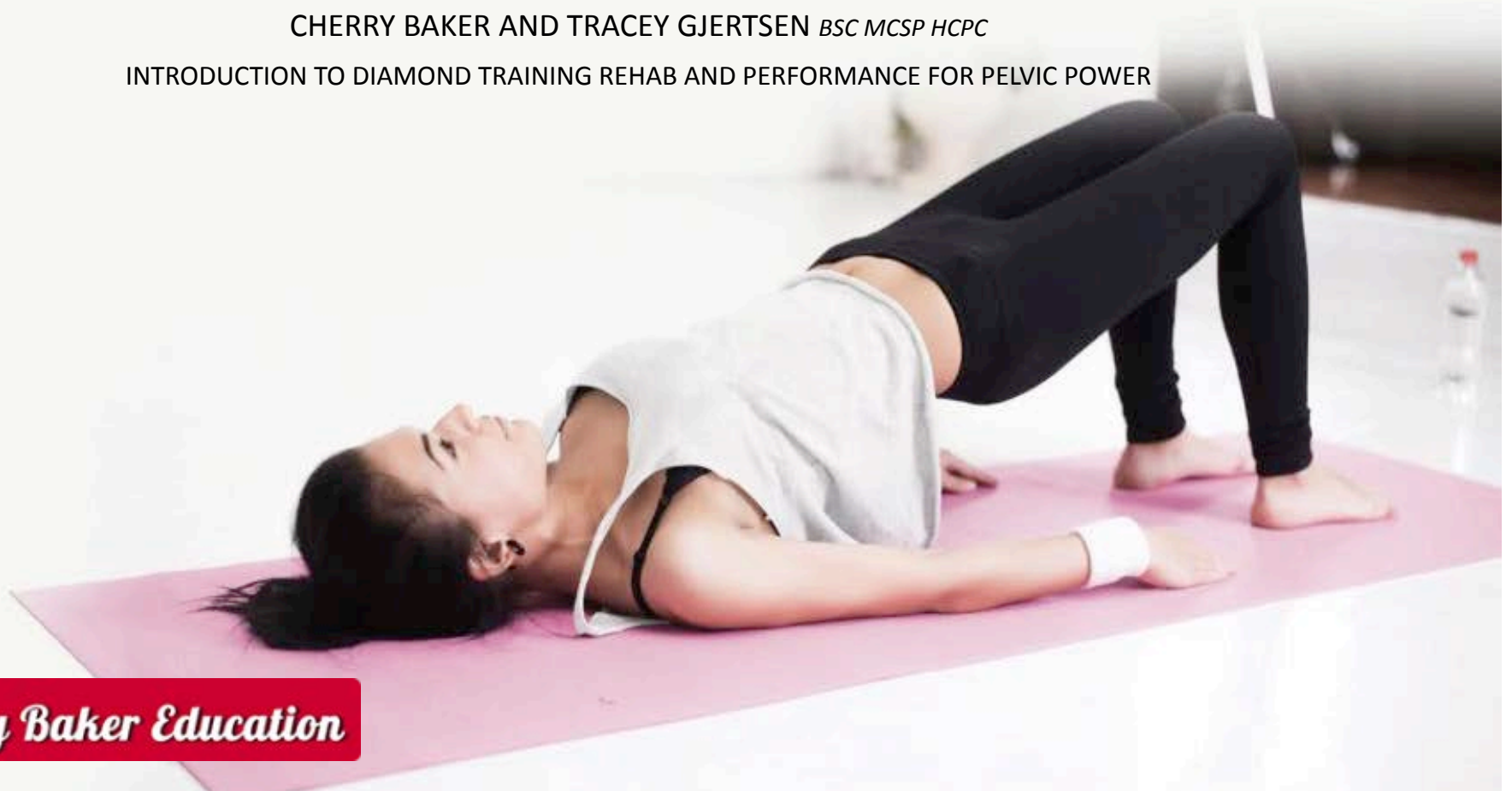


Diamond Training Introduction

CHERRY BAKER AND TRACEY GJERTSEN *BSC MCSP HCPC*

INTRODUCTION TO DIAMOND TRAINING REHAB AND PERFORMANCE FOR PELVIC POWER



Grab your card and pen

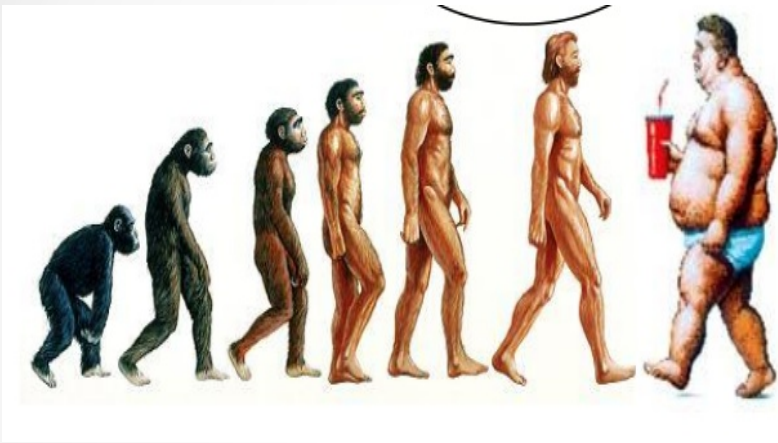
- What is it?
- Where is it?
- Breathing
- Graded relaxation



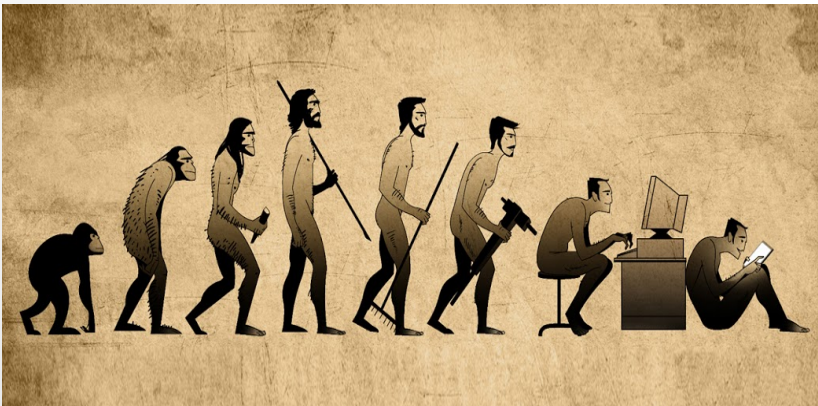
Terminology

- Incontinence
- Stress Incontinence
- Urge Incontinence
- Temporary incontinence
- Functional incontinence
- Urinary incontinence
- Rectal incontinence

Facts..... The pelvic flaw (TG)



- The pelvic "floor" is an appropriate name. It is situated at the bottom of the pelvis, lies in a roughly horizontal orientation, and closes off the opening that would otherwise allow the pelvic and abdominal contents above it to fall through. It is unique in that it is the only horizontal load-bearing muscle group in the body.



