

Pelvic Floor Muscle Contractions "Kegels"

Kegels use to be the standard recommendation to "treat" or strength the pelvic floor muscles.

Over time, research and clinical work, there has been a lot more education regarding our pelvic floor muscles. Strengthening our pelvic floor muscles are not a "one size fits all" solution/treatment nor beneficial to each individual woman or for every situation/symptom.

In fact, a percentage of women may have pelvic floor muscle trigger points, spasticity versus a weakness that is contributing to pelvic pain, prolapse, incontinence, delayed healing of diastasis, back or hip pain.

There are also anterior and posterior pelvic floor muscles (front and back). Meaning, muscles around the vaginal area (anterior) and muscles around the anus region (posterior).

Our pelvic floor muscles are more intricate, and how they function (or need to function) has many dynamics.

Our pelvic floor is like a "sling" or the base of a "bowl." These muscles ARE CORE MUSCLES! They are key in stabilization of our core and foundation of everything from "psoas injuries/issues," play a role in mid and neck pain, shoulder pain, arm numbness and tingling, issues right down to our feet.

I, as a PT, address pelvic floor with EVERY woman that walks into the studio. I also educate and help retraining for proper breathing patterns as our pelvic floor is effectively negatively if we are unable to truly complete diaphragmatic or a 360 breathing pattern.





HOW TO PERFORM PROPER KEGELS?

This is not a straightforward exercise as once thought. Many women perform this exercise incorrectly leading to further problems.

Please make sure you have completed an assessment or the diaphragmatic breathing with Dr. Ashley before continuing with Kegel exercises. You will want to ensure you can successfully complete the breathing exercises as pelvic floor muscle contractions are completed in coordination with your exhales.

First, remember, we have anterior and posterior pelvic floor muscles. We also want to understand there is a gentle squeeze/tighten portion of this exercise, then lifting motion AND lastly a RELAXATION of the muscles. YES....we need to make sure you can relax properly otherwise our pelvic floor muscles may develop trigger points or more tone with a trickle effect of issues.

Hint: Think of the old school claw machines. They come down and open the claw part (relaxation portion of pelvic floor), then the claw part closes (initial tightening/squeeze) and then lifts (drawing upward motion) back up.





We want to make sure when we gently "squeeze" our pelvic floor, we can squeeze or tighten around the opening of both the vagina and anus. This may be best performed initially laying on your back with your legs resting up on a swiss ball/chair (create a 90/90 position of your hips and knees) or sitting position on a firm surface like a mat on the floor.

Sitting can allow you to place one hand on your front pubic bone region and one hand back on your ischial tuberosities of each side (your sit bones, you will have to do one hand on each side obviously separate).

Take a mindful minute or two and concentrate on feeling for light contractions both anterior and posterior. Sometimes, just having your hand in that region can be a tactile cue and help those muscles gently contract.

You want to then think about our previous example or even an elevator. Gently and in a controlled manner, pull up the pelvic floor muscles.

You do NOT want a quick and tight contraction.

Focus on your breath and as you inhale relax the pelvic floor muscles. Really concentrate on this part. Think about the elevator slowly going down to the basement level. Can you still feel some tension in the pelvic floor muscles? Do NOT try to bare down thinking that will relax the pelvic floor muscles more. Baring down and that pressure can worsen or contribute to prolapse in women.



We do not want to walk around every day and during all activities trying to quickly tighten or hold our pelvic floor muscles.

This is truly a mindful exercise. We want to be aware and feel these muscles both contract and relax. If you notice difficulty relaxing, please schedule for an internal assessment with Dr. Ashley Wozniak.

Other signs you may be holding tension in your pelvic floor would be pain with intercourse, pain or difficulty inserting a tampon, urine leakage, pelvic pain, hip or low back pain that is not resolving with other care such as PT that has not addressed breathing and pelvic floor, chiropractic care, massage therapy, acupuncture, or other manual based body healers.