



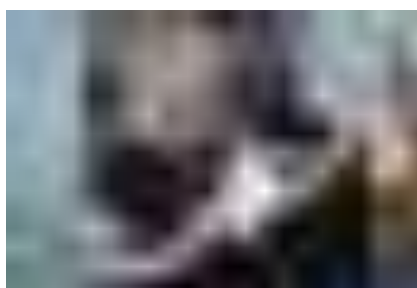
INTEGRATED POST NATAL PHYSIOTHERAPY & FUNCTIONAL FITNESS

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Maria Elliott MCSP, POGP, APPI

- **Trained in Trinity Dublin
1982 -1986**
- **Hand Therapist Chicago
1987-1991**
- **Paris Post Natal Rehab 82 %
1992-1999**
- **Chelsea and Westminster
NHS UIC/Post Natal Rehab**
- **3 Kids Clinical Pilates**



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Maria Elliott MCSP, POGP, APPI

- Complex Pelvic Pain 2004 to 2019
- Mummy Mot November 2015
- VMT 2013/2019
- Post Natal Rehab



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Marta Kinsella , APPI

Trained in Salford in Manchester 2008. NHS Rotations , Private practice and professional sports teams.

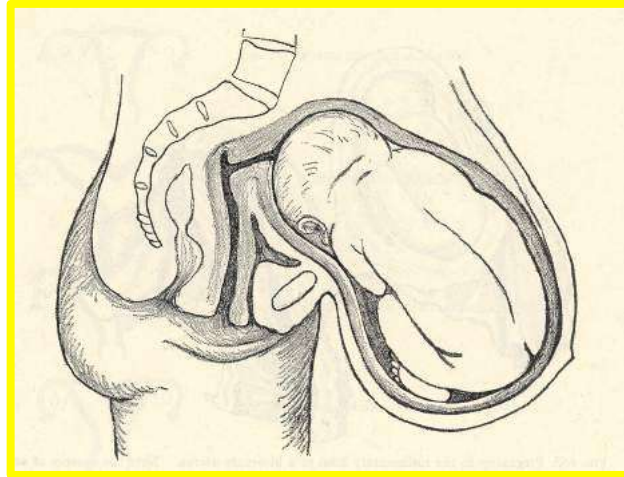
London 2014 –Private practices – pre and post natal rehab Women's health training- Mummy Mot practitioner.

Trained: UIC, sexual dysfunction and pre and post natal women's health Rehab specialist , DRA , abdominoplasty.



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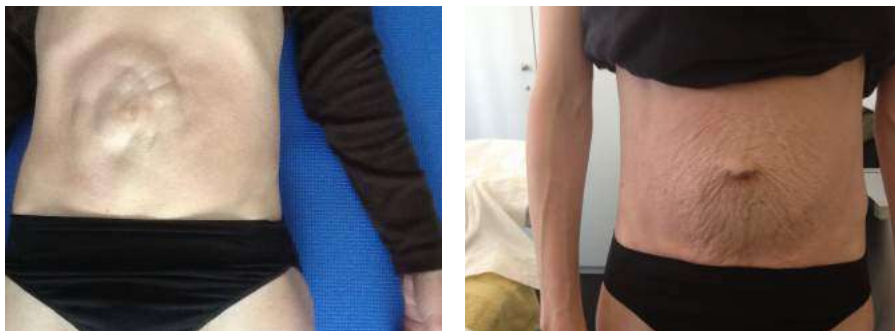
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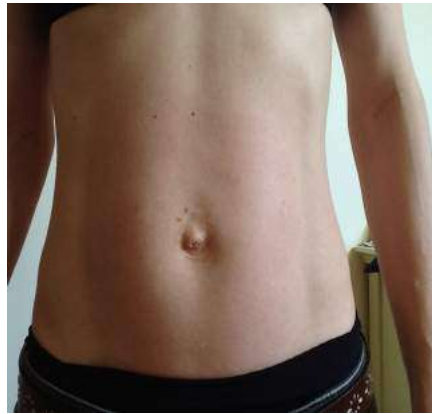
The Mum "No One Told Me about the gap !!!"



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I leak when I run...

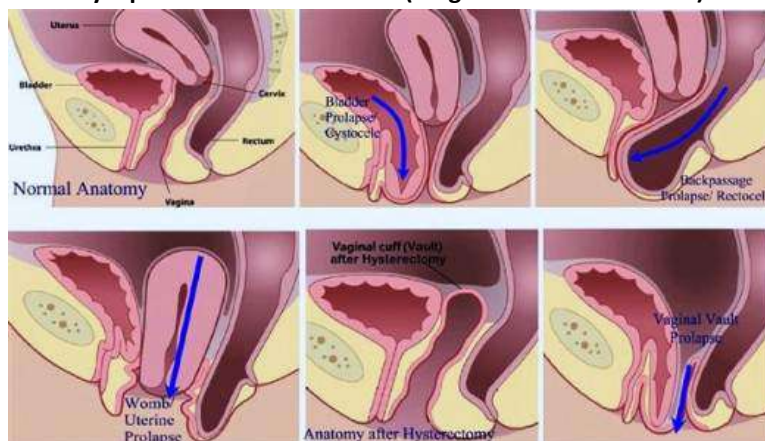


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Prolapse

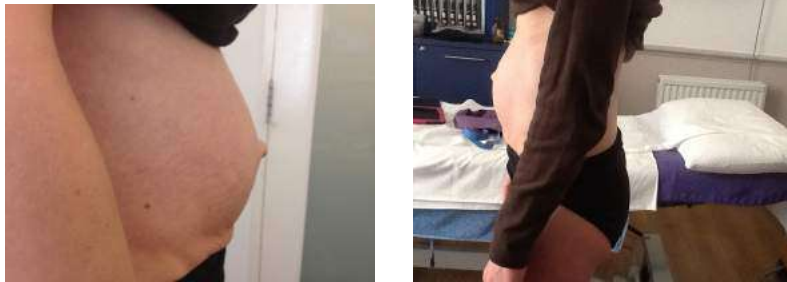
- 50% of parous women have some degree of symptomatic
- Asymptomatic loss of POP (Hagen and Stark 2011)



