



# AB REHAB EXERCISE GUIDE

*Create a Healthy Core and Trim the Waistline*

By Megan Hoover, DPT and Lindsay Brin, BSE

*moms into fitness*



Congratulations! You've had a baby ... or six! Our bodies made these little humans — pretty incredible, isn't it?! Regardless if you're newly postpartum with your first or your kids are grown, you may find your body isn't feeling as strong or looking quite as fit as you want it to. You've got loose skin, slack muscle, and — sometimes — cellulite in places it wasn't before.

Whether it's been 8 years or 8 months, the good news is you can tighten up your core. But, before you dive in, I want you to know that, while it is important to concentrate on these key core exercises, it's also equally important to use them in addition to a well-rounded fitness program. We can't lose weight and trim our tummy simply by crunching; we have to exercise our entire bodies.

Did you know that 80 percent of us do a crunch the wrong way? Instead of engaging the inner core muscles and flattening the belly, we tend to “pooch” the belly out as we crunch up. Why? Well, it takes less work to fill up the belly than to flatten those muscles, and by default, our bodies take the easy route! The truth is you could do crunches until you are blue in the face, but until you initiate the movement from the innermost core muscles, you will not see a change.

There is also something else to consider. Maybe you have an abdominal separation – which was once thought to disappear after the baby was born. This is not the case. Did you know that some exercises can make it worse?

Stick with me ... I know you are eager to get started! But, first you need to know the how and the why of the movements. You need to know how to turn these muscles on before you can properly train them. And, you need to know how to cue the most important muscle – the transverse abdominis (or TA) – in your quest to flatten your tummy and create a healthy core!

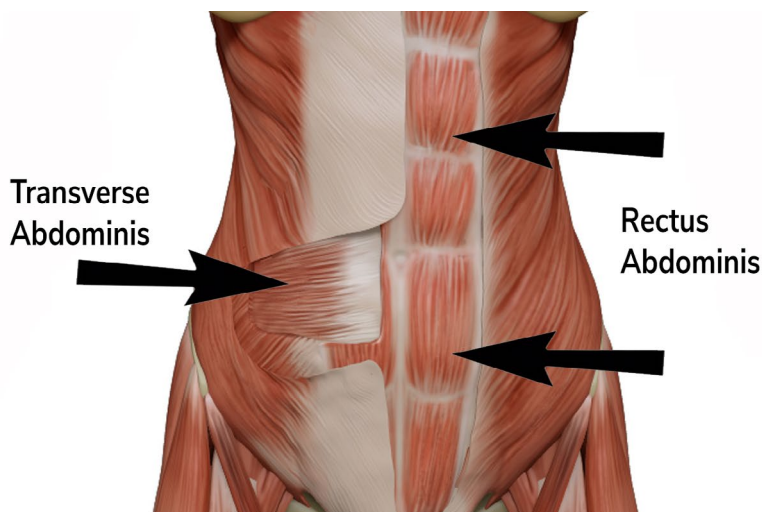
It's not a fad. It's not a trend. Over the last decade, activating the “inner core” during exercise, as well as much of daily living, has increased in popularity due to oodles of research. And, it's not your fault if you don't know how to turn on your TA. It has always been under-cued and underused in fitness. And maybe for you, the thought didn't even cross your mind until you had a baby and were left with a weak core or a belly you didn't like.

In the last 10 years, I've seen thousands of moms change their bodies, decrease low back pain, get rid of ab separations, complete marathons, hike mountains, take day-long kayak trips, and improve core function by learning how to properly cue and use their innermost core muscles. But, if I just told you all of my anecdotal stories, I would be doing you a disservice. So, Megan (a physical therapist, and dear friend, who I sought out when writing my [Prenatal and Postnatal Fitness Specialist Course](#)) and I teamed up and dedicated ourselves to discovering a way to pair fitness with physical therapy research and practices. Megan's vast knowledge of the core combined with simple, easy-to-follow cues will have your core serving your body 100 percent of the time in no time at all.

♥ Lindsay

# TRANSVERSE ABDOMINIS: YOUR CORE CORSET

The transverse abdominal (TA) muscle wraps around the torso from front to back and the muscle fibers of the TA run horizontally, similar to a corset. These muscles are the true core muscles, crucial for core stability. Because the TA is known as the corset muscle, it is the one we want to target in order to get those pre-mommy tummies back. We need to train all four of our abdominal muscles (TA, rectus abdominis, internal and external obliques), but the TA is essential for acquiring a flatter stomach and for getting rid of the “bread loaf” or “doming” that is seen in planks and crunches.



