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INTRODUCTION

Please watch videos for demonstrations along with the notes.

In most cases you won't see your postnatal client until they are at least 6 weeks postnatal. In some cases, women who are keen to get back exercising may get in touch with you sooner. Always ask them to have a postnatal assessment with a Women's Health Physio to check if they can isolate the pelvic floor effectively before offering your services. Once you have that and have performed the screening process that you have learned, you may proceed with some basic exercises.

Make sure to check in regularly and if you're concerned then stop and refer them on for now. The following exercises are all based in the Pilates Method in their execution and are fully modifiable to a preferred style of training. They are simply guidelines to get you going with your client safely and the more you get to know your client and their stage of fitness the more you may wish to progress or regress their training.

Please take your time with the basics, it will make all the difference to have those principles embedded in your client's body before too many progressions are made.

BRILLIANCE IN THE BASICS

1) Breathing

Restoring good breath function postnatal is imperative, during pregnancy towards the latter stage, the breath pattern can be altered due to the lack of space and this pattern can linger causing some pain and bad breathing habits.

- I. Ask client to lie down on the floor in a supine position and take a deep breath and observe what happens
- II. Ask client to breathe into bottom of the belly, to the front back and sides of the rib cage, and watch for over engagement of the muscles of then chest and neck
- III. Work on correcting any patterns that are faulty, asthmatics for example tend to breathe a lot up in their chest. Cue your client to take a deep breath, in through the nose and out through the mouth and work to help correct the pattern.

2) Pelvic Floor engagement

For some, engaging the pelvic floor actively postnatally can be very challenging. As you've learned earlier in the course, it is very important that this group of muscles are working effectively. Follow your screening that you have learned. If your client is not sure if they are engaging the pelvic floor or are experiencing pain, leaking, pressure then you should refer them to their pelvic floor specialist for assessment. Once you and your client are confident that the pelvic floor muscles are engaging then you can proceed with your program. Engaging the pelvic floor can be easier for people to feel in a seated position.

- I. Ask your client to sit tall on a chair or bench
- II. Take a breath in, as described above
- III. As they breath out cue a pelvic floor engagement visual
 - i. Zip up the muscles from the anus to the pubis
 - ii. Stop yourself farting and peeing at the same time
 - iii. Have a tug of war with your tampon

Remember, you shouldn't see anything happen when your client does this muscle contraction. If you notice that their glutes are clenching or they become stiff and rigid in their upper body, stop them and explain the feeling of pelvic floor engagement again. If you know your client has a weak pelvic floor, perhaps, recommend they do the pelvic floor engagement 3 times a day 10 times each or ask them to download the squeezezy app mentioned before.

3) Engaging your transverse abdominis or Drawing in Maneuver, DIM

The transverse abdominis or TVA is the deepest layer of abdominal muscle and wrap around the body horizontally from the linea alba, the line in the centre of your abdomen, to the thoracolumbar fascia at the back and between the inner surface of the last 5 ribs to the iliac crest and inguinal ligament.

It is easier for people to feel this engagement lying supine.

- I. Ask your client to lie face up and cue a deep breath
- II. On the exhale, ask your client to engage the pelvic floor as above
- III. On the same exhale ask the client to draw their belly button into their spine

It is important that the muscle contraction here is about 10-15% of 'full effort', so that tension is not created in the body. Unlike the pelvic floor engagement, you will be able to see some movement here and you can even feel the muscle work properly. Please see the video for tips and tricks of how to get the client to engage their TVA well. It is also important that your client's rib cage doesn't depress or the spine does not bend at this point.

At the start of the training ask your client to fully engage the pelvic floor and TVA on an exhale and release fully on an inhale, breathing deep into the pelvic floor and ribs. As you layer up the exercises the client should be able to keep the TVA engaged while breathing in and out without creating tension anywhere else in the body, but particularly the middle back, upper back, chest and neck. On the video, you'll see some of the things to watch out for.

