



# CORE + FLOOR RESTORE

A CORE AND PELVIC CORE REHAB &  
RE-STRENGTHENING PROGRAM FOR MOMS

## EDUCATION MANUAL

BY JESSIE MUNDELL, BPHE, MHK, P.KIN

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By **Jessie Mundell, BPHE, MHK, P.Kin**

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# TABLE OF CONTENTS

What is Core + Floor Restore? .....	1
Cleared for Exercise and Healed in 6 Weeks .....	3
An Easy Birth Still Requires Rehab .....	4
Recovery In The Early Weeks After Birth .....	5
The Core + Floor Five .....	7
How Often Do I Practice the Exercises? .....	8
How Soon Can I Start the Exercises Postpartum? .....	8
Pelvic Floor/Women’s Health Physiotherapy .....	9
What is Diastasis Rectus Abdominus (DRA)? .....	11
Why Should We Heal Our Core + Floor? .....	16
What Is the Pelvic Floor and Why Does it Matter? .....	18
How Long Will It Take to Heal the Core + Floor? .....	20
Setting You Up For Core + Floor Success .....	21
▶ The Core + Floor Connection Intro .....	22
▶ Step 1: Ready (Alignment) .....	23
▶ Step 2: Set (Breathing) .....	28
▶ Step 3: Go (Core + Floor Connection Explanation) .....	30
Core + Floor Connection Cues .....	32
Keep Rollin’, Rollin’, Rollin’ .....	33
The 3E Rule .....	34
Extra Exercises .....	35

Abdominal Wrapping .....	36
Phase 1: Weeks 1-4 Checklist .....	37
Phase 2: Weeks 5-8 Checklist .....	38
Bonus Education .....	39
▶ Returning to Workouts .....	39
▶ Exercises to Avoid While Healing Your Body .....	40
Further Reading and Resources .....	43

# WHAT IS CORE + FLOOR RESTORE?

Welcome! I am so happy to have you along for this core restoration journey after your birth. Regardless of whether your baby was born mere weeks ago or years ago, you will have the tools you need to restore your core and pelvic floor function with this program.

All you need to complete this program is a medium strength resistance band. A tennis ball and a foam roller are optional.



Core + Floor Restore is an essential step after baby, and after this major surgery we've been through (myself included!) to safely rehab and return to exercise.

We need to restore function of our core and pelvic floor muscles, to rebuild a solid foundation from the inside out.

I commend you for understanding the importance of taking care of your core and floor, and to rehab (regardless of how long ago your babe was born) for the short and long-term function of your body.

These exercises may seem “simple” at first glance, and while they are simple to perform, they are not easy. They are not easy in the sense that they will be appropriately challenging physically and mentally.

The exercises are so beneficial physically when done correctly, with good technique. They will help heal your abdominal wall and connective tissues, and give support to your back, pelvis, pelvic floor muscles, and pelvic organs (bladder, uterus, rectum).

There is a big mental benefit to these exercises as well - stress relief, a few moments to focus on YOU, feeling more comfort in your body, endorphin release, feeling calm and patient afterwards. I think we all could use an extra dose of that!

Core + Floor Restore is designed to help reduce your back, hip, and neck aches and pains, reduce postpartum “mummy tummy”, help heal Diastasis Rectus Abdominis (DRA), incontinence, manage pelvic organ prolapse, and re-establish a solid base of core stability to get you back to all the activities and exercises you love.

As a fellow mama, I know how top of mind this is.

Let’s get straight to the program and get your body feeling healthy, pain-free, fit, and strong. Are you with me?

# CLEARED FOR WORKOUTS AND HEALED IN 6 WEEKS?

*Not so fast.*

As you know, pregnancy and birth is not gentle on your body and organs, making adequate rest and recovery essential.

You're going to need to be patient with the process and not "push through". There is no rush. Heal well now and save yourself issues down the road in the short and long term.

Think of birth recovery as you would a surgery such as an ACL repair in the knee. The rehabilitation for this is a 9-12+ month process. That doesn't mean you can't get back to the exercise and activities you love, we just need to adequately prepare our bodies for it (that's why you're here!).

Although your doctor may "clear you for exercise" at 6-weeks post, be certain that this means light and gentle exercise. The types of exercise that will be beneficial at this time are, for example, breathing, walking, core restoration, bodyweight and resistance band exercises.

The types of exercise that will *not* be beneficial at this time are, for example, running, jumping, heavy weight training, crunches, leg raises, and other traditional "ab" exercises.

This program will prepare you for returning to exercise. And, if you've already returned to exercise it will help keep you as safe as possible while doing so.

# AN EASY BIRTH STILL REQUIRES REHAB

Although you may have had a completely uncomplicated vaginal birth, you still went through a pregnancy. Pregnancy in itself heightens your risk of pelvic floor dysfunction. We still must reprogram the core, which involves integration with the pelvic floor.

Here are some of the reasons why we still need to focus on the health of the pelvic floor after birth:

- ▶ The downward pressure of your babe on your pelvic floor muscles can stretch these muscles and their connective tissues, leaving them more lax than normal.
- ▶ Your expanding uterus puts pressure against your other pelvic organs, including the bladder and rectum, and can disrupt their normal function.
- ▶ Scarring in the perineum if there was any degree of tearing can be tricky for pelvic nerve function, leading to such things as urethral burning, feeling like you need to pee all the time, and/or pain in the clitoris and labia.
- ▶ The alignment changes that happen during pregnancy and postpartum (for example standing with your bum tucked under or with your ribcage thrusting upwards) can affect the tone of your pelvic floor muscles, leaving them tight and short, or unable to generate enough strength.



# RECOVERY IN THE EARLY WEEKS AFTER BIRTH

In the early days and weeks following birth you're going to be focused on resting and relaxing as much as possible with your new baby. These are the main things you will want to do in the first 6 weeks postpartum:

**ASK FOR HELP.** You're going to want to do things yourself, but try to reign yourself in. Allow yourself to receive help and offers from your friends and family – they really want to! Your job as mama is to love, feed, cuddle, and sleep. If possible, even get people to bring your baby to you at feeding time.

