


Cracking the Code of Internal Pelvic Floor Treatment

The Missing Links to Successful Intravaginal Work



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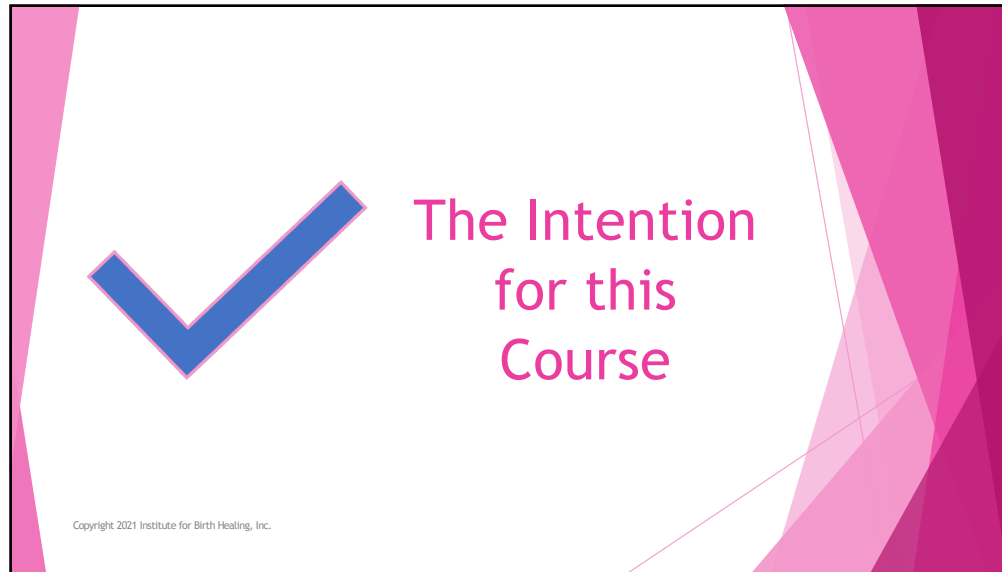
Lynn Schulte, PT

- ▶ Pelvic Health PT over 30 years
- ▶ Successfully treated 1000's of clients
- ▶ Holistic approach to the body
- ▶ Curriculum Designer and Principal Instructor of the **Institute for Birth Healing**
- ▶ Host of annual online **Birth Healing Summit** in April



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The Intention
for this
Course

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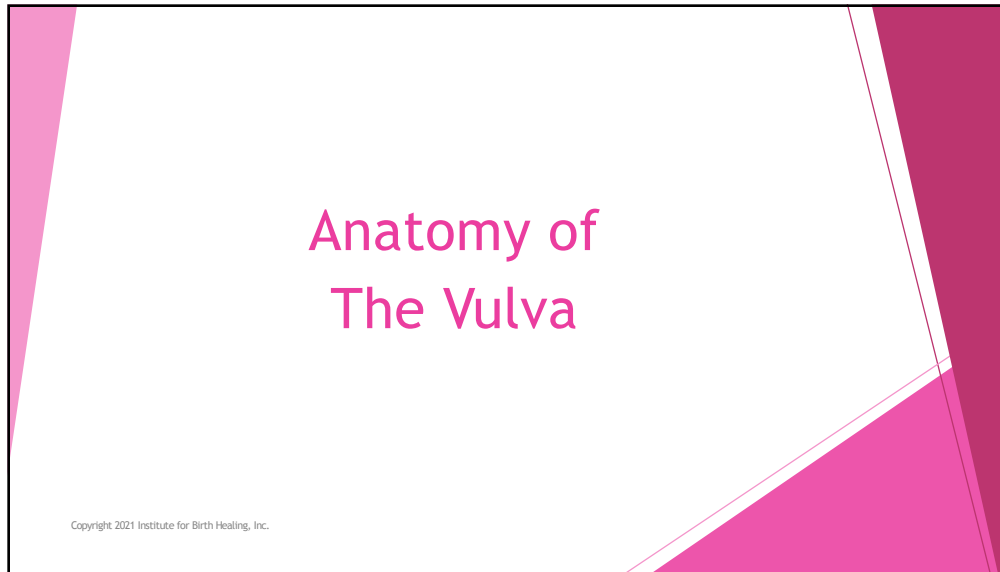
What's Next?

Anatomy of the Vulva

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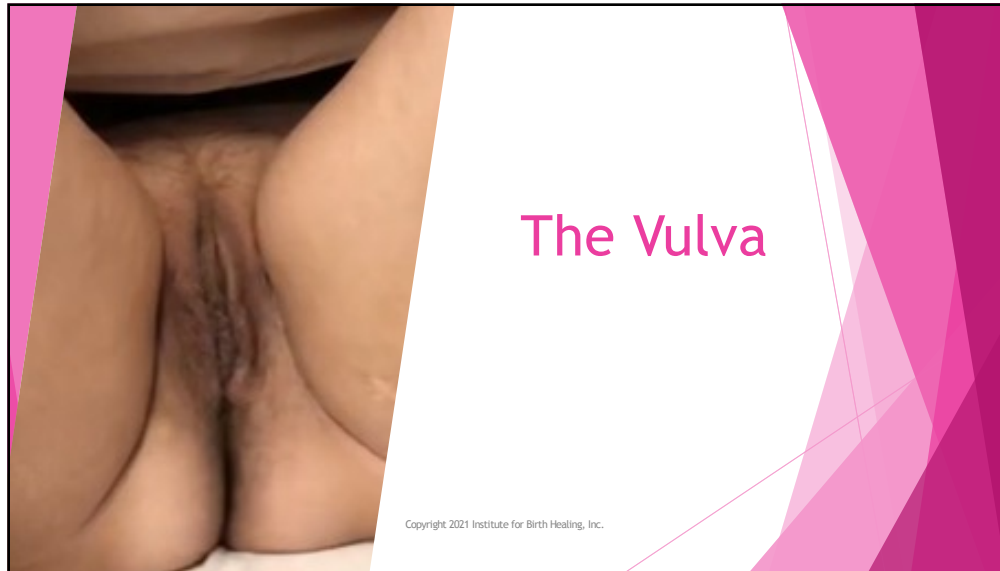
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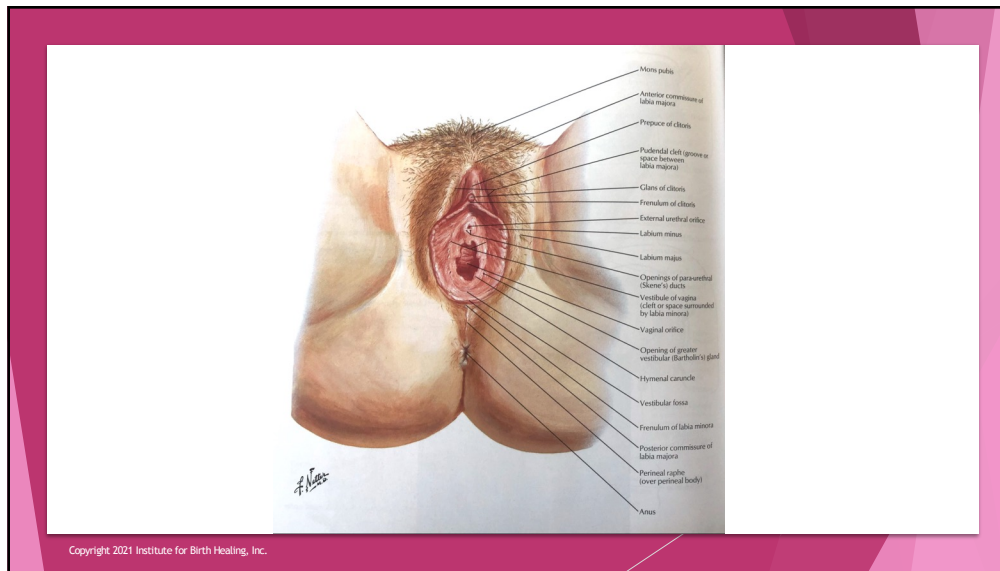
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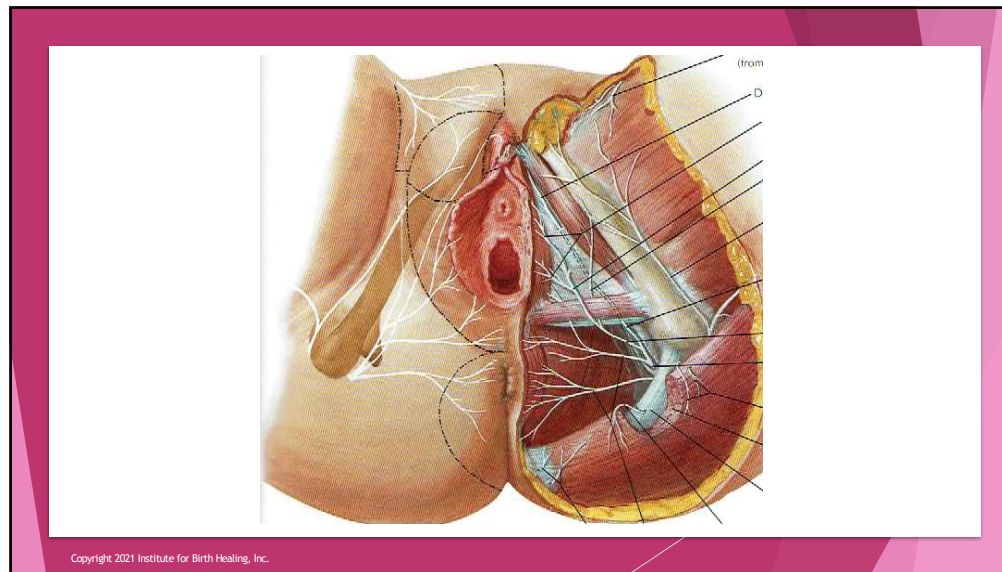
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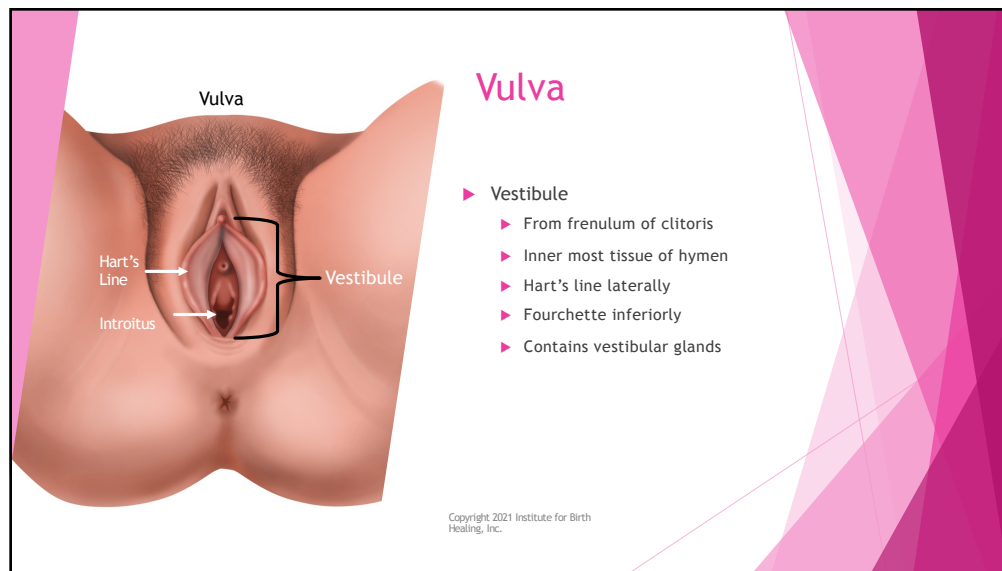
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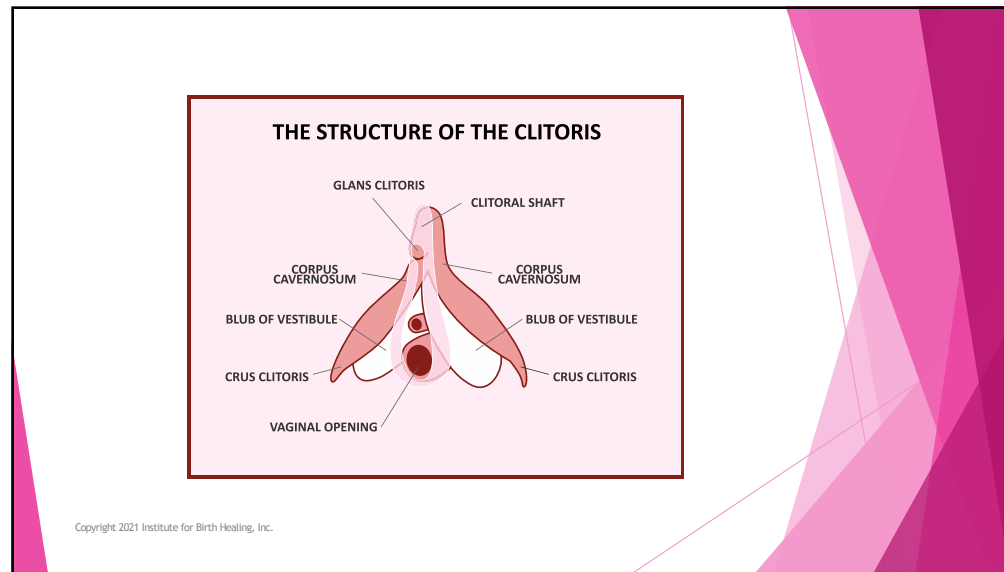
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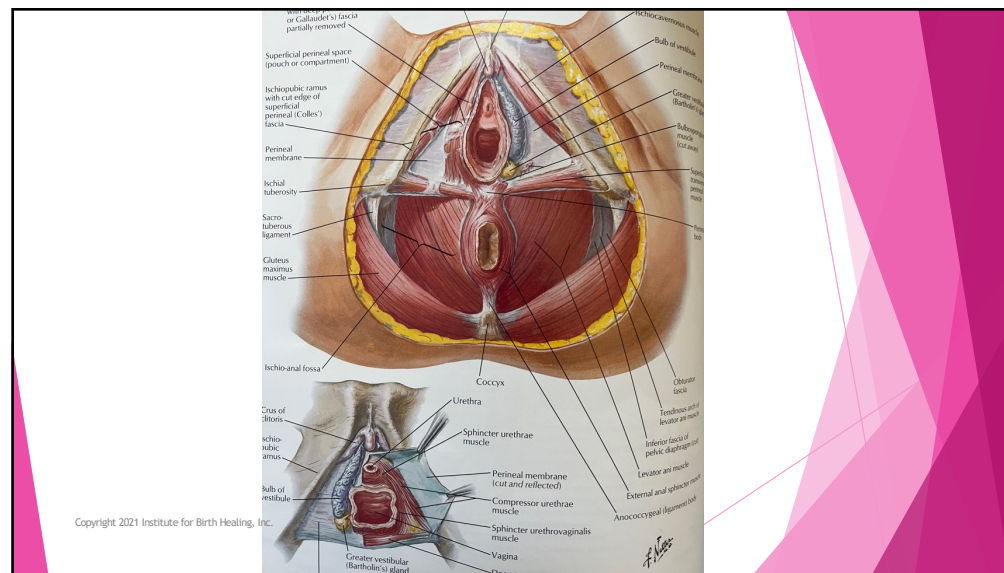
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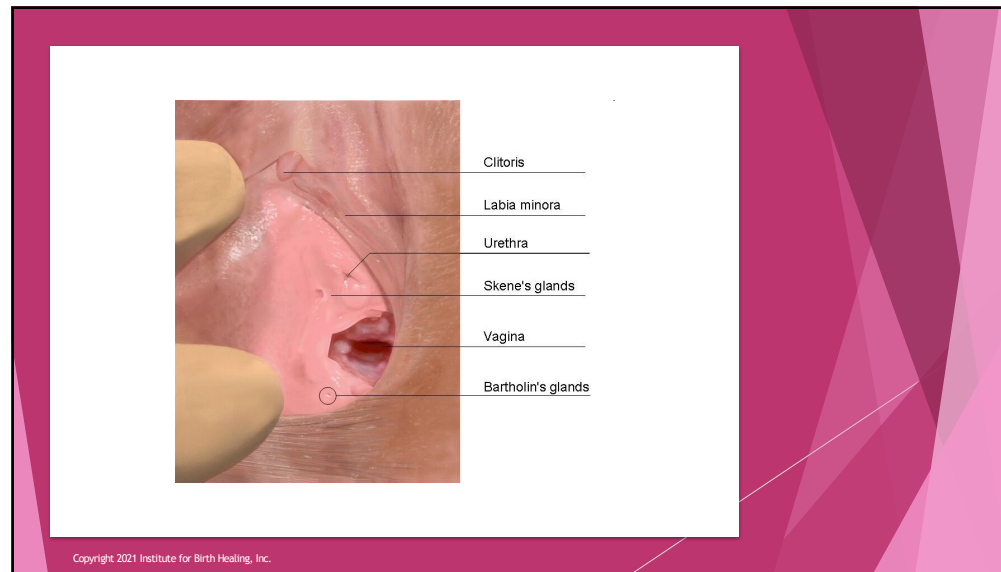
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Vulvodynia

