AND weakness (this is often the case when kegels made someone feel worse).

Assess front to back imbalances and tightness

- Women who leak when coughing, sneezing, or jumping often kegel more with the back of their pelvic floor compared to their front.
- An overactive back of the pelvic floor can contribute to tailbone pain and tightness.
- A tight front pelvic floor can feel similar to UTI symptoms.

Assess side to side imbalances and tightness by looking at the hips

- Obturator internus integrates into primary pelvic floor muscles. Its resting tension and position can affect how the pelvic floor functions.
- Hip range of motion, hip muscle function, and where the femur sits in the socket affect the function of the hips and the pelvic floor.
- The inability to activate the primary pelvic floor muscles without the deep hip rotators can contribute to deep discomfort and affect femur positioning.

Pelvic floor and ab connection

- The pelvic floor is the primary stabilizer for our deep core system. It fires before our lower transverse abdominals.
- Women who tend to leak don't have enough lower abdominal strength and tend to overuse their upper abs.
- Good transverse abdominal strength helps max out the pelvic floor contraction.
- Can you lift your pelvic floor without engaging your upper abs? We often need to help people downregulate their upper abs and increase lower abdominal strength to help combat pressure.
- Women who close their diastasis faster have more pelvic floor problems due to the pressure from the front going down.

Think in layers: Pelvic floor, breathing, core muscles, adductors, glutes, head and tongue positioning.