**ROLLING OVER.** Every time you go to lie down or to move from your back to a seated position, you're going to lie to your side first. This is so we can avoid big crunching and sit-up type movements that put a ton of pressure on the abdominals and scar.

An example of this is getting into and out of bed. Get into the habit of lying on your side and then slowly rolling to your back when getting into bed.

Getting out of bed, roll to your side, lower the legs off the bed, then use your upper body strength to push yourself up to seated. If you can, get someone to help you with this, as well.

**RESTORATIVE BREATHING.** Core restoration can start within the first few days postpartum. You are going to start reprogramming your core to function from your diaphragm down to your pelvic floor muscles, with the Core + Floor Connection breath. Stay tuned!

**WALKING.** In the first few days, you'll want to stay off your feet as much as possible. As you begin to heal, very slowly increase the amount of walking you're doing around the house. Monitor your energy levels that day and the next, and if you're feeling good, you can keep slowly increasing your movement.

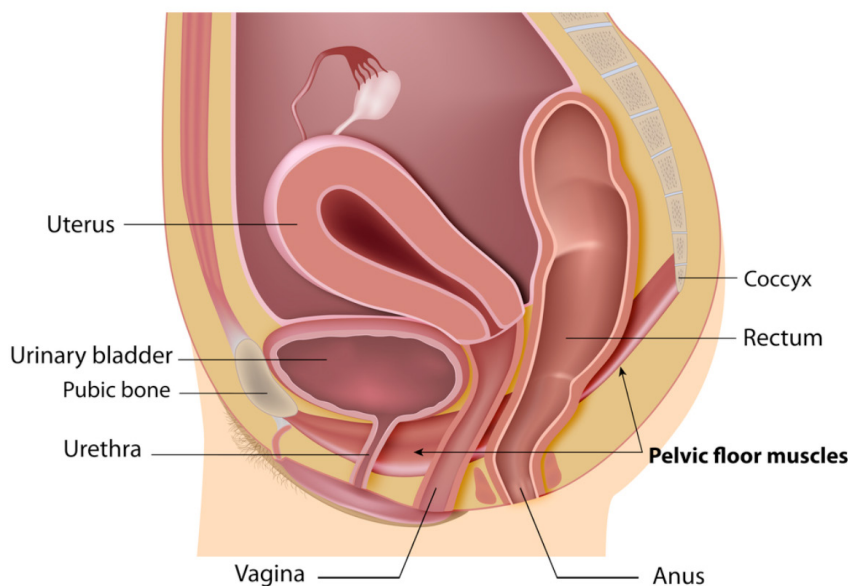
Start with short outdoor leisurely walking and gradually increase your time. Use this as a time to breathe, relax (as much as you can with a newborn!), and do gentle movement.

# THE CORE + FLOOR FIVE

The first thing I want you to understand is exactly what the “core and floor” are.

The core and floor, for our purposes during pregnancy and postpartum, are made up of five parts:

1. **DIAPHRAGM:** your “breathing” muscle that sits in the lower half of your ribcage.
2. **MULTIFIDUS:** muscles surrounding your spine that are important to giving stability to the trunk.
3. **TRANSVERSE ABDOMINIS (TVA):** your deepest layer of abdominal muscle, that we’ll help to regain tone of in order to heal the diastasis and connect with the pelvic floor.
4. **GLUTES:** the muscles surrounding your hips that help support your pelvis and lower back.
5. **PELVIC FLOOR MUSCLES (PFM):** the pelvic floor is the last place in your trunk that holds things up and in it connects your tailbone, sitz bones, and pubic bone to give the pelvis and supports the pelvic organs (for those of us with a vagina: the bladder, uterus, and rectum).



# HOW OFTEN DO I PRACTICE THE EXERCISES?

You are going to practice the Core + Floor Restore series at 5-7 days per week for the next 8 weeks.

The whole routine will take you 7-10 minutes per day, once you learn the exercises. The first few days will likely take you a bit longer while you're initially learning the exercises.

# HOW SOON CAN I START THE EXERCISES POSTPARTUM?

If you're newly postpartum you could begin after the first 2-4 weeks postpartum, IF you feel like you're recovering well.

I began the program at 2 weeks postpartum.

*\*\*If you are later postpartum, you can begin immediately.*

# PELVIC FLOOR/WOMEN'S HEALTH PHYSIOTHERAPY

I highly recommend seeing a pelvic floor/women's health physiotherapist during, and especially, after pregnancy within 6-8 weeks postpartum (or whenever you can if you're a more seasoned mum).

Even if you aren't experiencing any aches and pains, discomfort in your pelvic floor, or any other "issues" these health professionals can be an invaluable piece to your pregnancy and postpartum recovery.

They can help assess your core and floor function with an internal assessment (if you wish), make sure your alignment is spot-on, ensure that your incision is healing well, that your scar is moving well and not bogged down with scar tissue, and give you techniques to speed up your postpartum recovery process.

Additionally, they can confirm you are doing your Core + Floor Restore exercises properly.

## CHECK THE DIRECTORIES BELOW TO FIND SOMEONE IN YOUR AREA:

- ▶ **Canada:** <https://www.pelviennewellness.com/apps/find-physio>
- ▶ **USA:** <http://www.womenshealthapta.org/pt-locator/>
- ▶ **UK:** <http://www.csp.org.uk/your-health/find-physio/physio2u>
- ▶ **Australian:** <http://www.physiotherapy.asn.au/APAWCM/Controls/FindaPhysio.aspx>
- ▶ **New Zealand:** <http://physiotherapy.org.nz/about-physiotherapy/find-a-physio/>

It's covered by healthcare as it would be with a "normal" physical therapist, they simply have a specialization in the pelvic floor.

This means some women live for years and years in pain, with numbness and sensation issues in the pelvic floor, experiencing urinary or bowel incontinence, pelvic organ prolapse, pain during sex, feeling tension or heaviness in their pelvic floors, etc.