- ▶ Allodynia- pain from non-painful stimuli
- ▶ Vulvodynia- chronic vulvar pain w/o identifiable cause
 - ▶ Localized (Vestibulodynia, Clitorodynia) or Generalized or both
 - ▶ Provoked/Spontaneous or both
 - ▶ Onset Primary or Secondary
 - ▶ Temporal intermittent, persistent, constant, immediate, delayed
- ▶ Vulvar Vestibulitis - inflammation of the vestibule
- ▶ Pain, burning, itching, can't wear tight clothing

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Vaginismus

- ▶ Involuntary spasm/contraction of the pelvic floor muscles
- ▶ Can cause pain w/o penetration

- ▶ Dyspareunia - painful intercourse
 - ▶ Insertional and thrusting pain

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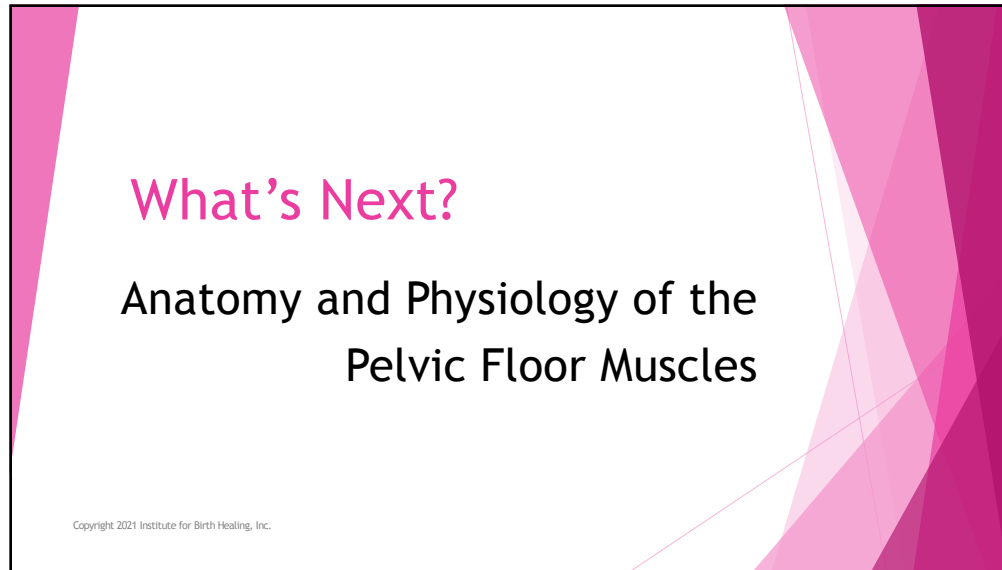
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What we just covered:

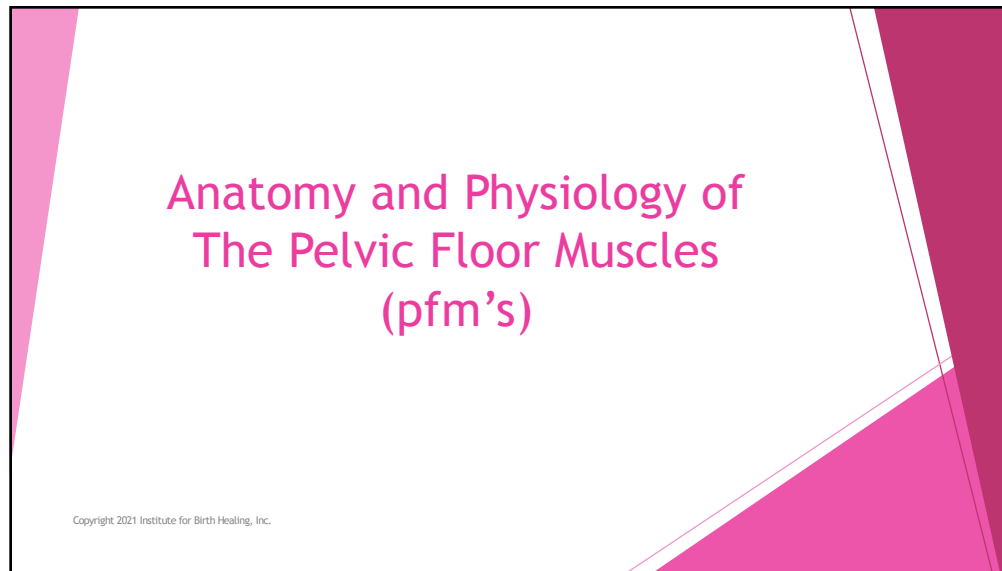
- ▶ Anatomy of the vulva
- ▶ Vestibular Glands
- ▶ Vulvodynia
- ▶ Vaginismus
- ▶ Dyspareunia

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What we will cover:

- ▶ What is the function of the pfm's
- ▶ What the Pelvic Floor Muscles are made of and what's normal strength
- ▶ Innervation of the pelvic floor
- ▶ How to grade a pfm contraction
- ▶ The different Muscular layers
- ▶ Fascial connections of support

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Pelvic Floor Muscle Function

