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Pelvic Floor Pro

FITEX 2022



contents...



02

Pelvic Floor
Problems

04

The Bell Curve of Pelvic Floor
Dysfunction - (Prolapse)

05

Prolapse 101

09

Surgical Mesh

10

Pelvic Floor:
Contraction Isolation

12

TRUE CORE

14

PELVIC FLOOR, BREATH &
MOVEMENT

15

10 ACTIONABLE STRATEGIES &
SCOPE OF PRACTICE

18

NOTES



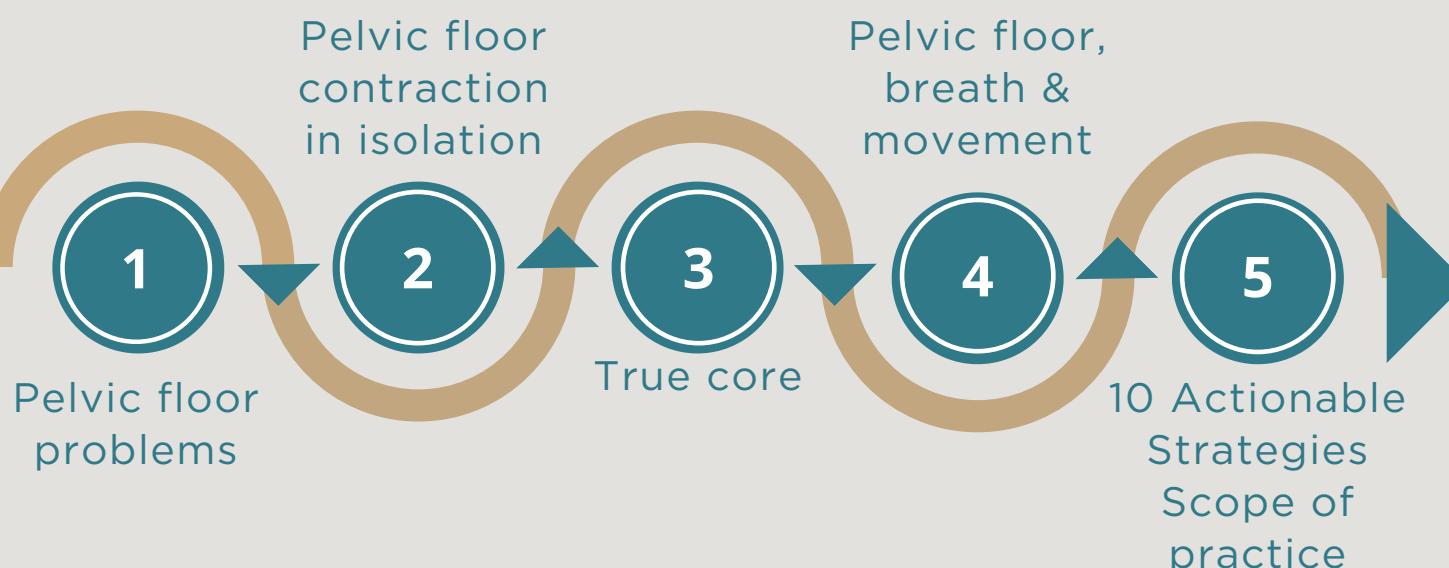
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Pelvic Floor Pro