High tone – Hypertonic

Symptoms

- Urinary frequency, urgency, hesitancy, stopping and starting of the urine stream, painful urination, or incomplete emptying
- Constipation, straining, pain during or after bowel movements
- Interstitial Cystitis: painful bladder syndrome
- Unexplained pain in your low back, pelvic region, hips, genital area, or rectum
- Pain during or after intercourse, orgasm, or sexual stimulation
- Uncoordinated muscle contractions causing the pelvic floor muscles to spasm



Low tone - hypotonic

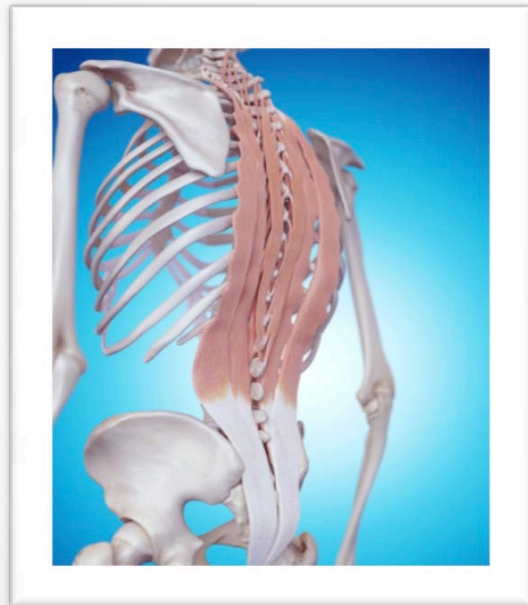


- This programme is designed for low tone issues
- Often Urethra lacks tautness and stability
- Often lack of support for the urethra due to weakened **MUSCLES, FASCIA or LIGAMENTS**
- Poor posture – fascial lines
- Poor - trunk stability (*discuss*)
- Today's lifestyle

