


Pre and Postnatal Exercise Utilising Pilates Concepts

By Kate Bonner
Physiotherapist and Owner of Physiotherapy and Pilates Evolved
1063 Ferry Road, Ferrymead, Christchurch







Introduction


- Owner of Physiotherapy and Pilates Evolved in Ferrymead, Christchurch
- Two Children, Holly (3.5years) and Emily (1.5years)
- Master of Health Science (Sports Medicine) and P.G. dip in Sports Medicine
- Trained in Pilates with Polestar UK, Pilates Institute Australasia, Dance Medicine Australia (DMA) and Back in Motion Pilates in Dunedin
- I am not a Women's Health Physio. I am a musculoskeletal Physio who is passionate about keeping people fit and active





Outcomes


- Simple questions to ask during history taking for pregnant and post natal clients
- How to test for a Diastasis Recti
- How Physio's teach Pelvic Floor and Transversus abdominis Isolation
- Safety precautions and tips for pregnant and postnatal clients in a class situation
- To know when and who to refer to if necessary


physiotherapy + pilates evolved



What we do at Physiotherapy and Pilates Evolved

Our Equipment Studio

- Pregnant and Postnatal clients
 - have a 45 minute 1 on 1 session with a Physiotherapist
- During this session we:
 - Take a history,
 - Objectively assess causes of symptoms such as pain
 - Teach the basic concepts of Pelvic floor isolation, Transversus Abdominis and Diaphragmatic breathing
 - Education and Tips





physiotherapy + pilates evolved




History Taking

- ✓ How many weeks pregnant are you? Or how old is your baby?
- ✓ How many pregnancies have you had?
- ✓ Questions regarding birth experience e.g. type of delivery +/- instrumentation, size of baby, tears +/- repair and pregnancy related issues (pelvic pain, Low back pain, bed rest)
- ✓ Are they having any Incontinence issues (Stress or Urge) - any leakage or when they need to go they can't hold on?

physiotherapy + pilates evolved




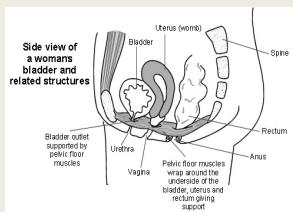
History Taking

- ✓ Have they had a diagnosis of prolapse or question regarding potentials symptoms of prolapse – pelvic pain, heaviness, feeling of something 'dragging' or 'coming down', visibly able to see the prolapse if bad.
 Useful link: www.patient.co.uk/health/genitourinary-prolapse-leaflet
- ✓ Any current pain issues? – Symphysis Pubis Pain/Dysfunction (SPD), Low back pain (LBP)
 Another useful link: www.bump2mumfitness.com/pregnancy/symphysis-pubis-dysfunction-spd/

Common Concerns



- Incontinence
- Diastasis
- Low Back Pain (LBP)
- Pelvic instability
 - SIJ pain/instability
 - Symphysis Pubis Pain
- Prolapse (bladder, uterus, bowel)



Incontinence

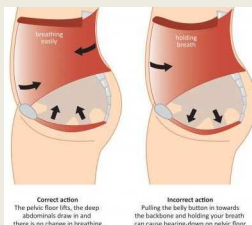


- ✓ To reduce risk of incontinence (and diastasis recti) avoid 'bearing down' exercises e.g. ab crunches, Valsalva manoeuvre, weighted squats. Cue the pelvic floor when lifting.
- ✓ Teach pelvic floor isolation (technique to follow)
- ✓ If clients have incontinence symptoms refer onto a women's health Physiotherapist either via GP to the Physio's at Christchurch Women's Hospital or privately e.g. Maree Frost in Merivale or Jo Baird in St Martins

Bearing down



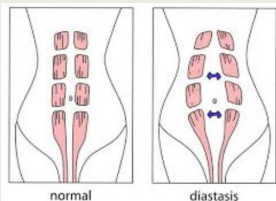
- Breathe holding and/or overactive Oblique's cause bearing down.
- Teaching the correct pelvic floor isolation allows you to slowly progress woman to more difficult exercises post-natally.



