



Chiropractic Newsletter

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Five Things I Wish I Knew About My Pelvic Floor

For example: What exactly is it? What does it do? And why should I care?

The pelvic floor is a bowl-shaped group of muscles that sits inside your hip bones. It is responsible for many things, including supporting the abdominal contents, supporting the skeletal system, allowing the passage of waste, allowing the passage of babies, sexual function, posture, and connecting the “core” to the lower body and the upper body. There’s a lot most of us don’t know about our pelvic floor. The five things I discuss today are not an exhaustive list, but they’re a good place to start!

1. The pelvic floor does not work alone.

The pelvic floor is part of a deep system of support. This system, the deep lower core, is made of the diaphragm (the main muscle for breathing), the transverse abdominis (the deepest abdominal muscle), the multifidi (the deepest layer of back muscles), and the pelvic floor. It creates a cylindrical shape: diaphragm on top, pelvic floor on the bottom, the transverse abdominis wrapping around the sides to the front, while the multifidi creates the back. When we use this system to its fullest potential, we create the most efficient and effective way to gain actual stability within our body. Think of the deep lower core as the base from which your outer system (arms, legs, head) moves. The stronger the base, the more freely we can move. Because the pelvic floor is the base of our support, it is also one of the most important components of our posture. Your pelvic floor literally holds up your head! With ideal posture, your pelvic floor and diaphragm are essentially in line with one another; your diaphragm is stacked over your pelvic floor, and your head then stacks on top of the diaphragm. We cannot achieve ideal posture without addressing the function of the pelvic floor and its relationship to the rest of the body.

2. The pelvic floor moves.

Your pelvis forms an oval shape, called the pelvic ring. Within that ring are five joints. There are two joints in the front, formed by the two pubic bones and the pubic symphysis. Your sacroiliac joints (or SI joints) create two joints on the back side of the pelvis. The final joint is found at the bottom of the sacrum, where it connects to the tailbone, or coccyx. While there is movement in all five joints in the pelvis, the tiny little joint made of the coccyx and sacrum is the most mobile of the five. (If you’re questioning whether the pelvis moves, place your hands on the back side of your pelvis and squat down. The back of the pelvis widens as you squat and narrows as you stand. The only way this can happen is if there is something happening within the pelvic ring.)

The coccyx’s mobility is due to where the muscles in the pelvic floor attach. Not all of them have a direct attachment to the coccyx, but many of them do, and the ones that don’t are still connected fascially. A healthy pelvic floor is able to lengthen, as well as shorten, as the joints move. If the pelvic floor is not involved in movement, the coccyx can fuse to the sacrum, creating a significant amount of dysfunction, including incontinence, difficulty during childbirth, sexual dysfunction, pelvic organ prolapse, postural dysfunction, and many other problems.

3. The common dysfunctions of the pelvic floor are not normal.

This is important. Our society is very good at giving us the impression that as we age, we naturally lose control of our bowel and bladder. We are told that because we had a baby, or five babies, we will no longer be able to jump, laugh, cough, or sneeze without leaking. We are told that sex is sometimes painful for certain women, and that we need to somehow figure out how to enjoy it more. And we are told that there are products, and surgeries, out there to help us, and that's the best we can get. NO. Just, no. If you have weakness or tightness in your ankle, the first step is rarely surgery. (This is not to say that surgery is never the appropriate treatment.) The pelvic floor should be treated no differently. Even though these symptoms are common in our culture, they are not normal, and you never need to "just live with them."

4. The pelvic floor is directly related to sexual function.

Yep, it is. Intercourse, as mentioned above, can be painful for some women. The amount of discomfort can change, and we may have more discomfort during some stages of life than others. Because our pelvic floor is a group of muscles, it can develop restrictions or become weak. The causes of the restrictions and weakness vary, but they will always create dysfunction. We need the pelvic floor to be able to contract while it shortens and have control while it lengthens to allow for intercourse without pain. The right and left side of the pelvic floor typically do not have the same restriction or dysfunction, which means each side needs different forms of treatment. (This is why doing Kegels can be very detrimental to the pelvic floor. A complete pelvic floor evaluation should be completed by a professional prior to beginning any form of Kegel program.) We also need a functioning pelvic floor for improved sensation during intercourse.

5. You can improve your pelvic floor's function.

This is something I want you to always, always, always remember! You have all the components within you to find improved function of your pelvic floor. If you are experiencing any of the symptoms discussed above, you do not have to live with them. Please don't live with them. One of the best parts of addressing these symptoms (besides learning how to laugh without leaking, of course) is discovering how empowering it is to facilitate a relationship with this part of our body. It holds so much more than physical strength. It helps to give us life—literally and figuratively.

So, now what should you do? Search for a pelvic health physical therapist, or a women's health physical therapist. Reach out to me if you need help finding one. And talk to your friends, talk to your family, talk to your doctor. Talk. Pelvic health is important, and we all deserve to know about it.

—Ashley Zimmerman, PT

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