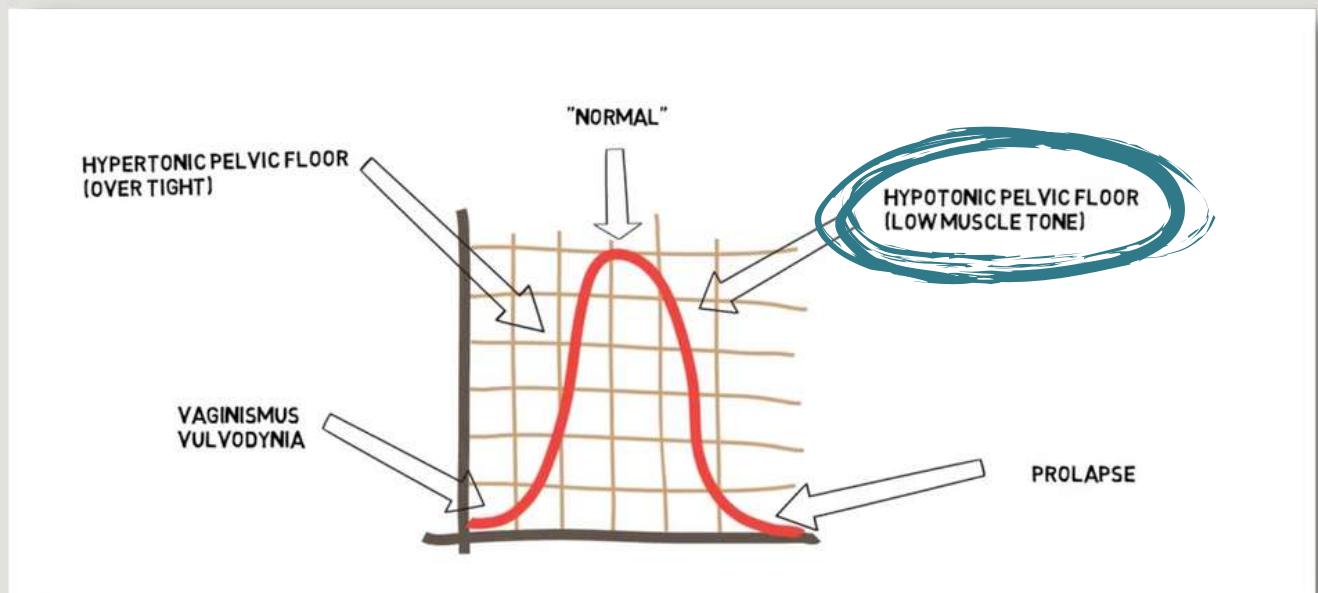
Where we're going...



Pelvic Floor Problems

and why
you need
to know

The Bell Curve of Pelvic Floor Dysfunction



Leaky facts!



- One third of women experience pelvic floor dysfunction
- Women make up 80% experiencing incontinence
- One of the key reasons that women end up in aged care
- Incontinence affects physical and mental health
- Incontinence is EXPENSIVE!
- Incontinence STOPS women from being active

...

Common but **NOT** normal

All leaking is a..
HELP!
sign that the
pelvic floor is
asking for help



STRESS INCONTINENCE



Causes may include

- exercise
- sneezing
- coughing
- laughing
- walking
- lifting
- jumping
- playing sport
- bending over when there is a large amount of abdominal fat

KEY CAUSES: pregnancy, child birth + menopause

URGENCY

- When you got to go... you gotta go!
- Our bladder can hold up to 2 cups per day + 4 cups over night
- Emptying the bladder can cause the bladder to shrink



FAECAL INCONTINENCE



Causes may include

- straining when passing a stool
- constipation
- medications
- heavy lifting
- weak anal sphincter muscles
- bowel disease eg: Coeliac or Crohns
- birth trauma

AFFECTS ALL AGES + QUALITY OF LIFE



KEYHOLE INCONTINENCE

The urge to use the toilet just as the key is in the lock.

The result of training the brain to empty the bladder immediately upon returning home. Over time, it might be associated with the sound of the keys.



RE-TRAIN THE BRAIN:
A series of quick flicks – may buy you some more time.