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I can't breath properly and have chronic constipation



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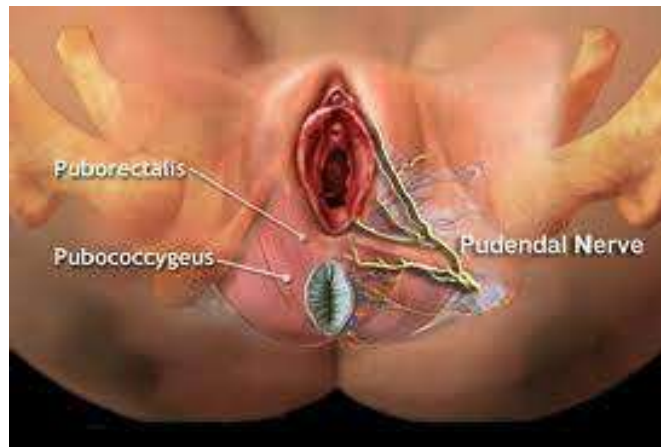
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PGP
I can't walk - 9
months since my
baby was born



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Pudendal Neuralgia

- Clinical Signs : Pain at the level of Pudendal Nerve
- Positive skin Rolling Test , pain on sitting , usually unilateral
- Forceps delivery or Long second stage
- Areas of Potential Entrapment, sacro spinous lig, sacro spinal
- Alcock's Canal (Carpal Tunnel syndrome)
- Piriformis, Obt Int. (Rotated Pelvis) Biomechanics
- Only nerve with Somatic & Autonomic Nerve Supply
- Neuralgia/ Neuropathy/ Entrapment

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Literature reports incidence :

- 45% have UIC (*Wilson et Al 2002*) 7 years post-natally
- 50% of parous women have some degree of symptomatic or asymptomatic POP (*Hagen and Stark 2011*)
- 8 % have 3 /4 degree tears (2011-2012)
- 36% have RDA 8 weeks post delivery (*Boissonnault 1988*)
- 36% have Pelvic Pain (*Dooley 2002*)

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Literature reports:

- Pregnancy-related pelvic girdle pain (PRPGP) has a prevalence of approximately 45% during pregnancy (Wu et al 2004) and 20 – 25 % in the early postpartum period (Ostgaard et al 1991, Albert et al 2002, Wu et al 2004). Most women will become pain free in the first 12 weeks after delivery however; 5-7% will not (*Ostgaard & Andersson 1992*).

TED Talk (Marianne Ryan) 49% UIC, 24% painful sex , 36% RDA, 79% Low back pain . What your Mama never told you

- In a large postpartum study of prevalence for urinary incontinence (UI), *Wilson et al (2002)* found that 45% of women experienced UI at 7 years postpartum and that 27% who were initially incontinent in the early postpartum period regained their continence while 31% who were continent became incontinent.

32% and 64% (*Bø and Herbert, 2013*).

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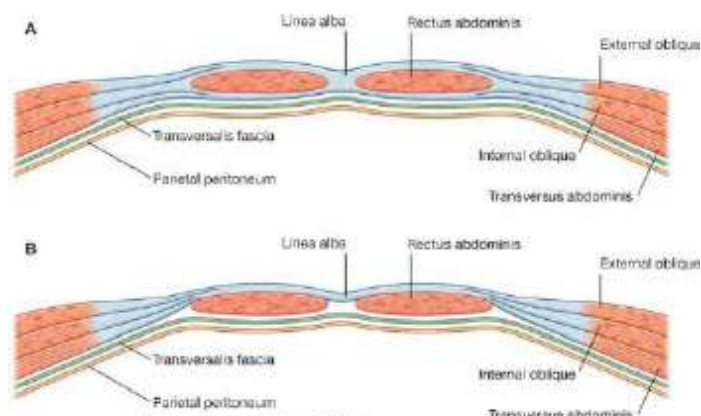
Research

- 1:3 women wet themselves
- 1:9 men
- 1:10 have fecal incontinence
- 50% of women > 50years have prolapse
- 80% cure rate with pelvic floor exs
- POP can be managed with pfxs
- Works for any age group

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Rectus Diastasis Recovery/ Split down the middle



Drake: Gray's Anatomy for Students, 2nd edition.
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36% remain abnormally widened @ 7 wks (Boissonnault & Blaschat, 1998)



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Research RDA

- 66% of women have a DRA in their third trimester and 53% persist immediately post-partum.!!(*Boissonnault*)
- 36% remain abnormally widened @ 7 wks (*Boissonnault & Blaschat, 1998*)
- Most recovery occurred between day 1 and week 8 .No change at 1 year post-partum (*Coldron, et al 2007*)
- 66% of RDA had support pelvic organ related dysfunction (POP/FIC or SUI)
- In Urogynecological Population (547) 52% of women had RDA with 62% PFD (SUI or POP) (*Spintznagle ,et al 2007*)

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The Mum “No One Told Me about the gap !!!”