What's more is that these symptoms seem to be worsening with subsequent pregnancies and postpartum periods, when they could have been prevented and resolved the first time around.

All when there is so much treatment that can be done! A trusted pelvic floor or women's health physio can be a really important tool to keep close.

No one referred me to physio, but I went for 3 sessions between weeks 5-12 postpartum .

I would recommend booking your first appointment for between 4-8 weeks postpartum.

I booked in pregnancy because I knew the physio I wanted to see had a full schedule and I would need to book months in advance. I booked that first appointment for 7 weeks postpartum and then ended being 2 weeks "overdue".

If your birth was many years ago, please still book a session with a women's health/pelvic floor physical therapist now!

# WHAT IS DIASTASIS RECTUS ABDOMINIS (DRA)?

First of all, let's get really clear on what diastasis is and is not.

DRA is referred to as the separation of your rectus abdominis muscles, the “6-pack muscles”, down the midline of the belly that comes in 2 halves.

This separation is a result of the connective tissue, called the linea alba, between these muscle bellies getting stretched and more lax from your growing baby in pregnancy.

Before you stress...DON'T! It is a very common occurrence of pregnancy and Core + Floor Restore will help you heal it.

When your babe starts growing larger towards the later stages of pregnancy, your belly needs to expand out further. The linea alba, which runs from under your sternum to your pubic bone, and the abdominal wall stretches to accommodate this.

This connective tissue becomes stretched, widened, and thinned, and can impair the ability of the abdominal muscles to do their best work.

The research isn't aplenty, although we're learning more.

A study that is often referred to on diastasis prevalence showed that 66% of women in their 3rd trimester of pregnancy have a DRA, while over half of immediately postpartum women do (Boissonnault & Blaschak, 1988).

53% of women immediately postpartum have DRA (Boissonnault & Bleschak, 1998)

A DRA can worsen postpartum if improper exercise is occurring, which is why we want to take care to heal if well.

While healing your diastasis, I recommend avoiding exercises that put your belly facing the floor (front loaded positions) such as pushups, front planks, and bear crawls. In addition,

exercises that may create a bulging belly such as crunches, sit-ups, and double leg raises.

If you're pregnant and reading this, or may be pregnant again in the future, take note that during labour and delivery, a semi-reclined position on your back might not be the most optimal position for your core as it will exert a lot of pressure up through the abdominal wall and not use gravity to help bring baby down.

Also, if you're being coached to PUSH during breathe do your best to keep breathing!

Again, DRA is a very common occurrence in pregnant and postpartum bodies and you do not need to worry if you do have it. This is what Core + Floor Restore is here for. To heal your body from the inside out.

## A "CLOSED GAP" IS NOT THE DEFINITION OF A HEALED DIASTASIS

The most important thing you need to know is this:

In a DRA, the linea alba loses the ability to generate "tension" as well as it once did, and is not as "dense" in quality as it once was.

When your linea alba loses its ability to generate tension, it can't support your belly very well. You might think that you look bloated all the time, or that you look 5 months pregnant when you're 2 years postpartum. Or, that your lower back and pelvis don't feel as stable and secure anymore.

You can think of the loss of density as the linea alba being thinned out and not as thick as it once was.

In mom talk, the connective tissue that runs down the midline of your belly, is now like a pair of yoga (aka. everyday) pants you can see through when you bend over.

That stretch, that thinning of the fabric...that's kinda what diastasis recti is like. The connective tissue becomes more stretched, not as dense, not as "thick", which is what leads to the abdominal muscles having a separation between them.

This means that we've lost some of the support network for the core, the spine, and potentially, our abdominal and pelvic organs.



What we're left with is a "gap" down the middle of the abdominals, to varying degrees. The gap can be all the way from your sternum bone to your pubic bone, or just somewhere along that line - most typically, the largest gap will be around the belly button.

This gap is called the "inter-recti distance" (IRD). Word of caution: don't get too hung up on how large the IRD is, though. Here's why:

I'm more concerned about the ability of your core to generate tension in your linea alba, than how large the IRD is.

Now, if the IRD is 4-5+ fingers wide after a first pregnancy, I would expect to see this reduce through the 8 weeks of Core + Floor Restore, although it may not. The gap may stay the same width.

However, if we have an IRD that is, for example, 2 fingers wide but the linea alba feels taut and supportive, and you're using good core and floor strategies to move and lift (we'll go through these!) - this is a good sign!

Again, we're more concerned that the connective tissue can gain tension and is dense (no see through yoga pants), than how large the gap between the muscles bellies is.

Keep reading....

## HOW DO I KNOW IF I HAVE A DRA?

If you've given birth you can assess yourself for diastasis recti.

You can assess whether you're a first-time mom or a more seasoned mom. I recommend waiting until you're about two weeks postpartum to do your first assessment.

**STEP 1:** Lie on your back with your knees bent and feet flat on the floor, like you are about to perform a glute bridge. Lift your shirt up to expose your belly.

**STEP 2:** Walk your hand along the midline of your belly to get a sense of the tension in the linea alba. You can start from just under your sternum and work your way down

towards your pubic bone, straight down this line.

Feel if there are areas that are squishier than others. Can you press your fingers *way* down into your belly? Does the tissue feel supportive when you press into it?

**STEP 3:** Using the three middle fingers of one hand, press straight down into your belly just above the belly button. Tuck your chin towards your chest and *slowly* lift your head off the floor. *Only* your head should come off the floor. Keep your shoulders down.

*EXTREMELY IMPORTANT: This isn't a crunch, just a "head lift."*

Repeat a couple of times if needed, adding or taking fingers away to get an accurate measurement with the same, very small head lift (no full crunches).

**STEP 4:** Repeat Step 3 above the belly button. Measure 3-fingers wide above the belly button and do the head lift test at this site.

