



ABC's of Pelvic Health

AWARENESS, BREATHWORK &
COORDINATION



Because women deserve pelvic care that focuses on their
mind · body · soul

About Rachel

Rachel is an Occupational Therapist who specializes in women's health, nervous system regulation, and pediatrics in pelvic health.

She has over 14 years of experience and prides herself on her holistic & functional approach.

She focuses on combining mental & physical health when it comes to pelvic floor therapy. She hopes to teach you functional ways to move your body.



Our Philosophy

women deserve pelvic care that focuses on their:
mind · body · soul

Rooted Pelvic Wellness

1392 High Street, Suite 210, Wadsworth, Ohio, 44281

Located in Soul Purpose Wellness

Check out our website



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PELVIC FLOOR THERAPY

A pelvic floor therapist is an occupational or physical therapist who has completed specialized courses and education to perform internal and external assessments of the pelvic floor structures.

This field helps women and men improve issues such as urinary and bowel continence, lower back/hip pain, diastasis recti abdominis, pain during intercourse, regional pelvic pain, and more.

Common Women's Health Conditions We Treat:

- Pregnancy
- Post-Partum
- Perineal scars (from tears or episiotomy)
- Diastasis Recti Abdominis (ab separation)
- Urinary incontinence (urge and/or stress)
- Urinary urgency
- Pain in pelvis, hips, back, and neck
- Constipation
- Pain during intercourse
- Endometriosis
- Vulvodynia
- Vaginismus
- IC (Interstitial Cystitis)
- Pelvic Organ Prolapse
- PCOS (Polycystic Ovarian Syndrome)
- Fecal incontinence
- SPD (Symphysis Pubis Dysfunction)
- Round Ligament Pain

Many of these "conditions" (especially pregnancy & postpartum) don't require anything to be symptomatic to come and work with us. If you're pregnant/postpartum, an athlete, or even just want a general pelvic floor check-in, we're here to help!

Pelvic Floor Basics

THE DEEP "CORE"

Muscles

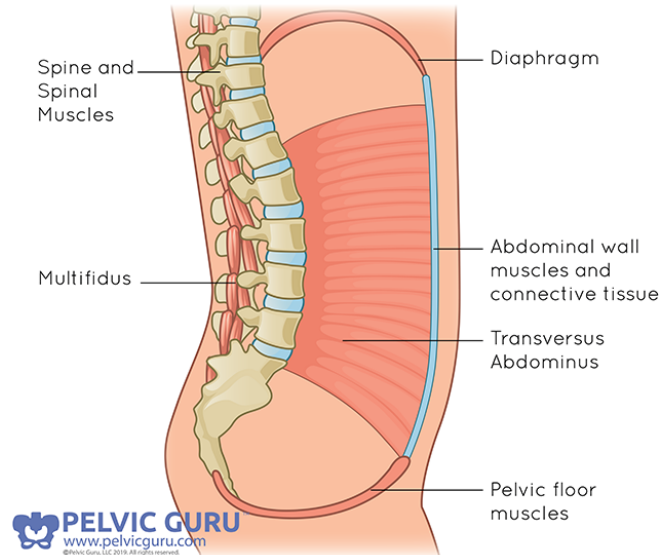
- Diaphragm
- Multifidi
- Transversus Abdominis
- Pelvic Floor Muscles

Purpose

The deep core is responsible for stability so that you can move your limbs and perform functional movements.

How to Use It

Your deep core involves your diaphragm, which means that your diaphragm has to be involved if you want to strengthen your deep core muscles.