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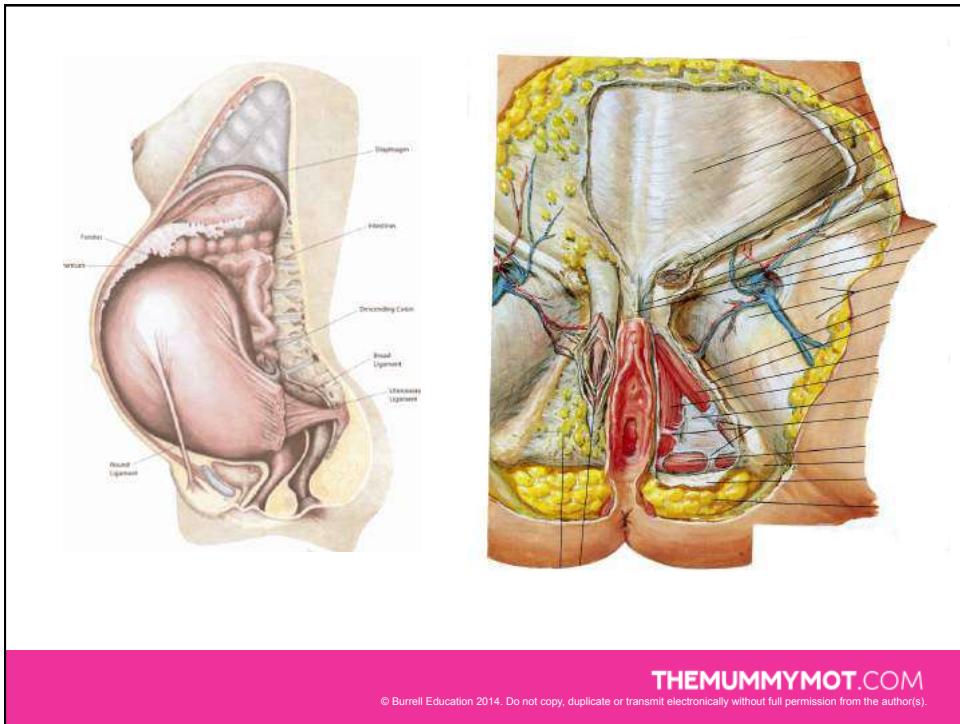
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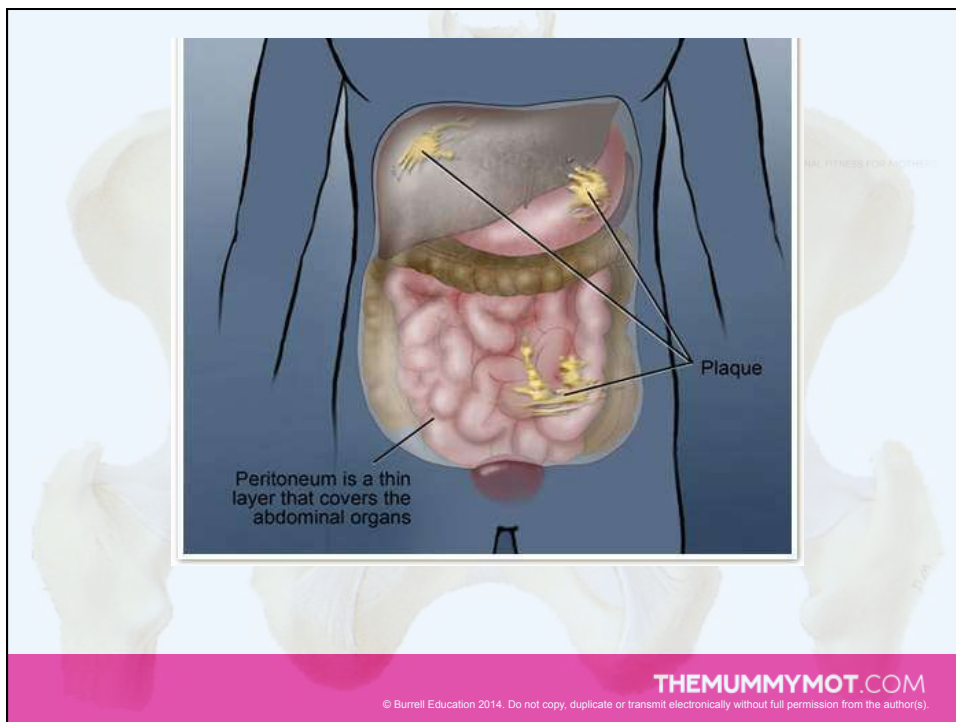
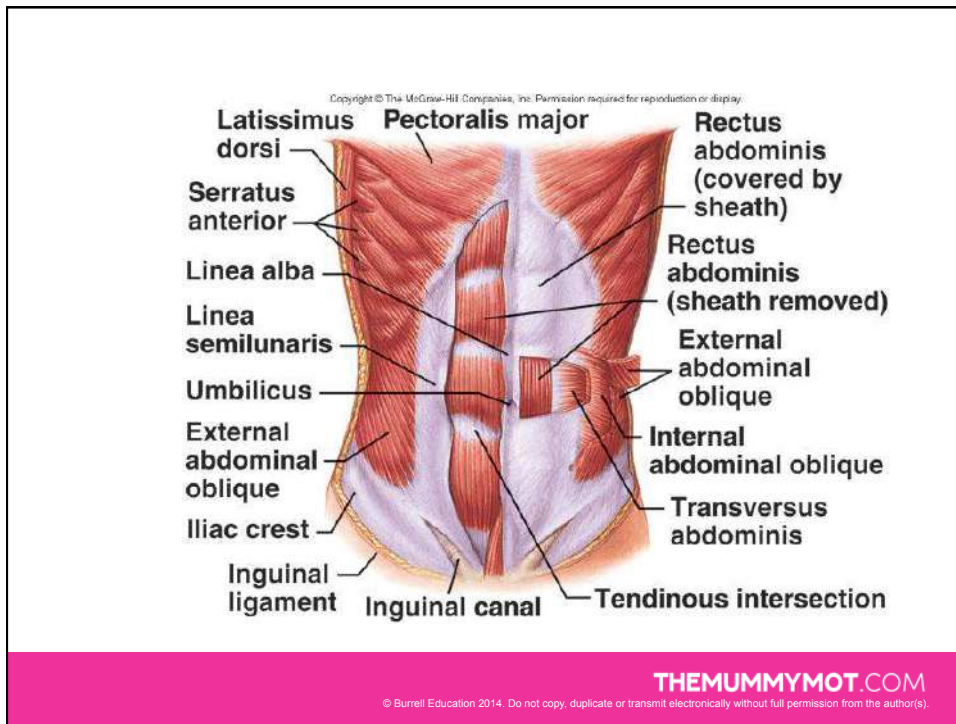
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- Diane Lee Integrated system model
- <https://www.dianelee.ca>
- It is apparent from both the research evidence and clinical experience that the biomechanical, and physiological affects of pregnancy and delivery can have a non-optimal impact on the fascial support system of the abdominal canister.
- Optimal strategies for function and performance depend on the integrity of the articular, neural, myofascial and visceral systems.
- Online Free Presentation (Bristol 2013)

