

PELVIC FLOOR AND DIASTASIS

6 PART COURSE

Part 4: Troubleshooting Getting More Glutes Out of a Split Squat

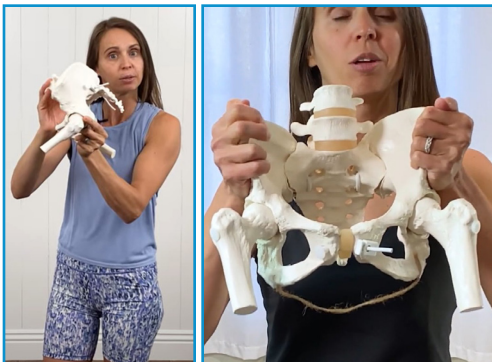
Goal

- Make slight changes to the split squat to create dynamic movement for assessing how someone loads one side of their body compared to the other and to see what's happening in their hips.

The pelvis often gets stuck in inlet external rotation (ER) during pregnancy, causing tightness in the posterior hips and pelvic floor. This also puts the pelvic floor in a slackened/ lowered state.



Encouraging more inlet internal rotation (IR) can help balance out movement in the pelvis.



Inlet internal rotation

- Addresses stiffness in posterior hip musculature (such as the piriformis and obturator internus).
- Lengthens a tight posterior pelvic floor and frees the tailbone.
- Lifts the pelvic floor.
- Positions the TAs into a shortened state.
- Helps use more glute max over deep hip rotators.

This split squat variation increases (or addresses) inlet IR in the transverse plane by rotating the pelvis toward the front leg, as well as in the sagittal plane by lowering down into hip flexion. At the top of the squat, the hips begin in more inlet ER. As you lower down into hip flexion, the pelvis goes into inlet IR and returns to ER at the bottom of a full squat.

Optional equipment

- Mat, band, block, sock



- Position one leg forward and one leg back in a split stance position.
- To begin, notice the position of your pelvis. Is it turned away from the front leg? This can indicate tightness in the posterior hip musculature of the front leg.
- Without letting your back leg move or the knee straighten, push that leg back to engage the glutes and hamstrings.
 - If you have a hard time doing this, you might need to explore hip extension mechanics for that leg
- Use this back leg engagement to turn your pelvis toward the front leg and back, helping you to sit back into your hip. You should also feel how the rotation helps your weight shift to the back of your front heel a bit.
- Your belly button should be pointed toward the second and third toes of your front leg, and the sit bone should be pointed straight back behind you.

- Without letting your knee shift, hinge slightly to help open up the posterior and lower hip musculature.
- Maintain the rotation in your pelvis and a slight hinge as you sit straight down into your glutes.
- Let your knee come forward as you lower down, but make sure you do not let your hips shift forward.
- Only go as low as you can with your hips staying level.
- Press the ground away to come back up, maintaining the rotation in your pelvis and slight hinge.
- It should be a purely vertical down and up movement with your knee bending and straightening because your hips are lowering down and back up.
- How you lower sets up how you rise, but also pay attention that your hips stay level as you come back up.

Things to further address

- If your pelvis turns away as you come up, the deep hip rotators are taking over for the glute max. We want the opposite, so make sure your pelvis stays turned toward the second and third toes of your front foot.



- When you rotate toward the front leg, make sure to not let yourself over rotate. Your sit bone should point straight back behind you.

Notes



- Check what is happening at the femur and in the hips in the frontal plane.



- Does the front hip sit out to the side?
 - This could be due to tight adductors compared to glute med, lengthened or weak glute med, or not fully committing to being up on that hip
- Does your knee roll in or hip drop on the way up?
 - This could be due to using more adductors over glutes to extend the hip
 - Try cueing to root down into the outside of the front heel as you come up, and keep that big toe down.

Explore what happens when:

- A band is pulling your knee in so you have to push it out for more glute med.



- A band is pulling your knee out so you have to hug it in for more adductors.



- You elevate the back foot to help push you onto the front leg.



- You hold a weight in one hand versus the other.



- You place a sock under the arch of your front foot to smooch down into.

