



POST-BABY
CORE
RESTORE

AMANDA ISAAC
COACHING

DISCLAIMER

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Please note that all of this information has been compiled with the best of my knowledge. It is however not meant to replace the evaluation and diagnosis of a medical doctor or an allied professional such as a physiotherapist etc.

The author of this document does not accept any liability for injury occurring from the use of this program.

SELF-ASSESSMENT GUIDE

WELCOME TO POST-BABY CORE RESTORE

Understanding our baseline is important so that we can respect where our bodies are at in the present moment. So often there is a pressure to "bounce back" but truth be told many important issues get overlooked and we only set ourselves up for complications. It is so important we have a firm grip on what we are working with so that you can do the appropriate work in order to prepare your body for more intense exercise and more importantly prevent long term issues with pain or leaky bladders etc.

In this guide you will be shown how to assess whether or not you may have pelvic floor dysfunction.

*Self-assessment does not replace the diagnosis of a trained medical or allied health professional. If you find that you may have some degree of dysfunction you may contact your treating practitioner for further evaluation.

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What is Pelvic Floor Dysfunction

Pelvic Floor Dysfunction:

PFD refers to the group of pelvic floor muscles that are either too relaxed or have too much tension. This abnormal muscle tone can affect urinary and bowel functions, sexual function and can also cause pain.

Why does it matter:

PFD can lead to urinary problems such as; leaking or dribbling of urine, urgency, hesitancy, flow issues, inability to fully empty the bladder. Constipation, straining or painful bowel movements. Low back pain or pain in the pelvic region (pubic bone, anus, genitals, groin). Painful intercourse, difficulty with sexual stimulation or reaching orgasm. Un-coordination and or muscle spasms in the pelvic region. Problems with balance and posture.

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Pelvic Floor: Self-assessment questionnaire:

Do you frequently leak urine (even a tiny amount) during ordinary activities such as jogging, lifting, jumping, sneezing, laughing or coughing?

Do you feel you must wear liners or pads to protect yourself from a bladder or bowel accident?

Do you have sudden urges to urinate and are sometimes unable to “hold it” while you rush to the toilet?

Do you have difficulty “holding it” while you rush to the toilet for a bowel movement?

Do you urinate more than twice during the night, even after limiting your liquid intake?

Has a loss of bladder or bowel control caused you to limit your activities in any way?

Do bladder or bowel control issues cause you to feel anxious?

Do you have to shift your body around to urinate or have a bowel movement?

While sitting on the toilet, does it feel as though something may fall through your pelvis?

Do you ever feel pressure in your pelvic area?

Do you have pain or discomfort in your pelvic area?

Do you experience pain during sex?

If you have answered *yes* to one or more of the questions then you are experiencing some form of *pelvic floor dysfunction*.

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Pelvic Floor

Self physical examination:

Wash your hands thoroughly. Lie on your back with knees bent and feet flat on the floor. Insert 1 finger into your vagina. Now contract your pelvic floor muscles and observe. Use the chart below to grade yourself.

Grade	Muscle response	Description
0	Nil	No discernible muscle contraction
1	Flicker	A flicker or pulse is felt under the examiners fingers
2	Weak	An increase in tension is detected, without any discernible lift
3	Moderate	Muscle tension is further enhanced and characterized by lifting of the muscle belly and also elevation of the posterior vaginal wall
4	Good	Increased tension and a good contraction are present which are capable of elevating the posterior vaginal wall against resistance
5	Strong	Strong resistance can be applied to the elevation of the posterior vaginal wall the examiners fingers are squeezed and drawn into the vagina

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Precautions and exercises to avoid:

Traditional abdominal exercises can significantly worsen diastasis recti and or pelvic floor dysfunction such as:

Sit-ups or crunches

v-ups

leg drops

scissor kicks

abdominal bicycles

russian twist

plank

pilates “hundred”

high impact exercises: such as jogging, running

Jumping activities: jumping jacks, box jumps

Heavy resistance training

	Isometric or bracing exercise	Low to moderate intensity exercise	High intensity exercise
Urinary incontinence (leaking with coughing, jumping, exercise)	Yes	Yes, with modifications	No
Pelvic organ prolapse (vaginal heaviness or bulging)	Yes	Yes, with modifications	No
Back pain	Yes	Yes, with modifications	No
Balance or postural concerns	Yes	Yes, with modifications	No
Diastasis recti	Yes	Yes, with modifications	No

SELF-ASSESSMENT GUIDE

Get started with your recovery with

"Post-Baby Core Restore"
Your 6-week postpartum recovery programme

Want to progress further?

One to one sessions can be booked by e-mail
info@amandaisaacoaching.com

A handwritten signature in a dark purple color that reads "Amanda". The signature is written in a cursive style with a large, looping initial 'A'.