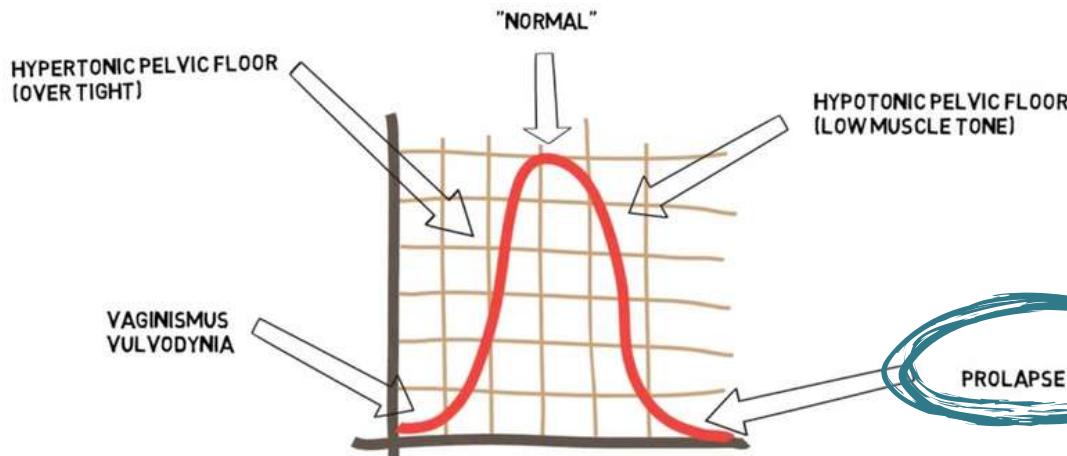
COITAL INCONTINENCE



Incontinence that occurs before, during or after vaginal intercourse, also on orgasm or as part of penetration (penis or sexual device).

Did you know that a weak pelvic floor can impact on your sexual enjoyment?

The Bell Curve of Pelvic Floor Dysfunction



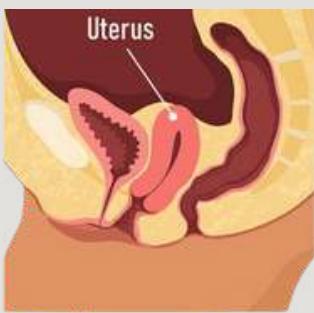
Prolapse 101

Prolapse means falling out of place.
You can also experience a prolapsed disc in the spine.

3 KINDS OF PROLAPSE THAT A WOMAN CAN EXPERIENCE:

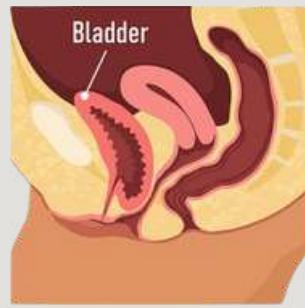
1 Uterine Prolapse

The uterus falls down through the vaginal passage and out.



2 Cystocele (Bladder Prolapse)

The bladder falls through the vagina and out. The bladder is like a ball sitting on a long skinny neck. A change of position of either can affect continence.

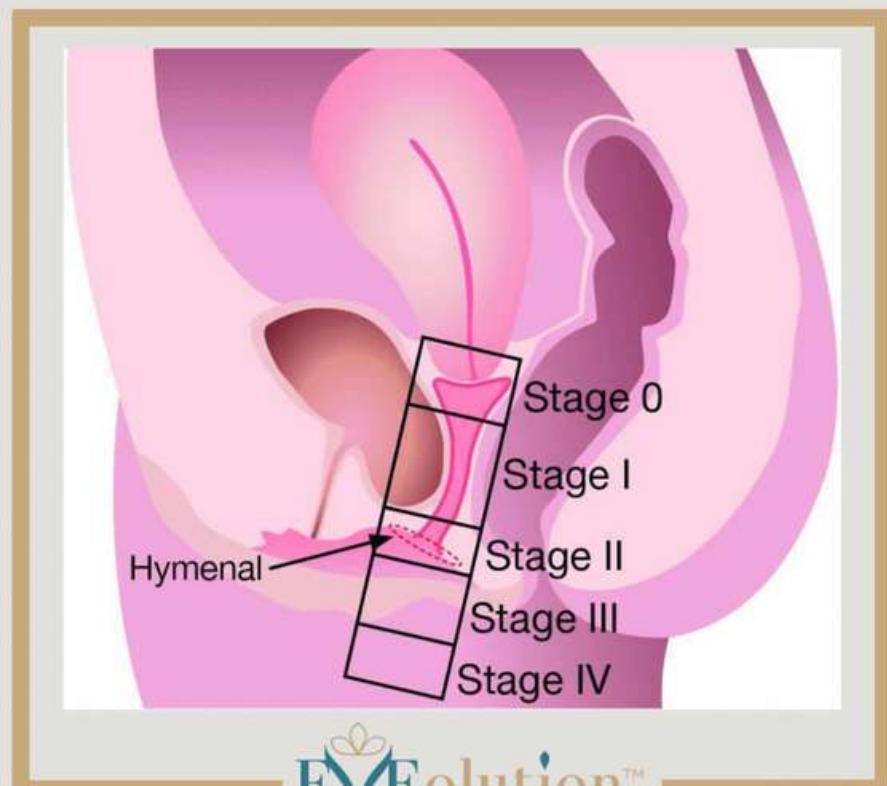


3 Rectocele (Rectal Prolapse)

The rectum falls through the vaginal passage and out.



