

Pelvic Floor and Diastasis 6 Part Course

Part 1: What Breathing Should Look Like

Pressure: Not all pressure is bad, but it can be a factor in pelvic floor tightness, leaking, diastasis healing, and prolapse symptoms. Pressure management starts with how we breathe.

- As you inhale, your diaphragm contracts and pulls down, helping to inflate the lungs and pull in air. It takes up space and creates pressure. Good distribution of this expansion helps with pressure management.
- With everyday breathing, the diaphragm will be concentrically contracting on the inhale, but the exhale should be passive.
- Exhaling too much from your abs (rectus and external obliques) can generate too much pressure down on the pelvic floor and it creates neck tension.

Belly breathing: Belly breathing can create a lot of fascial distension. If someone has tight fascia, holds a lot of front ab tension, or has front pelvic floor tightness, then belly breathing can be beneficial.

- If someone has a diastasis recti where the front fascia is already distended, all of the pressure going out and down the front isn't a great environment for healing the diastasis.
- All of the air going to the belly will limit back and side expansion which could contribute to back tightness and back pelvic floor tightness.

Paradoxical breathing: Inhale goes up, exhale goes down.

- The diaphragm doesn't move downward on the inhale.
- This can contribute to bearing down (more common in women) and tightness in your neck and chest.

What should great breathing look like? Balanced. Some belly movement, but also pressure expansion to the sides and back. A great, 360 degree expansion of the diaphragm and rib cage.

- Inhale: The external intercostals contract and the diaphragm pulls down to expand the rib cage 360 degrees. This will include our lower bucket handle as well as our upper pump handle ribs
- Exhale: The ribs come back in as the diaphragm lifts back up, without any ab tension. It should be a natural recoil of the inhale.

Why is breathing great for the psoas? The psoas is the largest hip flexor muscle and is a vertical stabilizer. It attaches from the front T12 and the lumbar vertebrae to then wrap down around the front of the legs. The back part of the diaphragm also inserts up top with the psoas.

- A tight psoas often causes back tightness and pain, especially when postpartum.
- One sign of a tight psoas is a visible high hinge point.
- If we inhale into our back with each breath, the diaphragm descends down and gives the psoas a little massage, which helps to release it. The back will be left feeling so much looser. Shallow breathing doesn't result in this release.

Why is breathing great for decreasing neck tension? Limited rib cage expansion can contribute to pec minor and scalene tightness. Inhaling without the diaphragm pulling down can lead to using the accessory breathing muscles of your pec minor and scalenes instead.

- Breathing down will facilitate rib cage expansion and decrease pec minor and scalene overactivity to reduce neck, chest, and jaw tightness, rounded shoulders, numbness in hands, etc.