The main job of the TA is to stabilize the spine and pelvis before you move your arms or legs. These fibers need to work all day, every day. Every time you take a step, climb a stair, reach overhead, cough, or laugh so hard you cry, these muscles are kicking in. The problem is that we are not taught how to correctly and selectively strengthen the TA. As physiotherapist Diane Lee said, “You cannot strengthen a muscle your brain does not know it has.” So often we find individuals who do not know how to accurately activate the TA. And in order to properly train the TA, you must know how to turn these muscles on.

Activating the TA is not the same thing as sucking in your breath. Common mistakes observed when trying to activate the TA include: sucking in, arching the back, and doming the abs. Stronger muscles will always want to dominate the work. For example, when your back arches when doing one of the TA foundation exercises, this is because your back extensors are taking over, as they are the stronger muscle group.

Oftentimes, pregnancy or the delivery method (e.g., a C-section) itself is assumed to be the culprit of a distended belly. But the truth is, the distended belly could be due to an undertraining of the transverse abdominis.

After you learn how to get these muscles fired up, you will need to work them in unison with the rest of your core muscles (e.g., multifidi, glutes, hip rotators, quadratus lumborum, and pelvic floor). It takes a lot of practice, unlike traditional ab exercises.

# FOUNDATION TRANSVERSE ABS EXERCISES

## ACTIVATION BREATH

Pulling your navel toward your spine is not the same thing as sucking in your gut. What do you when you suck in your gut? You hold your breath, you tuck your hips. You don't want to do that. A great cue is saying "ssssssss" as you exhale. Core stability takes time and consistency. It's not a form of traditional training, be patient! For proper cueing, follow this [Core Principles video](#), which is part of all of our programs.

### STEP 1



### STEP 2





## QUADRUPED TA ACTIVATION

Begin on all fours. Let your stomach relax down towards the ground, keeping your spine in neutral. Tighten your abdominals by drawing your belly button up towards your spine and away from the floor. Hold this position without moving the pelvis. With every breath, tighten the TA.

### STEP 1



### STEP 2



## DEAD BUG SWITCH

Begin lying on your back with legs bent. Lift your legs and arms off the ground, keeping your knees bent. Keep your spine neutral, core braced. Lower one arm to the ground and lower your opposite leg at the same time. Repeat with your opposite arm and leg. Continue to alternate. Maintain your low back on the floor and keep abdominals drawn down towards your spine. If you cannot maintain lower back, start by alternating arms. As you become stronger alternate legs only. Then progress to opposite arm and leg.

### STEP 1



### STEP 2



### STEP 3



## BENT KNEE FALL OUTS

Lie on your back with your knees bent and feet resting flat on the floor. Tighten your abdominals. Without letting your hip bones move, slowly lower one knee out towards the floor only as far as you can without your pelvis moving. Slowly return to starting position. Alternate with other leg. Do not let your pelvis move.

### STEP 1



### STEP 2



### STEP 3



## ARM BRACING

Begin lying on your back with legs bent. Keep your spine neutral, core braced. Using the TA activation breath, on the exhale, lift your arms overhead with control. Do not allow your ribs to flare or your back to arch. Bring your arms back down with control.

### STEP 1



### STEP 2



For more advanced TA activation exercises, check out [this article](#) and [this video](#).

Give the exercises in the links above a shot to get those deeper core muscles activating accurately and safely! With that being said ... core stability and strength take time and consistency. It takes about 4 – 6 weeks of performing these exercises about 4 times/week to see a measurable change. Try them on your own along with a strength and stretching program, or use our [30 Day Restore](#) (beginners) or [30 Day Balanced Body](#) (intermediate) programs.