**STEP 5:** Re-test below the belly button, with the same 3-fingers wide spacing.

**STEP 6:** Re-test at all three measurement sites, but now gently do an exhale breathe and focus on doing a gentle "kegel" action, and then do your head lift test.

For full examples, see the Video Tutorial Worksheet.

## HOW OFTEN SHOULD I ASSESS?

I recommend re-assessing every 2 weeks. This will typically give you good feedback as to whether your exercises are effective.

See the *Diastasis Recti Assessment Tracker* to record your measurements as you go along.

## HOW DO I KNOW WHEN MY DIASTASIS HAS HEALED?

As I mentioned earlier, the *quality* of the connective tissue is what's important in assessing

the healing process. You can still have a gap with a healed diastasis. That's why it's important to assess yourself and *feel* the progress.

You'll know when you have really great tension and "density" along your linea alba. This means you'll feel the strong tissue under your fingers when you press into your belly, when you do your gentle "kegel" action.

If you don't feel good tension, you might feel squishiness and softness, or like you can press down very easily into the belly.

Imagine the difference between pressing your hand into a super soft pillow top mattress versus a hard mattress.

Or the difference between brushing your teeth with a toothbrush that has soft bristles versus a hard toothbrush.

We want the harder, more supportive option for our connective tissue.

# WHY SHOULD WE HEAL OUR CORE + FLOOR?

The core + floor muscles are extremely important in helping to stabilize our body. They help support the spine and the pelvis.

This can be a contributing factor in aches and pains to the lower/mid back, neck, and hips. You know those annoying “mom injuries”? Lifting the baby out of the car seat and your back goes out, or you’re baby wearing and your upper body just aches with discomfort?

Perhaps most importantly, we want to heal and manage any pelvic floor dysfunction (PFD) and pelvic organ prolapse (POP).

## SIGNS AND SYMPTOMS OF PFD AND/OR POP INCLUDE:

- ▶ Urinary and/or fecal incontinence: leaking any amount of urine or feces, at any time involuntarily (on the trampoline, laughing, during a heavy squat, etc).
- ▶ Urgency: feeling like you have to go to the bathroom NOW or you might not make it, feeling like you have to pee all the time and then barely anything comes out.
- ▶ Pain in the SI joints.
- ▶ Hemorrhoids
- ▶ Uncontrollable gas.
- ▶ Aches and pains in the hips, back, neck.
- ▶ A feeling of heaviness or bulging in the pelvic organs, feeling like you’re going to “fall out the bottom”, or that you feel like a tampon is falling out.
- ▶ Pain or discomfort during sex, bowel movements, urination.

It is especially important to work on healing the core + floor between pregnancies as these symptoms can escalate with subsequent pregnancies.

# WHAT IS THE PELVIC FLOOR AND WHY DOES IT MATTER?

First things first - what is the pelvic floor?

We need to understand where it is and what it does in order to learn how to contract and relax it. The pelvic floor muscles support the pelvis and the pelvic organs. By supporting the pelvic organs, it helps keep them in their proper place, which is why they're SO important!

The pelvic floor is a network of muscles and other connective tissues in the base of the pelvis that provides structure and stability for the pelvis itself and for the organs within it.

One of the best explanations I've heard to describe the pelvic floor is from Lisa Gimenez-Codd about the pelvic floor as a wicker basket.

Think about the base and outer structure of the basket as your hip bones (your pelvis) and the all the interlocking strands of the basket as the muscles and connective tissues of the pelvic floor. They provide the extremely important internal support to hold things in your basket, or in your pelvis.

Lisa goes on to explain how you can imagine carrying your wicker basket while grocery shopping. You know the feeling of putting items in your basket and you feel that weight dropping down and pulling at your arm?

This is a brilliant way to describe the cumulative effects of pregnancy with the increasing weight of your baby, the placenta, and not to mention, the normal weight of your pelvic organs.

Carrying babies in utero can place a tremendous amount of stress on these muscles. As can labour and birth, C-section, poor alignment, and exercises such as crunches and sit-ups.

This can also be why so many women struggle with urinary incontinence (leaking urine involuntarily) during and after pregnancy.

This is the time where we need to discuss pelvic organ prolapse (POP), which is when our pelvic organs can start to fall or droop down in the pelvis. In the most severe cases, they can bulge out of the vagina or anus.

We can experience vaginal prolapse of the bladder (cystocele), uterus (uterine prolapse), rectum (rectocele), and/or intestines (enterocele), where these organs start to droop down into and out of the vagina. A rectal prolapse is when the rectum begins to fall out of the anus.

This is not meant to worry you, only to educate you. This is why paying attention to the core + floor is an important part of our health as women. Also, why an internal exam from a pelvic floor physiotherapist is important to manage these things if you are feeling “off” or heaviness in the pelvis.

Prolapse is in most cases absolutely manageable with physiotherapy and the Core + Floor Restore program.

# HOW LONG WILL IT TAKE TO HEAL THE CORE + FLOOR?

....It depends! I know, I know.

But, it's so individual to the person, the commitment to the exercises, practicing the alignment, how long postpartum you are, genetics, how severe your diastasis is to begin with, etc.

That being said, I know that if you focus your attention to this, do the exercises with proper form, and stay consistent, you will see and feel big changes in your body throughout the next 8 weeks.



SETTING YOU  
UP FOR  
CORE + FLOOR  
SUCCESS

# THE CORE + FLOOR CONNECTION INTRO

The Core + Floor Connection is an essential part of the process we will take through the Core + Floor Restore journey. You are going to learn how to release tension in your pelvic floor and abdominals and how to gain tension in your pelvic floor and abdominals.

If you're pregnant or have had a baby, you've likely been told to, "Do your kegels!". But....

We need balanced tone of the PFM: You might feel pretty comfortable with contracting the pelvic floor muscles, but perhaps it's tougher to actually relax them. It is really important to be able to get both actions happening, and we'll work towards that.

It can be a bit tough to wrap your brain, and your body, around what a kegel is and what it should feel like when you're doing one.

