



Institute *for*
Birth Healing

6 KEY ASSESSMENTS

*For A Stronger
Pelvic Floor Contraction*

LYNN SCHULTE, PT

About The Author



*Hi, my name is
Lynn Schulte!*

I'm a women's health physical therapist in the Boulder and Denver, Colorado areas. I'm also the founder of the Institute for Birth Healing. After working with thousands of pregnant and postpartum clients, I've realized there is a common pattern the body goes through in birthing a baby. I've learned how to release these patterns from the body and best help a person to heal more completely after birth. Helping the pelvic floor muscles to be able to function better is a huge piece to the recovery process.

The Institute for Birth Healing is on a mission to help women all over the world heal more completely and wholly after birth.

There is no reason women should be suffering after childbirth. To change this we need your help. We'd love to teach you this holistic approach which is at the heart of helping women to reclaim the power of the feminine to heal body + mind + spirit after birth. Join us on this movement to heal more moms more completely after birth.



Intro

Whether someone has had a vaginal or cesarean birth, the pelvic floor muscles are greatly impacted. When a woman is postpartum, there are many things that contribute to a decreased pelvic floor muscle contraction or Kegel. (I don't like using the term "Kegel," so I'm just going to call them pelvic floor muscle contractions.) There's a lot of things that change in a mom's body after birth, and I want to talk to you about six things to assess for (and two ways to help facilitate) a stronger pelvic floor muscle contraction.

Normal muscle strength is an ability to quickly turn the muscle on and off. If you do internal work, you may have noticed after birth that often there's a delayed action in the ability to recruit the muscles. There can also be a delay in the relaxation state of those muscles. When a mom comes in, I'm also assessing the quality of the pelvic floor contraction, is it smooth or ratchety? How well do those muscles activate? Then, I palpate around to see if there are any tender spots and increased tone. I have found that when I look at all six of the following areas of the body, and help to shift things, I can get a stronger pelvic floor muscle contraction instantly, *within that first session*.

Within the next few pages, I will introduce you to the **six key assessments for a postpartum patient or any pelvic floor patient!** If you are interested in learning more about these six key assessments, continue reading until the end where I discuss the coursework available to you to develop these skills and more.



Key Assessment One | Open Birthing Pattern

The first key assessment is checking mom's pelvis for an **open birthing pattern**. When babies come out, the ischiums go out to the side and the sacrum lifts backward. This puts a strain and a stretch on the pelvic floor muscles. The sacrum also tends to shift over to the right and will jam up this right SI joint. That's why right-sided low back pain tends to be more common than left-side back pain in our postpartum moms.

There is a way to help bring the bones back to their correct position. By compressing the ischial bones together, you can really help change the pelvic floor muscle tension because this is where the pelvic floor muscles attach. The pelvic floor muscles attach onto the spinous processes, the lower third of the whole sacrum, the tailbone area, and the ischiums. If the ischia are splayed out to the side, then all these muscles are going to be on stretch. A stretched muscle is not as strong as a muscle at its normal length.

One mom that I worked on was in her 50's and her babies were at least 20 years old. When I first palpated her pelvic floor muscles, I thought they were normal, because there wasn't any increased tone in them. They felt okay and they worked. However, they only worked okay. What I realized was that her pelvis was still in this **open birthing pattern** for a very long time.

When I brought the bones back together, her pelvic floor muscles melted. What started out like cardboard softened to normal muscles. When she did a contraction, her pelvic floor muscles contracted and then relaxed, and it was that instantaneous contraction -- turn-on, turn-off. It was then that I realized her bones have been held open in this **open birthing pattern** for so long that her muscles had to learn to work in this new position but they really weren't working very well. Once we closed up her pelvic bones, those muscles were able to fire automatically with much greater strength.

Just like the bicep, pelvic floor muscles shouldn't have a delayed contraction and/or a delayed relaxation. If there is a delay, the **open birthing pattern** may be one of the causes.



Key Assessment Two | Tailbone Injuries

The second key assessment to look at is **coccyx injuries**. The tailbone has to have mobility in order for the pelvic floor muscles to work properly. So, if I'm working on a mom and I have gotten her pelvic bones back together again from the open birthing pattern, but she's still not getting that oomph in her pelvic floor muscle contraction, I check out the **mobility of her tailbone**.