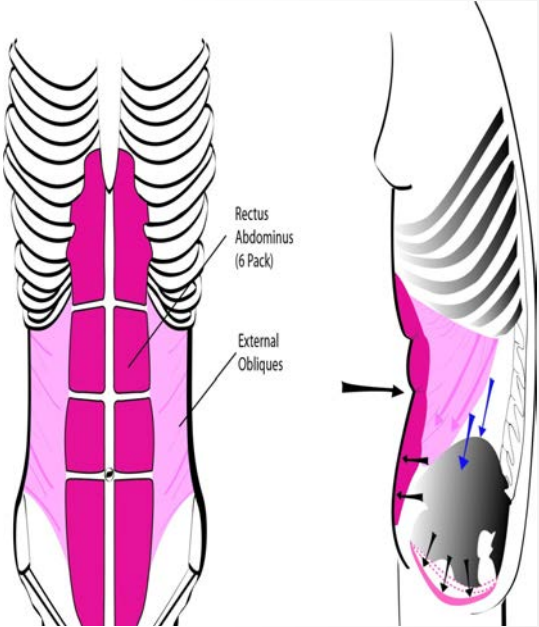
Beyond the basics

THORACIC AREA BREATHING

MANUAL THERAPY



Posture – pelvic floor - fascial lines

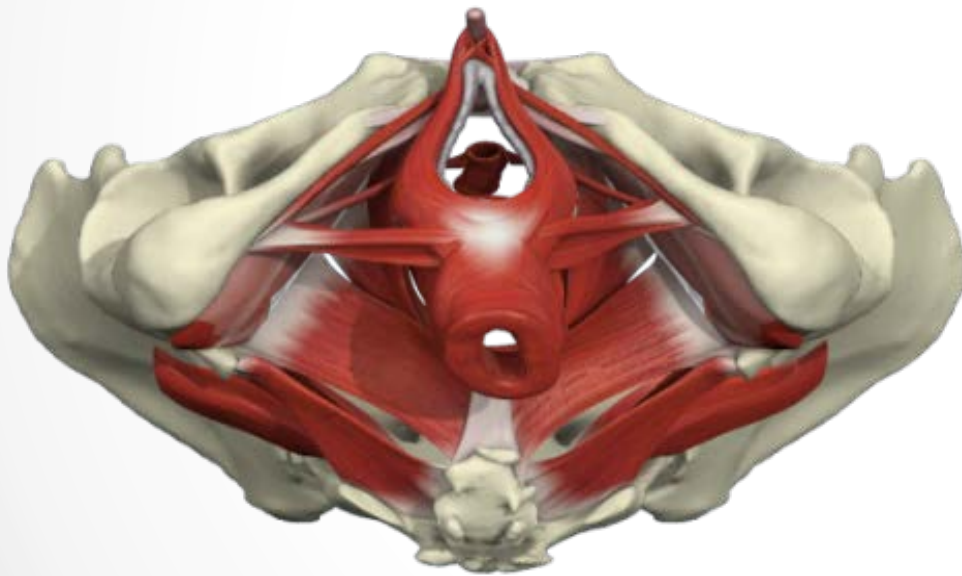


Introduction

Anatomy of the pelvic floor

Superficial perineal layer

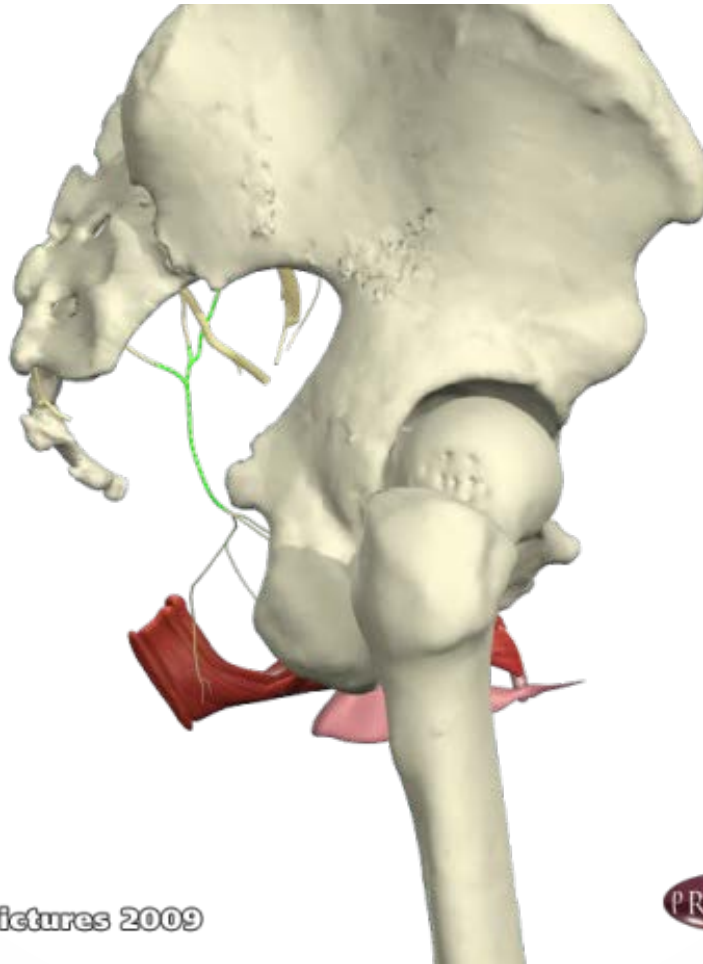
Exercise it



Bulbospongiosus
Ischiocavernosus
Superficial Transverse
Perineal

External Anal Sphincter (EAS)
Innervated by the pudendal nerve

Pudendal nerve



© Primal Pictures 2009



Deep urogenital diaphragm layer:

Exercise

- Uretrovaginal sphincter
- Deep transverse perineal
- Compressor urethra
- Innervated by Pudendal Nerve