4) Find Neutral in your clients:

- Pelvis
- Rib Cage
- Shoulder Girdle
- Head & Neck

Finding neutral in these areas will be explored in greater detail below. It's worth noting that neutral is individual for the client and that using bony landmarks to help them find their neutral is acceptable, but you should encourage your client to learn what it feels like to be in a neutral position. Neutral is the body's natural position, for example if you have a woman who has a large lumbar lordosis, to the extent that it looks like she is arched through her spine while lying supine, this might be her natural or neutral position and exploring the movement with your client with the following exercises will allow your client and you have a great appreciation of where neutral is for that person.

NEUTRAL PELVIS

Please watch the supporting video for extra information on helping your client find neutral. Using the Rectus Abdominis, your 6 pack muscles. These attach from your pubis or the front of the pelvis and the sternum and the costal cartilages of the 5-7th ribs

- I. Ask your client to lie face up and cue a deep breath
- II. On the exhale, ask your client to engage the pelvic floor and TVA as above
- III. Ask your client to draw the pubic bone to the sternum, creating a posterior pelvic tilt, this will flatten the back against the floor.
- IV. Ask the client to lengthen the abdominals and bring the pelvis back to a neutral position

Things to watch out for while doing this are in the supporting video. As the pelvis moves posteriorly the obliques will be engaged more strongly which can be helpful to note for future exercises.

RIB CAGE

While your client is supine and is exploring the neutral position of their pelvis, begin to watch how their rib cage to the front of their body is moving. The abdominals attached to the lower part of the front of the rib cage and so moving the pelvis with the abdominal will have an effect on the ribs. The ribs will tend to lift up and backwards creating an extension in the mid and upper thoracic. While this is not harmful, it's not always what we are looking for when looking to achieve a well-placed rib cage. After pregnancy women are often very tight around the base of the rib cage to the back and could possibly be flared more at the front and allowing the ribs to lift up and back in an uncontrolled manner can feed into a potential faulty movement pattern. You are looking to create awareness and control of the rib cage in all movements and positions, not allowing the ribs to flair uncontrollably. We'll talk more about ribs as we layer up the exercises, but for the moment we are looking at the position in a supine position

- I. Ask your client to take a breath in, encourage them to let the ribs weigh heavy on the mat and even ask them to place their hands on the ribs. Let them feel the ribs elevate and expand as the lungs fill.
- II. On the exhale, ask your client to engage the pelvic floor and TVA as above
- III. Ask them to draw the two apex points of the rib cage toward the pelvis and toward each other, careful not to over depress the ribs as this can trigger the TVA to switch off. Refer to the supporting video for ways to challenge this movement awareness of the ribs for your client

NEUTRAL SHOULDER GIRDLE

Possibly in my opinion the most difficult area for clients to gain awareness in and to teach is the shoulder girdle. This is because of the complexity of the movement available at the shoulder joint and its relationship to the shoulder girdle. The shoulder girdle is what we'll explore with the client. Remember, everyone's neutral is going to look different. In a postnatal client, these

muscles are often overworked and underpaid if they are feeding a new baby, holding the new baby and as the baby starts getting bigger and heavier muscles can start to fatigue and cause pain. The 3 bones of the shoulder girdle are clavicle, scapula, and humerus. The movements of the shoulder girdle are the movements of the shoulder girdle include **elevation** and **depression, upward rotation** and **downward rotation**, as well as **abduction** and **adduction**, also called protraction and retraction. There are five main muscles that affect the shoulder girdle. For your own information I've listed those muscles below and their general attachment points.

- 1) **trapezius** (upper, middle, and lower) Occipital protuberance to T12 out to the clavicle, acromion, and scapular spine
- 2) **levator scapulae** Lateral Vertebrae of C1- C4 to superior angle of the medial border of the scapula
- 3) **rhomboid muscles** (major and minor),
- 4) **serratus anterior muscle** 1st -9th Rib to the medial border of the costal surface of the scapula
- 5) **pectoralis minor muscle** - coracoid process of the scapula to 3rd -5th rib

The movements of the shoulder girdle are often easier to teach in a seated position. What the supporting video for supine and quadruped positions. Each of the following should be done separately and repeatedly until you and your client are happy that the appreciation of the movement has been gained.