Diastasis Rectus Abdominis



- Common due to extreme abdominal wall stretching during pregnancy.
- When a separation > 2 fingers (2.7cm) lasts longer than 4 weeks, research associates this gap with persistent lower back, symphysis and Sacroiliac joint pain and incontinence.



How to test the Diastasis Recti




- Lie on your back with both knees bent.
- Place middle fingers of one hand over the belly button with fingers pointing down towards your toes.
- Lift your head forwards and feel the firm ridges of the rectus muscle either side of your fingers. As you feel the sides of the muscle coming together, note the number of fingers that fit down into the gap. Wait 6 to 8 weeks after a caesarean before doing this test.

Pelvic Instability



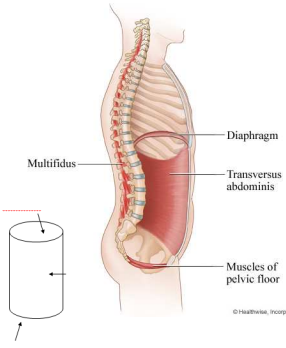
- **Quick test for instability** – tightly place trouser belt around hips in theory to help with force closure of symphysis pubis (SP) and Sacroiliac joints (SIJ). Does the pain decrease with single leg stand and walking?
 - Avoid standing on one leg or unbalanced movements
 - Avoid wide leg stance e.g. wide squat or lunge
 - Avoid over striding with walking – teach concept of lean – ‘chi-walking’ by Danny Dreyer
 - Avoid excessive twisting
 - Avoid breast stroke when swimming
- Recommendations – SIJ belt, pelvic floor and TvA exercises, Swiss ball sitting (helps neutral pelvis)

physiotherapy + pilates evolved


Other Tips for instability

- **Getting in and out of a car** – sit first, legs together, then swing legs into the car
- **Getting in and out of bed** – roll onto side, legs over side of bed, press up through arm into sitting.
- **Lifting** – engage pelvic floor prior to lifting

Pelvic Floor Isolation – Find it, Control it, Train it




© Healthline, Incorporated

- ✓ Finding the correct Pubococcygeus (PC) muscle action
- ✓ Strengthen the Pelvic Floor (PF) muscles for daily activity,
- ✓ And training the muscles to cope with exercise or lifting.

Technique

- ✓ Lie on your back or in side lying.
- ✓ Practice abdominal wall release by placing a hand over stomach and feeling the softening release of muscle tension.
- ✓ Breathe in slowly and deeply, as you breathe out imagine cutting off the flow of urine when going to the toilet.
- ✓ Progress to sitting tall and lean forwards to rest forearms on your legs, with bottom well out behind in the chair.

physiotherapy + pilates evolved


Pelvic Floor – find it!

- Ref: Hold it Mama by Mary O’Dwyer
- Hold for 2-10 seconds (depending on ability)
- Relax for 4 seconds between
- Repeat 5-8 times at least 3 times a day
- Begin in supine or side lying and progress to sitting and standing.
- Try sitting straddled over a towel, roller or Swiss Ball for further feedback.

Transversus Abdominis Isolation



- **B-line:** Trace a straight line from one hipbone to the other hipbone. Draw the stomach in behind that line without squeezing the backside, tilting the pelvis, or holding your breath - just 10% of a maximal contraction. This is the activation of your deep abdominals.
- Note: During pregnancy always have something under the head (we use a roller during class) – avoid supine lying

Bent knee fall outs



Single leg lifts



Any Questions?



Thank you for having me.

Kate Bonner
Physiotherapy and Pilates Evolved
Unit 1, 1063 Ferry Road,
Ferrymead
Christchurch 8023
(03)384 4766
www.physioevolved.co.nz
admin@physioevolved.co.nz