Compressor
Urethrae



Deep Transverse
Perineal



Pelvic diaphragm levator ani

Exercise

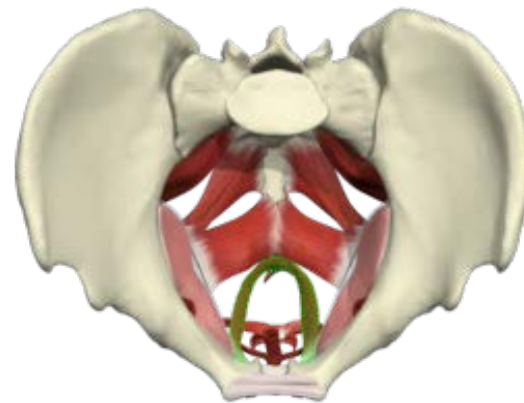
Coccygeus

Iliococcygeus

Puborectalis

Piriformis,

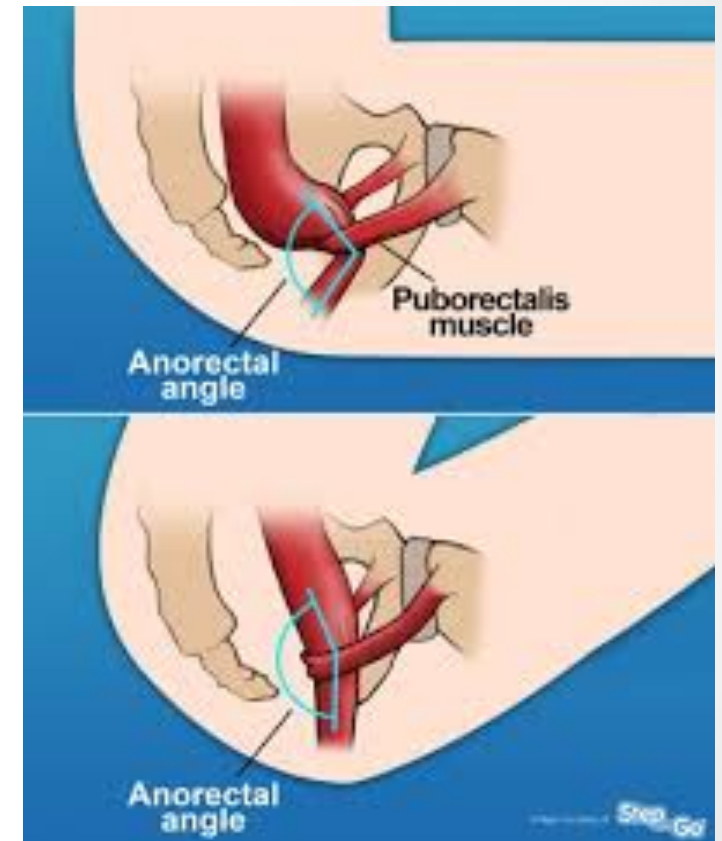
Obturator Internus



© Primal Pictures 2009

PRIMAL