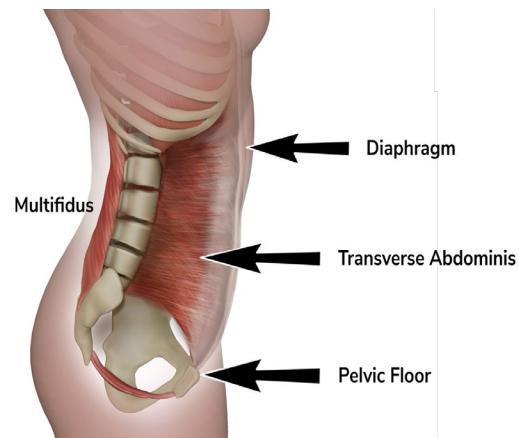
If you are not seeing a significant improvement after consistently doing the exercises, please get in touch with a women's health physical therapist. Your core may not be firing correctly. A women's health PT will be able to get your brain reconnected to the rest of you!



# YOUR PELVIC FLOOR

The pelvic floor is a group of muscles that act as a sling to the bottom of your core, from pubic bone to tailbone. The pelvic floor muscles stabilize the joints around the pelvis. Pregnancy, childbirth and decreasing estrogen weaken these muscles. But you can selectively retrain the pelvic floor to do its job. Like any muscle group, you have to specifically target these muscles, then load them past their prior condition.

For the pelvic floor, we will be stimulating muscles you don't necessarily feel all the time. Sometimes it can take several tries for the brain to communicate with the pelvic floor. These moves are less intense and obvious. The Kegel is a simple exercise that can be done while sitting, standing, or getting ready for bed.



## PELVIC FLOOR EXERCISES

### Hold 'Ems on a Chair or Swiss Ball

1. Squeeze and lift the pelvic floor muscles by thinking of pulling on both ends of that hammock I talked about. You can also think about using the muscles that you use to stop the flow of urine or hold in gas.
2. Hold for 5 – 10 seconds (you should be able to talk while you do these so you don't hold your breath). And relax for 10 seconds. It is just as important to learn how to relax these muscles as it is to turn them on, so don't skip that step!
3. Do 10 contractions. Try to get in a few sessions a day.

### Quick Squeezes

1. Now contract those same muscles quickly 5 times. Don't hold. We're training motor control here ... fancy term for retraining that brain to turn them on/off quickly. Relax for 10 seconds after your fifth quick contraction.
2. Repeat 10 times.

## IS THERE A PROGRAM THAT CONCENTRATES ON THESE KEY CORE MUSCLES?

It's important to strengthen your deep core muscles through a variety of abdominal exercises specifically targeting your transverse abdominis (TA) and pelvic floor. It's equally as important to incorporate safe strength training into your exercise routine. Healthy (from toning) and supple (from stretching) muscles will treat you well! Moms Into Fitness has excellent programs and resources to keep you on track.

For exercises that help stabilize a weak core by concentrating on these key core muscles, follow our [30 Day Restore program](#). If you've had a baby within the last year, follow our [Postnatal program](#). These programs break it down to the basic foundation (working your TA and PF). Then build on this foundation, adding layers of difficulty with each phase.

If you have been exercising, I recommend our [Balanced Body program](#). We teach your body to engage your core muscles in all exercises. An efficient and effective fitness program results in a "balanced body" that keeps you strong, vibrant, and injury-free — so you can do the things you love to do.

# COMMON MUSCULOSKELETAL ISSUES

Our bodies have just remolded their structure to house a tiny human being. So it's completely normal to have some musculoskeletal (bones, muscles, tendons, ligaments, joints) changes too! This is what provides your body with stability and allows your body to move. Here we outline 3 common issues, but we have oodles of information on back pain, pelvic pain, lordosis/kyphosis, sciatica, and more on our website.

## PELVIC PAIN

Relaxin is great for helping the pelvis and rib cage to expand to fit a growing baby. But it will also cause loose joint stability, and can lead to pelvic pain both during and after pregnancy. Relaxin remains in the body while breastfeeding.

Vaginal deliveries involve the trauma of making room for the baby to come through, and cesarean deliveries involve disruption of the tissues in the front of your abdomen. Both have a significant impact on our pelvic mechanics and ability to perform all our normal activities and jobs in a pain-free manner. As mentioned above, relaxin causes laxity in our ligaments. Our pelvis is made up of bones that are tethered together by the ligaments and muscle tendons surrounding the pelvis and sacrum. And there are a bunch of them!

It is important to keep working the core with the pelvic tilts, Kegels, and foundation moves. Additionally, some women find it feels better to have compression through the pelvis and use a support belt.