DIAPHRAGM

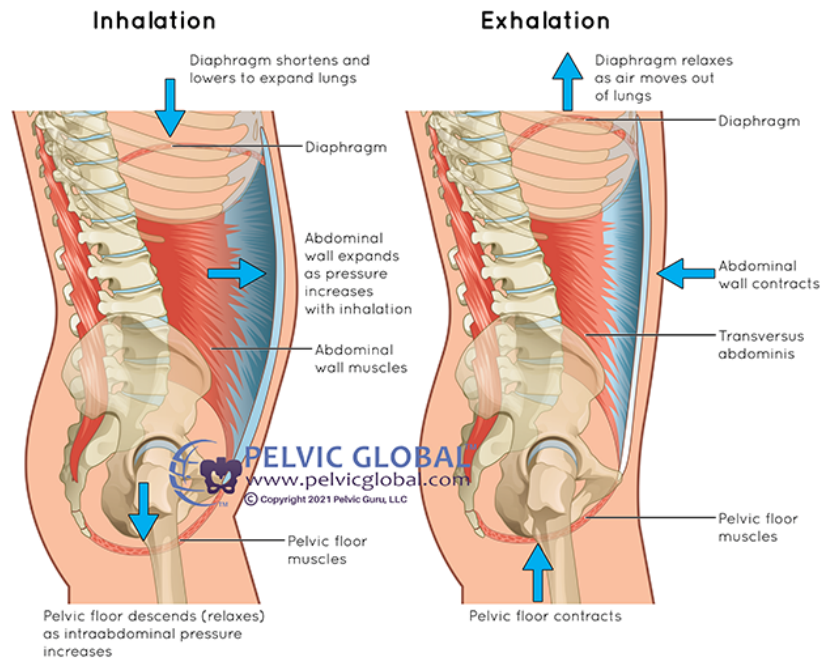
A thin skeletal muscle that separates the abdomen from the chest.

Strength

Work on improving diaphragm usage & strength to help with your pelvic floor & core.

How to Breathe

As you inhale through your nose, place your hands on the bottom of your ribs. Feel your ribs expand like an umbrella- in 360 degrees.



Pelvic Floor Basics

PELVIC FLOOR

Anatomy

3 layers of muscles make up the pelvic floor

Functions - the 5 S's

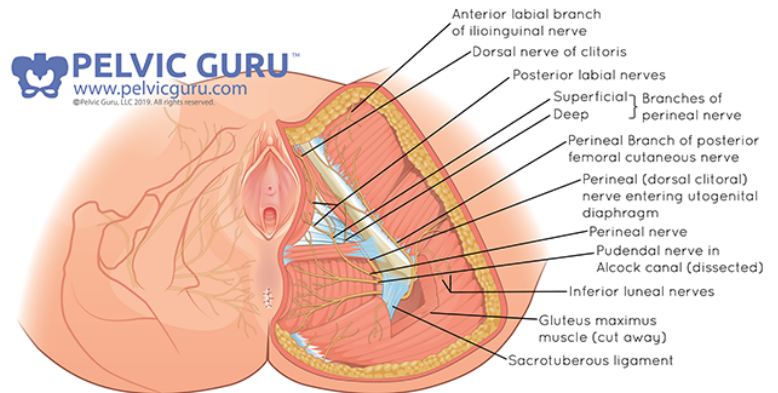
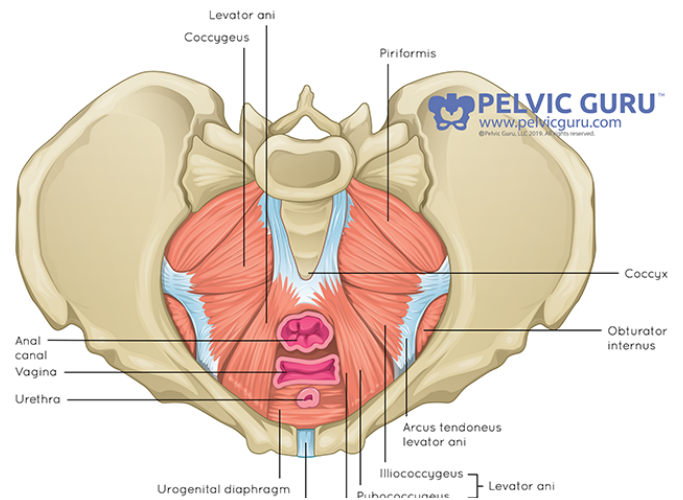
- Stability of your hips/pelvis/lower back
- Supports your pelvic floor organs (uterus, bladder, rectum)
- Sexual function
- Sump pump
- Sphincter control (bowel and bladder continence).

Relax

As you inhale, focus on your "sits bones" relaxing & and lengthening the bowl that creates your pelvic floor.

Strengthen

Increasing the strength & frequency of your diaphragm will also strengthen your pelvic floor.