- ▶ Supports the pelvic organs
- ▶ Reinforces urethral closure during increased intra-abdominal pressure
- ▶ Maintains the ano-rectal angle
- ▶ Provides rectal support during defecation
- ▶ Assists in pelvic spinal stability
- ▶ Contributes to sexual arousal and performance
- ▶ Maintains continence by facilitating sphincter closure
- ▶ Contraction of the pelvic floor inhibits urgency
- ▶ Gives proprioception input to baby for passage through pelvis
- ▶ Allows for opening of pelvic bones during birth
- ▶ Part of inner core stabilization

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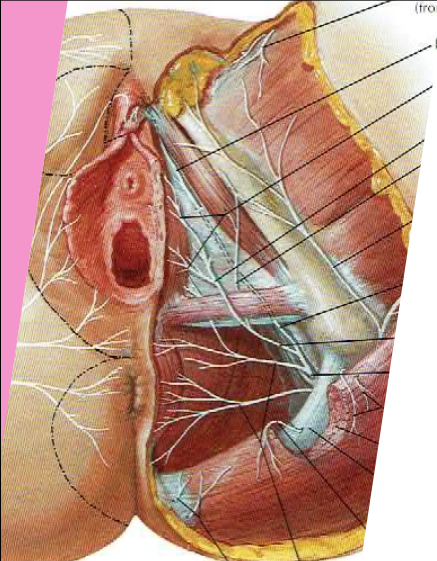
Pelvic Floor Muscles

- ▶ **Pelvic Floor Muscle Fibers**
 - ▶ **Slow Twitch** - improves support of the pelvic viscera, especially under conditions leading to intra-abdominal pressure rise.
 - ▶ **Fast Twitch** - improves the periurethral continence mechanism, resulting in an increase of urethral closure pressure during stress.
 - ▶ Each muscles has its own ratio based on demand
- ▶ Want to test out both fibers.
 - ▶ How well can they contract quickly and relax
 - ▶ Relaxation is just as important
 - ▶ How long can they hold a contraction
 - ▶ 10 Seconds is normal strength

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Innervation



- ▶ Posterior PFM by direct efferents from the S2-4 nerve roots
- ▶ Anterior pelvis is innervated by the pudendal nerve and its three branches,
 - ▶ the dorsal nerve to the clitoris ,
 - ▶ the perineal branch,
 - ▶ and the inferior hemorrhoidal nerve.
- ▶ arises from the S2-4 nerve roots of the anterior division of the sacral plexus

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Grading Scale of Pelvic Floor Muscle

- ▶ Modified Oxford Grading System Scale (Laycock) :
- ▶ 0 = no contraction,
- ▶ 1 = flicker
- ▶ 2 = weak - only partial contraction of muscles
- ▶ 3 = moderate - some squeeze but no lift
- ▶ 4 = good (with lift) good lift and squeeze all around
- ▶ 5 = strong - some resistance to your finger coming out

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Elevator Analogy for Strength

- ▶ Ground Floor - Normal resting tone
- ▶ 5th floor full strength contraction
- ▶ What floor are muscles hanging out- increased resting tone
- ▶ Bulge to Basement for lengthening
- ▶ Full range of motion is our goal from basement to 5th floor

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Pelvic Floor Muscle Tension/Tone

- ▶ Canadian Tone Scale - Marie-Josée Lord and Claudia Brown
- ▶ Scale -3 to +3
 - ▶ -3 is I can get my whole fist in without resistance
 - ▶ -2 (3 fingers)
 - ▶ -1 2 fingers move easily no resistance
 - ▶ 0 perfect, trampoline
 - ▶ +1 is 2 fingers but not much mobility (tennis racquet)
 - ▶ +2 1 finger brick wall
 - ▶ +3 not getting in

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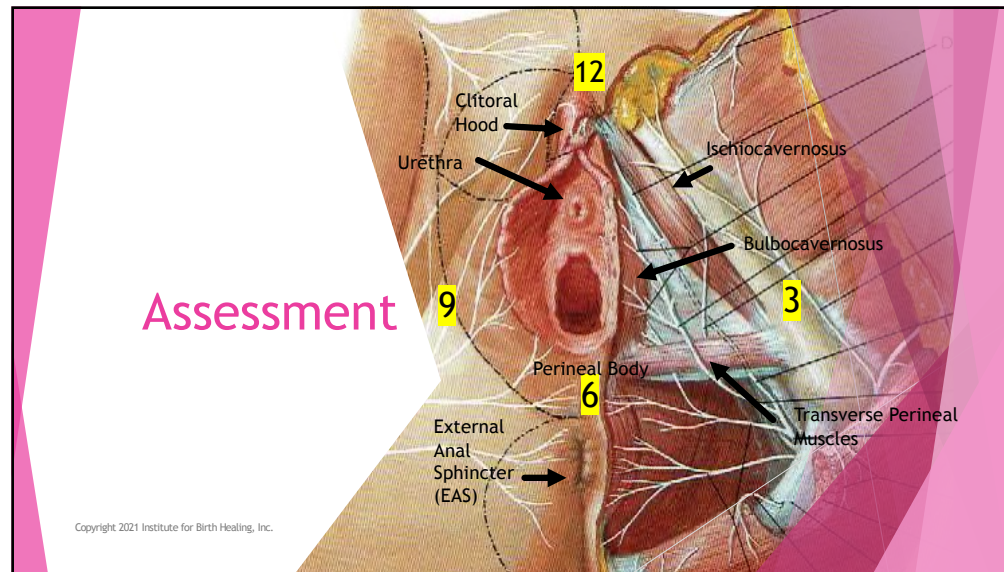
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Inner Core

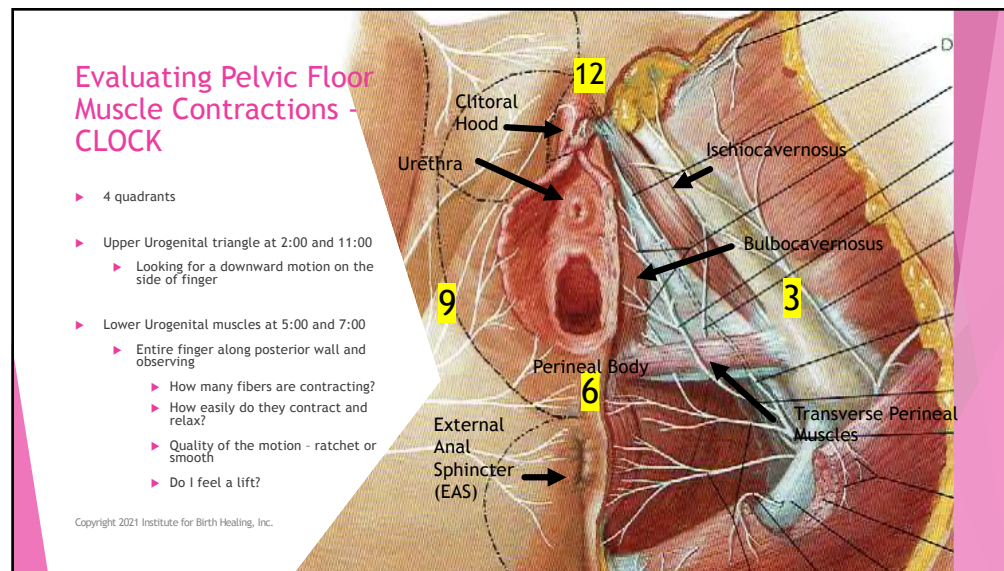
- ▶ PFM Connection to Transverse Abdominus - BFF's - wired together
- ▶ Strength
- ▶ Coordination
- ▶ Automaticity - Reflexivity and anticipatory response prior to movement

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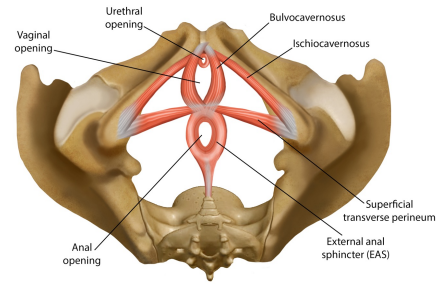


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The Upper Urogenital Triangle - Layer 1

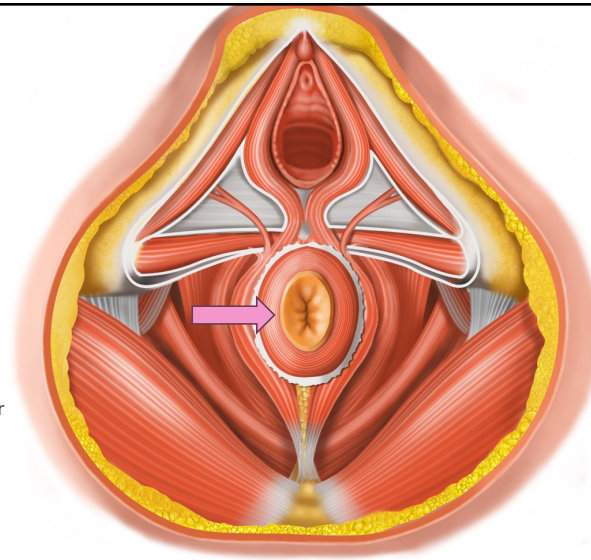


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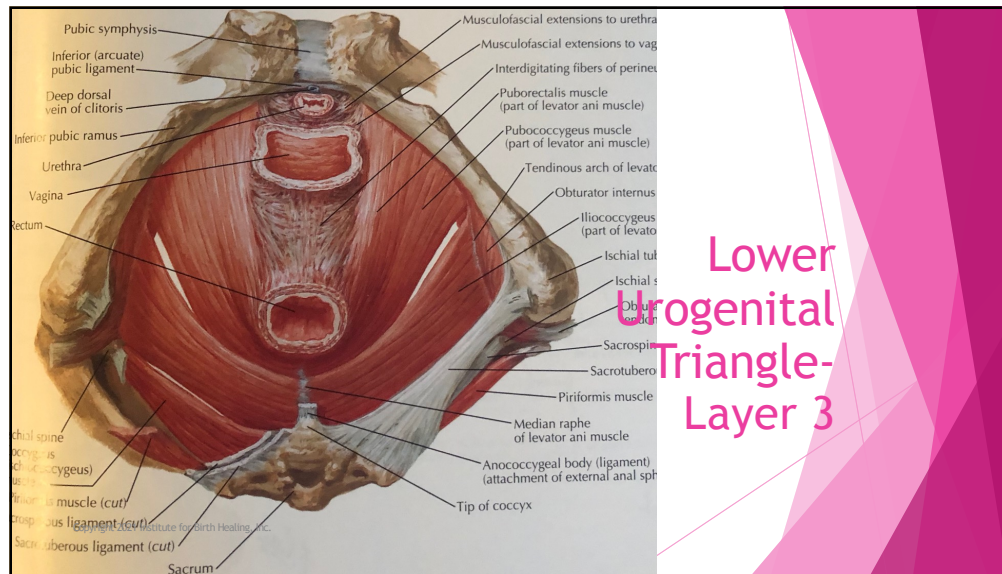
LAYER 2

