

Finding the Pelvic Floor

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Part of this work first appeared on the Rolf Forum when I responded to a topic on “Finding the pelvic floor and Stress-Related Urinary Incontinence”. Since the majority of my initial work with Pilates clients revolves around these issues, I decided to share in a more formal article the techniques I am playing with. As the work centers on the use of language to connect the brain to the body, I am unsure how it will come across in print – bear with me as our perceptions of the same words might be further apart than the ocean between our continents.

MY BACKGROUND

I came into Rolwing® from a background of British human massage, American equine massage, and then Canadian Pilates training – with a dysfunctional pelvic floor throughout the whole lot. It still has a mind of its own!

My movement training with STOTT Pilates and cognitive language work has evolved into an easy way of getting women back in touch with their pelvic floor. Most of my Pilates clients are referred directly from chiropractors and osteopaths and are working through degrees of pelvic instability or hypermobility (their words not mine). A side effect I noticed in many of the female clients was mild to severe stress-related urinary incontinence (SRUI).

We change this in one hour. Well, in severe cases, we at least start the process and minimize the flow/problem.

THE PELVIC FLOOR

I describe the pelvic floor as the most cunning “animal” on the planet – any excuse and it switches off and flies out the window! You need to use your mind to switch it back on again. Of course, no two pelvic floors are the same and no two minds are the same.

The pelvic floor is one of our core stability (group of) muscles – one of the anti-gravity muscles. If the instinctive function is

misfiring and connection has been lost, the brain has to work cognitively to reconnect that firing pattern until function is regained. Anti-gravity muscles work from a place of opposing stretch. To allow an anti-gravity muscle to fire, gravity has to be allowed to take place first so the anti-gravity idea can then be (re)installed.

The main problem that I’ve found is that what women think is the pelvic floor is not; and while they are happily pinging away on their kegels, the pelvic floor is still languishing in the dark. They, however, are strengthening whichever muscle pattern their brains think is the pelvic floor.

This pelvic floor work for pelvic hypermobility using Pilates equipment is really, really simple stuff that gets the client’s brain connected to her pelvis and what it is doing in movement. Once we are aware of something, we can start to do something about it. I use the same movement work with my equestrian clients for performance enhancement – to get them to self support in gravity while they are riding.

Most of my male Pilates clients are referred with back/hip/pelvic pain and are unable to move freely. Using the same work with them seems to get them to stretch out their thoracolumbar fascia from the inside out. Results vary from discs going back in to a lessening of symptoms and pain reduction. It’s all the same work for different issues. The overall result is the client’s taking ownership of his or her own pelvis and balancing any imbalances or patterns of strain from the inside to the outside.

We are dealing with muscle recruitment patterns and the human habits of doing what people find first or easiest or the assumption that if a little is good then a whole lot more must be a whole lot better. I talk to clients about patterns and how we are all made up of our own individual patterns in structure, muscle strength patterns, injury patterns, work and postural patterns and how that builds up muscle dominance pat-

terns: i.e., your brain is more connected to some muscles than others and will try to recruit them first no matter what you are trying to do.)

STRUCTURE AND COMMUNICATION CUES

My job is to use whatever language tools and cues I can to get clients to feel what is actually going on and then give them the cues to help them describe what they are feeling. It is then I can start to figure out what it is that is firing and talk them through the process of switching one brain-muscle connection to another. It’s not rocket science – just subtle. Mostly smaller than what they were looking for in the first place. Definitely a case of less is more.

On a structural front, I have noticed that any shifts from neutral in any of the pelvic bones prevents part or all of the pelvic floor connecting. Most of my work is hands-off here so just cuing a client in the right way can give results.

It’s difficult to write down definitive cues as there really are different words appropriate to each person. I think it ties in with the earth/sky, reach/pull work from Rolwing® movement (the tiny bit I know). I use Insights Communication work to recognize personality types and tap into their communication style; i.e., do they need hard science or flowery images, tactile proprioceptive biofeedback or a mere concept and time to play with it?

For those women suffering from SRUI, it takes a massive amount of courage to talk about it in the first place. Then, to explore internally something they may have been hiding from the rest of the world for some time is just plain brave. I tell them I salute and applaud them. One woman, who had gone to the chiropractor with back pain, was referred to me. Twenty minutes into the initial session, she shyly mentioned her urinary incontinence. When I asked her how long this had been happening, she said since her last baby. I asked her how old the baby was and am still shocked at her reply – thirty-six(!).

I use a really encouraging, excited style and make it a bit of an adventure as we go off on our quest. (I’ve tried to play it calm and sensible but I get too excited when it starts to work.) I tell clients that it took me ten years to find my pelvic floor, and I refuse to have anyone else wait that long. When they find it, I always give a big cheer and jump

up and down – it truly is an amazing moment every time. It brings tears to my eyes and a smile to my heart. One hour and a few words and finally a light bulb is connected to the light switch. Here in the northeast of Scotland, we mostly adhere to the curtains school of emotions and healthcare (PULL YOURSELF TOGETHER WOMAN and get on with it!) You can imagine that this discovery of pelvic floor is a rather empowering moment.