With mom laying in supine, I mobilize the tailbone up (anteriorly) and see if it can move. If it can't move, then I work on getting the tailbone to move. Compressing up on both the tailbone and lower sacrum and waiting for them to melt can really help to activate a stronger pelvic floor muscle contraction. This is due to the fact that a lot of times when the tailbone is hard, that lower sacrum is also hard.

Tailbones can get injured from falls or during childbirth. If that injury has been held in the body for many years, it can take time to reverse the changes in the tissues. This is especially true for the tailbone as we can't just stay off of it. It's a habit in our society to sit with pressure on our tailbones. Without early interventions, the tissues adopt this faulty position as the new norm and any pressure on a newly adjusted tailbone may cause it to go right back into that injury pattern. **The key to keeping it in its midline position is sustaining the release in the new position and making sure the coccygeus muscles stay relaxed and released as well.**

If a tailbone was injured off to one side, the coccygeus muscles on that side are usually tighter. Getting the coccygeus muscles with balanced tension and mobility is key to getting a stronger pelvic floor muscle contraction as the muscle balance directly connects with tailbone position and mobility. Then helping moms stay off of her tailbone is critical to keeping everything in place and balanced so it stays in its new place and the pelvic floor muscles maintain that strong contraction.



Key Assessment Three | Scar Tissue and Anal Sphincter Muscle

The third thing we need to work on is **any scar tissue in the perineal area**. Tearing after birth creates scar tissue and this can inhibit the pelvic floor muscles and not allow them to activate well. Usually scarring happens laterally, but we can have scar tissue anywhere in this perineal body area. Scar tissue is thicker and not as flexible as normal tissue, so we need to release the scar tissue to allow the muscles to work better. Be sure to release the whole perineal body, this complex is full of muscles; the anal sphincter muscle, transverse perineal, bulbocavernosus, and pubococcygeus muscle -- there are a ton of muscles that intersect in this area!

When you release the scar tissue from this area, we need to **assess the anal sphincter muscle** too. Whenever we have scar tissue in the perineal area, the anal sphincter muscle is affected. Even if mom did not tear, I always find knots in the anal sphincter muscle. **Knots in the anal sphincter muscle can keep that anal sphincter open** and not allow it to fully close. When you put your thumb externally on that anal sphincter muscle, your thumb should not be able to go in. If your thumb sinks inside, then that external anal sphincter muscle is not closed meaning it needs help to release the knots in order to allow it to close completely.

These knots are also responsible for the development of anal fissures. It's impairative for any client dealing with anal fissures to learn to release their anal sphincter muscle prior to every bowel movement to help heal the fissure. Releasing the knots in this muscle definitely helps pelvic floor muscles to contract better.

One of the things I recommend is to **pinch the thickened scar tissue or knot in the anal sphincter muscle**. With your index finger in vaginally and your thumb outside externally, you can pinch the tissue to get it to release. Whenever you're working on the pelvic floor muscles, you need to have your other hand externally on the pelvic bones for a better release.



Remember when working in the scar tissue and trying to get it to release, it doesn't have to hurt! My number one rule that I hammer into all my students who come and take my courses is that we need to **RESPECT THE TISSUES!** Yes, some pressure, some slight burning, slight discomfort, but no pain. If we're creating pain, we're potentially causing too much tension in the body and the muscles, and the nervous system can get activated. You will be more effective with your treatments if you don't create pain when you're trying to get the muscles and tissues to release.

Pain is usually a sign that something more is going on. I find **when we have thickened scar tissue and it's resistant to releasing that there is usually an emotion being held in the tissues.** When you can help your client access this emotion and honor it, the tissues relax and release on their own. This is why you should *NEVER* force a release to occur in the body. My Advanced Postpartum course dives deeper into how to best do this with your clients.