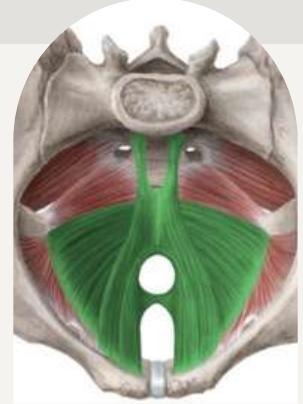
Stages of Prolapse



LEVATOR AVULSION

Levator Ani = series of muscles of pelvic floor
Avulsion = to tear off

- Often the result of birth injury
- Doubles risk of bladder prolapse
- Triples risk of uterine prolapse



Imagine trying to lift your arm if part of your deltoid muscle detached from the bone.

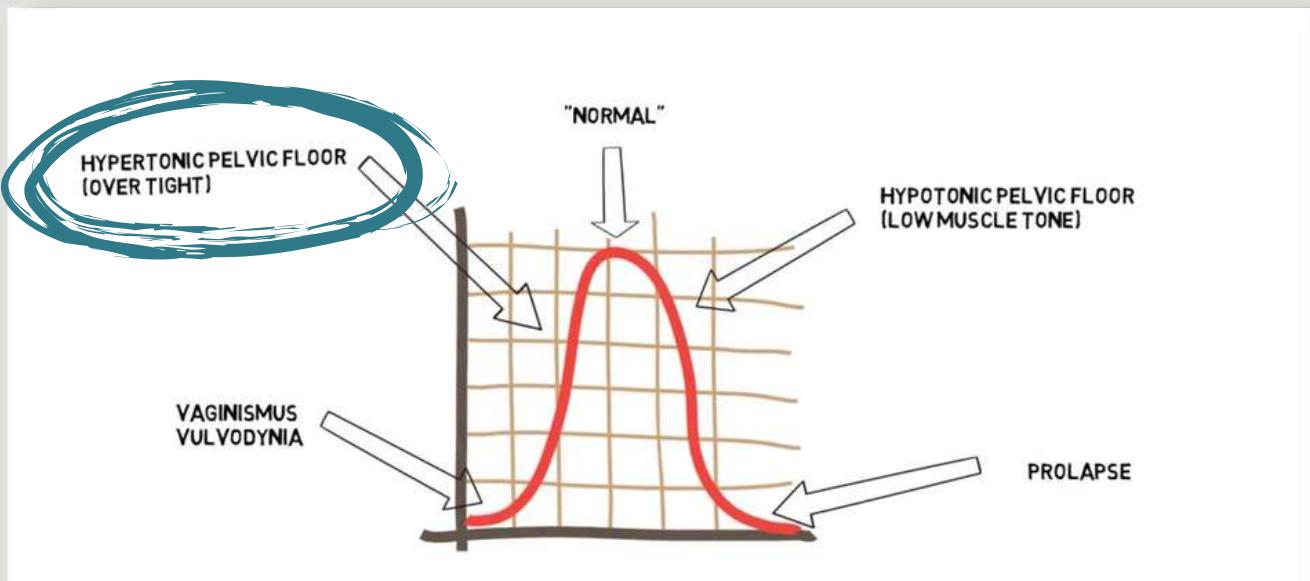
PESSARIES



Vaginal pessaries support the internal organs and can come in many shapes and sizes

- Fitted with the help of a pelvic health physiotherapist - pessaries can really change the type and level of activity women can do

The Bell Curve of Pelvic Floor Dysfunction



HYPERTONIC PELVIC FLOOR



When the pelvic floor is too tight or unable to relax

May also cause:

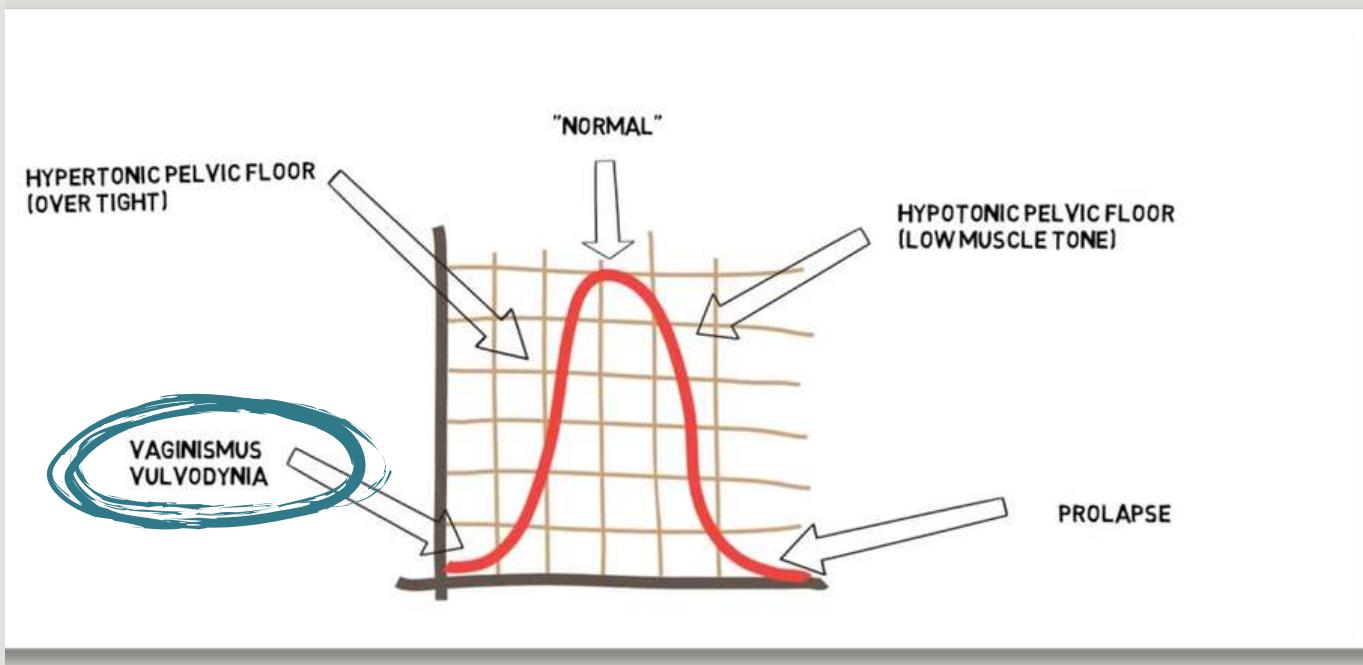
- constipation
- painful sex
- urgency
- pelvic pain/
- back pain/hip pain
- incomplete emptying of bowels
- vaginismus
- painful urination

Can be caused by the following:

May also cause:

- constipation
- painful sex
- over training
- birth trauma/scar tissue

The Bell Curve of Pelvic Floor Dysfunction



VAGINISMUS - WHAT IS IT?

Connective tissue dysfunction (including fascia)

- Irritation may originate from bladder infections
- May result in small tears (vaginal and rectal fissures)
- Pain and sensitivity may cause hypertonic pelvic floor
- Resulting in painful penetration - sex/tampon/toy



Pelvic Health Physio may use fascia release to relieve tightness.

These techniques can be taught for self-treatment or dilators may be recommended.

VULVODYNIA



- Chronic pain affecting valvulae vestibule (vagina opening)
- May be resulting from history of sexual or physical abuse
- Described as a burning pain occurring when there is NO identifiable infections, dermatological or neurological disorders

Science News from research organizations

Womens' pain not taken as seriously as mens' pain

A new study suggests that when men and women express the same amount of pain, women's pain is considered less intense based on gender stereotypes.