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Standing and Lying 4 weeks postnatal



- Haemorrhoids ! Umbilicus not central prolapsed, perineal descent, right piriformis tight

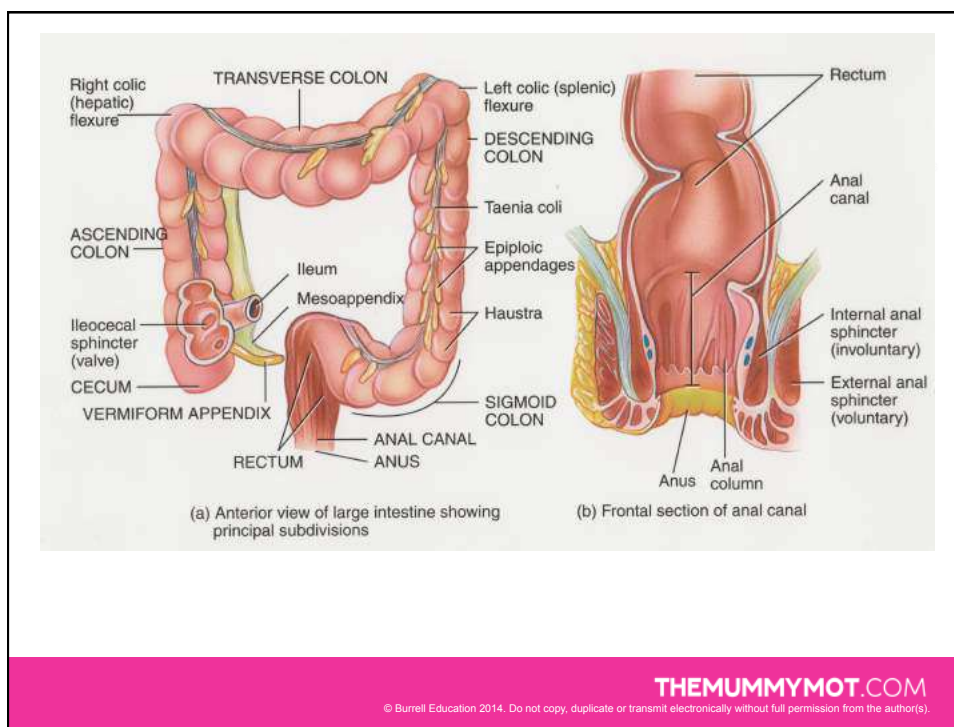
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Clinic Findings RDA :

- Stretching of the Linea Alba and Endo Pelvic fascia
- Altered abdominal muscle Recruitment, Length, strength and timing
- Failure to regain optimal load transfer / Linea Albae
- Visceral support system compromised
- Visceral position and function altered POP, Constipation
- Postural/ Biomechanical changes, Lumbar lordosis, Thoracic, rib flare, rotated ileums , changes in force/form closure

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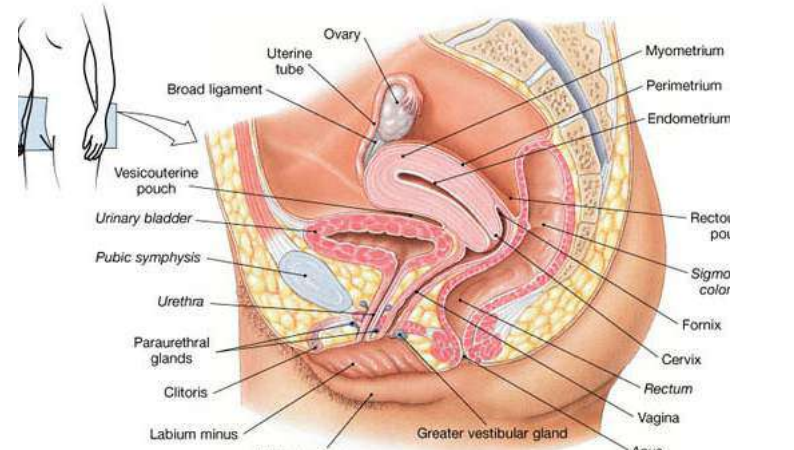
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Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

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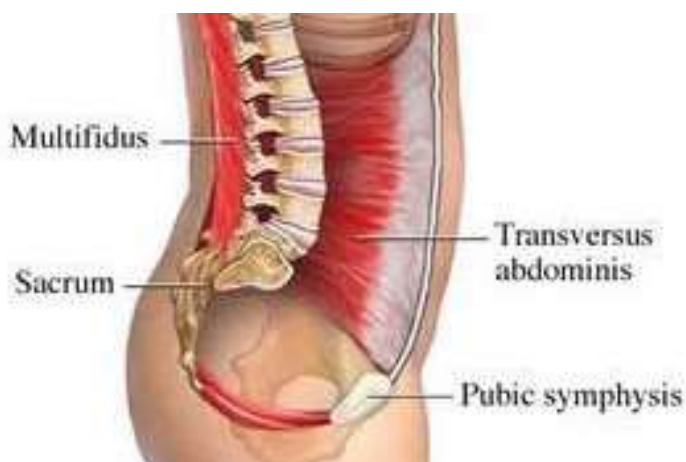
The Mummy Mot Project

- Why are we here? There is a global Crisis in post natal Care.
- November 2015 The Mummy Mot Project started.
- Specialist Post Natal Experts Lets Train!! Over 220.
- Provide Integrated Post Natal Treatment. HCR.
- Educate / Share / Inspire
- Build a team !! Work with Experts in the field.
- Biomechanics, Trauma, Hormones etc etc