Key Assessment Four | Bladder & Uterus Position

The bladder is critical for pelvic floor muscle strength. If the bladder and uterus aren't happy, the pelvic floor muscles aren't happy. When I do my initial intravaginal assessment I usually find the muscles to have tenderness and tone. Then I assess the bladder and cervix. Once I get the **bladder and cervix** in their proper place, there will be a greatly improved pelvic floor muscle contraction with less tenderness and tone. And I didn't even have to touch them to get this change!

What I usually find is that **the bladder is off to the left-hand side after birth**. I work to bring the bladder back to its midline position. Even if the bladder is not off to one side, giving the bladder some attention will improve the contraction of the pelvic floor muscles. Once the bladder is good, then I **make sure the cervix is centered and mobile**. Ideally the cervix is midline and in a position where you have to reach for it. After birth that uterus can be all over the place and often lower in the vaginal vault. Getting the cervix back into midline, and getting the bladder back into its proper place will definitely help the pelvic floor contraction be stronger.

Because of this, I say that **the bladder and the uterus are the kingpin of the pelvis**. When working with the organs, we need to use a very gentle technique. It's a really key piece in a postpartum session. Helping moms feel the restriction, feel the change in the tissues, and feel the difference in the strength creates greater buy-in with your clients. They're like, "Wow. she's making changes in me. Yeah!" So, they're more willing to come back.

I've created the **Schulte Intravaginal Protocol** that is a step by step process of what you need to assess and treat. When you implement it, your treatments are more effective and with less work on your part. This protocol is taught in the Holistic Treatment of the Postpartum Body course.



Key Assessment Five | Diaphragm & Breath

The fifth key thing to assess is the **diaphragm**. If the diaphragm is not activating properly and the breath is not connected with the pelvic floor muscles, then there will not be as strong of a pelvic floor muscle contraction.

Now, the diaphragm can get very squished during pregnancies, especially if a mom is lifting her ribcage -- extending that thoracic spine -- to make more room for a baby. This causes the diaphragm to be tilted and the posterior part to become very restricted. When the diaphragm gets pulled down in the back, the entire diaphragm is not being used when inhaling. So, we need to work on releasing the diaphragm, getting the rib position in a better state, and then teaching how to coordinate both diaphragms. **On an inhale, the diaphragm and the pelvic floor muscles relax and lengthen; on an exhale, the two contract back up in unison again.**

A great technique is to help clients feel the difference in a pelvic floor contraction with and without the use of the diaphragm. First, I have my clients feel how much strength they have with just the pelvic floor muscles. Then I ask them to feel what happens when they combine the diaphragm together with the pelvic floor muscles. Awareness will allow them to see the benefit of using them both and increase patient buy-in.

My cues are **“take a gentle breath in and let everything relax”**. Really encourage them to expand that ribcage 360 degrees, making sure they're breathing into that back part of their ribs as they breathe in, letting the belly go along for the ride. If I am internally I will assess to make sure the breath is coming all the way down into the pelvic floor muscles and feeling a lengthening. Then, I have them breathe out and contract the pelvic floor muscles. Ask, “Did you feel it? Was that any different? Was it stronger?” They'll definitely say, “Oh, yes.” Now they recognize how and why to coordinate both diaphragms together. This is most effective after completing all internal work to make sure the pelvic floor muscles can activate well.

Only after all the release work is done should you coordinate the diaphragms. While working with the breath, provide tactile feedback and ask as they breathe in, “Can you feel that pelvic floor muscle lengthening just a little bit?”



As they breathe out instruct them to, “Feel that contraction.” Once the diaphragm and the pelvic floor muscles are working together, you may help them to **feel the connection with the transverse abdominis** drawing in on the exhale.

Key Assessment Six | Trauma

The sixth piece that can inhibit pelvic floor muscle contraction is trauma.

25 to 32 percent of women report that their births are traumatic.

A mom who is not connected to her body, not connected to her pelvis, who is activated in the nervous system, they're not going to be able to contract their pelvic floor muscles as well. Helping to release the trauma from the tissues can be super helpful and I go into greater detail with this in my advanced postpartum course that I teach. The course covers a lot of different steps on how to release the trauma from the body, but there is **one thing that's simple and easy for you to try in the clinic** if you have a greater awareness of what trauma kind of feels like in the body and in the tissues.