SO HOW DO YOU GO ABOUT FINDING THIS ELUSIVE PELVIC FLOOR?

Some people find it better in sitting, some lying down; try both. Having clients feel their own body with their own hands gives them control and a brain connection to what is going on. A huge paradigm shift is to tell them at the beginning “There is no such thing as perfect” and, more importantly, “There is no ‘wrong’”. Once you can see what your words mean to their body, you can start to change the process. What’s that line about you have to make the mistake to learn?

Choose a warm, safe place with no interruptions so you can take time to guide your client to let go inside and feel what is going on inside his or her body. I use “how” and “what” questions. Then I offer alternatives and invite the client to explore.

An example of a dialogue might be: “Where do you feel the weight on your feet on the ground as you are lying there?” Then I pause and wait for exploration and perhaps a response, perhaps not. The next question might be: “Can you place the same weight on the inside and the outside of your feet?” Or I might say: “When you connect what you think is the pelvic floor, does the weight on your feet change? If it does, can you resist that shift in weight?”

In print, the following dialogue comes across as rather bossy and direct (which is me!), but it seems to lose some of the flavor of discovery on the part of the client. Therefore, imagine the appropriate pauses and intonation that would bring about client exploration as you read the following suggested dialogue (in italics).

“Lie on your back. Put this small pillow under your head so your cervical spine is relaxed. Bend your knees, feet on the floor. Feet and legs in neutral alignment with pelvis.” (Note: As a Rolffing practitioner you are aligning the client so that the second toe is in line with

the calcaneus, in line with the middle of patella, in line with the sit bone... or as close as their comfort zone will allow).

“Your sit bones are about as wide as your facial cheekbones by the way. Place your feet sit-bone distance apart and observe.”

As you tell them about the cheekbones/sit bones relationship, watch most women shift their feet even wider. Self-perception eh? Gently place the feet sit-bone distance apart and watch the brain reorganize.

“WHERE do you feel the weight on your feet? “Can you put the same amount of weight on the inside and outside of both feet This will affect the head of femur, therefore, the acetabulum, and the pelvic floor!”

“Is it possible to have the same weight in each hip and allow your hips to be soft and relaxed? Can you allow the head of the femur to drop into the acetabulum?”

If the client is happy with touch, place a hand underneath the acetabulum and ask him or her to invite/allow the weight of the thigh bone to drop into your hand.

If the shoulders are tight, have the client rest the hands on top of the abdomen. This allows the shoulders to release tension but it is also a safe, protective place for the client as the hands are covering their “emotional radio” (as I call it).

“Take a huge breath in, allow a really big breath out. Use the exhale to let go of tension, let go of the day, let all the bones of the body give in to gravity.”

(There’s that gravity thing again).

You might have to cue the client to do this a few times.

“Let the body have weight. Allow the floor to support you. (“... You’re in the Caribbean lying in the sand... what shape would your body make in the sand?”) Speak whatever word/image or language works for your client.

“Connect/tighten/engage what you sense is the pelvic floor.”

Encourage the acceptance that there is no wrong concept. Observe.

You might feel yourself or see them do anything from visibly tilt the pelvis, tighten the glutes, crunch the hip flexors, draw in the internal obliques, depress their scapulae (oh yes, really), furrow their eyebrows, clench their teeth, etc.

“Let go of [all that you saw tighten on the

outside of the body – you might have to do one body part at a time]”.

“If you can’t feel what I am seeing, put your hands on your [what is tight].”

“Feel the tone before you make the pelvic-floor connection. Now feel the tone during the pelvic-floor connection.”

Place a couple of yoga blocks on the floor touching the top of the client’s shoulders so he/she can feel them.

“Feel the blocks on the top of your shoulders. What happens to that feeling when you breathe in and out? Can you keep the feeling from the in-breath the same as the out-breath? Can you stay relaxed? Try not to tighten your hip flexors. What happens to the weight of your feet on the floor as you breathe out? Can you continue to keep the weight even on both feet?”

I do an educational piece here on what and where the pelvic floor is. If need be, I will have the client touch his/her own pubic bone, tailbone and sit bones and then describe the sling of muscles in between. Generally the client has no idea it is that far down or that deep. His/her touching also connects the brain directly to where we are focusing our attention and also pushes the client, even forces him/her to finally accept or take ownership of that part of their body. Huge!

“Now put your thumbs on your ASIS/hip bones and allow your other fingertips to splay across your abdomen (not down lower than the ASIS). Connect your pelvic floor. You may - OR MAY NOT - feel muscles tightening under your fingertips. Remember, there is no wrong!”

“Imagine a big balloon of water with a tiny opening with a string around it. The first bit of a pelvic floor connection is like the string to seal up the very end of the balloon. What people describe to me as kegels sounds like the whole balloon tightening. . . but the string at the end is loose so the water still gets out.”

“If you feel muscles tightening underneath your fingertips, try and let go of your connection, FRACTION BY FRACTION until you no longer feel it tightening under your finger tips; but you still have a whisper of something going on. Keep that – that’s it! Let go and find again. Play with it. Keep it for three seconds and let go. Keep it for ten seconds and let go. Have fun with it!”