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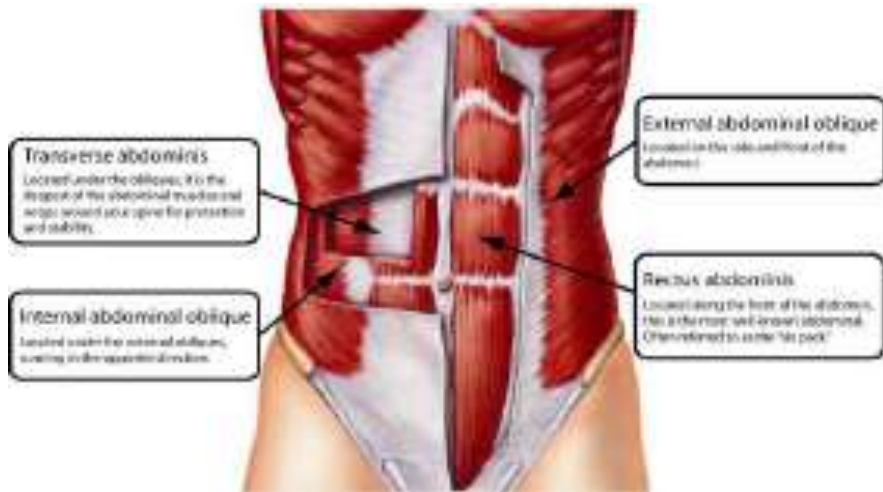
Brainstorm Post Natal symptoms !!!



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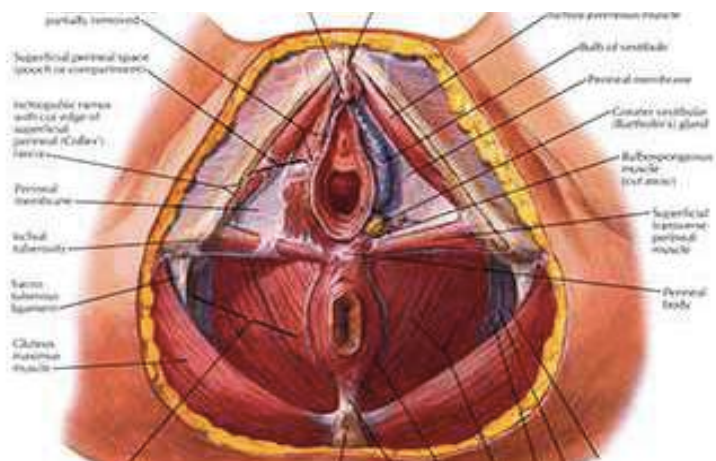
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Abdominal Anatomy



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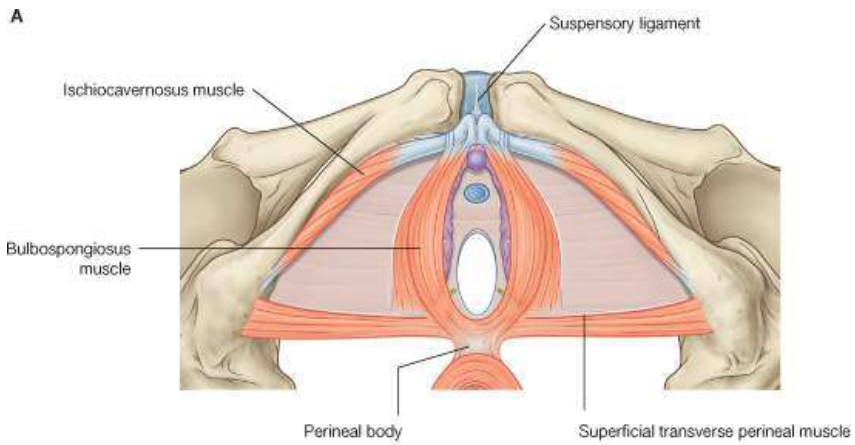


Pelvic Floor Assessment Lab

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Urogenital Triangle Muscles

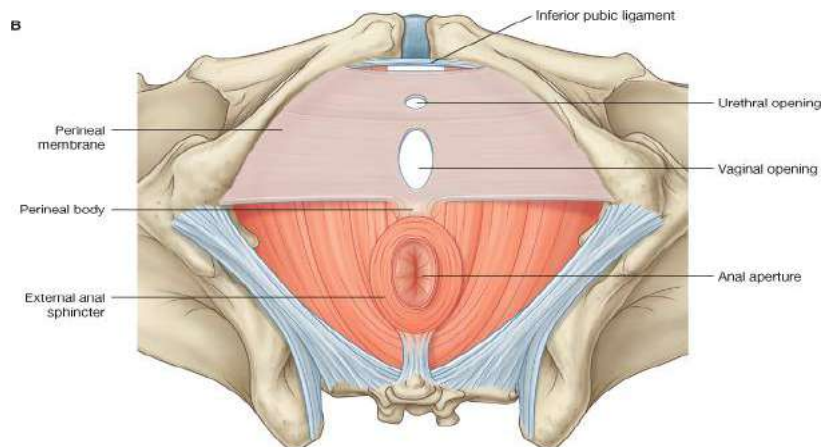


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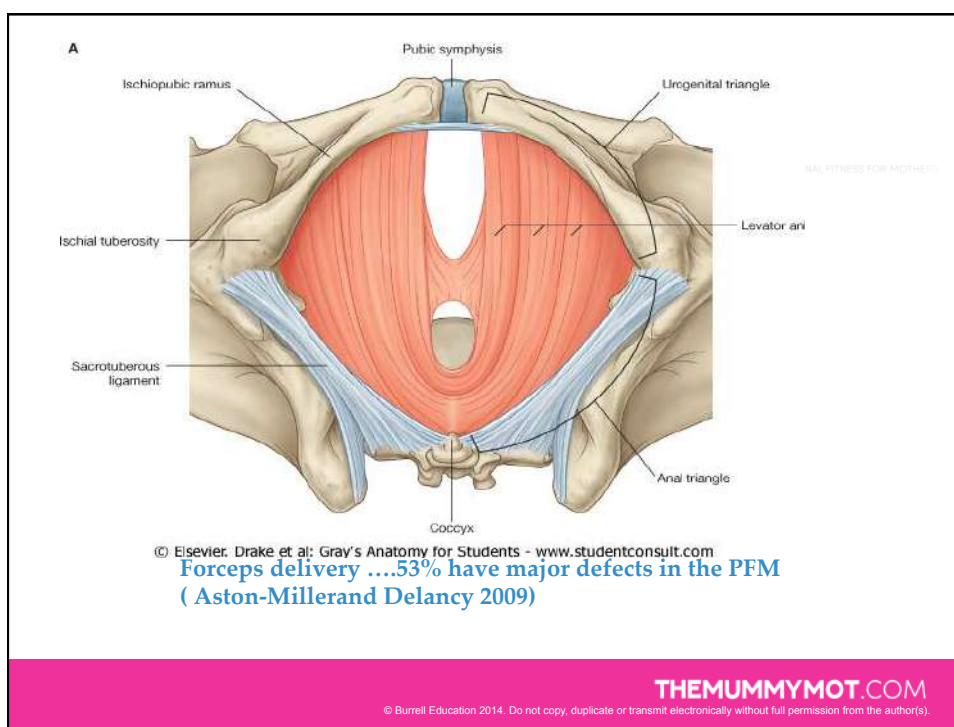
Perineal Membrane