To me, trauma can feel kind of cloudy or smoky. It feels like the whole area is holding its breath when assessing internally trying to get the pelvic floor muscles to activate more. It feels like the whole pelvis hasn't released its breath yet. So, we want to try to help **encourage moms to come back down in and connect into the pelvic space**. When they've been traumatized they tend to abandon this space. So, from an energetics point of view, their energy is not connected, it's completely shut off, it's not flowing down their legs. It's hard to contract a muscle that we're not fully connected to. By allowing mom to reconnect with the pelvis, the **trauma will release and energy will begin to flow** again resulting in a greater pelvic floor muscle contraction. Read how to clear away shock and trauma below.



How To Get a Stronger Contraction

Feel The Finger

One of the things that can help get you a stronger pelvic floor muscle is by helping the mom to feel your finger. You may do this either internally or externally by placing your fingers on their pelvic floor muscles and saying, **“tune into where my fingers are at”**, or **“connect into where my fingers are, breathe down to where my fingers are,”** and **“let’s have you reconnect to this area and breath into it.”** That’s the first step to getting them reconnected to that area. You may find that with just increasing their awareness and getting them connected by touching and feeling, they will have a stronger contraction in their pelvic floor muscles.

Clear Away Shock/Trauma

The second thing you can do is help to clear any of the shock or trauma. One of the things that I love to say to the mom and the tissues of her body is

Let’s just breathe down into these tissues, Let’s help these tissues to release any shock or trauma that may be being held in these tissues: from the birth or from any trauma in the body.

We ask these tissues to release any shock or trauma they’re holding onto knowing that **the baby’s out, the labor’s over, and everyone is okay**. Before I even get that statement out, I’m usually noticing or feeling kind of this melting into the tissues. There’s a shift and change in the tissues. This can be super helpful for our moms to help them reconnect into that area as well as to help them to be able to activate and get those pelvic floor muscles working stronger.



Conclusion

Those are the **six key assessments for a stronger pelvic floor contraction** to use in almost every session. The first thing I'll do, if mom's really traumatized, is work a lot on the nervous system. These are more advanced techniques that are taught in the Advanced Holistic Treatment of the Postpartum Body course. We've got to help **calm down the nervous system first**, as we should not be doing any internal work on a mom who is completely activated. If their nervous system is activated, they're not settled, and it is like their whole body's not breathing. They're walking around in this state of shock, and we need to help her whole body calm down.

Then, I'll do the more physical techniques to get the bones back together, get the organs back into place, check internally, assess the pelvic floor muscles' strength, assess the tone, get the bladder and the uterus back into their proper place, reassess strength, and then work on releasing any held tension that's still in the pelvis. If you **do your treatment in this order**, there's less work for you to do to get the muscles to activate better.

If I still didn't get a good contraction, then I'll go and check out the tailbone, scar tissue, and the anal sphincter muscle. It's very, very rare that I find an anal sphincter muscle without any tension in it. There's usually multiple layers and multiple knots in the anal sphincter muscle and they need to be released. Once they're released, moms can really activate much better with their pelvic floor muscles.

Know that there are not just physical releases that need to happen but more energetic ones too. **These techniques are really fun, really effective, and moms feel so much better afterwards!** Moms are then more likely to share with other moms the great work that you just did on them. You will find your practice growing and you enjoying what you do every day.

Learn More

Be sure to also check out my free gift of a [self-massage handout](#) for your pelvic floor muscles.



I think that it's so important for us, as practitioners, to know our own landscape so that we can better instruct our moms in doing self-massage themselves. This is also great to provide moms as a way to reconnect with their own pelvic space and learn about themselves.

The other thing that I would love to help change in our pregnancy world is instead of calling it perineal massage let's call it pelvic floor muscle massage. Often when we tell moms they should be doing perineal massage, they get stuck right at the opening thinking about the skin. If we talk about pelvic floor muscle massage, I'm hopeful that they will dive in deeper and really work on releasing the muscles of the pelvic floor as **that is what is so important for birth to allow that baby out.** If we could help our moms to feel what it feels like to have pressure on those pelvic floor muscles prior to birth, to realize that this is where the baby's head is going to be putting as it's coming out, she may stay more relaxed to allow the birth to happen more evenly.