If you are experiencing pelvic pain, it is best to avoid certain moves and exercises, such as:

- Abductions (where the leg moves away from the body)
- Uneven leg distribution, such as side squats
- Moves where your feet are further than hip-width apart
- Any move or position that causes pain or distributes the pelvis area unevenly, such as crossing your legs

➔ [See how do I know if I should see a physical therapist?](#)

## INCONTINENCE

Both vaginal and cesarean deliveries can cause incontinence postpartum. Mommas who have had vaginal deliveries tend to have more difficulty with incontinence, but not always. From overloading of our pelvic floor during pregnancy to the trauma of delivery, our plumbing takes a hit, ladies! But there is hope!

We need to train those pelvic floor muscles that hold up our bladder and give the bottom of our abdominal canister some integrity. Our transverse abdominis and pelvic floor muscles have fascial ties (part of our connective tissue) that help them work together. So, when you work your TA, you are also getting those pelvic floor muscles to fire.

However, we also need to intentionally activate those muscles to get them stronger and have better endurance. Kegels are a great place to start.

For those of you who had significant trauma during vaginal delivery (e.g., extensive tearing, use of suction or vacuum, or episiotomy), I beg you to get evaluated by a PT. Incontinence can be hugely improved, if not be eliminated, with the help of a women's health physical therapist or physiotherapist. They have specialty training to help activate those muscles and retrain them how to fire. When your body has gone through something that extreme, it is very difficult for our muscles to know how to function effectively on their own. These specialized PTs can be superheroes in your journey back to feeling like a more normal woman!

Please do not put up with incontinence just because someone says it's "normal" after having kids. It may be common ... but it is NOT NORMAL!

## LOWER BACK PAIN

I'm going to disappoint most of you and start out by saying there is absolutely no one exercise you can do to cure low back pain. There, I said it. Gosh I wish I had a magic wand to bibbidi-bobbidi-boo back pain away. There is a reason back pain costs BILLIONS of dollars to treat each year. Back pain can be complicated and downright yucky (highly educated description).

However, if you are consistent with retraining your core muscles and practice good posture and body mechanics, you can dramatically decrease your back pain and even go a long way to preventing back pain. Start out by getting the TA and pelvic floor firing, then add in exercises to strengthen your back, deep hip rotators, and glutes. Moms Into Fitness is an excellent resource and the core videos are great at incorporating key muscle groups.

If you do have back pain and are finding that consistency with your core program is not giving you relief from the pain, please get in touch with a physical therapist. You are probably getting tired of me recommending this, but physical therapists are movement specialists and can help determine the exact cause/driver of your back pain. Often back pain is just a symptom of a deeper issue. As I've said before, a PT can help you get to the root of the problem.

And don't discount the importance of good posture! Follow the mental checklist on [page 12](#) until it becomes second nature.

## DIASTASIS RECTI

Many moms experience postpartum body changes. One of these is an incredibly common condition called diastasis recti abdominis — the separation of your abdominal muscles. It often occurs during pregnancy to make room for your growing baby. Diastasis recti affects up to 60 percent of women during pregnancy and is still present in up to 45 percent of women six months postpartum. Recent research suggests even more than this concrete statistic.

You are more prone to this abdominal gap if you have a weaker abdominal wall, if you are carrying a large baby, if you are carrying more than one baby, if you have a narrow pelvis, if you have carried more than one child, if had your children close together, or if you're over 35 when you get pregnant.

After that long list of predisposing factors, you can see why diastasis recti is common. That said our bodies are made to bear children and are also resilient in getting back to their prior self!

## HOW TO TELL IF YOU HAVE DIASTASIS RECTI

You can do a self-check exercise at home after you've given birth to determine if you have diastasis recti.

[Watch the self-test video.](#)



If you feel a separation of two finger widths (finger placement is horizontal), you likely have a mild case of diastasis recti. Separation of three to four finger widths indicate a moderate case, while four or more finger widths point to a severe case.

Talk to your doctor or a physical therapist to get a definitive measurement/diagnosis, particularly if signs point to having a moderate to severe case.

**New moms:** It cannot be assumed you have diastasis recti if your belly isn't flattening after birth or a C-section. Sometimes a distended belly is due to an under-cued transverse abdominis or deep core musculature.