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Nice Guidelines :

Assessment of pelvic floor muscles

- Undertake routine digital assessment to confirm pelvic floor muscle contraction before the use of supervised pelvic floor muscle training for the treatment of UI. **[2006, amended 2013]**
- **Assessment of prolapse**
- 1.1.5 Refer women with UI who have symptomatic prolapse that is visible at or below the vaginal introitus to a specialist. **[2006]**

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Nice Guidelines :

- **Pelvic floor muscle training**
- 1.3.1 Offer a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment to women with stress or mixed UI. **[2006]**
- 1.3.2 Pelvic floor muscle training programmes should comprise at least 8 contractions performed 3 times per day. **[2006]**
- 1.3.3 Do not use perineometry or pelvic floor electromyography as biofeedback as a routine part of pelvic floor muscle training. **[2006]**

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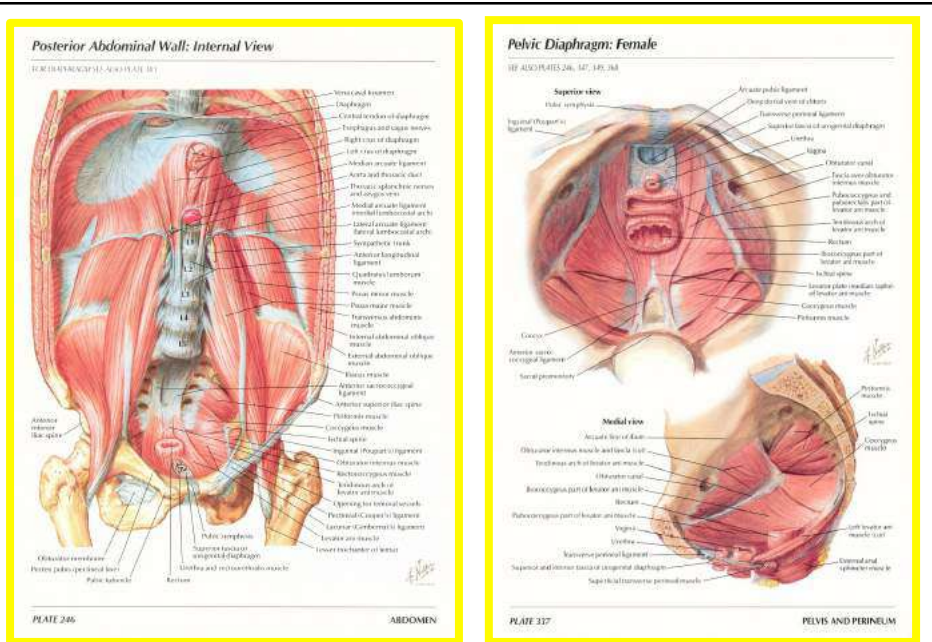
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Nice Guidelines :

- **Pelvic floor muscle training**
- 1.3.4 Continue an exercise programme if pelvic floor muscle training is beneficial
- **Preventive use of conservative therapies**
- 1.6.8 Offer pelvic floor muscle training to women in their first pregnancy as a preventive strategy for UI. **[2006]**

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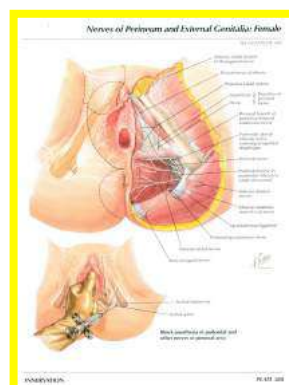
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Child Birth

- 85% sustain perineal trauma
- **Lev Ani avulsions 10 to 35% Dietz**
- Infection Rate 10%
- 60% need suturing/mediolateral episiotomy
- 6% have 3/4 degree tears
- C-Section 25% to 30% in UK/ Increase in pelvic pain



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Mummy Mot Clinic:

- DRA/ UIC/ Prolapse
- Twins. 12, 800 a year in the UK Risk of RDA
- BPD Breath Holder, Reversed breathing pattern , Anxious
- Posture Poor, lordosis, rib flare, Biomechanics, RDA 's
- Pudendal Nerve Pain (PN)
- Dyspareunia
- Large Head /size of the baby / Long second stage/ Late Delivery 42 weeks /prolapse/ Altered Biomechanics

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Summary

- 812. 362 Births in the Uk a year .
- I boldly propose Mummy Mot for all Mums ! Give Mums a choice !
- Improve ante and post natal education for Mums.
- Tell them about the gap !
- 36% will have an RDA after 8 weeks
- Screen all Twin Pregnancies - 12, 692 for RDA
- Its easy to see, easy to palpate, so lets come up with better education and strategies for our Mums .

