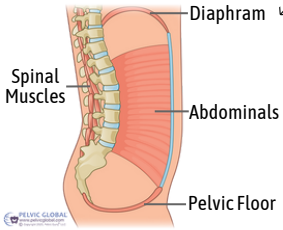
Bridging the gap from "all clear" to exercise

Dr. Christine Pieton, DPT
Pelvic Floor Physical Therapist

Meet Your **Core** Team



All **four** muscle groups need to relearn how to core-dinate for efficient movement postpartum.

The 6-week "all clear" is just the beginning of returning to movement postpartum

Your core team undergoes significant changes during pregnancy to accommodate the growth of your baby. The abdominal muscles stretch and lengthen, the diaphragm shifts upward, and the pelvic floor and spinal muscles work to support these adaptations. Then, with a vaginal delivery, the pelvic floor stretches again and soft tissue injuries are common. With a C-section, the abdominal wall undergoes a significant surgery. Regardless of your delivery method, the core team does not return to pre-pregnancy levels 6 weeks later, it needs intentional rehabilitation to successfully return to exercise. Unfortunately, this rehabilitation is not yet the standard of postpartum care, like it is for sport and orthopedic injuries. This disparity is why so many women feel overwhelmed and confused when trying to navigate their healing alone. Let's change that! Read the steps below to learn how a pelvic floor physical therapist bridges the gap from "all clear" to exercising with confidence!

You don't have to figure this out on your own.
Ask for a referral to pelvic floor physical therapy!

1 step CORE-dinated Breathing

How did my breathing change during pregnancy?

- Breathing becomes more shallow as your baby grows, shifting the ribcage upward.
- Breath holding during activities is another common strategy the brain will use to create a temporary sense of core support.
- When these breathing patterns persist it's difficult for the core team to work optimally, increasing the prevalence of low back pain, hip pain, and pelvic floor symptoms.

How do I breathe better?

- By redirecting your breath downward! Practice inhaling with 360° expansion around your lower ribs and belly without your ribcage and shoulders lifting. As you exhale, breathe out from your lower abs first, continuing upward towards your chest, feeling your muscles wrap 360° around your torso.

Breath training sequences the core muscles to re-learn how to work as a team.

What about Kegels?

Squeezing your pelvic floor on command does not teach your brain how to sequence the pelvic floor during movement. Breath work does! It cues the pelvic floor to lengthen as you inhale and contract as you exhale.

Breathing is a better kegel!

2 step Restoring Ribcage <> Pelvis Alignment

How did my posture change during pregnancy?

- During pregnancy, the ribcage elevates and the pelvis tips forward to accommodate baby's growth. This results in the front of the ribcage and the front of the pelvis moving further away from each other as the abdominal muscles lengthen and stretch over time.
- When this posture continues postpartum it contributes to low back pain, hip pain, and pelvic floor symptoms.

How do I improve my ribcage <> pelvis alignment?

- With strength work! Restoring the alignment of your ribcage and pelvis is essential for your core team to function optimally. This requires breath training (see above) AND building back strength around the pelvis (i.e. your core team and surrounding hip muscles).

3 step Return to Exercise Assessment

I got the "all clear" at my 6 week postpartum check-up. Can I start running yet?

- You need to earn your strength back first! Running is a high impact sport requiring the body to be able to shock absorb 4-6X your body weight with every single stride. This is why steps 1 and 2 above need to happen before you lace back up.
- You deserve to work with a pelvic floor physical therapist who will evaluate your current state of healing, strength, and coordination to develop a return-to-exercise plan that accounts for your changing sleep cycles, nursing needs, energy levels, etc.

Want to test your strength and coordination at home? Check out the return to exercise assessment on the back.

1211 Coast Village Rd #5
Santa Barbara, CA 93108

Pieton Physical Therapy

www.pietonpt.com

Postpartum Return to Exercise Assessment

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How do I know when my body is ready to return to exercise postpartum?

Your brain will feel ready to move before your body is. It's important to honor this. Pregnancy and delivery create significant changes to the abdominal wall, pelvic floor, and neighboring structures. They need more than six weeks to heal and they need intentional work to restore the strength, coordination, and endurance required for a successful return to exercise. A movement assessment by a movement professional, like a physical therapist, is the best way to determine readiness. With that in mind, below are 4 movements you can do at home to gather information about how your body is moving and identify areas that may need support.

Disclaimer: this assessment is NOT a substitute for exercise clearance by a medical professional.

Scan or click the QR code to watch a video of this assessment with Dr. Chris

Reverse Lunge to single leg balance

Test single leg strength & balance

- Can you perform reps for 60 seconds on each side?
- Can you breathe while you move?
- Is it hard to keep your balance? Is one side more challenging?
- Can you keep your pelvis <> ribcage stacked?
- Do you feel your core, glutes & quads supporting you?
- Any pain, leaking, and/or pelvic floor heaviness?

Wall Sit

Test strength & endurance around the pelvis

- Can you hold this position for 60 seconds?
- Are you able to breathe continuously?
- Can you keep your head, ribcage, low back and pelvis connected to the wall as you hold?
- Do you feel your core, hips & quads supporting you?
- Any pain or pelvic floor symptoms?

Plank

Test core strength & endurance

- Can you hold this position for 60 seconds?
- Are you able to breathe continuously?
- Is your pelvis dropping down or piking up?
- Feel your shoulders, core, and hips supporting you?
- Any pain or pelvic floor symptoms?

Jumping Jacks

Test the body's response to impact

- Can you jump continuously for 60 seconds?
- Can you breathe continuously while you jump?
- Can you keep your pelvis <> ribcage stacked?
- Did you need to modify the width/speed of your jump?
- Any pain, leaking, and/or pelvic floor heaviness?

Listen to Your Body for Feedback

While performing the assessment notice how your body feels during and after. This is valuable feedback on how your body is responding and if adjustments are needed. Unsure what to listen for? See below:

Feedback	What is your body trying to tell you?	What to do next
Pain or discomfort	Aches and pains around the pelvis (i.e. hips, low back, tail bone, pubic bone, abdominals, C-section scar, and pelvic floor) are often a sign that more strength is needed in the core team and surrounding muscles.	• Reduce your speed, impact, resistance, and/or duration to where symptoms no longer occur, then build up gradually. • Pay attention to how you are breathing. Try exhaling during the more challenging phase of your movements. This cues your pelvic floor to contract and invites the the rest of the core team to engage. • Still having trouble? **Work with a pelvic floor physical therapist** to unpack the why behind your symptoms and restore the strength and coordination needed to get you back to moving with confidence!
Pelvic heaviness	Pelvic heaviness is often described as fatigue or strain to the pelvic floor muscles and is especially common when recovering from a vaginal delivery. During exercise, this is often a sign that the amount and/or intensity of movement being performed is exceeding the current capacity of your pelvic floor and core team.	
Difficulty controlling bowel & bladder	Incontinence can be caused by an injury to the pelvic floor, a lack of strength in the pelvic floor muscles, a lack of strength and coordination within the core team, or a combination. Leaking during activity specifically means the core team isn't able to properly distribute the load of the activity, resulting in increased forces being placed on the pelvic floor that exceed its capacity to counteract.	
Breath Holding	This is a strategy the body chooses when the core team isn't strong enough for the task at hand or becomes fatigued under load. This is common early postpartum and over time makes it difficult for the abdominal wall and pelvic floor to connect efficiently.	

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