POSTURE

Anterior Pelvic Tilt

- Butt sticks out
- Tight glutes & piriformis
- Overused back muscles
- Diaphragm is suppressed
- Glutes difficult to activate
- Tight hip flexors
- Urinary leakage

Posterior Pelvic Tilt

- Butt tucks in
- Weak glutes & piriformis
- Weak multifidi
- Tight hamstrings
- Tailbone pain & hypoactive pelvic floor muscles



Anterior Tilt



Neutral Pelvis



Posterior Tilt

360 Breathing

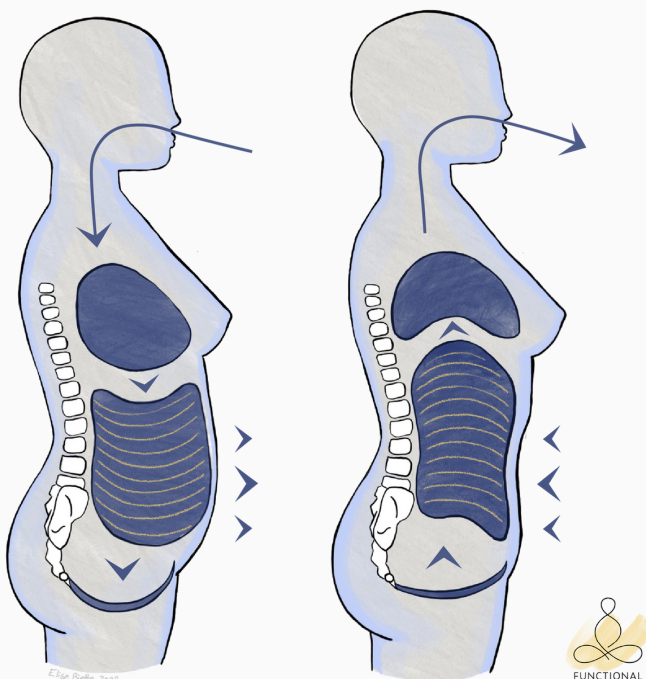
360 Breathing/Rib Cage Breathing + Connecting the breath to the pelvic floor

Breathing is the foundation to maintaining a healthy pelvic floor and core.

Dimensional (3D) breathing is a breathing technique used to stimulate the parasympathetic (or 'rest and digest') nervous system and connect to the core and pelvic floor.

When you inhale, your diaphragm descends in order to allow air to fill the lungs. The belly softens, the ribs open 360 degrees, and the pelvic floor muscles respond with a natural lengthening.

On the exhale, the pelvic floor and diaphragm return to baseline state, abdominals engage, and ribs close.



The motion of the diaphragm and the pelvic floor act as a piston, moving up and down together.



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How to Perform 360 Breathing

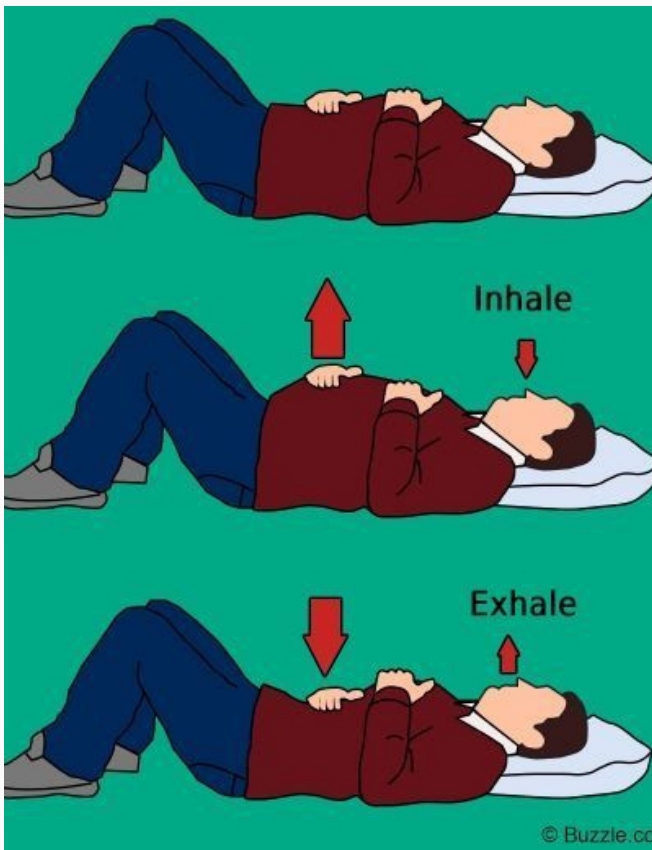
Sit on a comfortable surface—find stacking posture principles (head over heart over hips). Relax shoulders away from your ears