- ▶ Compressor Urethra
- ▶ External Anal Sphincter

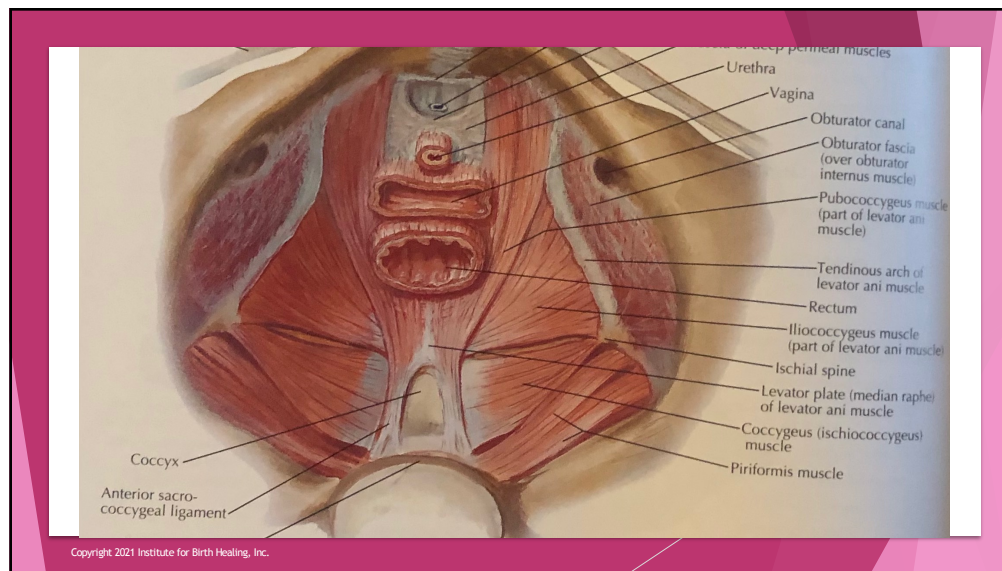


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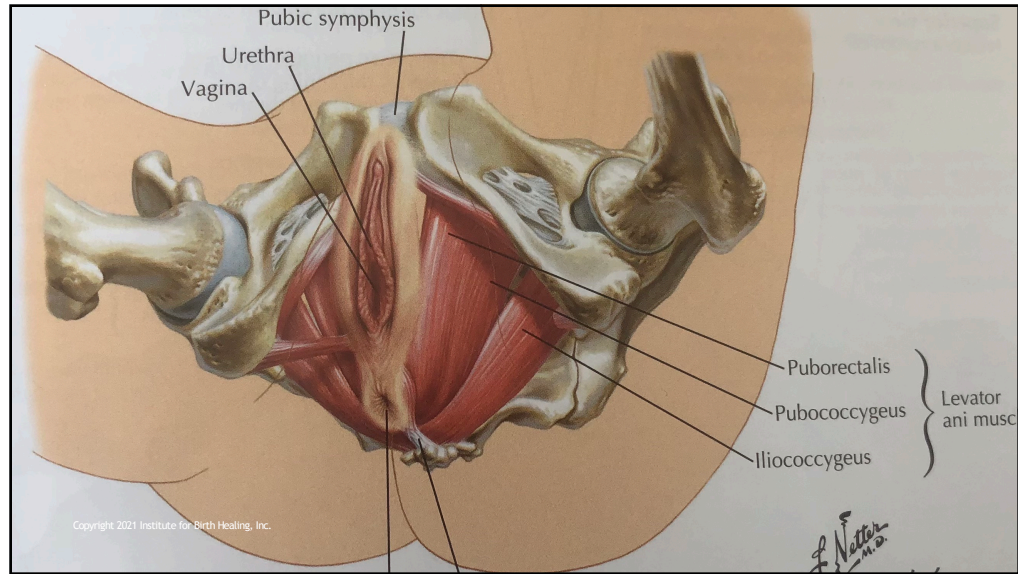
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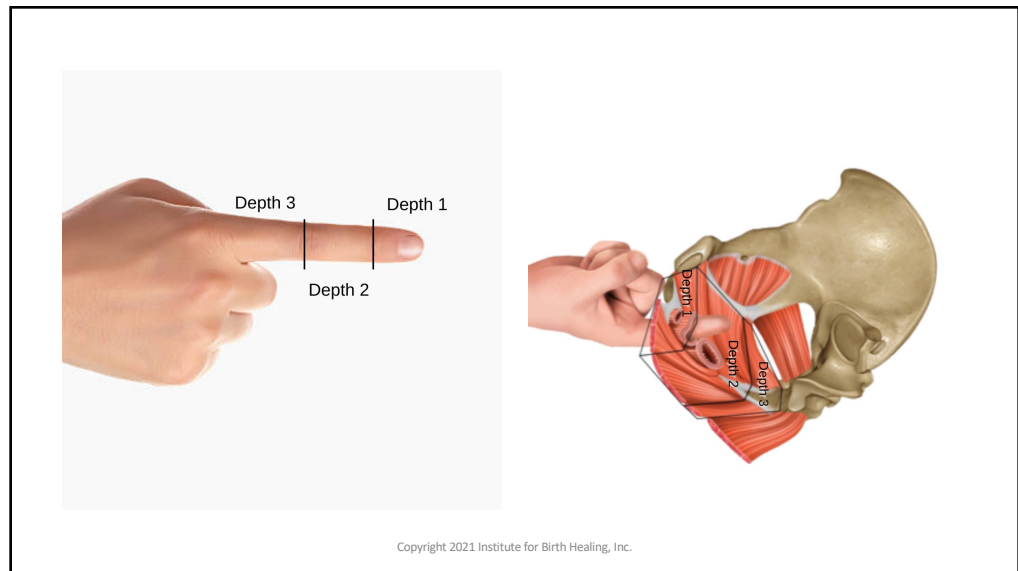
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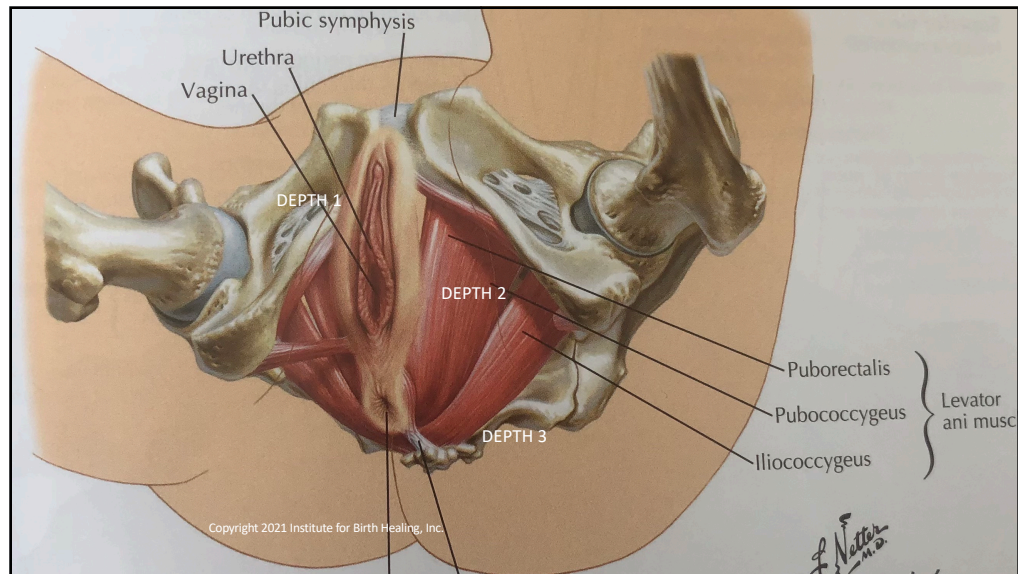
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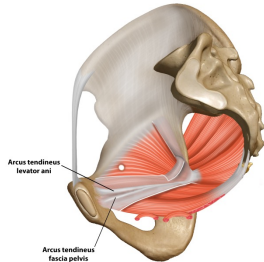
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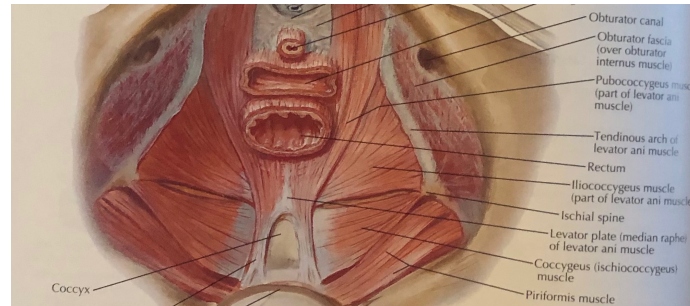


Fascial Connections

- ▶ Arcus Tendineus Levator Ani - ATLA - lateral and superior attachment
- ▶ Arcus Tendineus Fascia Pelvis - ATFP - medial and inferior attachment
- ▶ Endopelvic fascia continuous with T/L fascia and abdominal fascia
- ▶ Importance with Prolapse
 - ▶ Fascial Defects

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Connection to Hip Joint

Obturator Internus - Resisted ER while internal palpation at 3 and 9:00

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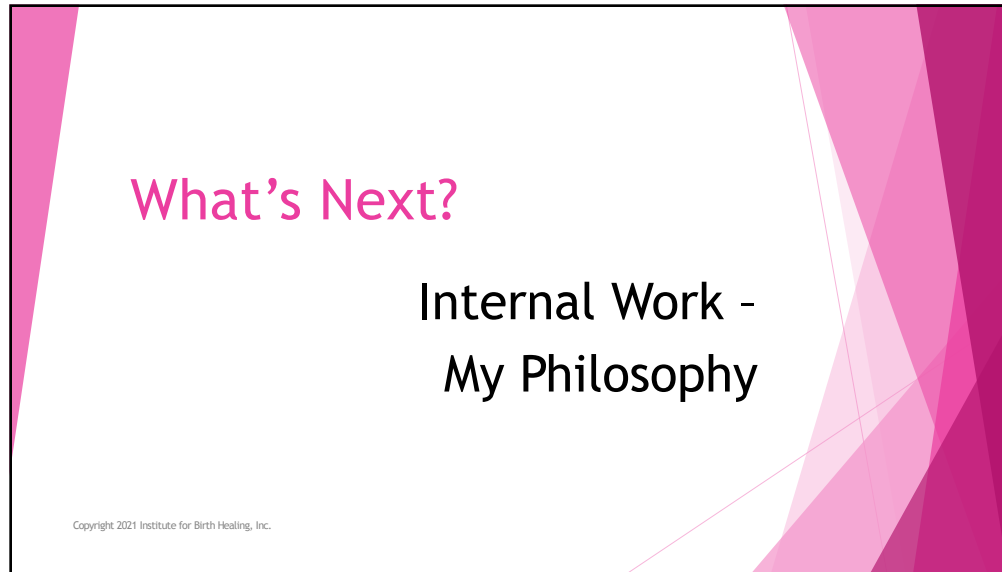
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What we just covered