- I. Ask your client to sit on their sit bones or the base of the pelvis, (ishials)
- II. Take an inhale on the exhale, ask your client to engage the pelvic floor and TVA as above
- III. On the next inhale ask them to bring their shoulder to their ears - **elevation**
- IV. On the next exhale ask them to bring their shoulder blades down out of their ears and even bring them into the back pockets of their jeans, careful not to over exaggerate this move and extend the upper back - **depression**
- V. Ask them either, one at a time or both together to bring their arms laterally to 90 degrees. Ask them to maintain their connection with their TVA and pelvic floor. On an inhale ask them to turn their palm to the ceiling and clap the hands over the head, paying attention to the movement of their shoulder blade, **upward rotation**. As they exhale rotate externally at the shoulder joint and ask to bring their arms back to their side and feel the downward movement of their shoulder blade, **downward rotation**
- VI. Ask your client to reach their arms forward to have a 90 angle and the shoulder joint. Ask them to inhale and on the exhale, draw the shoulder blades together, watching for any changes in the thoracic spine - protraction
- VII. Take another inhale here and on the exhale, draw the shoulder blades back together and then as close together as the client can bring them. Protraction. Make sure to watch the video for common compensations and different ways you can help your client get the feedback they require to feel the correct movement in their body.

HEAD & NECK

Neck and head placement in a supine position can often be overlooked, but it's important to take a look at how the head and neck are resting on the ground. Using a block or other prop to help put the head and neck in a good position may be required. As before, neutral for each client will look different, having the head placed well in all positions, supine sitting, quadruped, or prone is important. Knowing the difference in an over flexed or over extended neck is important, watch the supporting video for things to look out for. Movement of the neck are flexion, extension, rotation and lateral flexion. Looking for neutral in a seated position.

- I. Ask your client to sit on their sit bones or the base of the pelvis, (ischials)
 - II. Take an inhale on the exhale, ask your client to engage the pelvic floor and TVA as above
 - III. On the next exhale ask them to imagine that they are trying to run the back of their skull up a wall or nod the chin slightly to the chest. Release the head back to neutral
- There's no need at this point to go through other ranges in the neck with your client. These are best explored as they move through the levels of your workouts.

WORKOUT ONE

Once you and your client are happy you have an appreciation of what your body is doing in space then move on to the warm up and keep your eye out for all of the basic principles. There's a lot going on at the same time, so it will take time for some people to "get it" and for others it will come really naturally.

THE WARM UP

- 1) **Breathing**
- 2) **Pelvic Floor Engagement**
- 3) **DIM**
- 4) **Pelvic Placement**
- 5) **Hip Rolls or Spine Mobilisation**

With this exercise we want to help your client gain some appreciation of how their back is moving and also start some muscle activation and sequencing in their body. You want your client to articulate through their spinal joints and activate the glutes mindfully. Pay attention to the glutes, abdominals and ribs when moving them through this exercise. Check out the supporting video for tips and use of props to help

- I. Ask your client to lie face up with their knee's bent
- II. Take an inhale on the exhale, ask your client to engage the pelvic floor and TVA as above
- III. Ask your client to draw the pubic bone to the sternum, creating a posterior pelvic tilt, this will flatten the back against the floor.
- IV. To activate the glutes on the next exhale ask them to lightly feel their full foot press into the ground with more emphasis on their heel.
- V. Ask them to peel their spine off the floor and exhale, until their back comes into neutral and you have a nice long line between their knees, hips and shoulders.
- VI. Inhale and on the next exhale, peel the spine back down again, rolling through your posterior pelvic tilt position, to a neutral position

Repeat 6-8 times, paying attention to how their back is moving, is it rolling up or is it moving in a unit. Are the ribs staying in neutral or are they lifting them up at the end of range at the top of the movement. Are their glutes activating or are their hamstrings cramping?