Innervated by sacral nerve
roots S3-S5



Obturator internus

Exercise

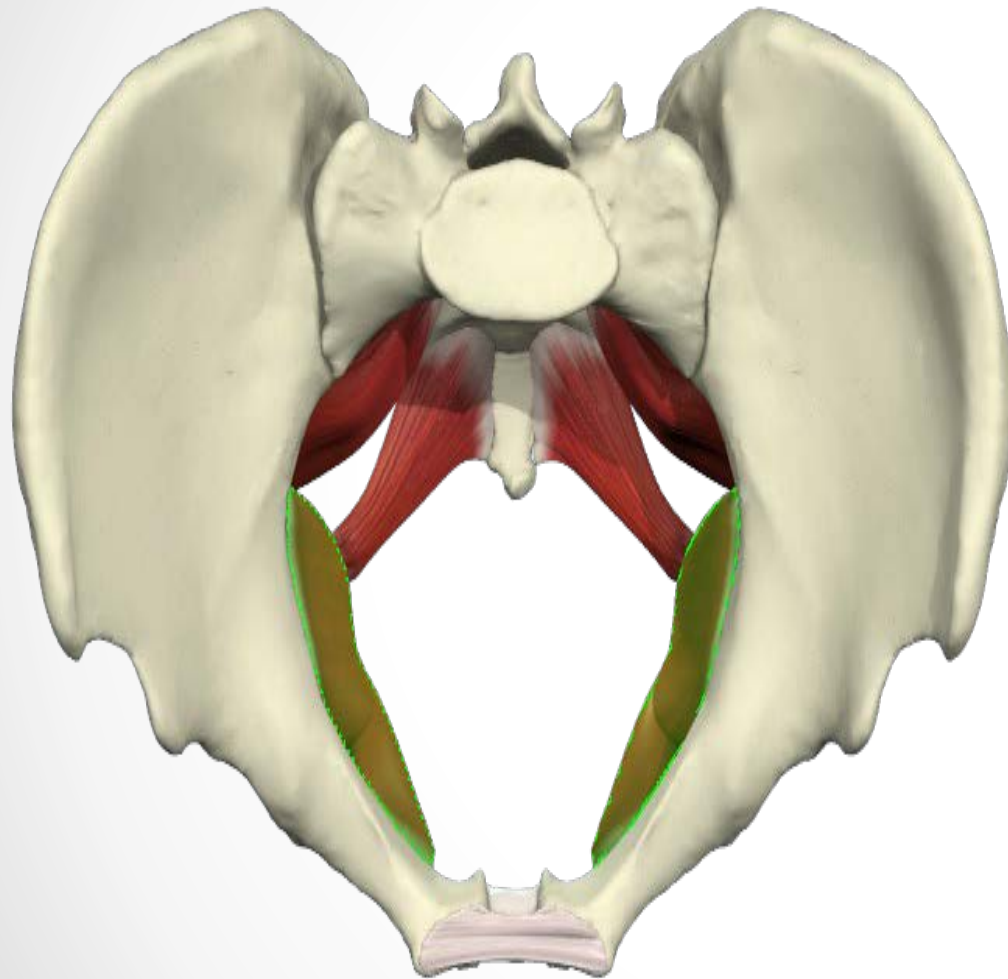
O: Obturator foramen & membrane.

I: Greater Trochanter.

Action: laterally rotates the extended hip joint

Abducts the flexed hip joint in standing

Innervation: L5, S1, and S2.



