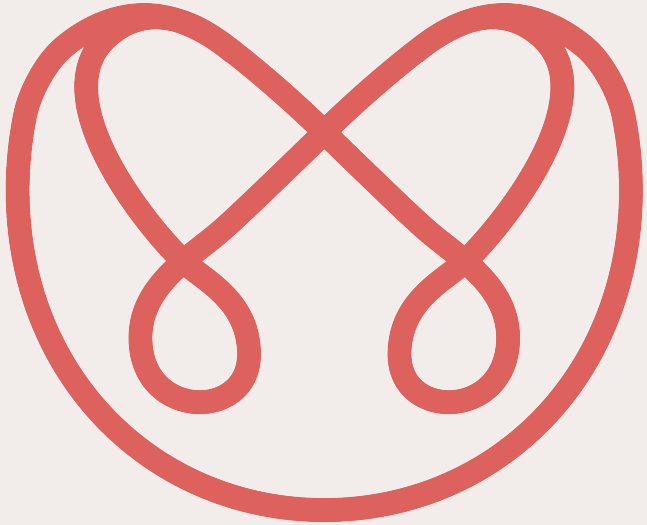
HOPE for Your Pelvic Floor



Claire Sparrow | Polestar Japan Conference

Whole Body Pelvic Health
by Claire Sparrow

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Our Intention Today

"A spontaneous, reliable pelvic floor without pain."

Understand why the dominant approach is insufficient.

Feel the breath and pelvic floor relationship in your own body.

Leave with practical tools you can use immediately.

The Women You Teach

50%

of women have
prolapse or incontinence

90%+

who have given birth
have a birth injury

70–85%

of Pilates attendees
are women

19%

will undergo prolapse
surgery by age 80

Why Kegels Are Not Enough

What women are told

Your pelvic floor is weak.

Do Kegels.

Squeeze and lift.

Avoid running and lifting.

The research says

POPPY trial and others:

Results not clinically significant.

Did not reduce prolapse.

No improvement in quality of life.

One cause assumed.
One solution offered.

What Your Clients Are Living With

Prolapse *Bladder · Rectal · Uterine*	**A pressure management problem.**	Dysfunctional breath chronically mismanages intra-abdominal pressure.
Stress Incontinence *Leaking on impact, cough, sneeze, exertion*	**A pressure management problem.**	Pressure spikes faster than the pelvic floor can respond.
Urge Incontinence *Sudden compelling need — leaking before reaching the toilet*	**A coordination and nervous system problem.**	Hypertonic pelvic floor and dysregulated nervous system are both implicated.

Breath influences all three.

It Is Not a Floor

The pelvic floor is:

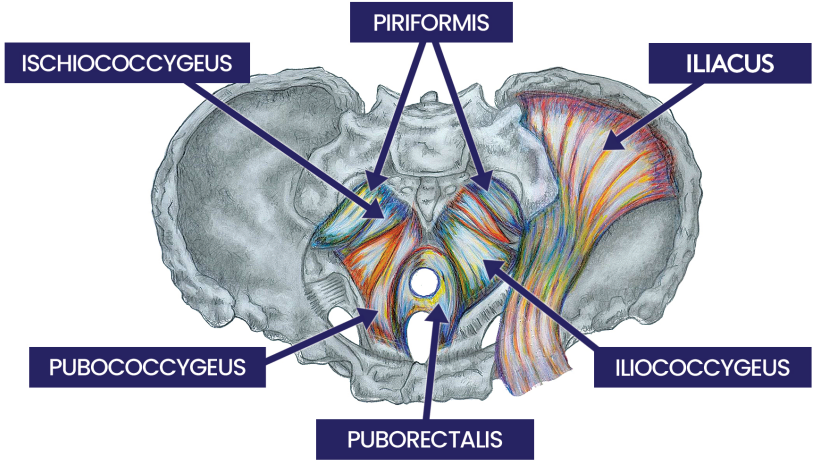
70% fascia, 30% muscle

Flexible, dynamic, responsive

A pressure-regulating fascial diaphragm

Part of a whole-body load-sharing system

ACTIVITY: Elastic Biotensegrity demonstration
"When one part moves, all parts move."



The Whole Body Pelvic Health Approach

Breath is not an alternative to pelvic floor exercise. It is the prerequisite.

Breath

Restore diaphragmatic breath and the breath–pelvic floor relationship

Release

Release restriction and tension that prevents the pelvic floor from moving freely

Range of Motion

Restore range throughout the pelvis, hips, and thorax

Coordination

Support the pelvic floor to respond spontaneously without conscious effort

Assessment — What Do You Notice?

Write your findings on the handout. You will return to all three after the movement sequence.

1

Breathing

Seated or standing. Hands on ribcage and abdomen.
Is breath paradoxical? Held? Is the pelvic floor responding?

2

Back to Back — Goal Post Arms

Paired. Feel your partner's breath through contact.
Restriction? Asymmetry? Absence of thoracic movement?

3

Squat — Hands on Sit Bones

Standing. Hands on sit bones.
Spontaneous pelvic floor response? Held? Gripped? Absent?

Movement Sequence

Breath · Release · Range of Motion · Coordination

There Is Hope for Your Pelvic Floor

The pelvic floor responds to consistency and whole-body balance, not to effort and isolation.

What you felt today is the direction of travel, not the destination.