For a lot of women who try to do their kegels, this becomes a bearing down on their pelvic floor (think: valsalva) or a really aggressive squeezing of what they think to be the right muscles with no relaxation of those muscles.

We don't quite have the correct action here and could be doing more harm than good. I like to take a "Ready, Set, Go" approach for learning how to get your Core + Floor Connection.

**Watch this video to get a better understanding before moving on.**

# STEP 1: READY (ALIGNMENT)

We need to get the body ready for our Core + Floor Connection by starting to master our alignment.

You can think of alignment as posture, but just know that this goes beyond your mom telling you to “stand up straight” or “pull your shoulders back” when you were a kid.

I think of alignment as how the joints and bones stack up to *create* our posture.

This is a tale of Goldilocks and the Three Bears to get the body set up in good alignment. You want to be in *neutral spine* position. This alignment gets our diaphragm stacked over our pelvic floor muscles and allows our core stability system to work well.

## NEUTRAL SPINE IS:

- ▶ The feet set up under your hip bones (not as wide as your pelvis) facing straight ahead
- ▶ The ribcage sitting over top of the hips = “ribs over hips”
- ▶ Slight arch in your lower back so your bum is **untucked**
- ▶ A tall upper spine (gentle forward rounding of the spine - we need this) thinking of growing up through the crown of the head

You’ll want to use this alignment in all exercises and in daily life, even when sitting and lying down on your back. Here’s what it looks like when I am standing in ‘ribs over hips’:



**START AT THE BOTTOM:** You first want to start setting up the alignment of your feet so the edges are straight. Try to stand with the weight of the feet evenly distributed on both feet as much as you can in daily life and when doing exercises on two legs.

*NOTE: your feet CAN be turned out in squatting exercises where the feet are side by side, but keep them straight in lunging exercises when one leg is front of the other.)*

## 2 ALIGNMENT EXAMPLES WE WANT TO AVOID

### 1. Tucked Bum

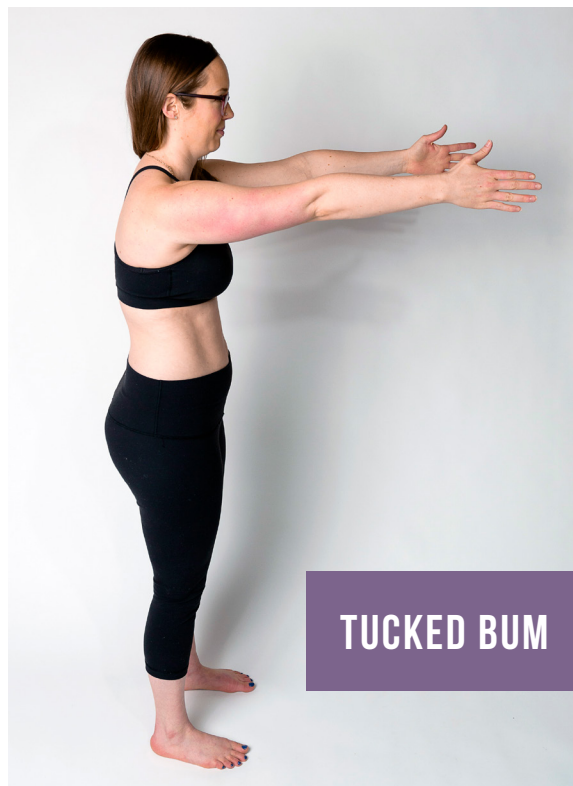
This might sound funny, but it's really important in your exercises and in your daily life to keep your bum behind you, to not let it scoot in front of you.

In posterior pelvic tilt, or with the bum TUCKED, the bum is drifting in front of the body, specifically in front of the ribcage as you can see. Not ideal for core + floor healing because it doesn't allow the pelvic floor muscles to be in the right length, to be able to generate optimal "tension" or strength.

Leave your bum behind you. In the photo below my bum is IN FRONT of me, not behind me. Can you see how my hip bones are in front of my chest? We want to avoid this.

### 2. Rib Thruster

In the photo below, my ribcage is thrusting up towards the ceiling. Can you see how my chest is lifting and my upper back is very straight? We want to avoid this.





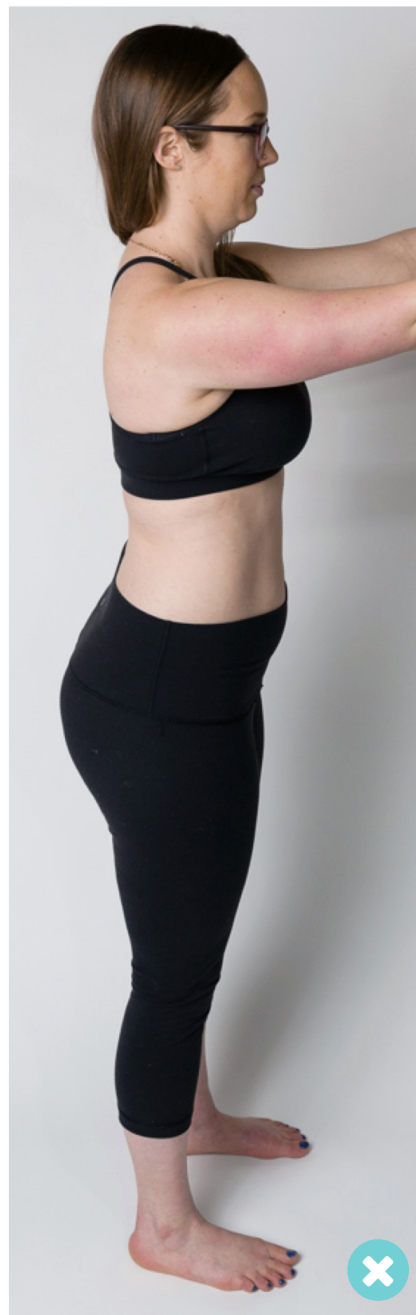
Here are all 3 examples of typical alignment together:



**RIBS OVER HIPS**



**TUCKED BUM**



**RIB THRUSTER**

- ▶ The photo on the left is “ribs over hips” → the good stuff.
- ▶ The middle photo is “tucked bum” → not most ideal.
- ▶ The photo on the right is “rib thruster” → not most ideal.