OI and LA Intact



Weak LA OI Intact



Weak OI Weak LA



Male pelvic floor superficial muscles



Muscles involved with sexual activity

- Ischiocavernosus & Bulbospongiosus



- Testicals to spectacles
- Balls to Brain
- Nuts to guts

Premature ejaculation

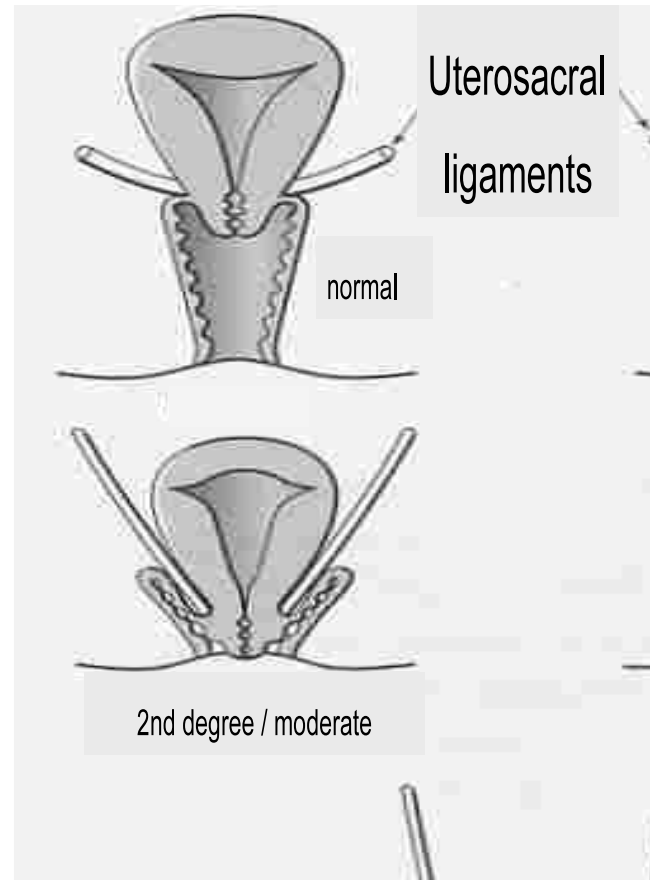


Pelvic organ prolapse

Facts

- The descent of one or more structures into the vagina
- 10-20% of women seek help
- Symptoms may be Urinary, Bowel, Sexual
- Risk factors : Age ,Parity, Obesity, Muscle weakness, Posture
- Management: Dependent on severity, Pessaries, PFMT, Surgical Repair, Hysterectomy

Levels

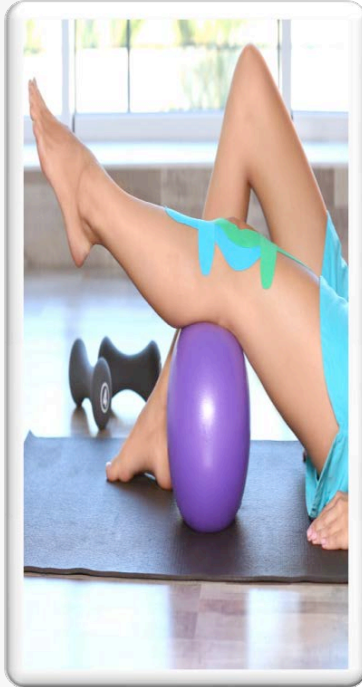


How can we help?

The impact of urinary incontinence

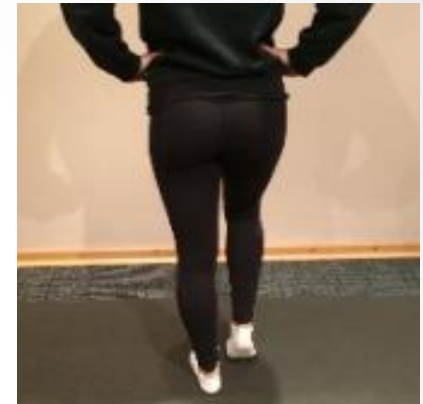
- 1 in 3 women
- 1 in 10 men
- Costs to NHS £117 million per year
- **2nd reason for elderly people being put into residential care**
- Increased risk of falling
- 27% unwilling to go to places where they were unsure about the availability of toilets
- 31% dressed differently because of the problem
- 23% said it affected their sex life
- **23% avoided physical activity**
- Social Isolation