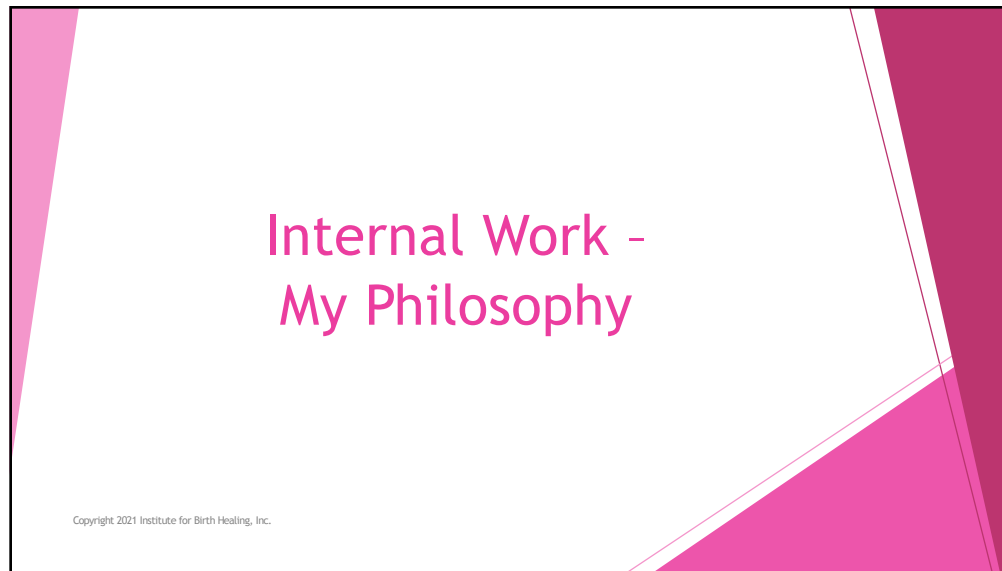
- ▶ Anatomy of the pelvic floor muscles
- ▶ Pelvic Floor Muscles are made of quick and slow twitch fibers and normal strength is 10 sec hold
- ▶ How to Grade a pfm contraction on a 0-5 scale
- ▶ All the functions of the pfm's
- ▶ Innervation of the pelvic floor
- ▶ The 3 different Muscular layers
- ▶ Fascial support

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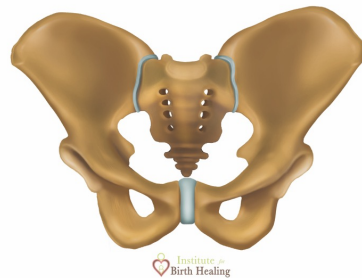
What we will cover:

- ▶ The sacredness of this space
- ▶ The cultural influences on people's connection to their pelvis
- ▶ How to determine if your client is ready for internal work
- ▶ How to listen to the body for the yes
- ▶ My #1 Rule for bodywork

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The Pelvis = Our HOME



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- Energetic Powerhouse
- Sacred Space
- Storage House- Unprocessed Events/Traumas/Emotions

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Cultural Influence on this space

- ▶ “Down there”
- ▶ Avoidance
- ▶ Disconnection
- ▶ Menstruation is a bother/burden
- ▶ What is your client’s upbringing/understanding of this space?

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What is Client’s Understanding of INTERNAL WORK?

- ▶ Do they know they are coming in for this?
- ▶ Do they know they need it?
- ▶ Are they ready and open for it?
 - ▶ Both MIND and BODY?
- ▶ Our level of comfort with it will be reflected to our clients

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How to determine if client is ready for internal work

- ▶ Mind may say YES, Body may be saying NO
 - ▶ Our job is to listen to the body!
- ▶ Intake (MIND)
 - ▶ Listen to their Story, history, get a sense of their comfort level
 - ▶ Need to ask about trauma's
 - ▶ Hx of Sexual/Emotional/Verbal Abuse - have on intake form
 - ▶ Observe their body language, eye contact, breath
 - ▶ Excessive joking/laughter can be sign of avoidance/uncomfortableness

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Body's Openness to Internal Work

- ▶ Internal work is not the first thing you do
- ▶ Work externally first
- ▶ Always start my sessions in standing with hands on shoulders
 - ▶ Assessing the nervous system
- ▶ Laying on table
 - ▶ Are they hovering above it or relaxed onto it?
- ▶ Lifting up their legs- can they let go?
- ▶ Breath

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Start External First

- ▶ Pelvis is the framework that supports pelvic floor muscles
- ▶ Need to make sure the pelvic bones are in good position/mobility
- ▶ Allows our clients to get used to our touch
- ▶ What is your touch conveying to them?
 - ▶ Soft, gentle, caring, inquisitive touch
 - ▶ Pooky, Hard, demanding, forcing touch
- ▶ Your touch - lets the body feel safe or not - can I trust this person?

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My #1 Rule:

➤ **RESPECT THE
TISSUES**

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RESPECT THE TISSUES

- ▶ NEVER CREATE PAIN- especially with internal work
 - ▶ Pain= tissues not happy - may need to release something else first
 - ▶ Pelvic Organs connection to pfm
- ▶ Never force a tissue to release
 - ▶ Need to get curious with it
- ▶ Don't chase the Pain
- ▶ Match the tissues - only give as much pressure as tissues need- less is more

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Get Curious with the Tissues

- ▶ Feel into what you are touching
 - ▶ What do you notice? What do you feel/sense about the tissues?
- ▶ What do you notice about the body?
- ▶ Is the body open to doing internal work?
- ▶ Trust your gut instincts
 - ▶ Don't do internal work if your gut says no
- ▶ Even if client comes in for internal work, you don't have to do it then.
 - ▶ Don't want to re-traumatize
 - ▶ It's not a just grin and bare situation, like a pap
- ▶ Are they connected to your touch?

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Connection to your touch

- ▶ Start up by diaphragm
- ▶ As you place hand on the body, do they meet you there
 - ▶ Is there a connection to their awareness and your touch?
- ▶ Move hand down to umbilicus
- ▶ Below the umbilicus
- ▶ On pubic bone
- ▶ If you encounter a brick wall- need to address that first
- ▶ You will feel a difference when they are connected and when they aren't

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What we just covered:

- ▶ How to respect our clients and this space
- ▶ The cultural influences on people's connection to their pelvis
- ▶ Ways to determine if your client is ready for internal work
- ▶ How to listen to the body for the yes
- ▶ My #1 Rule for bodywork: RESPECT THE TISSUES

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Energy of your Hands



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- ▶ When working on the body
 - ▶ Two hands on it always
 - ▶ Circuitry of energy between them
- ▶ Energy in the Hands Exercise

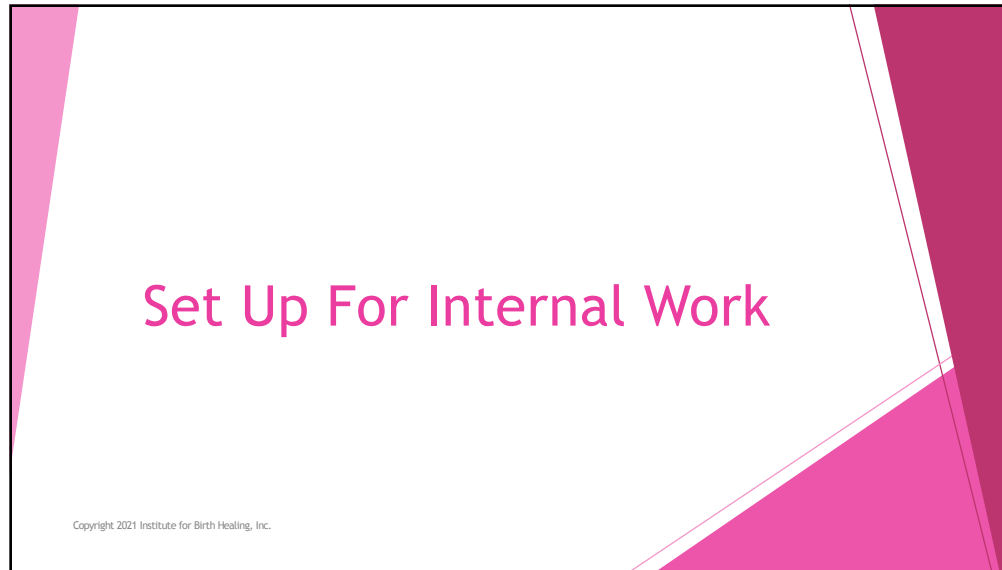
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What's Next?

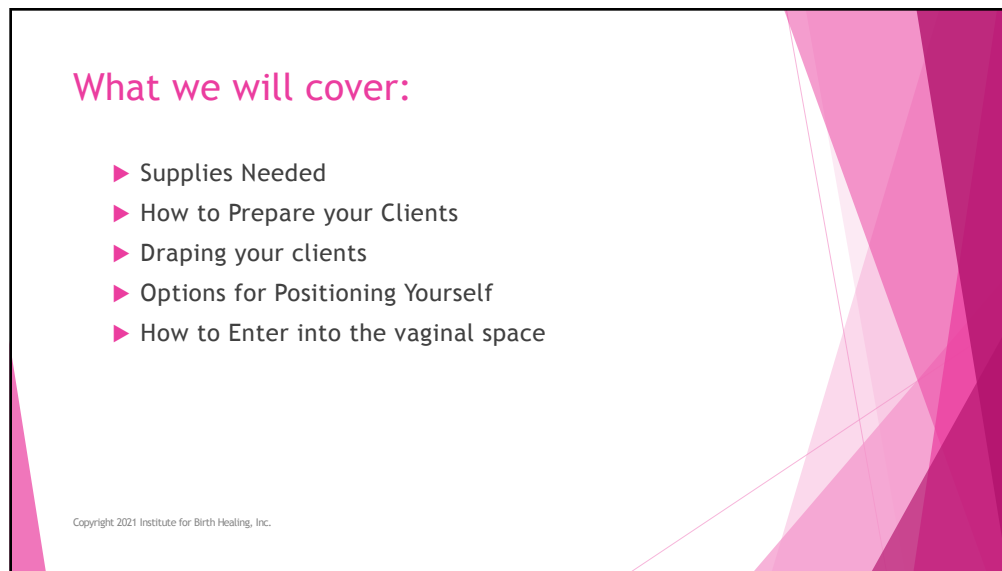
Set Up for Internal Work

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Prior to Internal Exam

- ▶ Checking in with body for a Yes -
- ▶ Don't go anywhere I'm not invited
- ▶ Explaining why you want to do exam
- ▶ Answering client's questions - Mind saying yes
 - ▶ Use pelvic model to show pelvic floor muscles
- ▶ Explain Client is in control
 - ▶ If at any time they need to stop they just say so
 - ▶ Can come up with a safe word - needed more for those with hx of abuse

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Supplies Needed

- ▶ Gloves
- ▶ Lubricant
 - ▶ Only use appropriate amount - I use very little
 - ▶ Organic Coconut Oil/Olive Oil
 - ▶ Slippery Stuff
 - ▶ Individual packaging
- ▶ Pad/Towel/Chucks
- ▶ Cover sheet
- ▶ Mirror
- ▶ Cotton Swab

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Client Preparation for Internal work

- ▶ Leave room while they undress
- ▶ Stay in room while hold up a sheet
- ▶ Give an option?