We want our ribcage to be stacked over the pelvis in order to be in good alignment, and thus, for our core to work optimally.

Often, in my practice, I see a lot of bum tucking when carrying babies and rib thrusting when exercising.

*NOTE: You'll take full body photos from the side (lift the arms up to be parallel with the floor as is in this photo) and front with a 2 piece bathing suit or a bra and shorts so you can see the relationship between your ribs and hips in this program.*

Do a mental check in 10x/day during normal activities and exercises to notice where alignment is at.

## STEP 2: SET (BREATHING)

When we're ready with our *alignment* we are set to breathe properly.

We need to dig into our breathing patterns to ensure we're recruiting the core all together as a team.

The core starts from the diaphragm, goes all the way down to the pelvic floor muscles, and is surrounded by the abdominal muscles and spinal muscles. I include the glutes in this mix because we have to be aware of what they are doing and how they are activating, too.

Your alignment from Step 1 (ribs over hips) sets you up for the breath to flow easily and therefore, helps you gain core stability.

### **Set up for breathing:**

- ▶ Sit on a hard chair or bench in front of a mirror, and pull the flesh away from your bum
- ▶ Make sure you're in good alignment = you want to feel yourself seated *on top* of your two sitz bones (not on top of your tailbone)
- ▶ Put one hand onto each side of the lower ribcage
- ▶ On your inhale breath, breathe into your hands and think about *inflating* your ribs, belly, and pelvis with your breath. Watch in the mirror to make sure that your shoulders don't raise up
- ▶ As you inhale, try to imagine that your hip bones are getting wider apart, and really allow





the abs and bottom of you pelvis (your pelvic floor) to relax and get soft

- ▶ On your exhale breath, feel the hands fall back in towards your body
- ▶ As you exhale, try to imagine that your hip bones get closer together again and you'll feel a gentle "tightening up" sensation in your abs and pelvic floor

## STEP 3: GO (CORE + FLOOR CONNECTION)

We're adding on to Step 1 and Step 2. Now that you're ready in your *alignment* and set with the basic *breathing* pattern, you're ready to do the full Core + Floor Connection.

Relaxing and contracting your pelvic floor muscles are extremely important for the correct function of your pelvic floor muscles in daily life and in exercise.

### HERE'S HOW TO GET YOUR CORE + FLOOR CONNECTION:

- ▶ Sit on a hard chair or bench in front of a mirror, and pull the flesh away from your bum
- ▶ Make sure you're in good alignment = you want to feel yourself seated *on top* of your two sitz bones (not on top of your tailbone)
- ▶ Put one hand onto each side of the lower ribcage
- ▶ On your inhale breath, breathe into your hands and think about *inflating* your ribs, belly, and pelvis with your breath. Watch in the mirror to make sure that your shoulders don't raise up into your ears
- ▶ As you inhale, try to imagine that your hip bones are getting wider apart, and really allow the abs and bottom of you pelvis (your pelvic floor) to relax and get soft
- ▶ On your exhale breath, feel the hands fall back in towards your body
- ▶ As you exhale, try to imagine that your hip bones get closer together again and you'll feel a gentle "RISING UP" sensation in your abs and pelvic floor.
- ▶ The "rising up" on your exhale breath is essentially what you would think of as a "kegel". You are going to think about tightening your pelvic floor muscles and lifting the vagina

and anus up into the body.

*NOTE: The contraction is very gentle. Think of it as about only 30% of your maximum ability of contraction. No where near 100%. It's not bad to contract to 100%, but it's not something I want you to practice a hundred times a day! Especially until you are certain you have mastered the relaxation and release of the abs and pelvic floor on the inhale breath.*

*To recap, on the INHALE = Let go. On the EXHALE: Rise up.*

# CORE + FLOOR CONNECTION CUES

1. On the exhale breath, lift up a peanut/bean/berry/marble up with your vagina and anus. On the inhale breath, put it back down.
2. Imagine the action of pulling a Kleenex out of a tissue box. Think of this as the action of your pelvic floor muscles on your exhale breath.
3. On your inhale breath, imagine the front of your pelvic bones getting wider apart. On your exhale breath, imagine the front of your pelvic bones getting closer together.
4. Lying on your back, think of the space between your tailbone and your pubic bone as an accordion. On your inhale breath, imagine your tailbone and pubic bone drawing further away from each other (like an accordion extending). On your exhale breath, imagine your tailbone and pubic bone drawing in together (like an accordion contracting).
5. Instead of thinking about activating your abdominals by drawing your belly button to your spine, on your exhale breath try to think of your belly button rising up towards your sternum.

*\*\*The Core + Floor Connection is the sequence of your inhale breath (let it go) and your exhale breath (rising up).*

# KEEP ROLLIN', ROLLIN', ROLLIN'

This is so important because you might not even realize that you're doing a million sit ups a day/night!

Every single time you go from lying on your back to seated position, AND from standing up to lying on your back, I want you to ensure you're rolling to your side *first* and then moving to your next position.

From lying on your back to standing: keeping your head on the floor, roll directly to one side and then use your upper body strength to roll and press yourself up to seated. Stand up from here.

From standing to lying on your back: kneel down to the floor on one knee and then to both knees, then lie directly onto your side. Keeping your head on the floor, roll to your back.

Please do not fling yourself up through a big sit up, or roll yourself down through a big reverse sit up. This will cause bulging of the belly and pressure to the pelvic floor that we want to avoid.

[Watch this video demonstration here.](#)

# THE 3E RULE

The 3E Rule is something you'll follow throughout the program, through your exercises, and through everyday life. This integrates your Core + Floor Connection into your body's movements.