All important little signs about your client's lifestyle.

6) Hip Release:

This exercise can be really great to assess how much control your client has when we start adding long levers and lateral moves. If part of your training programme is to eventually add load and dynamic loading to your client, this will tell you whether or not they are really able to stabilize their middle prior to taking the next step with them.

- I. Ask your client to lie face up with their knee's bent
- II. Take an inhale on the exhale, ask your client to engage the pelvic floor and TVA as above
- III. Keeping the pelvis in neutral inhale to do nothing, exhale to bring one leg out to the side, keeping the foot in line with the glutes, straighten the leg out,
- IV. Inhale roll the leg back in line with the body
- V. exhale draw it back to its start position

You're watching for excessive uncontrolled movements in the pelvis. Your client, should be able to do this move without letting the back twist or the pelvis bob around, and should not be getting any pelvic girdle pain

7) Cat stretch:

The aim of this exercise is to articulate the spine, using abdominals and appreciate neutral spine position. This is a good preparation exercise for adding bodyweight pushups later on while giving the client good body position awareness.

- I. Direct your client into a 4-point kneeling position
- II. Inhale to do nothing and exhale engage pelvic floor and TVA
- III. Inhale to do nothing and exhale as your client, starting from the tail bone to bring their pelvis into a posterior tilt, using their abdominals.
- IV. Continue to ask them to round through their mid back and finally let their neck flex.
- V. Inhale here to hold and exhale reverse the maneuver to bring the spine back to neutral - don't forget about the head.

8) Shoulder girdle activation

If your client struggled to perform step 6 & 7 in the shoulder girdle maneuvers in the brilliance in the basics section, this is a great alternative.

- I. While your client is in a 4-point kneeling position ask them to inhale and draw their shoulder blades together. The feedback from the floor will help the client feel the move better
- II. Exhale, return the shoulders to neutral - watch out for excessive rounding of the thoracic spine.

9) Needle thread

A good way to assess shoulder stability one side at a time and also range of movement in rotation of the spine. While your client has been pregnant, spinal rotation is reduced for many,

so restoring the mobility here is great to reduce any postnatal back pain your client may be getting

- I. Ask your client to come into a quadruped position
- II. Inhale to prepare
- III. Exhale pick up one arm and reach under the other until the elbow or shoulder are on the ground
- IV. Inhale to hold in the rotation
- V. Exhale to return to start

I personally prefer to only reach to the elbow, but your client may want to go to the shoulder, either is acceptable

10) Arm Circles

Take what you've learned from the Brilliance in the Basics and ask your client to perform arm circles in both directions. You are looking for ease of movement, and balance of movement on each shoulder and shoulder blade. If your client is recently postnatal, they may be feeding a baby and so holding a position of rounded shoulder with a weight for an extended period. Opening out the shoulders and chest in this position can feel really good and help with any associated neck pain.

- I. Ask your client to kneel in a high kneeling position or sit
- II. Inhale to flex the shoulders anteriorly to the ceiling and leading with the thumbs and externally rotate the shoulders at the top
- III. Exhale draw the arms down to the sides of the body laterally

Repeat a number of times, and change directions. Watch for the ribcage placement here.

11) Head Nods

In a kneeling position, ask the client

- I. On an inhale on the exhale, ask your client to engage the pelvic floor and TVA as above
- II. On the next exhale ask them to imagine that they are trying to run the back of their skull up a wall or nod the chin slightly to the chest. Release the head back to neutral

THE WORKOUT

In this part of the workout, we'll go through

- Client Position
- Sequence of the exercise - remember to keep cuing your client in Pelvic Floor Engagement, DIM and Breathing
- Cautions and contraindications
- General notes
- Progression Suggestions - not exhaustive -

We'll go through most of these on your support video. Remember, these are all adaptable for you as a trainer and what your client goals are. We've assumed that the client in front of you has no injury and is a beginner to exercise.