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Draping

- ▶ Start with client completely covered
- ▶ Lift up to observe contraction
- ▶ Enter into vaginal opening
- ▶ Cover back up until internal work is complete



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Your Positioning

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My Preferred Positioning

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Entering into Vaginal Space

- ▶ Multiple Check in Points throughout process
 - ▶ Before lifting the drape
 - ▶ Your hand contacts high up near knee on inner thigh
 - ▶ Once your hand contacts their leg it NEVER disconnects!
 - ▶ Slide down to introitus - not too fast and not too slow
 - ▶ One hand approach
 - ▶ Thumb and middle finger separate labia and index finger goes internally
 - ▶ Two handed approach - Good for vulva and prolapse issues
 - ▶ One hand separates the labia for other hand's finger to come in
 - ▶ Contact perineal body with tip of finger - check in again -
 - ▶ listen for invitation - Does finger get drawn in or pushed out?
 - ▶ Ask permission to allow your finger to come in more
- ▶ LOOKING FOR DISSOCIATION - Stop when it happens

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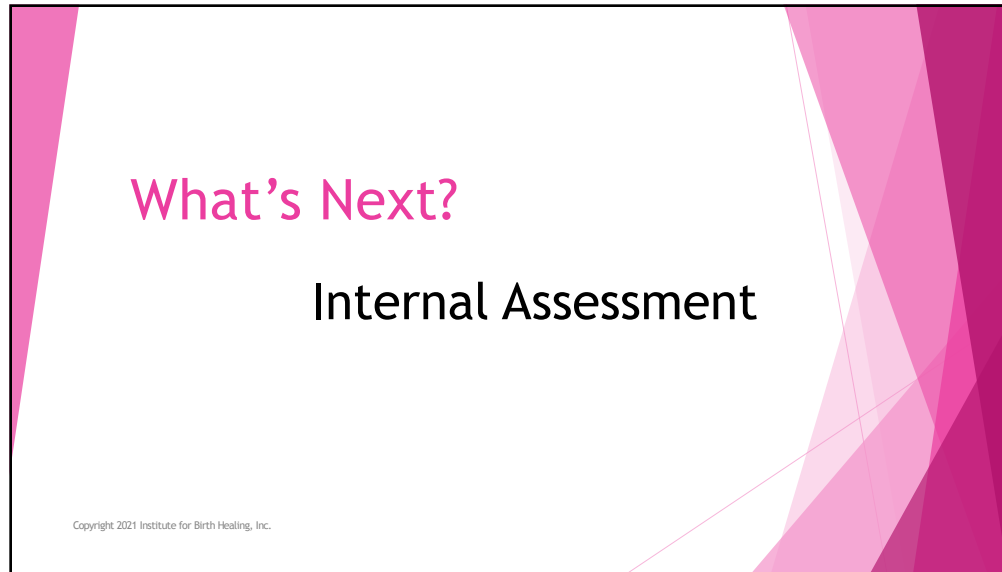
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What we just covered:

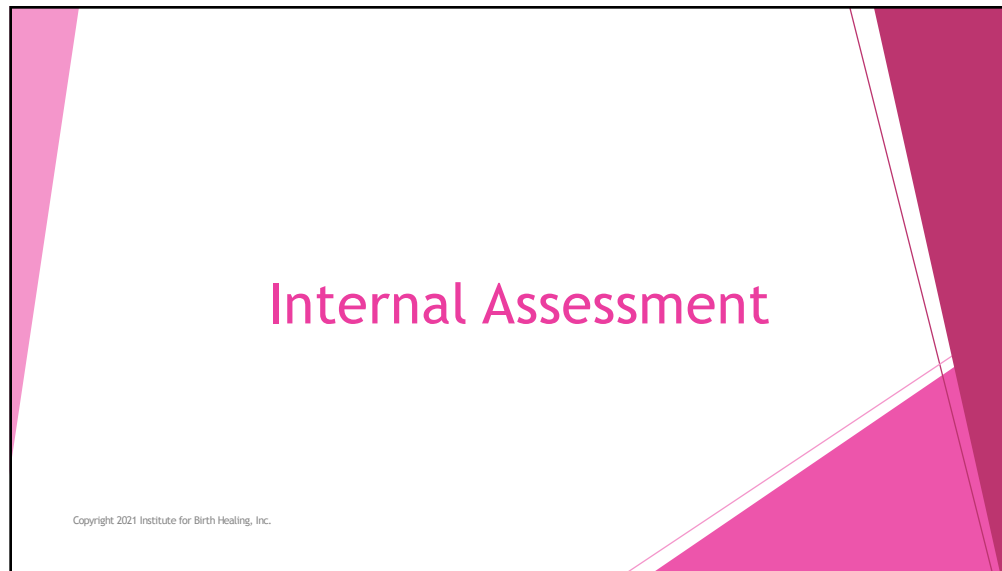
- ▶ Supplies Needed
- ▶ Ways to Prepare your Clients
- ▶ Draping your clients
- ▶ Options for Positioning Yourself
- ▶ Respectfully Entering into the vaginal space

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What we will cover:

- ▶ 2 Approaches to internal work
- ▶ Assessment protocol
- ▶ Orientation internally
- ▶ Standing Assessment for prolapse

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2 Approaches

- ▶ When there is vulvar/prolapse issues: two handed gloved approach
 - ▶ Inspect vulvar tissues
 - ▶ Look for prolapsing tissues- bulges at introitus
- ▶ When vulva is not involved: one handed gloved approach outside hand can work on pelvic bones

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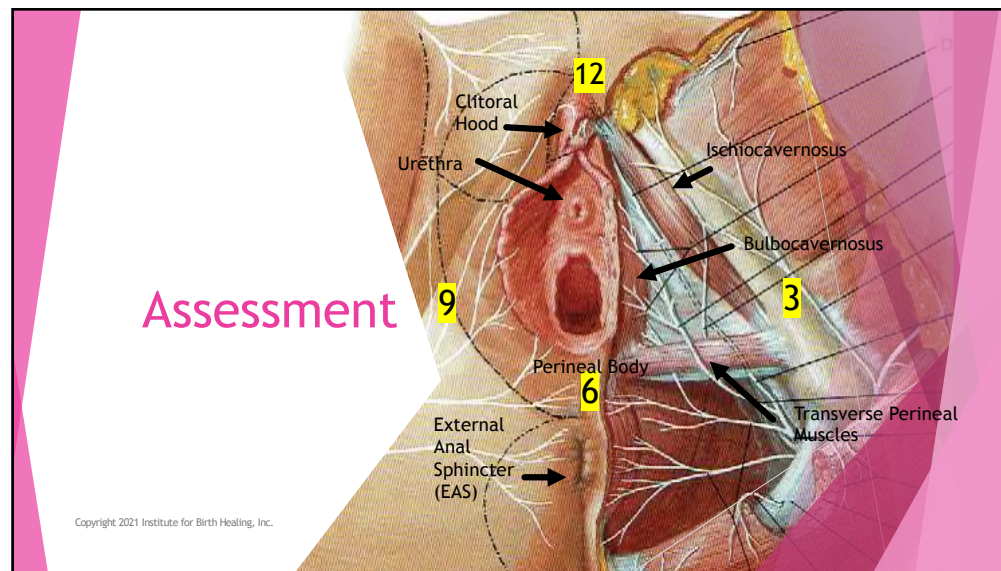
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Assessment

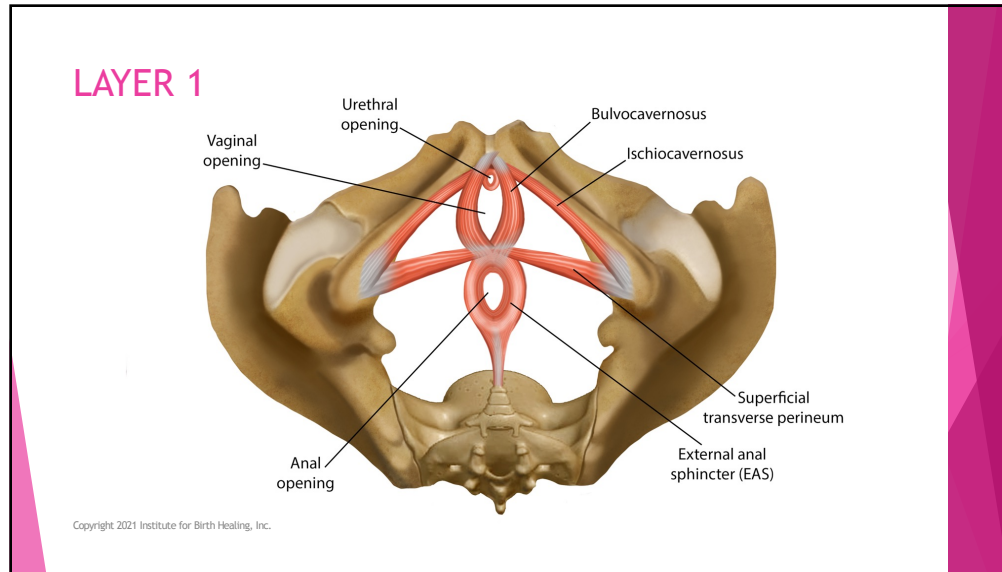
- ▶ Finger pad on Perineal body
 - ▶ Feel for tension or scar tissue superficially at 6:00
 - ▶ Wait and ask vagina for invitation inside
- ▶ Assess for Muscle tone/tenderness and strength 4 quadrants
 - ▶ Globalized assessment of pfm
 - ▶ Quick flicks and endurance contraction
- ▶ Use clock for orientation
- ▶ 3 Layers of Muscles
 - ▶ LAYER 1: Superficial Upper Urogenital triangle
 - ▶ LAYER 2: Compressor Urethra and Anal Sphincter Muscles
 - ▶ LAYER 3: Levator Ani Muscles and Coccygeus Muscles