## THE 3E RULE IS THIS:

- ▶ Exhale
- ▶ Engage
- ▶ Exert

Any time you exert yourself, say when getting in and out of bed while recovering from C-section, lifting the baby out of the crib, picking up your toddler off the floor, squatting in the gym, etc, I want you to try to think of the 3Es.

As you prepare for the task take an inhale breath, then start your EXHALE breath to ENGAGE your core and floor and then EXERT.

For example, in a squat you would exhale at the bottom on the squat, do the “rising up” action of the Core + Floor Connection, and then stand up.

This will all be streamlined the more you practice. Eventually, it will be automatic and you won't have to think so much.

[Video demonstration of the 3E Rule here.](#)

# EXTRA EXERCISES

These are bonus exercises, but very helpful as you're restoring your core and floor. You'll need a foam roller and a tennis ball for these two moves. You are going to do these two trigger point releases 2-3 times per week. This will help to restore the resting tone of our muscles and soft tissues, and relieve any aggravated areas of the body.

- ▶ Glute Releasing: [Video demonstration](#)
- ▶ Pelvic Floor Releasing: [Video demonstration](#)

# ABDOMINAL WRAPPING

This is a bit of a tricky subject and there is no clear answer currently regarding whether wrapping or binding your belly later in pregnancy and after pregnancy is the most effective approach to core restoration.

Many women have had great success with it, while others have not. Essentially, an abdominal wrap would help support the abdominal wall and the linea alba to function more normally and thus, support the core.

Your alignment and your Core + Floor Restore for C-Section program exercises are your first line of defense. Check with your pelvic floor physical therapist to see if they recommend you also wrap the belly.

**This article can help you decide if it may be right for you and give you recommendations of brands.**



# PHASE 1: WEEKS 1-4 CHECKLIST

## PHASE 1 TIMELINE

- You will complete the *foundation* circuit of exercises 5-7 days per week (do your best!). The routine will take you less than 10 minutes once you learn the exercises.
- You will pay close attention to your “ribs over hips” alignment in the exercises and daily life.
- You will take your “Alignment Photos” on Weeks 1/Day 1 (wearing a sports bra and shorts or a bikini) - take a full body length photo from the side and front to check your alignment.
- You will make sure you are rolling over to stand up and to lie down (in bed, during exercises, anytime).
- You will fill in the Daily Exercise Tracker to record your progress and to keep you accountable to the program.
- You will test your Diastasis on Weeks 1/Day 1 and Week 3/Day 15.

# PHASE 2: WEEKS 5-8 CHECKLIST

## PHASE 2 TIMELINE

- You will complete the *Phase 2* circuit of exercises 5-7 days per week (do your best!). The routine will take you less than 10 minutes once you learn the exercises.
- You will pay close attention to your “ribs over hips” alignment in the exercises and daily life.
- You will take your “Alignment Photos” on Week 8/Day 28 (wearing a sports bra and shorts or a bikini) - take a full body length photo from the side and front to check your alignment.
- You will make sure you are rolling over to stand up and to lie down (in bed, during exercises, anytime).
- You will fill in the Daily Exercise Tracker to record your progress and to keep you accountable to the program.
- You will test your Diastasis on Weeks 5/Day 1, Week 7/Day 15, and Week 8/Day 28.

# BONUS EDUCATION

## RETURNING TO WORKOUTS

The very first step in getting back to more intense physical fitness and workouts is: **CORE + FLOOR RESTORATION.**

It's essential if you're a month postpartum or if you're 10 years postpartum – and anywhere in between, before, and after!

We must retrain and re-strengthen the abdominals and ensure the pelvic floor is functioning well after pregnancy.

The Core + Floor Connection Breath can be integrated into each of these exercises. You'll want to exhale on the toughest part of the exercise, just before you move.

As an example, in the glute bridge, you'll start your exhale breath to lift up and inhale as you return down.

In your return to more traditional strength training, you'll want to allow your body plenty of time to adapt to the increase in movement and a good deal of recovery time between bouts of exercise.

If you have any bleeding or pain (scar, pelvic, back) at all during or after exercise, keep your intensity more mild.

**If you would like a strategic, full body workout plan to follow please see [To Pregnancy & Beyond](#).**

It is essential to ensuring your body is strong and supported from the inside out to prevent injury, so you can do higher intensity exercise safely, so you can go about your day pain-free, and so you do not have to feel like your birth has been a hindrance to your body's function for years.

## EXERCISES TO AVOID EARLY AFTER C-SECTION OR WHILE HEALING YOUR BODY

If you are in the early few months postpartum, or if you are a more seasoned mom but healing your diastasis, experiencing urinary incontinence, or pelvic organ prolapse, I would recommend you avoid exercises that resemble the description below.

### 1. **Traditional/advanced abdominal exercises**

In this category, I would include exercises that put a lot of stress on the abdominal wall. Exercises that feel like you're working the abs *really* hard/you feel a lot of pulling or straining on the abdominals, or that you cannot breathe through, or you can see your belly and lower pelvic region bulging up/out when you're doing the exercise.

This doesn't mean that you shouldn't do exercises that work the abs. You should, in fact. That being said, there are abdominal exercises that are more beneficial than others.

I place these 'not-so-beneficial' abdominal exercises into two categories:

*Exercises where the belly/lower pelvic region is bulging up or out: crunches and sit-ups, leg raises, bicycles, knee tucks, jackknives.*

You don't want to train the belly to bulge outwards over and over again. This can create too much stress and pressure and on the connective tissues of the abdominal wall increasing the severity of diastasis recti.

These exercises could also be placing a lot of stress downward on the pelvic floor and pelvic organs. You might feel pressure on your bladder, like you can't hold your bladder.

*Exercises where the belly is hanging or drooping down towards the floor: front planks and variations, pushups, renegade rows, conventional deadlifts, etc.*

In these exercises the belly may be hanging towards the floor. This can be an issue if you can't feel "tension" in the abdominals; if you feel like you're going to 'fall out the front' of your belly.