Client is in supine - soft ball at knees or slightly above

1) Hip Press (not a hip roll)

- Ask client to inhale to prepare for the exercise
- Exhale lift the pelvis off the floor with the spine in neutral until the knees and hips are in a diagonal line
- Inhale at the top
- Exhale lower the pelvis to the floor

Cautions / Contraindications

- watch for flaring ribs at the top of the maneuver along with an over extended spine
- excessive pain in lower back
- cramping hamstrings -client may be dehydrated
- A history of an S.I joint injury or pain should be approached carefully

General Notes

- Excellent exercise for the pelvic floor especially if there is a prolapse present, ask client to be very mindful of pelvic floor engagement at the top d the exercise
- Make sure full foot is on the ground with emphasis of weight in the heels

Progressions:

- Pulse ball at top
- Pulse pelvis at top
- Lift heels or toes one at a time or both together
- Single leg hip press with free leg add ons, see video for ideas

- Stretch hamstrings briefly, usually most people would appreciate this especially if glute activation is difficult for them

2) Single leg circles

- ask the client to bring one leg straight into the air if they are tight in their hamstrings keep the knee at 90°
- Inhale to lower the leg towards floor
- Exhale to abduct leg and draw back to starting position

Cautions / Contraindications

- Watch for excess movement of the pelvis from side to side
- Watch for 5' P's
- Pain in the pubic area, try make the range of motion smaller and stop if the pain persists

General Notes

- Excellent exercise for observing stability awareness in pelvis, length of hamstrings and strength in muscles that affect the hip.

Progressions:

- Use a theraband looped around the foot to add resistance, this can also be useful if the muscles are very weak!
- Destabilise the other leg by placing a wobble board ball under the foot -ads extra challenge to the core

Client is in a seated position on the floor with the knees bent and feet flat on the floor, soft ball at or above the knee joints

3) Half roll back

- Ask the client to sit on ischials/sit bones with their back tall, but not rigid.
- Inhale for nothing or to prepare for the exercise
- Exhale to roll off the back of the ischials & bring the pubis to the sternum, hollowing out the abdominals
- Reach arms forward so that they are parallel with thighs
- Hold for a count up to 8

Cautions / Contraindications

- Watch out for your 5 P's
- Watch for excessive pain in the back or pressure in the pelvic area.
- watch head position for either for excessive chin tuck or over extension in the neck

- Be mindful that if your client had a tear or instruments used to aid in birth, they may be healing tissue, or be very tender around the 'tailbone' area - ring cushions are handy to help work around that.
- For clients recovering from C' sections make sure to ask about how the client is doing, they may have little or no sensation around the scar site, or it may be very sensitive. Make sure your client is tuning into any excessive pulling in the area or tightness.
- Hip flexors tend to give out a little if your client has a hard time engaging their abdominal group

General Notes

This is an excellent exercise to get the abdominals working & engaged in a very safe way, where you & your client can watch for any doming of the abdominals

Progressions:

- Add Arm movements to create more difficulty - see support video
- Rotation of torso
- Lifting legs in small movements or leg slides
- Combining leg movements with arm moves can create difficulty

4) Side Lying leg lifts

Ask your client to lie on their side. Use blocks, cushions or whatever you have to make sure their alignment in this position is good.

- Inhale to prepare
- Exhale to the left leg just above hip height, don't go so far that the back side bends.
- Inhale to Lower

Cautions / Contraindications

- Clients will sometimes extend their spine here so watch for that
- Clients will have lots of uncontrolled movement in the pelvis
- Watch out for pain the make sure pelvic girdle or hip joint

General Notes

Strengthening the lateral hip and glutes in this position is a great way to build stability and confidence before loading it in exercises like a lateral lunge with load. You might be amazed at how challenging it is for people to control just the weight of their leg. These lateral hip exercises help the pelvis stabilise after birth

Progressions:

- hold the leg hip height
- make small circles with foot, from hip
- draw the leg to the front of the body
- hold and pulse
- Add ankle weights if/ when appropriate

5) Side plank preparation

Ask your client to lie on their side - have them either on the forearm or hand and have the foot of the top leg flat on the floor, with the leg at a 90° angle at the knee and hip (knee pointed toward the ceiling) with the lower leg in contact with the floor.