I remind clients that the mistake we make is that we think if a little of something is good then a whole lot more must be a whole lot better and we go right on up to the obliques.

Wrong! Less is more. Take days or weeks to play with this initiation of connection. Then start to build upon this for SRUI control. I think one of the more common problems is that this initiation is lost as the client progresses to stronger connections as the obliques feel stronger.

If the client doesn't feel anything at all (and with clients sometimes I can see things happening when they can't feel it), or if I can see what I want and know the right things are happening, but I sense that for whatever reason (emotionally, personally, neuromuscularly) he/she is not ready, I will say:

"I can see things connecting. I know you are doing it right, but for whatever reason you can't feel it. No big deal, we are working with adaptability – what is available for change TODAY. Go home and play with what you have just learned. When you can feel it, call me and we will do more work."

This period can sometimes it takes weeks. Sometimes I get a call as they start up their car in the lot outside!

If things are not connecting, do this:

"What do you do feel and where? Think of the bottom of the pelvis as a bony shaped diamond — imagine it separated into triangles. Which part are you feeling?"

The part the client is feeling might correspond to the structural imbalances.

"Use YOUR mind to move around what is firing (what you are feeling). The power of the mighty mind is an amazing thing,"

Some clients need to do this lying down as they cannot self support in gravity or cannot sit, think and feel all at the same time. (Most of my clients are engineers and can do one task to infinite detail but are overwhelmed with two in the beginning.)

If things are not connecting – especially in the more cerebral client who just can't get his or her brain that far down in to their body – guide the client to do the following:

"Sit on the bench (or hard surface) in relaxed (Rolfing®) sitting posture. Can you feel those two lumpy bones you are sitting on?"

You may have to educate through the range of the front/back of the sit bones until he/she can find ON/HOME on the bones and be relaxed in gravity with the spine self-supporting.

"Without changing the weight on your sit bones,

can you make them move closer together? Do you feel something faint/strange/weird going on way down deep in the depths of the pelvis?"

Works well for men that one. A professional soccer player doing Pilates instructor training here, said finding the pelvic floor was "thinking about walking into the North Sea." (Bear in mind men wearing survival suits against the cold are only a few miles offshore.)

TESTS to play with gravity and pelvic instability:

A. Have the client stand on a bosu and ask him/her to connect the pelvic floor. If he/she wobbles or falls off, that's not the pelvic floor. Note the direction of the wobble/fall. Ask the client to balance and resist that wobble. Ask him/her to let the outside of the body relax, find a place of stillness and without losing that, connect the pelvic floor. Ask the client to find earth and sky at the same time – i.e., get the thoracolumbar fascia to relax and let go its pinch on the sacrum.

To help: place your hands either side of the pelvis and ask the client to allow his/her spine to grow up out of your hands and then allow the pelvis to let go like a pendulum from the end of the spine. Now ask the client to keep that sense as they find the pelvic floor. Do the same thing from the ribcage or forehead and occipital ridge.

B. Have them sit on a bosu on a box, or on a physio (exercise) ball and do same as above.

C. My favorite tool is a rotational disc (ask your nearest Pilates instructor how to get one). It's a nice hard piece of wood sandwiched with another either 10 or 12 inches in diameter with a layer of ball bearings between to allow them to freely rotate. It really lets your brain feel what is moving in your pelvis. Remember, once you are aware of what is happening, you can change it.

Put the disc under the client's pelvis as you do all the supine techniques given above. Ask if he/she can feel weight shifts and rotations. This is great for leg slides, knee drops and leg lifts for the hypermobile femur.

D. Have the client sit on a disc and do the same as above.

E. Have the client stand on two discs and talk him/her through releasing tension. You can see the femur rotations right in front of your eyes. More important – the client

gets to feel it. Ask the client to connect to the pelvic floor and feel any weight shift through his/her feet. Then have the client do a relaxed knee bend and straighten back up. He/she should feel for weight shift. Look for area of greatest instability – pelvis, knee, and ankle. Give clues for where to go next. Do all the Rolfing standing tracking work here – whatever works to find that balance of earth and sky that allows the body to self-support in gravity.

Ah - gravity!

AUTHOR'S NOTE

I'm not sure any of this work is original to me and I give thanks to the wonderful teachers I have been fortunate to learn from: Suzanne Picard in the first Advanced Unit One who taught me how to sit without pain; Michael Stanborough in Unit Two who took us through an exquisite movement piece on the pelvic floor that moved me to tears; Daniella Mallach at STOTT Pilates in Tel Aviv who is a constant inspiration for femoral stability. My cognitive languaging work started with my supervisor helping me learn how to communicate out loud and with a company called Insights (www.insights.com), which is used by oil companies (and our family!) for quick, easy, effective staff communication offshore. My clients teach me something new every day.

I offer two-hour workshops on finding the pelvic floor for interested practitioners and clients in beautiful Royal Deeside, Scotland every two to three months. A pelvic floor safari...

I would like to thank Deanna Melnychuk for her assistance in "translating" this article from the original Scots.