About The Institute For Birth Healing

Mission

To help moms heal more completely after birth by

Teaching licensed professionals how to assess and treat the key areas of the body more effectively for a smoother birth and faster recovery.

Founded on the 3 pillars of **Wisdom of the Body | Knowledge of Science | Energy flow in the body** our courses teach you how to access your own intuitive skills and tune into the tissues and energy of the body to make lasting changes in your clients.

Courses

- ❑ Holistic Treatment of the Pregnant Body Course⁺
- ❑ Holistic Treatment of the Postpartum Body Course⁺
- ❑ Advanced Treatment of the Postpartum Body Course^{*}

+Approved for CEU's in Texas for PTs

*In order to take the advanced course, you need to have taken the Holistic Treatment of the Postpartum Body Course

Holistic Treatment of the Pregnant Body Course⁺

This course offers a new and unique, holistic approach to assessment and treatment of the pelvis, abdomen and internal pelvic tissues for your pregnant moms. By understanding exactly what the body goes through for birth you will understand how to best help prepare it for birth. Not only do we cover the physical restrictions and how to release them we also dive into the energetic components of birth. With the knowledge and the treatment skills learned in this class, you can effectively treat some common pregnancy pelvic pain issues in as little as ONE SESSION! **Feel more comfortable working with the pregnant body** when you learn more than 30+ new techniques and they can also be used on any of your clients.

Holistic Treatment of the Postpartum Body Course⁺

This course offers a new and unique approach to assessment and treatment of the pelvis, abdomen and internal pelvic tissues for your postnatal moms. By understanding exactly what the body goes through for birth you will understand how to best heal it afterward. With this knowledge and the



treatment skills learned in this class, you can effectively treat some common postpartum issues in as little as ONE SESSION! Imagine the relief moms will have after seeing you and how they will be singing your praises to all their mom friends. Your practice will grow exponentially as you become THE go-to expert for postpartum care. This course introduces you to the **Schulte Intravaginal Protocol** that can help you resolve pelvic issues more effectively and easily. You also discover how to work with the energy of the body and how to access your intuitive abilities and implement them in your sessions.

[Advanced Treatment of the Postpartum Body Course*](#)

This course dives deeper into healing of the postpartum mom. We cover more advanced techniques and treatments to the pelvis and pelvic and abdominal organs. Another key focus is on the energetic and emotional healing of trauma in the postpartum body. We will address the calming of the nervous system and how to work effectively with the energy of the pelvic space. By releasing the energy blocks created from the trauma, moms can experience life-changing outcomes.

The advanced course is a four-day course and it is more retreat-like because you are working on your own energy system, your own beliefs, things that are holding you back. By releasing those, you will be a more effective practitioner when you're working on your moms. The course is a deep dive into more of the energetics and treatment of trauma and, really the whole energy system of the pelvis. I absolutely love teaching this course!

Certification

The Institute For Birth Healing also offers a certification track. This certification will help you stand out as the birth healing specialist in your area for treating pregnant and postpartum moms. My goal is to have a certified birth healing specialist in every city in the world, and I won't stop teaching until that happens.

To become certified you need to:

- Take the three holistic treatment courses (either pregnancy *or* postpartum may be online but not both)
- Complete two written tests (one for each basic course)



- Pass a skills assessment test
- Complete six case studies - 2 from each course

Benefits of Certification

- Professional certificate
- Certified Birth Healing Specialist logo to put on your website and social media
- Promotion on the Institute For Birth Healing social media (including Facebook Live session(s))
- Listing within the online directory with special recognition as Certified
- Quarterly webinars with Lynn Schulte, PT to answer your Q&A's

Thank you for reading this E-Book. We would love to have you join us in our Facebook Private Group of moms and practitioners. Please answer or ask questions and share your knowledge with the group when we ask for you to share your events, blogs and other info.

<https://www.facebook.com/groups/InstituteforBirthHealing/>

Please check out our website for more info:

www.InstituteforBirthHealing.com