- Inhale to prepare
- Exhale to lift the pelvis up so that they make a straight line from shoulder through to the knee.
- Hold for a count of 8
- Inhale lower the body

Cautions / Contraindications

- Watch for the head and neck placement, ideally ask the client to look at the forearm or hand on the floor to keep the neck in a good position
- Watch for the 5 P's. Your objective is to strengthen obliques and lats mainly
- If your patient had carpal tunnel syndrome during pregnancy, you may have no choice but to do this exercise on the forearm

General Notes

This is a preparation exercise, it will allow you to see how body aware and stable your client is on their side, especially through the shoulder joint, girdle, neck strength & pelvic position.

Progressions:

- stay on forearm but ask client to straighten both knees and come into a long diagonal line - feet should be slightly staggered
- came onto hand and ask client to weight bear through full arm
- add movement through the top arm, thread the needle, this will involve a lot more stability through the shoulder & more awareness of the body position in space.

6) Upper back strength

Ask your client to lie prone

- Lie face down with arms in a 'W' position by the head.
- Inhale to do nothing
- Exhale ask clients to gently squeeze glutes - this will help keep pelvis in position
- Inhale again
- Exhale and ask the client to extend their upper back only
- Inhale at the top to hold
- Exhale to return to the floor.

Cautions / Contraindications

- You client, may not be able to lie on their front due to breast tenderness - more on modifications in that case on the video
- Watch out for over extension of the neck, especially if the upper back is stiff or kyphotic. This is not dangerous or bad for the neck, it just is not where you want the exercise focus
- Make sure the client does not push with their hands at this point.

General Notes

The purpose of the exercise is to restore some extension into the upper back - which through sedentary lifestyles, sitting at desks a lot and now as a postnatal client hold and feeding a baby with the shoulders and chest in a rounded position for potentially hours a day this is great to open the chest and strengthen the muscles in the upper back.

Progressions:

- Add in arm slides i.e., in the extension phase bring elbows into the RIBS and on the relaxation phase reach arms overhead or to a T shape keeping the arms floating off the ground
- hold in extension with variations of arm position for a count of 8
- Always do a cat stretch exercise after you have done some extension to check in with client-
- Combine this exercise the next exercise "heel squeeze"

7) Heel squeeze

- Ask your client to lie in a prone position and bend their knees and bring their heels together with the knees to either side of the mat
- Inhale do nothing
- Exhale press heels together
- Inhale release pressure

Cautions / Contraindications

- This exercise may not be suitable if your client has had a history of S-I joint pain OR discomfort.
- Watch out also for over extension in the lower back.

General Notes

This exercise is a great way to help clients activate their glutes- which often clients can struggle with.

Progressions:

- Lift the thighs off the floor as the heels squeeze
- Combine this with upper back strength as a combination exercise in a as a seesaw
- Inhale do nothing
- Exhale left upper body
- Inhale to pause
- Exhale lower upper back and Squeeze heels and lift thighs of the same time

8) Baby planks

- ask your client to kneel in a quadruped position, knees directly under hips and hands under wrists.
- Tuck the toes under
- Inhale to do nothing
- Exhale, ask the client to lift knees 1" off the floor and hold for a count of 8 or so.

Cautions / Contraindications

- Pay attention in particular to the head and neck placement and shoulder girdle activation make sure shoulder blades are not winging or poking out
- Check that your client is not experiencing any of the 5' P's.

General Notes

This exercise is a fantastic preparation exercise for so many others. It works the core abdominals and shoulder girdle and will highlight very quickly if your client is weak in the shoulder girdle in particular, a very common place that women struggle for strength. It is also a very safe exercise.