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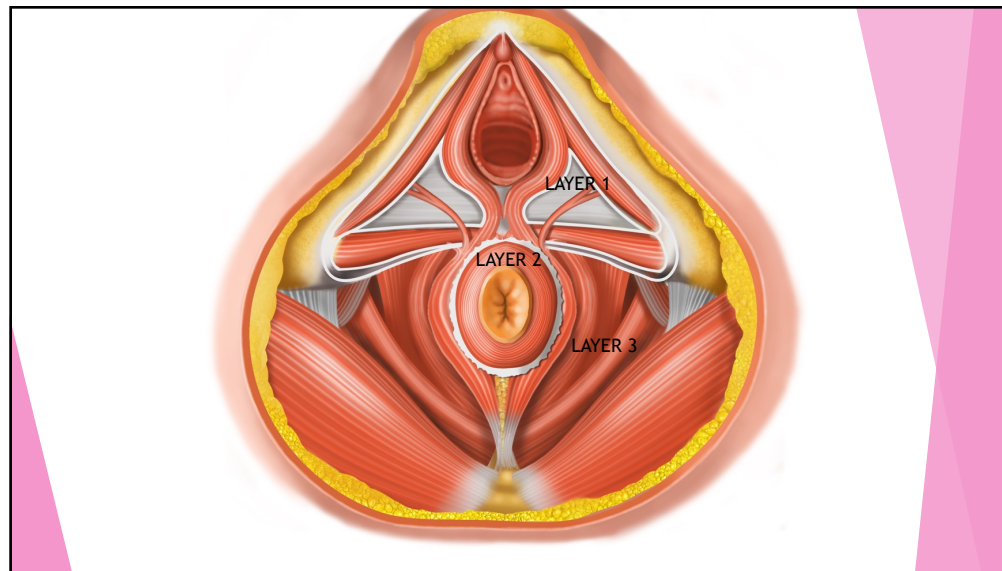
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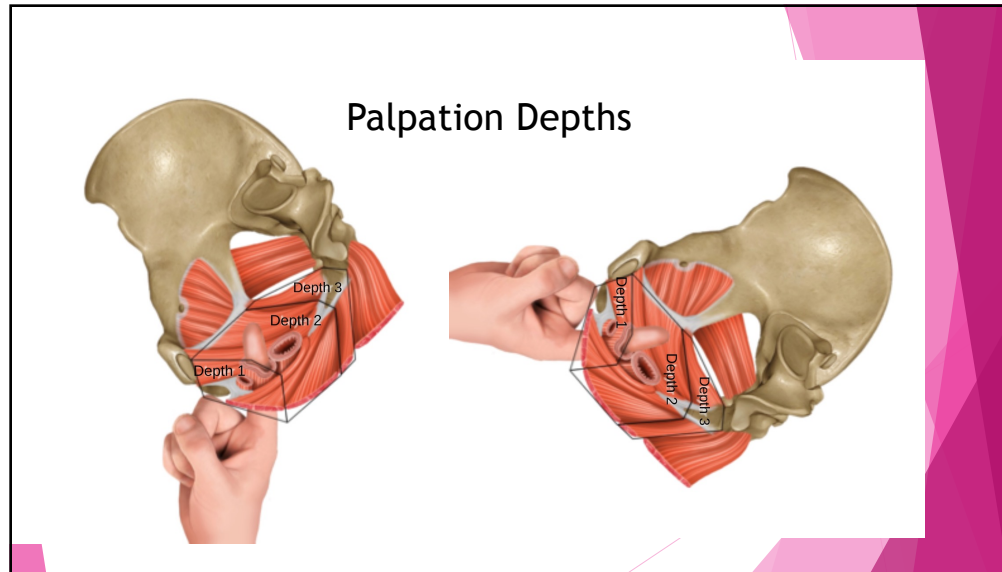
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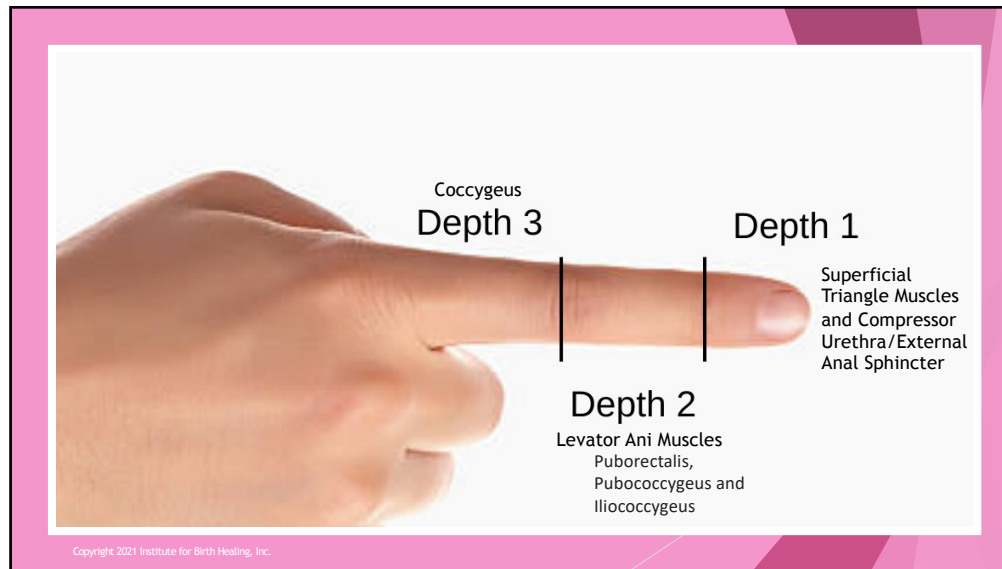
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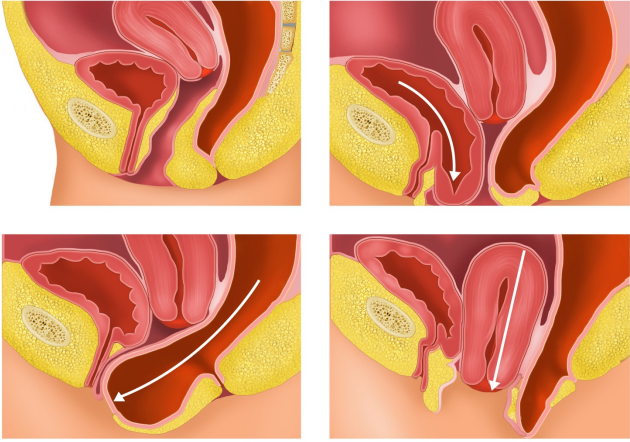


Standing Assessment

- ▶ A must do with any suspicion of prolapse
- ▶ Touch in at knee and slide hand up
- ▶ Feel for labial folds
- ▶ Work finger between and look for opening
- ▶ Ask client for guidance

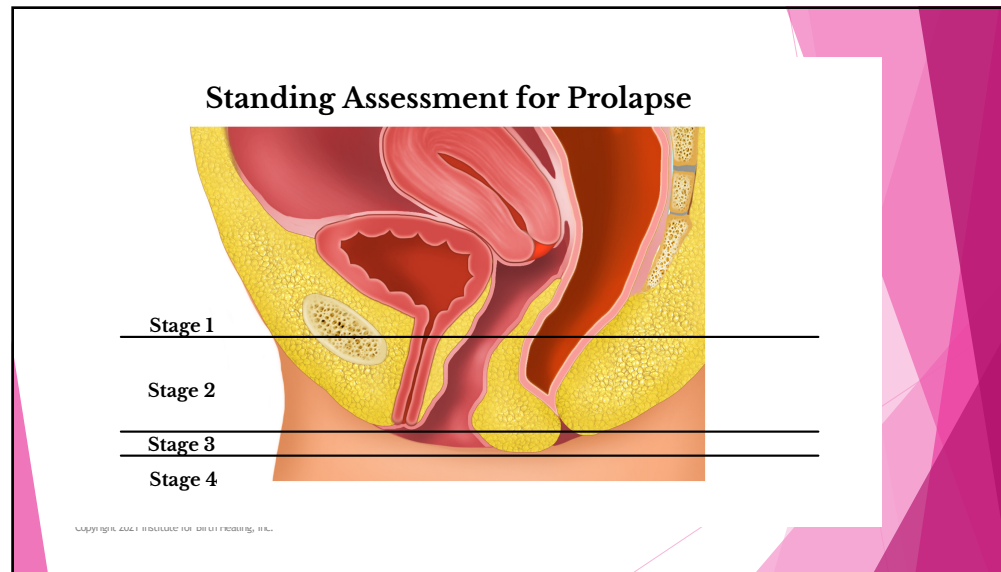
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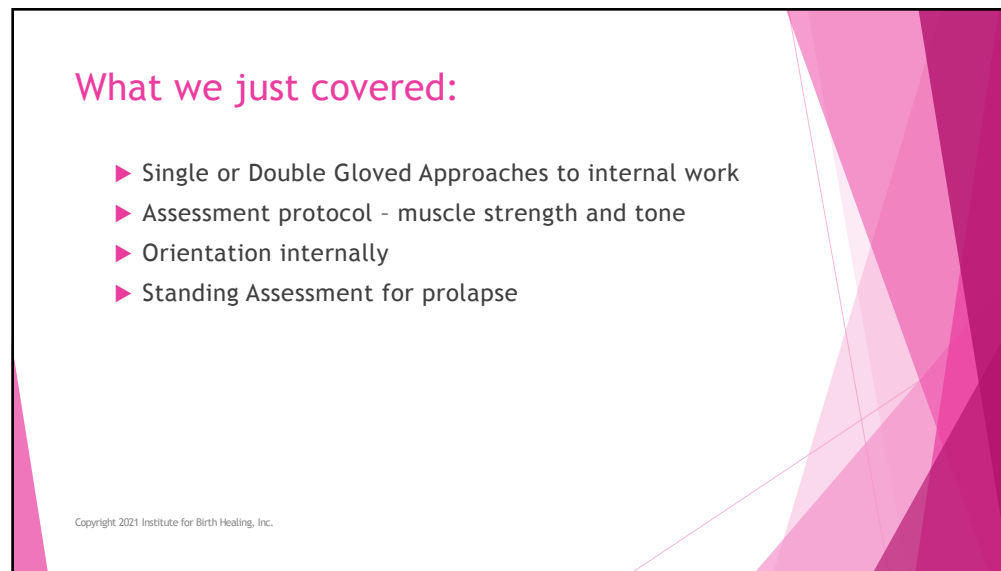


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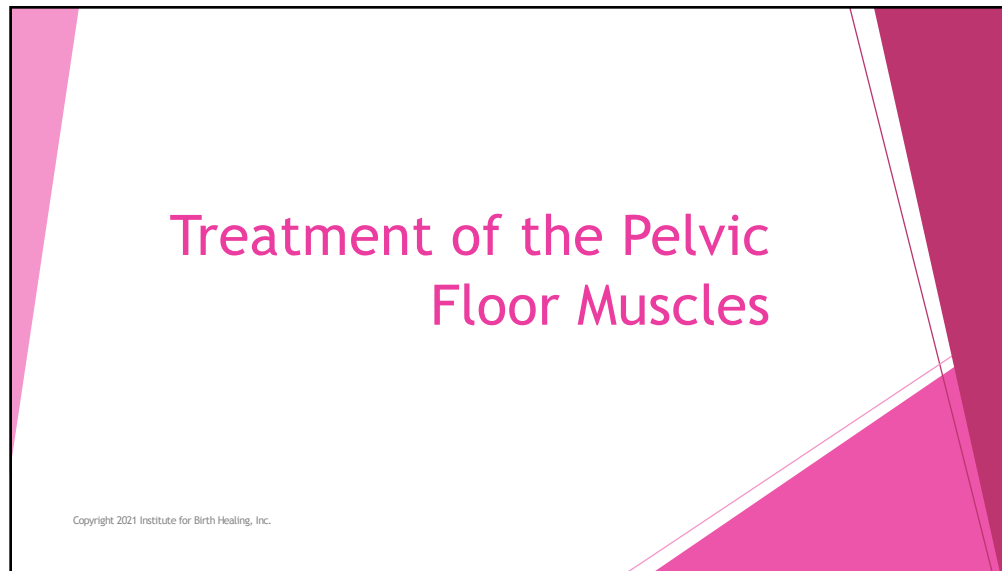
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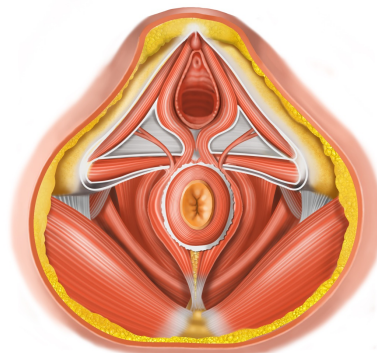
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What we will cover:

- ▶ My treatment rules for working with the pfm
- ▶ How to use the pelvic bones for releases
- ▶ Steps to take if a muscle won't release