For example, if you're doing a front plank directly on the floor and you never feel it in

the abs, but feel a TON of work in the shoulders and upper back, or some discomfort in the lower back, this is a good sign that variation of front plank needs some tweaking.

## 2. **Plyometric exercises**

- ▶ Running, sprinting, jogging
- ▶ Jumping, box jump, jumping rope
- ▶ Burpees, squat thrusts, and other similar conditioning exercises

The issue here is that you're likely working on a slightly unstable pelvis and core post birth. These plyometric exercises require so much core stability!

If your body doesn't quite have it yet, you're just waiting for an injury to happen. These injuries can show up in the form of lower back, hip, knee, and neck pain.

## 3. **Intense exercise/exercise classes**

You need to re-train the body how to function at it's best again.

If you jump right back into heavy weight training (or the abdominal and plyometric exercises mentioned above), intense cardiovascular workouts, or something like a typical 'mom and baby bootcamp' class (with lots of running, jumping, crunches, etc) you're again risking injury.

Whenever you start working out again after having your baby, it is simply *more* effective to stick to exercises and an exercise schedule that rebuild your strength slowly and steadily, rather than starting where you think you "should be" or where you left off before pregnancy.

We want to keep you exercising for the long term, not for three weeks until you throw your back out from exercise that's too intense for your core to handle.

#### 4. Exercises that cause pain

This applies to your whole body, but pay special attention to how your incision/scar site feels during and after exercise.

You may feel *some* gentle tenderness if you're just beginning to work out again.

Knowing that you worked out the day or two before is great. Having some muscle soreness is good!

But, if you're feeling aching or pain in your scar that bothers you in your workouts or daily activities, you need to reevaluate and make some changes.

This is an important piece of the puzzle to helping your scar heal well (it's never too late for this), and for getting good sensation and movement back in the tissues around your scar.

#### 5. Anything that your gut tells you isn't quite right

Listen to your body. Trust your body.

If something doesn't feel quite right during an exercise, it's probably not. If you just "know" that what you're feeling in your body isn't comfortable, stop.

Sometimes exercises will feel a bit awkward when you're first learning them, and that's ok. My clients often tell me that a lot of the exercises in their training plans feel really awkward at first when they're learning them!

But, if an exercise is causing you pain, if there's a ton of pulling through your scar, if you feel pressure in your bladder or rectum, if you're leaking urine during or after a workout, and/or if you can't breathe well, stop the exercise.

*Remember: FUNCTION first, before any intense exercise.*

**We discussed several exercises to avoid post c-section, but if you're curious about what you can do (there is plenty!), see [To Pregnancy & Beyond](#).**

## RESOURCES AND FURTHER READING

- ▶ Facebook: <https://www.facebook.com/iamjessiemundell>
- ▶ Instagram: <https://www.instagram.com/jessiemundell>
- ▶ Monthly Membership Fitness Club: <http://topregnancyandbeyond.com>

**The women and companies below are incredible mentors if you're looking to educate yourself further on women's health:**

- ▶ **DIANE LEE:** women's health/pelvic floor physiotherapist, research on Diastasis recti Abdominis and the pelvic floor, continuing education for health professionals, visit: <https://www.dianelee.ca> (based in Canada)
- ▶ **ANN WENDEL:** women's health/pelvic floor physiotherapist, core and pelvic floor restoration specialist, visit: <http://prana-pt.com> (based in the USA)
- ▶ **BURRELL EDUCATION:** prenatal and postnatal exercise education, women's wellness, visit: <http://www.burrelleducation.com> (based in the UK)
- ▶ **GIRLS GONE STRONG:** women's health and fitness experts, strength training, visit: <http://girlsgonestrong.com> (global, with advisors in the USA and Canada - I am an Advisory Board Member for Girls Gone Strong)
- ▶ **THE TUMMY TEAM:** women's health/pelvic floor physiotherapist, core and pelvic floor restoration, continuing education for health professionals, visit: <http://www.thetummyteam.com> (based in the USA)
- ▶ **KAISA TUOMINEN:** prenatal and postnatal exercise specialist, continuing education for health professionals, visit: <http://postnatalbodyfix.com> (based in Spain)
- ▶ **JULIE WIEBE:** women's health/pelvic floor physiotherapist, core and pelvic floor restoration, continuing education for health professionals, visit: <https://www.juliewiebept.com> (based in the USA)
- ▶ **MUTU SYSTEM:** pre/postnatal fitness specialist, diastasis recti and pelvic floor education,

visit: <http://mutusystem.com> (based in the UK)

- ▶ **FIT2B:** pre/postnatal fitness specialist, diastasis recti and pelvic floor education, visit: <http://fit2b.us> (based in the USA)
- ▶ **PREGNANCY EXERCISE:** pre/postnatal fitness specialist, diastasis recti and pelvic floor education, visit: <http://www.pregnancyexercise.co.nz> (based in New Zealand)
- ▶ **BELLIES INC:** abdominal wrapping, core restoration, pelvic floor physiotherapy, visit: <http://belliesinc.com> (based in Canada)
- ▶ **LAKEVIEW PHYSIOTHERAPY, GAYLE HULME:** pelvic health physio based in Calgary, Alberta, Canada, visit: <http://www.lakeviewphysio.ca>
- ▶ **BODY & BIRTH PHYSIOTHERAPY, SAMANTHA CATTACH:** pelvic floor physio based in Brisbane, Australia, Skype consultations available, visit: <http://www.bodyandbirthphysio.com>

1. **Post Pregnancy Workouts**
2. **How Do I Know If I Have Diastasis Recti?**
3. **C-Section Scar Problems and Solutions**
4. **OBGYN Groups Issue Guidelines to Lower C-Section Rates**
5. **Exercises to Avoid After a C-Section**
6. **How to Work Out After a C-Section**
7. **How to Do a Kegel The Right Way**
8. **Returning to Exercise After a C-Section**
9. **Post-Partum Management After Cesarean Delivery**
10. **Guidelines for Vaginal Birth After Previous Cesarean Birth**