If you've had a baby within the last 6 months or are currently breastfeeding, a [postnatal-specific workout](#) is so important! The hormones in your body make the tissues more lax, even after the relaxin leaves your system (sometimes several months later). Postnatal workouts will ensure you don't push yourself into injury.

## CAN I EXERCISE WITH DIASTASIS RECTI?

To help your diastasis recti you need to integrate ... you guessed it ... the transverse abdominis! [TA exercises](#) approximate the recti bellies and strengthen the integrity of the linea alba, which in turn helps to close this abdominal separation or gap.

We teach you safe exercise techniques and modified exercises in our [Diastasis Recti program](#). But there are a few things you can do while reading to help you better this condition.

## CORRECT YOUR POSTURE

It sounds simple, but years of habit can take a bit to correct. In fact some studies show it takes thousands of repetitions to correct bad habits. We spend 12 hours a day upright, this is key time to keep your abdominal wall from being overstretched. Go through this checklist to check your own posture:

- Set your feet parallel
- Relax your shoulders
- Lengthen your spine
- Slightly engage your core so your ribs don't flare
- Soft knees
- Stack your hip bones over your knees — if you look down you should be able to see your toes (unless you're pregnant, obviously)
- Breathe normally

Key points for diastasis: Don't stand with a swayback or open the rib cage (no rib flaring!). This exacerbates the issue. The smallest of changes — closing the ribs and stacking the hip bones over the feet — takes pressure off the linea alba (where the recti separation occurs).

## BE CONSCIOUS OF YOUR DAILY FUNCTIONAL PATTERNS

As you move daily in exercise and regular activity, you will want to work “functionally” with your diastasis recti. Anytime you bend, lift, twist, etc., think about tightening your TA. This will reduce the strain on the linea alba where the separation occurs. It will also reduce pelvic pain and back pain!

When rising from bed or the floor, roll over and do a side sit up (instead of sitting straight up and straining the belly muscles). Think about making a few postural adjustments and activating the transverse abdominis every time you pick up your toddler or car seat. It's not just the 30 minutes of exercise that matters — it's what you do the other 23.5 hours a day.

In our [Diastasis Recti program](#), we teach you these cues, how to use them within exercise, plus how to use them in everyday function.



## AVOID HEAVY LIFTING

While you want to engage your core throughout exercise, excessive heavy lifting can lead to added abdominal pressure and separation. If you have older children who want to be carried or your job requires heavy lifting, squat and engage your leg muscles. Wearing a support belt can also take pressure off your abdomen.

## DO AB-SAFE CORE MOVES

As we mentioned, traditional moves like planks won't work to close your diastasis. Instead you need to strengthen your inner core muscles to help approximate the recti bellies, decreasing the gap. Exercises like side lying activation, arm switches, bent knee fallouts, modified dead bug, etc. are safe for diastasis recti. All of these and more are found in our three-phase [Diastasis Recti program](#).

## EXERCISES TO AVOID

If you are following our programs, all workouts are already modified for you!

There is no universal list of don'ts in the diastasis recti world. But because it is usually intra- abdominal pressure that causes the recti muscles to separate, it is advisable to stay away from applying extra intra-abdominal pressure.

Traditional exercises can put too much strain on the belly tissues. You should refrain from most (not all) twisting and spinal flexion (crunches). We also recommend you don't do planks, push ups, quadruped positions, and most traditional abdominal exercises — at least until your TA can stabilize your torso and your muscles are firing effectively. Be mindful any time you are hinged at the hips — support your torso.

The Moms Into Fitness diastasis recti workouts have all been modified to be safe for those with diastasis recti, including flexibility, cardio, and strength training. Healthy (from toning) and supple (from stretching) muscles will treat you well!

## WHEN CAN I PROGRESS TO MORE TRADITIONAL EXERCISE?

The short answer is when you can appropriately fire the TA so there isn't any tension on the linea alba. That means you shouldn't see/feel any pull/tension along your diastasis recti. You shouldn't see either a "caving in" or "bread loaf" effect. Until then you need to stick to exercises you are able to be very conscious of your form and posture. In our [Diastasis Recti program](#), we do just that between phase 1, 2, 3 and plus+.

**Diastasis Phase 1** — A series of core-specific workouts will help you train your core from the inside out by strengthening the transverse abdominis. This series will teach you how to use your inner core muscles, create core stability, how to do arm and leg exercises while keeping the belly tissues safe, and slowly add new exercises as the condition gets better.