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PELVIC BONES and PELVIC FLOOR MUSCLES

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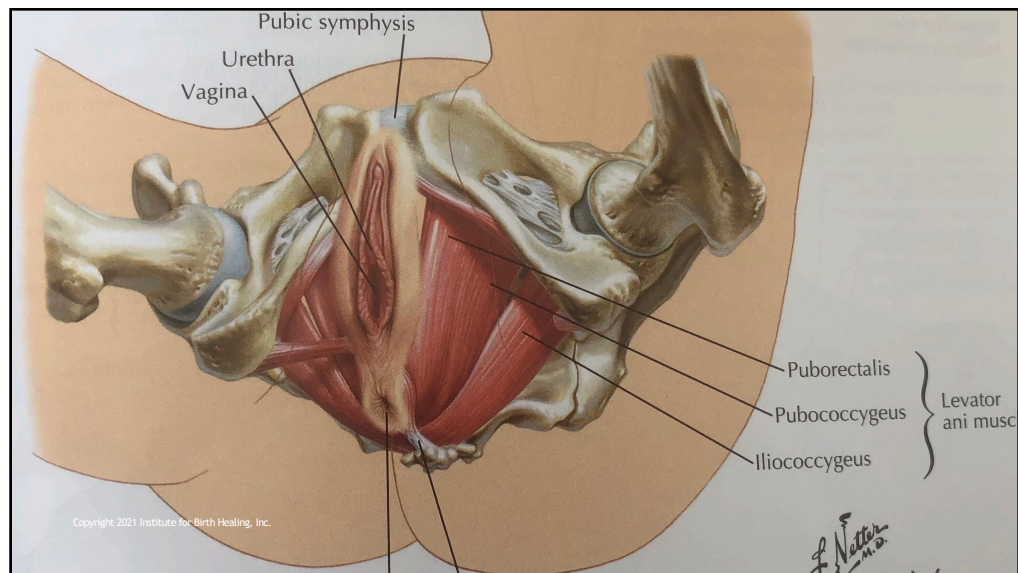
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Treatment Rule

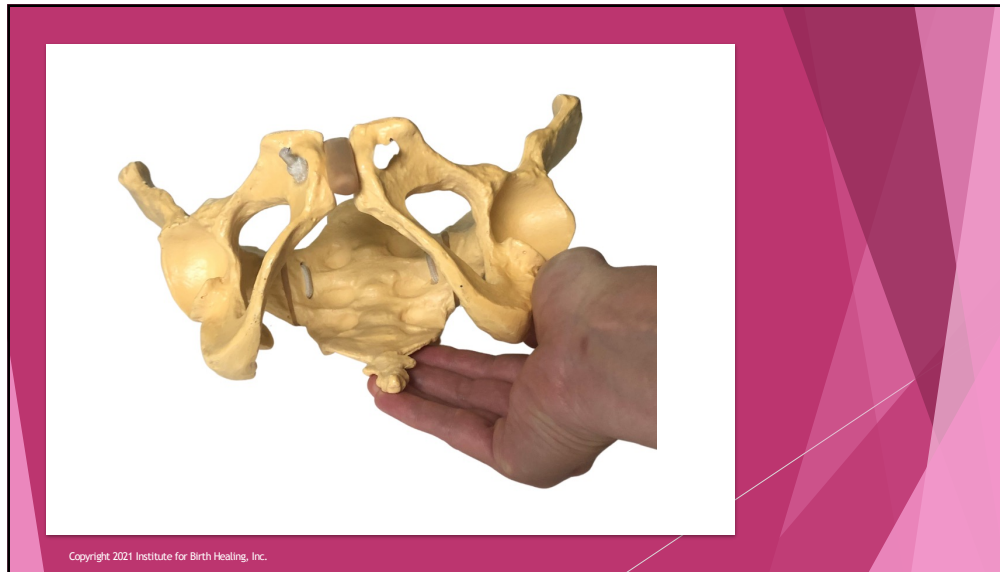
- ▶ Always use the pelvic bones to help release the pelvic floor muscles
- ▶ USE BOTH HANDS - One hand internal- other hand external
- ▶ NEVER FORCE A RELEASE
- ▶ NEVER CREATE PAIN

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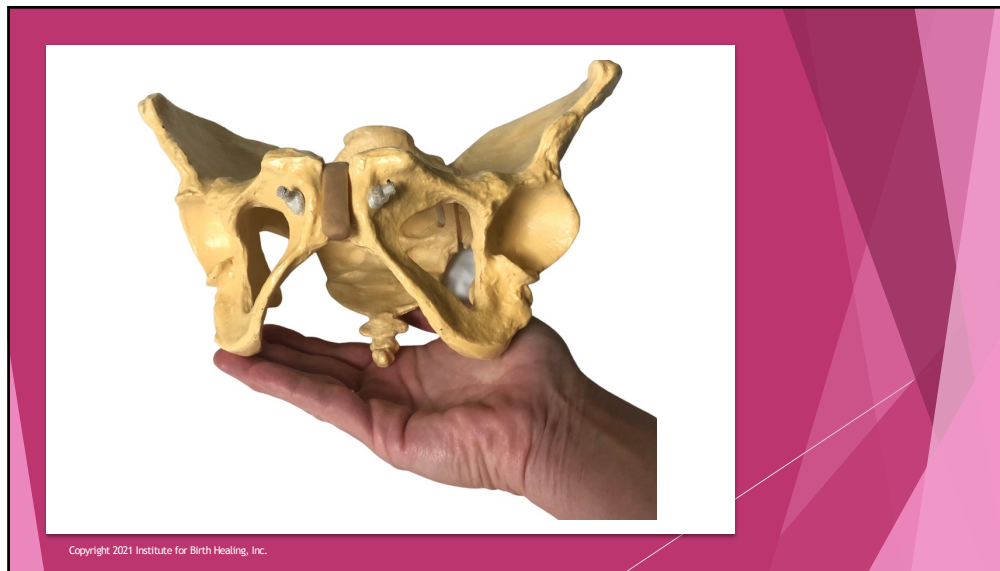
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Pelvic Mobilizations

- ▶ Coccyx Anteriorly - toward ceiling
 - ▶ Ischium Medially
- OR
- ▶ Bilateral Ischium medially

 - ▶ Internal finger on muscle
 - ▶ Same motions for both LAM and Coccygeus

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IF A MUSCLE WON'T RELEASE

- ▶ Breath and Awareness
- ▶ Say the tight muscle out loud
- ▶ Ask client what they sense in there
- ▶ Allow emotions to come up
- ▶ Do pelvic bowl sweeping

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What we just covered:

- ▶ Importance of using pelvic bones when working on pfm
- ▶ 2 hand placements on pelvic bones for pfm releases
- ▶ Ways to work with helping a muscle to release

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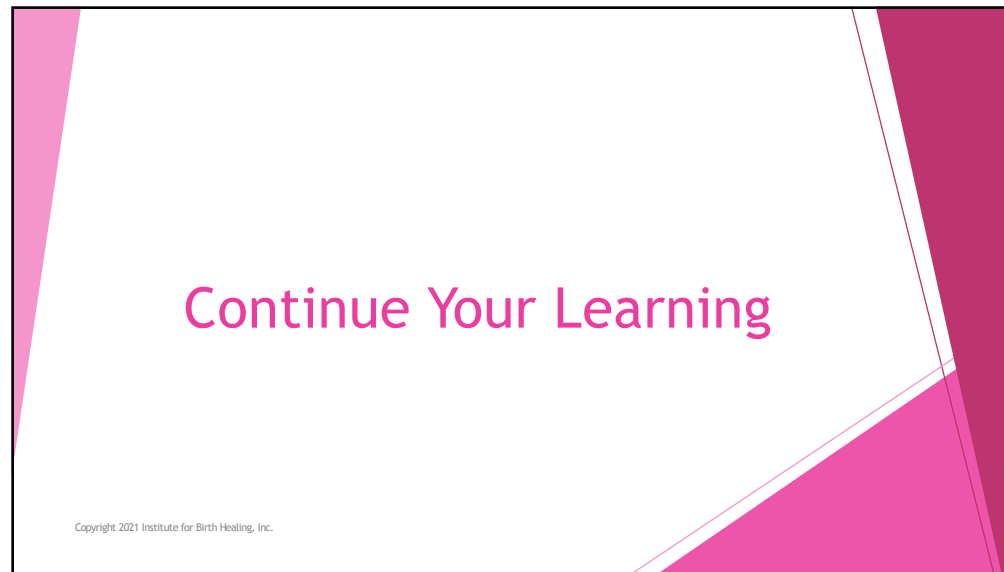
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What's Next?

Labs for External Treatment

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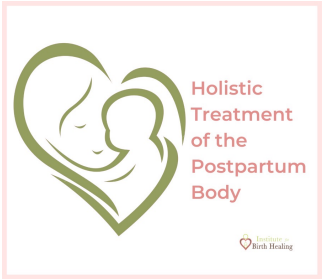


Midwives Course
Facilitating
Labor and
Postpartum
Recovery ONLINE COURSE

Professional Courses

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Holistic Treatment of the Postpartum Body

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Holistic Treatment of the Postpartum Body Course

- ▶ Greater understanding of recovery after birth
- ▶ Postpartum Patterns in the Pelvis and Abdomen
- ▶ Learn Organ Mobilizations
- ▶ Schulte Intravaginal Protocol
- ▶ Greater core function
- ▶ Treatment of Diastasis Recti and Prolapse
- ▶ Over 40 new treatment techniques
- ▶ Whole new way of approaching the body
- ▶ Available Online and In-Person and via Livestream


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Holistic Treatment of the Pregnant Body



ONLINE COURSE




Holistic Treatment of the Pregnant Body Course


- ▶ Greater understanding of preparing the body for birth
- ▶ Become more comfortable working on the pregnant body
- ▶ Assess the 3 key areas of the body for birth
- ▶ An alternative to pushing in labor
- ▶ Learn how to assess the energy flow in body for birth
- ▶ Available Online and In-Person and via Livestream

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Advanced Treatment of the Postpartum Body



Advanced Treatment of the Postpartum Body Course

- ▶ Learn how to assess and treat the energetics of the pelvic space
- ▶ Understand the energetics of the pelvic organs and how to balance them
- ▶ Clear birth trauma from the body
- ▶ Shift limiting beliefs
- ▶ Designed to help heal you so you can show up more powerfully for your clients
- ▶ Available In-Person and virtually

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Benefits of Certification

- ▶ Be recognized as the Go-To Leader in your area for Pregnancy and Postpartum care
- ▶ Get better results with your clients
- ▶ Deeper Understanding of the material
- ▶ Special Promotion by the Institute
- ▶ More Prominent listing in our Directory
- ▶ Special Facebook Live interview/introduction to our community
- ▶ Retake live courses for free *

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Steps to Become Certified

- ❑ Take 4 Courses
 - ▶ Holistic Treatment of the Postpartum Body
 - ▶ Holistic Treatment of the Pregnant Body
 - ▶ Advanced Treatment of the Postpartum Body
 - ▶ Confidence in your Core, Pelvic Floor and More
- ❑ 2 Written Tests
- ❑ Skills Assessment
- ❑ 6 Written Case Studies



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THANK YOU!

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