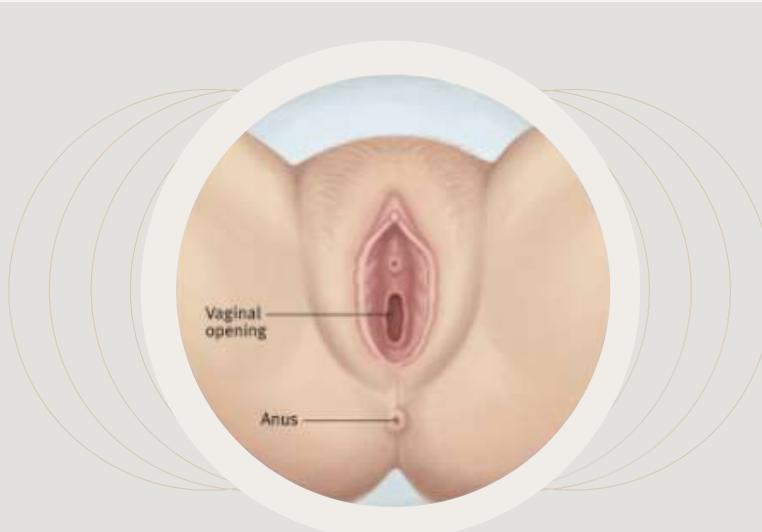
Date: April 6, 2021

Source: University of Miami

Summary: Researchers found that when male and female patients expressed the same amount of pain, observers viewed female patients' pain as less intense and more likely to benefit from psychotherapy versus medication as compared to men's pain, exposing a significant patient gender bias that could lead to disparities in treatments.

PERENNIAL TEARS

- Around 90% of women have some sort of vaginal tearing during childbirth
- 1st + 2nd degree tears are small and heal naturally without stiches
- 3rd + 4th degree tears can affect muscles of perineum and anal sphincter



1st

3rd



First Degree Tear



Second Degree Tear



Third Degree Tear

2nd

4th

Fourth Degree Tear

SURGICAL MESH



- An estimated 150,000 transvaginal mesh kits sold in Australia – without proper clearance from the TGA
- The mesh hardens over time and not suited to the multi movements that happen inside the pelvis. Resulting in chronic pain.
- To remove the mesh is big surgery and does not necessarily improve the side affects of the implant





Lets get it
right

....exercise is good

PELVIC FLOOR: CONTRACTION IN ISOLATION

The Great Debate

**Pelvic floor
dysfunction
does not kill
women.**

Inactivity does

ISOLATION

vs

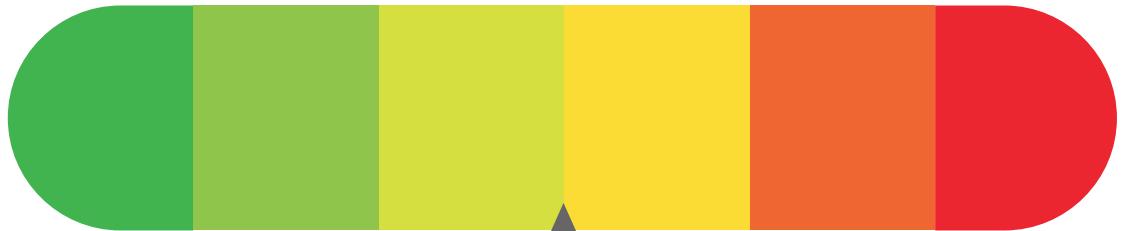
MOVEMENT

PELVIC FLOOR EXERCISES (IN ISOLATION)

- Relax
- Close (from back to front)
- Lift



Rate your contractions



1

2

3

4

5

NOTHING
HAPPENING
HERE

KICK ARSE

?



