



Physical Therapy & Wellness

The Newsletter About Caring for Your Health



5 CONSIDERATIONS BEFORE RUNNING POSTPARTUM

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Understanding Incontinence • Big Congrats & October Celebration!!! • You Can Make A Difference



5 CONSIDERATIONS BEFORE RUNNING POSTPARTUM

#1 THE ROLE OF PELVIC FLOOR MUSCLES

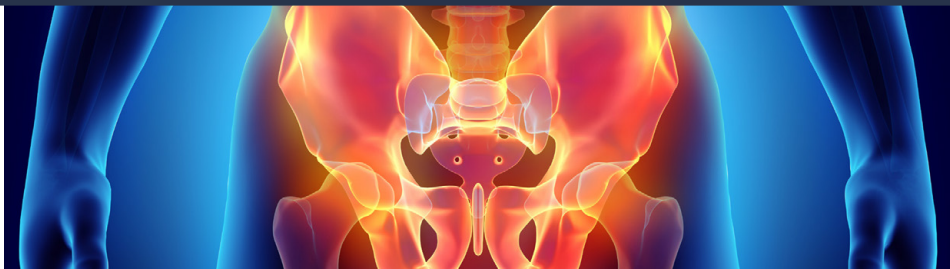
The pelvic floor muscles (PFM) are relatively thin layers of muscles that help support your organs from falling out of your pelvic bowl. I like to imagine them as a trampoline. “Too” many kids jumping on the trampoline can cause damage, if the trampoline does not have enough support & integrity. PFM has an anticipatory and a reflexive response from a stretch mechanism. This happens when your bladder is full and triggers the PFM to activate. Activation can also be initiated from your hips rotating and your legs moving, along with the impact from your bodyweight during walking or running. The goal is to maximize shock absorption from the ankles, knees, and hip complex to attenuate the force and disperse the impact of running to the rest of the body, so the PFM doesn't have to take the brunt of the load. But hold on, most people start running way too soon. One third of vaginal births result in some form of injury to the PFM and it takes the PFM 4-6 months postpartum to reach maximum strength. A cesarean birth does

not eliminate the risk of urinary incontinence (UI) or pelvic organ prolapse (POP). Remember, during those nine months of carrying a baby, there was a lot of weight on that trampoline (PFM), and the PFM needs time to retract and regain its integrity.

#2 STRESS URINARY INCONTINENCE (UI) AND PELVIC ORGAN PROLAPSE (POP)

Statistics show that athletes have a higher risk of developing stress urinary incontinence (SUI) symptoms and POP compared to less active women. This is due to the fact that many women start running too soon and/or too much after delivery, simply putting too much load and demand on the fragile PFM before it's ready. 3 things to avoid IU and POP. First, the fragile PFM needs time to heal & naturally strengthen. A progressive program that slowly trains for the physical demands of running. Second, it's not enough to just strengthen the PFM; running requires specific functions and interactions of the pelvic floor, ankle, hip, and abdominal muscles. These muscles have to be integrated to work together, along with

Incontinence, Chronic Pelvic Pain, & Physical Therapy



good posture. Third, we have to rebuild muscle memory and be able to wake up and strengthen all the muscles needed for running, without putting excessive pressure on the PFM. Hmmm...that can be tricky!

#3 POSTURE & GAIT MECHANICS

Posture changes dramatically from pre-pregnancy to post-pregnancy. Most women struggle with a forward head and shoulder posture, especially if they are breastfeeding. This posture turns off the core that's so important for proper gait and running mechanics. Restoring and improving posture can be a key to preventing incontinence and POP. First, having good posture facilitates a functional dynamic core that can help lift your organs to take pressure off your PFM. Second, having good posture also releases your hips so that your pelvis can create more bony support for your PFM. (If that's hard to understand, make an appointment

with one of our pelvic health PTs). Analyzing gait mechanics can help identify weak & shortened muscles, as well as tight or excessively-mobile joints. Even your feet should be assessed to check on their ability to absorb shock at initial contact, for optimal performance.

#4 INDIVIDUALIZED PLAN

Every woman has a unique body, with a unique athletic history, and a unique birthing experience. Advice such as "walk before you run", or "run slower" is neither enough nor is it sufficient to help postpartum runners successfully return to the level of activity they desire. Recommendations should be based on an assessment with a pelvic-trained physical therapist. We need to screen for diastasis rectus abdominis (widening of space between abdominal muscles), POP, evaluating hip and ankle mobility and strength, posture, possible orthotic device, breathing strategies, and

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How A Physical Therapist Can Treat Pelvic Pain

taking good notes about the daily demands of the woman. For example, does she have other children? With all these factors in mind, the PT can develop a plan that's designed to meet the woman's goals.

#5 PROGRESS SAFELY & STRATEGICALLY

Chinese culture keeps new moms in bed for 30 days. It may seem extreme, but it's valuable time that allows the PFM to heal without weight and extra pressure on it (remember the trampoline analogy?). About 1/3 of postpartum women experience incontinence in the first three months after giving birth and 1/3 of women experience POP in their lifetime. To counter these dynamics, we have to not just address the strength of the abdominals and PFM, we must also integrate the all powerful hip and leg muscles prior to resuming running. In addition, we must take advantage of the dynamic core work that can be done creatively without putting excess pressure on the delicate PFM. And ultimately have a way to train and be confident that the body is ready for the impact of running. It should never be a guessing game. Many professionals believe that a cesarean birth may prolong the amount of time before returning to running by approximately 2-4 weeks. I believe that people in general return to running too soon without a proper progression. A time table should be determined by each progressive success of completion of exercises without symptoms.



Big Congrats & October Celebration!!!



Meet Landon Michael Knox, 7 lb 7oz!

Brie at our Solana Beach office worked with Landon's mom, Shannon through her pregnancy. Shannon was able to stay super active, including a legit backpacking trip.

Postpartum, we did a phone consult to review some gentle movements and healing strategies for her pelvic floor muscles (PFM) & core, reminded the new mom how to relax with breathing techniques, optimized posture, and how to sway and carry the baby.

During the first 6 weeks, is when you want to try to put your feet up, take naps with your baby, stay horizontal to take gravity off your PFM and help it retract and heal. This is the perfect time to "slow down" to "speed up." Take it easy the first 6 weeks can help decrease the chances of developing urinary incontinence and pelvic organ prolapse. Welcome Landon!!!!