Progressions:

The most obvious progression here is into a full plank, but it may be a leap too far for some clients so here are some alternatives

- Lift one arm and swap or flex shoulder and reach forward
- Lift one foot and swap
- Lift opposite foot and hand (place knees down for this if needed)

9) Squats

Chair Squat

- Ask your client to stand with their feet parallel and about hip to shoulder distance apart
- Inhale to lower the body into a squat position
- Exhale to stand tall

Cautions / Contraindications

Squats are an excellent exercise; however, your postnatal client may struggle with them especially if they have a prolapse. Remember that your intra-abdominal pressure is high when you are moving from a “seated position” to a standing position like when you squat and if the pelvic floor is struggling to engage or there is a prolapse present, squats may not be the right choice for you client.

- Watch for over extending the neck and arching of the back as they squat
- Watch for over flexion of the spine at the mid-range

- Clients with certain knee conditions may struggle with this and experience some knee pain, refer to physio or physical therapy for modifications here or you may choose to do static lunges instead. You can work up to and around pain, but not through it at this point.

General Notes

Getting the squat technique correct with no additional load is a great foundation for your client. This body weight squat can be made really difficult with the progressions, so try not to be too quick to add load at the start.

Progressions:

- Add a hold at the bottom and pulse the legs for a count of 8 or so- if you use a balance aid or barre to get the clients legs to parallel with the floor this will really help engage all the muscles in the quads hamstrings and glutes
- Play with weight distribution, ask client to lean into heels more to activate glutes or ask client to lean on the forefoot more to add more load to the hamstrings
- Add a ball to between your knees, this will help fire up the pelvic floor more and work the adductors as an added bonus!
- 2nd position squats or, goblet or sumo squats. Changing the position of the feet to a wider stance will give the pelvic floor a great challenge to connect and stay strong

10) Static Lunges

Ask you client to stand with one foot to the front and one foot to the back shoulder distance apart

- Inhale to lower the body down bending the leg that is to the front and the leg at the back with the front leg taking most of the body load
- Exhale return to start

Cautions / Contraindications

- If your client had PGP when pregnant, this may aggravate symptoms again, so watch the range at the start and gradually build up distance, repetitions and finally load.
- If your client has any knee joint pain, keep your eye on the position on the knee particularly if the knee joint tends to drop medially, conversely this exercise is excellent for a lot of knee pain if done well.

General Notes

- This is an excellent exercise to strengthen the VMO
- With some modifications and change in weight distribution your client can gain an appreciation of different muscles engaging, e.g., putting emphasis on the weight into the heel will help the glutes fire harder, and putting weight into the forefoot will cause hamstrings to work harder

Progressions:

- Add a hold and pulse
- Add a heel lift
- Add arm movements
- Add rotation at the torso
- Add dynamic moves like curtsy lunge

Cool Down

For the cool down I generally do some light stretches and return the client's awareness to the breath even do 5-10 mins meditation if it's your cup of tea!

Suggested Workout Flow

A suggested workout with some additions to the repertoire above, grab your mat and props, if you have them and try the workout with the video, it's important you know how it feels. This workout will run straight through and is about 30 mins long.

Guideline: Suitable for 12 weeks + postpartum: Always make sure that your patient/client is not experiencing any of the 5 P's. You may have noticed that in the first workout there was no flexion of the upper body in a supine position i.e., there was no "sit up" move. This was on purpose. Adding flexion of the upper body should be done with caution especially if there is DRAM present. Working the abdominals with the spine in neutral can be very challenging, so please don't jump straight into loads of abdominal flexion work. If your client has had a neck problem in the past, particularly a whiplash injury, you may wish to avoid abdominal and neck flexion in a supine position altogether and refer them to a physio or physical therapist for treatment for that or specific neck strengthening work

Warm Up

The same as workout one, however I'm sure by now you have already made some client specific changes to this, that's great! Always check in with client and the 5 P's

WORKOUT TWO

Standing

- 1) **Chair Squats with a ball**
- 2) **Static Lunges with a ball**

Supine

3) Toe Taps **New******

- Ask you client to lie in a supine position
- Inhale to do nothing
- Exhale to pick up one leg at a time into "table top" i.e., 90* at the hip and knee
- Inhale to do nothing again
- Exhale, keeping the 90* angle at the knee tap the top of the floor and return to table top
- Alternate or do one leg at a time

Cautions / Contraindications

- Watch for 5 P's especially peaking
- Watch for uncontrolled extension in the spine. This means the client's core is not strong enough yet and they will cause some lower back discomfort or even pain if it's missed.