Exercise progression



- Isolate
- Compound
- Functional

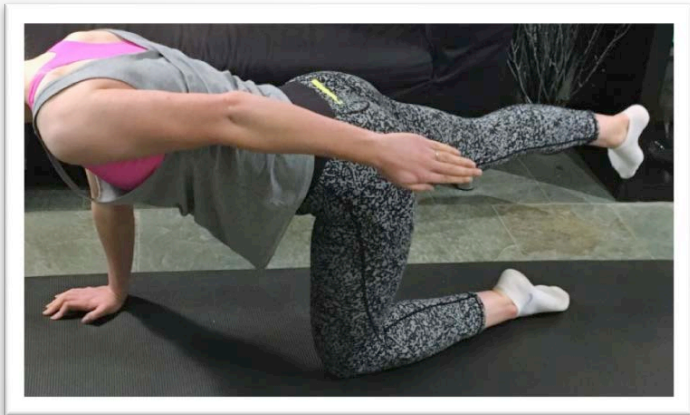
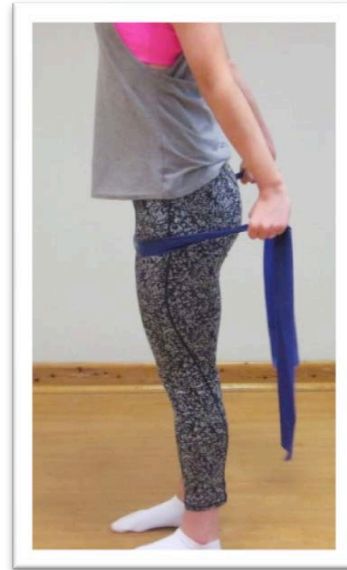
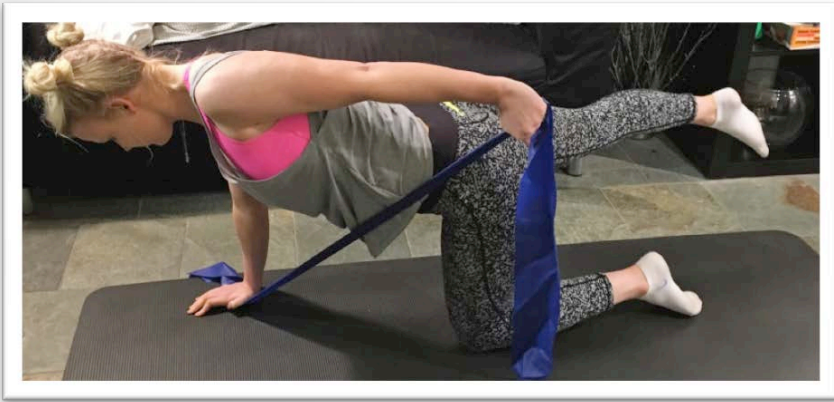
Diamond exercise ...



Shut up and squat



Latissimus dorsi



Abdominal diastasis and doming



Mat based diamond exercise

- **KNEE DROP** – pelvic floor
- **ALL FOURS** - external hip rotation



- **BRIDGE**- with segmental control



Further training will cover...

- In-depth anatomy of male and female pelvic floor – function and dysfunction – fascial connections
- Exercise programming and technique
- Palpation self and client
- High Tone Pelvic floor
- Referral net work
- Marketing and business
- Equipment and recommendation
- Prostate cancer and problems /Prolapse
- Types of gynaecological surgery pelvic floor repair and exercise
- Diamond Pilates lesson plans , exercise progressions and programming – technique and teaching methodology



Join us

- Diamond Pilates Facebook
- Cherry Baker LunchED Club Facebook
- www.cherrybaker.com and sign up for our you tube videos and newsletter plus future course dates.

Acknowledgments

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- james@physology.co.uk
- MedlinePlus: Enlarged Prostate
- Continenence Foundation: Pelvic Floor Exercises for men
- The Simon Foundation for Incontinence
- Sciatic and Piriformis Syndrome DR Aeron Filler
- www.nhs.uk
- Nice Guidelines www.nice.org.uk
- Heathy Solutions
- Pelvic Floor and Core Works
- Hold It Sister Mary O'Dwyer
- Stress No More
- The Cochrane Collaboration
- Victoria Dawes V.dawes@plevicfooorplan.com