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Mummy Mot Check

- Post Natal Check for all Mums 6 weeks onwards
- Pre-Screen On Line or a pdf sent / clinic
- 1 hour Assessment with a Post Natal Physiotherapist
- Posture, FM, DRA, Pelvic Floor check
- ROF on the day
- Identify Post partum UIC, POP, RDA and Sexual Dysfunction
- Educate on functional rehab, Strength and Reconditioning Training

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- Check Posture in Standing / Body Chart
- Single leg stance (Stork or One leg standing test) (Hungerford et al 2004, 2007)
- Squat and Lunge (Functional Transfer of Load) (Lee 2004, Lee & Lee 2004)
- Sitting/ LyingPF/TVA activation
- Lying symmetry at the pelvis/neck /ribs / Quick snap shot
- ASLR (Mens et al 1999)
- Hip Rom / Fabers Test
- Inter recti distance measure with tape, calipers, fingers, US
- Pelvic Floor Assessment

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Mummy Mot Report of Findings

- Posture:
- Functional Movement :
- Abdominal Result:
- Pelvic Floor Result:
- Recommended Exercise and Advice :
- Any other significant findings:

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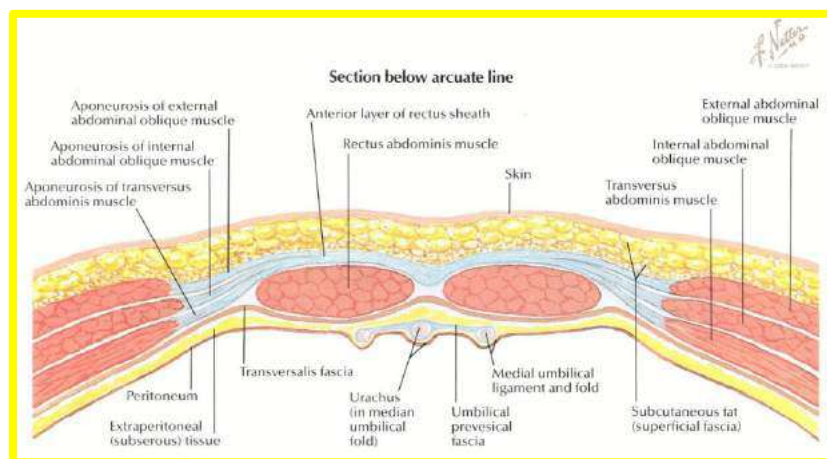
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Posture Screening Lab 1

Lumbar lordosis	Abdominal scar
Anterior pelvic tilt	Position of Umbilicus
Gluteal Creases	Rib Flare
Unilateral standing	Scars
Abdominal weakness	Shoulder levels
Kyphosis	Pelvic Torsions
Arm distance from body	Coccyx

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Lab 2 :DRA

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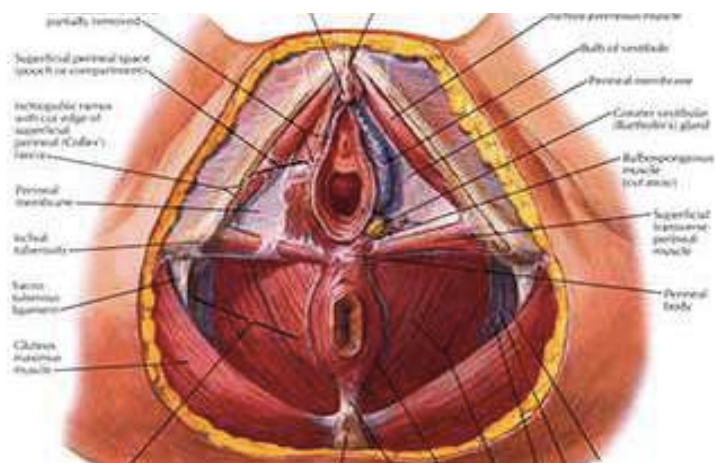
Belly Wall - Layers



- Layer 1 – SKIN
- Layer 2 – SUPERFICIAL FASCIA + ADIPOSE TISSUE + OTHER
- Layer 3 – DEEP FASCIA/MUSCLE
- Layer 4 – PARIETAL PERITONEUM

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Pelvic Floor Assessment Lab

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Clinic Emails



- It is 7 years since the birth of my twins. I have bladder leaking and constant low back pain. I have been doing Pilates exercises but feel my tummy is getting worse. I think I may have a tummy gap. Can you help?
- I had a baby 8 months ago and when I stand and walk I get sharp shooting pains in my vagina. I can not sit without pain. I have seen gynaecologists and pain specialists and no one has helped. I am getting worse. I can not look after my baby and have to have help from my parents. I am losing hope and feel I will never recover. Can you help?
Do I have Pudendal Neuralgia ? PN?
- Can you help me I have pain with sex since I gave birth to my son 9 months ago? Seen physio's and doctors they said just do my Kegel's and give it time.

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Post Natal Physiotherapy

- Indepth Musculoskeletal/ Biomechanical Assessment
- Identify Abdominal or Visceral complications
- Treat PGP/ Coccydynia
- Scar mobilisation for C-section, episiotomy, tears
- Resolve pelvic pain with sex / work with experts
- Strengthen and improve pelvic floor function
- Rehab programme for rectus diastasis
- Rehab for UIC and Prolapse

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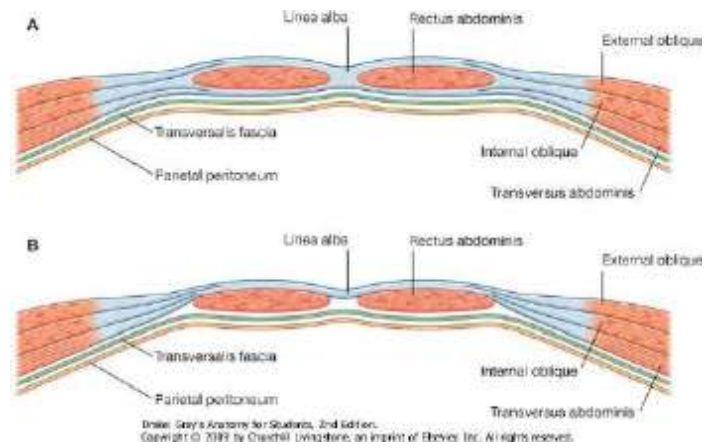
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Rectus Diastasis Recovery/ Split down the middle