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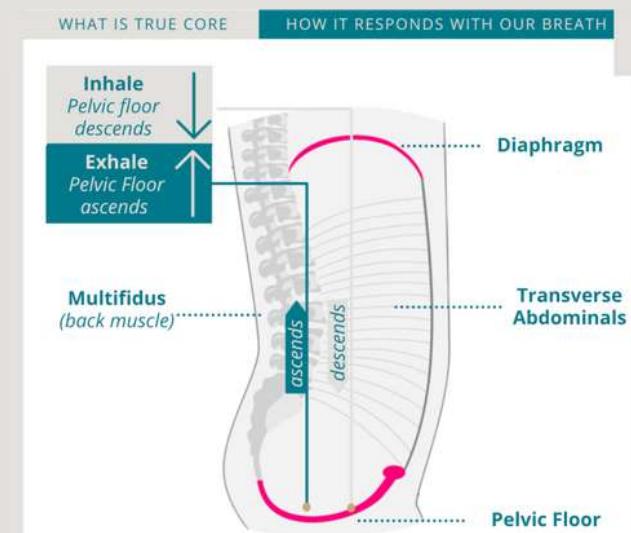


TRUE CORE

Dont Be Like Penny!



The Role of
Intra-
Abdominal
Pressure
(IAP)



mishwright.com/eveolution-onlinecourse |

“ POSTURE MATTERS ”

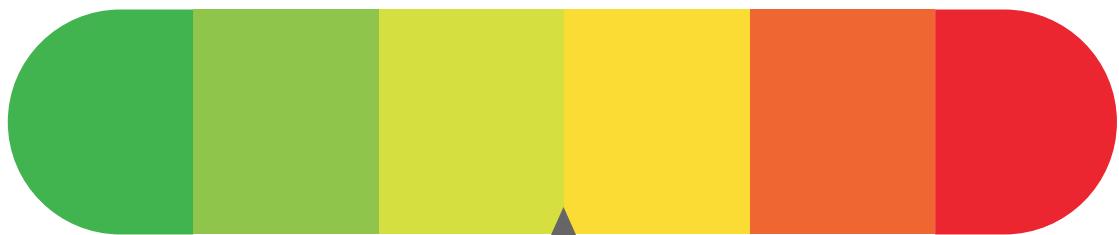


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Rate your contractions

(with improved posture)



1

2

3

4

5

NOTHING
HAPPENING
HERE

KICK ARSE



Did you feel an
improvement?



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PELVIC FLOOR, BREATH & MOVEMENT

PULLING IT ALL TOGETHER



mishfit

3 STEP METHOD

Easy 3 Step Method to Include Pelvic Floor with Movement

1. Posture

2. Breathing

3. Pelvic Floor Activation

(load dependent)



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Ten ACTIONABLE STRATEGIES & SCOPE OF PRACTICE

I HAVE YOU COVERED

Action Strategy #1 CREATE A SAFE SPACE



You are a pro - so don't act shocked

Ask open questions

Action Strategy #2 TEACH PELVIC FLOOR EXERCISES IN ISOLATION

1. Relax
2. Close (from back to front)
3. Lift

Action Strategy #4 STRENGTHEN GLUTES

Pelvic health strength is maximised if we strengthen the muscles on all sides of the pelvic joints.

Muscles that need to be strengthened:

1. glutes
2. adductors
3. transverse abdominals

Action Strategy #3 EDUCATE YOUR CLIENTS ON WHAT TRUE CORE IS

Action Strategy #5 POSTURE CUES



Avoid cues like "pully belly button to spine"

Start each exercise with posture cues that focus on neutral spine

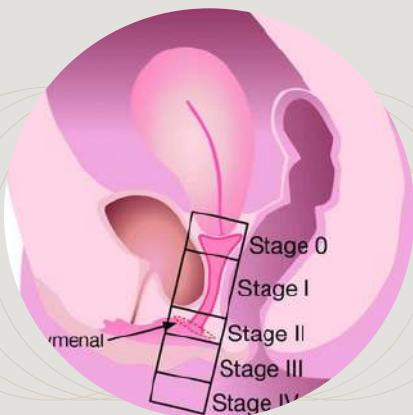




Action Strategy #
**CUE EXHALE
ON EXERTION**



Action Strategy #
**MORNING
GLORY**



Action Strategy #
**BUILD YOUR
ALLIED HEALTH
TEAM**



Three Step Strategy

FITNESS PROFESSIONAL

Action Strategy #
**CUE PELVIC
FLOOR WITH
OTHER
CONDITIONS**



Action Strategy #
**CUE PELVIC
FLOOR TO
RELAX**





BONUS

Remember:
You can't fix or diagnose!



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NOTES

NOTES

NOTES



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