General Notes

- An excellent exercise to strengthen the abdominal wall TVA and hip flexors is a static contraction
- Gives you a great understanding of how strong the abdominal wall is.

Progressions:

- Double Toe Taps

4) Ab Prep ****New****

- Ask you client to lie face up
- Inhale to prepare
- Exhale nod the chin and pick up the head and shoulders off the ground
- Inhale to hold
- Exhale to return to the floor

Cautions/Contraindications

- Watching for the 5 P's, especially peaking and pain or pressure in the pelvic floor
- Old neck injuries may not be able to cope with the flexion of the neck and weight of head against gravity

Progressions:

- Hold in ab prep position for counts of 8. Start with one and develop
- Hold in ab prep, leg slides
- Combine Table Top legs with Ab Prep and toe taps and exercises 5 and 6 below.

5) Single leg extension ***** NEW****

- This exercise builds on from your ab prep if you wish, in the supporting video I do the exercise with the head down, but if your client is happy to lift the head, go for it. So while in ab prep and legs in table top
- Inhale to do nothing
- Exhale , extend one leg 'long and low'
- Inhale to draw back
- Exhale to swap

Cautions/Contraindications

- Same as before with the 5 P's
- Watch for pain/clicking around the pubic area
- Watch for uncontrolled extension in lower back as client gets tired

General Notes

- Hip flexors muscles may start to get tired this is normal, but should not be very painful

6) Scissors

- This exercise builds on from your ab prep even further, in the supporting video I do the exercise with the head down again, but if your client is happy to lift the head, go for it. So while in ab prep and legs in table top
- Inhale to do nothing
- Exhale , reach the feet to the ceiling, so straighten the legs
- Inhale to lower the leg straight down
- Exhale to draw the leg back

Cautions/Contraindications

- Watch for pain/clicking around the pubic area

- Watch for uncontrolled extension in lower back as client gets tired
- Modify knee bends to accommodate tight hamstrings

General notes

- Another great exercise for abdominal strength and hip flexors

7) Hip Press

8) Single Leg Hip Press with some Progressions:

- Toe taps with leg that's in Table Top
- Single Leg Lower and Lift
- Single leg Circle: knee in table top
- ****STRETCH HAMSTRINGS**** if you need to

9) Half roll back with shoulder flexion

10) Half Roll back with a twist

11) Hip flexor strength sequence***New***

- In a half roll back position or with a straight back or do both as shown in video
- Inhale to do nothing
- Exhale to lift the leg
- Inhale return

(on the straight back version, a quicker breath pattern will be used)

Cautions/Contraindications

As with any exercise you're checking in with the client. This can be reasonably uncomfortable for people to do, but a great exercise to build hip flexor endurance and strength. I usually like to couple this exercise with a hip opener afterwards, so a hip press or roll just to lengthen out.

12) Side lying leg sequence

13) Side Plank with mermaid stretch

14) Side Plank with twist

15) Upper back Strength

16) Push Up Prep ***New***

- Knees and hands on the floor - hands under shoulders, hips roughly at a 45 degree angle
- Inhale to lower your body to the ground - (see video for options, always work with clients ability)
- Exhale to lift body back to start position

Cautions/Contraindications

Good form in a push up/press up/ push up press, whatever you want to call it is one of the most debated things in the world. As long as the client feels comfortable and strong and from your point of view has head, shoulders, ribs, elbows, pelvis doing what we want, and there are no ballistic maneuvers at this point, then we are all good.

- 5 P's
- Any wrist issues
- Any shoulder pain
- Knees sometimes do not like being on the ground at that angle

17) Plank