

PELVIC FLOOR AND DIASTASIS

6 PART COURSE

Part 6: Troubleshooting Getting More Abs Out of Half Kneeling Rotations

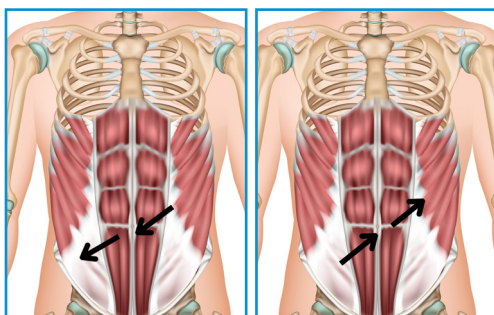
Loaded thoracic rotation is helpful for:

- Dynamic core strength to support a healing diastasis and pelvic floor.
- The transfer of weight from one side of the body to the other. This helps support the hips and lower body, and is particularly helpful for those returning to running and sports.
- Teaching the abs to work together as a team.
- Engaging the midline abs while maintaining length through the spine.
- Working outside the sagittal plane to improve back-body expansion and make for dynamic abs.
- Strengthening abs in both concentric and eccentric ranges. This can help improve sagittal plane core work and decrease stiffness in the lateral abs.

Goal

- The rib cage should rotate directly over the pelvis without shifting forward, back, or from side to side.

Use the external obliques (EO) on one side and the internal obliques (IO) on the opposite side to create rotation. Reciprocally, the opposite EO and IO pairs are lengthening.



Equipment

- A resistance band attached to a door or weight (preferably something that makes it easy to change the height).

Areas to Address

Back tightness

Back tightness and limited thoracic rotation mobility can affect the ability to drive rotation from the abs.

Notice

- Are you extending your spine to rotate? Does your rib cage shift forward as you rotate?

How to address this:

- Prep with [thoracic rotation mobility](#) work and breathing drills to improve rib cage mobility and position and back-body expansion. Make sure you aren't arching your back to get more range!

Uneven Hips

Ab work can help with hip work, but sometimes we need more hip work first to help the abs.

Notice

- What's going on in the hips? Are they level, or does one hip hike higher than the other? Are they square to the front? Do you feel tension in the front of the down leg?

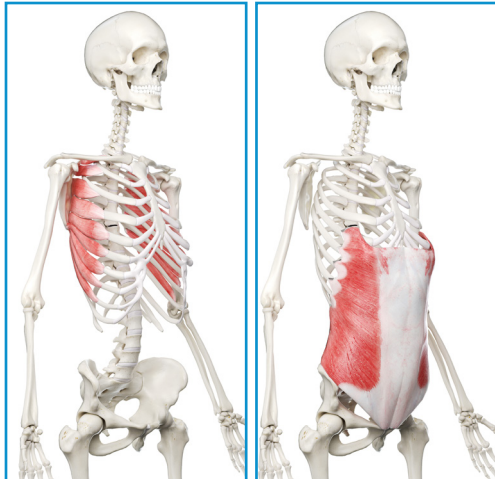
How to address this:

- Warm up with focused split squats to improve depth tolerance and help level out your hips.
- Put a yoga block under your back knee to decrease the depth.
- Think about dragging your front heel back, engaging the hamstring to pull the front hip down.

- Turn your pelvis toward your front hip to help sit back into it.

Using the Scapula to Help With Balanced Abs

Due to fascial connections between the serratus and external obliques, we can use different intentions at the shoulders to affect what is happening in the rib cage and abs.



Need More EOs

- More external oblique may be needed to help close the ribs for someone with a wide ISA or an upper diastasis.

Notice

- Do you tend to side bend instead of rotate? Do your ribs flare or shift forward?

How to address this:

- Push with your inside arm to feel the scapula slide around and forward on the rib cage, and use the serratus to close the ribs as you rotate.
- Be sure not to shift forward/flare your ribs. If you do, you might need to address scapular movement and positioning on the rib cage.
- As the ribs are closing, make sure pressure isn't going down onto your lower abs or pelvic floor. If it is, more rib cage mobility work or back-body expansion may be needed, and/or addressing the hips, pelvis, and pelvic floor to support the increased pressure.



Need More IOs

- More internal oblique or lower abs may be needed for a narrow ISA, lower diastasis, or pelvic floor complaints.

Notice

- Do your lower abs pooch or do you feel pressure down into your pelvic floor as you rotate? Does your rib cage shift back and your chest drop?

How to address this:

- Use more of a pulling action with your outside arm as you rotate, using some scapular retraction to help pull the outside rib cage open.
- You should feel more outside lower abs (IO) and decreased pressure down onto your pelvic floor.
- Be sure not to excessively shift forward or flare your ribs, using the paraspinals instead of the scapular retractors.



**If this feels challenging, instead of one arm at a time, you can use two hands with one being more dominant and the other more relaxed. Further exploring what is happening in your shoulders may help what is happening in the abs.*

Notes

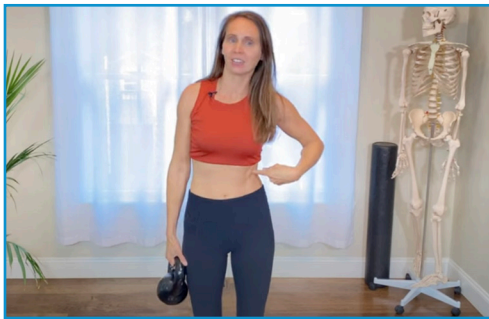
Side Bending and One-Sided Rib Flare

Side bending

- Overusing QLs (quadratus lumborum) over obliques can contribute to back tightness, APT (anterior pelvic tilt), and flared ribs.
- Same side obliques create a side bending action, while opposite side EO and IO create the rotation.
- If you have one-sided rib flare, tight lateral abs, or opposite side back tightness, you might side bend instead of rotate.

Flared ribs

- One-sided lateral rib flare is due to long, weak obliques on the flared side and/or short, stiff obliques or QL on the opposite side.



- Forwardly flared ribs can be due to back tightness, poor cross-connection in the abs, overly lengthened obliques and/or rectus, and/or poor eccentric control of the obliques.
- The image above is demonstrating shortening of the left side obliques and lengthening of the right side obliques.

Notice

- Are you side bending instead of rotating? Are you shifting forward or back in your rib cage as you rotate?

How to address this:

- Try different angles and intentions instead of the band being attached horizontally.
 - High to low

- If the side bend is toward the inside, focus on side bending toward the outside and reaching down with your outside arm as you rotate.



- If the side bending is toward the outside, focus on side bending toward the inside and reaching more with the inside arm as you rotate.



Too Much Pressure Down and One-Sided Rib Flare

This often occurs when using too much flexion with the rotation or with chest tightness. It can put pressure down onto the lower abs and pelvic floor.



Notice

- Do you crunch down or shift your ribs back as you rotate? Do your lower abs pooch?

Notes