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- Separation of the Rectus Abdominus muscle bellies of more than 2.5cms (*Noble 1995*)
- Widening and lengthening of the Linea Alba (*Jones 2000*)
- Structural deficit in the active/passive support system of the spine and pelvis (*Lee et Al 2011*)
- Normal Inter Recti distance (*Rath et al 1996*) aged below 45 1.0 cms , 2.7cms, .9cms
- Abnormal greater than 2 finger width with head lift (*Noble*)
- Severity range 2.5cms to 23cms measured with calipers (*Lo et Al 1999*)

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- 36% RDA 8 weeks post natally seperation of the Rectus Abdominius more than 2.5 cms.
- Location of DRA
 - 4.5 cms above umbilicus 36%
 - @umbilicus 52%
 - 4.5 cms below umbilicus 11%
 - Cause Pregnancy , large baby, twins, excess fluid, multiparity, transverse lie, EDS, Incorrect exercise , pushing second stage , Absence of Pyramidalis

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• **Measurement of the gap !**

- Noble (1995) Crook lying lift head measure the gap
- Boxer and Jones (1997) Measure with dial calipers.
- Beer et al (2009) 1.5, 2.2, and 1.6
- ???depth more important than width !
- In France identified early as the large majority are assesed at 6 weeks (Post Delivery) then complete a 12 weeks post natal program.
- Easy to see, easy to feel, identify early.

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Research

- 66% of women have a DRA in their third trimester and 53% persist immediately post-partum.!!(*Boissonnault*)
- 36% remain abnormally widened @ 7 wks (*Boissonnault & Blaschat, 1998*)
- Most recovery occurred between day 1 and week 8 .No change at 1 year post-partum (*Coldron, et al 2007*)
- 66% of RDA had support pelvic organ related dysfunction (POP/FIC or SUI)
- In Urogynecological Population (547) 52% of women had RDA with 62% PFD (SUI or POP) (*Spintznagle ,et al 2007*)

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Private Detectives

- Is it only the Linea albae that is compromised ? What about the other fascia?
- Why do a percentage not regain normal tension and elasticity?
- Did the abdomen need more support post nataly or during delivery?
- How important is the rib flare?

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- Does it matter that there is a leg length difference, scoliosis and a rotated ileum!
- Why have so many got IBS! Gut Micro biome!
- Why can't they activate TVA and breath properly! Investigate!
- Can We do more ? YES YES !!!

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Laura Case Study

- RDA post natally after first delivery 4 kg baby
- High impact activities? Fit Pro 5 finger gap !
- Consulted at 33 weeks pregnant
- Right ileum ant rotated / R SI Joint Dysfunction
- Umbilicus facing left
- Decreased glut activation on that right side
- Hx of Ibs

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Standing and Lying 4 weeks postnatal



- Haemorrhoids ! Umbilicus not central prolapsed, perineal descent, right piriformis tight

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4 Weeks post natal supine with head lift

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Laura Early Intervention

- Pelvic floor muscle training from 48 Hours .
- Co Contraction of TVA and PF in all positions 48 hours
- Always sleeping with a thin cushion/pillow under her tummy to stop the drag down on the separation.
- Learning the knack- bracing with increased intra-abdominal pressure such as coughing, sneezing, lifting, bending
- Providing abdominal support with baby belt / Mama Strut
- Moving safely by bracing, breathing and log rolling to get in and out of bed.
- RDA check at 2 weeks
- Jenny for Soft tissue release work, nutritional advice,
- Detective for Moving away from healing, Promoting moving towards healing

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Case Studies

- Bernadette , 44 year old Mum Sept 2013
- 7 years since last delivery
- Multiparity 4 Twin Delivery 2nd time .
- Sept 2013 SIC moderate and chronic low back pain quite disabling
- 5 finger gap at umbilicus
- Unaware she had an RDA!
- Post natal Rehab Stage 1. Restorative stage for 3 months
- Weekly sessions/ Intensive Home Exercise Programme
- Resolution of UIC and back pain after 3 months

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Supine with head lift

May 2014



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Stability in standing



Manual Therapy/ Functional rehab

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When is surgery indicated?



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Surgical Considerations Diane Lee

- Absence of deep system precontraction therefore Bulging /Doming. Even on Laughing , coughing.
- Abdominal contents are easily palpated through the midline fascia.
- Vertical loading tasks reveal failed load transfer through the lumbopelvis
- Functional symptoms continue after an intensive rehab programme
- With Clinical experience we will know who to send for surgery and who to rehab

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Mummy Mot / Early DRA Identification

- Education while pregnant TVA Training (Chiarello 2005)
- Diane Lee's Website / Video's
- Indepth Biomechanical Evaluation Pre and Post
- Postural re adjustment 0 to 6 weeks Release
- Elastic Therapeutic Taping / Belt/ Support
- Get the breath right early

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Early DRA Identification

- Pelvic floor activation within 48 hours
- TVA activation
- Diane Lee RACM
- Tension more important than width
- Nutritional Advice for healing of Connective Tissue
- Good MicroBiome !!!
- Agree appropriate safe exercise programme bespoke
- Support / Strap/ Tape Malaysia

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- Pelvic floor muscle training from 48 Hours .
- Always sleeping with a thin cushion/pillow under her tummy to stop the drag down on the separation.
- Providing abdominal support with hands, towel or pillow when required.
- Moving safely by bracing, breathing and log rolling through her side to get in and out of bed.
- Using the correct position and dynamics for defaecation.
- *Pelvic floor safe* abdominal strengthening exercises.
- Education about using an abdominal binder/brace/high waisted undies/ SRC Recovery Shorts to help hold the abdominal muscles together in the early post-natal recovery period.

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Summary

- 812. 362 Births in the Uk a year .
- I boldly propose Mummy Mot for all Mums ! Give Mums a choice !
- Improve ante and post natal education for Mums.
- Tell them about the gap !
- 36% will have an RDA after 8 weeks
- Screen all Twin Pregnancies 12, 692 for RDA
- Its Easy to see, easy to palpate, so lets come up with better education and strategies for our Mums .

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