Place hands on rib cage with four fingers around the front of ribs and thumb wrapping around the back

Inhale slowly, breathing into your hands. Feel the ribs gently press against your hands—in all directions (front, side, and back ribs). Belly expands like a balloon filling up with air. Gently drop or relax the pelvic floor to the feet.

Exhale, feeling the contraction of the ribs. Belly contracts like a deflating balloon. Abdominals and pelvic floor return to baseline state.

Work towards a sense of smoothness, steadiness, and consistency in your breath



Extra Tips

- Practice 1-2x/day 10-15 breaths or what feels like 1 minute
- Wrap a scarf or workout band around your ribcage to be hands-free
- For more feedback to the pelvic floor sit on towel roll like you were sitting on a bicycle seat, a yoga ball, or a foam yoga block
- Try on the toilet to help fully let go of the pelvic floor without fear of leaking

Transverse Abdominis (TA)

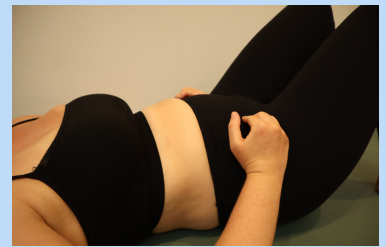
TA Engagement – Progressions – Posture

Finding Your Transverse Abdominals

Place your hands just inside your hip bones and down into the soft area of your lower abdomen.

On an exhale ('shhhh' breath) draw your hips bones in toward each other and down towards the spine. Another way to think about it is imagine the abdominals sinking and spreading apart, fanning out. Do you sink in or bulge out? Feeling what is happening under your fingers will give you an idea of whether your TA is being activated or if other core muscles are coming to the party.

Feel a sinking under your fingers? This is your TA! And this is the starting point to using those deep abdominals in other exercises!



Exercise Progressions

1. Heel Slides:

Slide one heel on the floor to straighten your leg, pull back in with an exhale. Alternate legs

**To make harder, lift opposite leg (without letting anything else move) then slowly slide leg*



2. Marches:

Lift one leg up to 90 degrees hip and knee flexion during the exhale. Return back to the floor and alternate legs.

**Modification* Instead of lifting your foot, simply lift your heel leaving the ball of the foot on the ground*



Cozean Pelvic Dysfunction Screening Protocol

This 10-question survey was shown to correctly identify more than 91% of patients with confirmed pelvic floor dysfunction. If you score a 3 or higher on this questionnaire, pelvic floor dysfunction is likely. You can always talk with a qualified pelvic floor therapist if you have any questions about your pelvic health.

Instructions: Check all that apply

- I sometimes have pelvic pain (in genitals, perineum, pubic, or bladder area, or pain with urination) that exceeds a '3' on a 1-10 pain scale with 10 being the worst pain imaginable.
- I can remember falling onto my tailbone, lower back or buttocks (even in childhood).
- I sometimes experience one or more of the following urinary symptoms:
 - Accidental loss of urine
 - Feeling unable to completely empty my bladder
 - Having to void within a few minutes of a previous void
 - Pain or burning with urination
 - Difficulty starting or frequent stopping/starting of urine stream
- I often or occasionally have to get up to urinate two or more times a night.
- I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out.
- I have history or pain in my low back, hip, groin, or tailbone or have sciatica.
- I sometimes experience one or more of the following bowel symptoms:
 - Loss of bowel control
 - Feeling unable to completely empty my bowel movements
 - Straining or pain with a bowel movement
 - Difficulty initiating a bowel movement
- I sometimes experience pain or discomfort with sexual activity or intercourse.
- Sexual activity increases one or more of my other symptoms.
- Prolonged sitting increases my symptoms.

Notes

A large, empty rectangular box with a thin black border, intended for taking notes.