**Diastasis Phase 2** — After building core stabilization in phase 1, we add layers of difficulty while maintaining safe positions and exercises. As I always say, you never subtract form to add intensity. With over 20 workouts in phase 2, you can decide what's best for your core.

**Diastasis Phase 3** — Your core is more stable so we start to add functional moves like twisting, the diastasis crunch, and wall/modified planks. Each workout is full of cues to brace your core before adding a layer of difficulty.

**Diastasis Plus+** — After completing diastasis recti phases 1, 2 and 3, you are ready for diastasis plus+. Includes a collection of workouts offering modifications for diastasis recti, so you can decide what your body is ready for as you prepare to move into our "traditional" exercise programs.

## TRY A DIASTASIS RECTI PROGRAM IN THE STUDIO



## HOW DO I KNOW IF I SHOULD SEE A PHYSICAL THERAPIST?

If you were to ask me, every woman who has had a baby should see a physical therapist or physiotherapist. Then use MIF as a teammate in rehabbing your core. Here are some reasons to see a PT:

- PTs specialize in the musculoskeletal system and how it has to ALL work together for efficient and pain-free motion. Our bodies are REALLY good at compensating, and it is so helpful to have someone who is skilled in finding those compensations, correcting them and showing you how to keep them from coming back! Not only that, underlying problems such as a hernia, disc issues, neural tension, and other conditions can affect the body's ability to perform exercises and activities.
- Women's pelvises like to move. While moving to help with childbirth is so helpful (and essential), the continued movement of the pelvis after we're done having those amazing little kiddos is not. Not only does altered mechanics of the pelvis cause pain (e.g., leg length issues, sciatic symptoms, knee pain, back pain), it also affects the way our muscles fire. For example, a rotation of one side of the pelvis (super duper common) can shut off the glutes and the quadratus lumborum on that same side. When those guys aren't firing right during all those amazing hip hikes we are doing, it causes all our hard work to go nowhere. So frustrating! A PT can use your own muscles to correct that alignment so the muscles can fire the way they were designed to function.
- PTs are there to help make sure you are doing all those great DR exercises correctly and teaching you how to take care of yourself. PTs want their patients to get to the point where they don't need them anymore — where they know what to do if they start having similar issues in the future. No one wants to live in a PT clinic!
- TIP: If you've recently had a baby, the postpartum period is the best time to get in! Usually you've met your insurance deductible and insurance will cover your visits.

# RUNNING: IMPACT ON YOUR CORE AND PELVIC FLOOR

Your core/trunk is a transfer station for everything that goes on in the body. Running dramatically increases the amount of force through the core, pelvic floor, and legs. You never want to subtract to add — meaning don't compromise the structure of your body just to get in the miles. Starting running too soon postpartum, or without a functional core to support you, can wreak havoc on your body.

## PELVIC FLOOR

A study by Poświata in 2014, found that 45.54 percent of the 112 elite female endurance athletes (runners and cross-country skiers) polled suffered from incontinence. It is so common ladies! Researchers also determined that running and high-impact aerobics were the most identified sources of the incontinence. As a result, high-impact aerobics became the single most abandoned type of exercise once women had experienced loss of urinary control.

Your pelvic floor muscles work all day long, in conjunction with your TA, to stabilize your core, pelvis, and support your internal organs. We need to train those pelvic floor muscles that hold up our bladder, uterus, and rectum, and give the bottom of our abdominal canister some integrity. If and when you have good core strength and stabilization, you can add miles.

## DIASTASIS RECTI

We know that runners will not take “no” for an answer. Our hope is that you will understand why running may slow your progress of reducing your diastasis and how it impacts your pelvic floor. Regardless if you had your baby/babies via vaginal delivery or C-section, your core and pelvic floor were impacted! We want you to build back to running safely.

If you have diastasis recti, your structural integrity is compromised. When running with DR, you are likely compensating, which can lead to other structural issues including knee pain, IT band pain, plantar fasciitis, low back pain, and hip flexor issues, just to name a few. Not to mention increased strain through your pelvic floor. We need to address your compensations to ensure you can run with proper alignment, so you can successfully return to running. It can be very difficult to know how you are compensating.

Before you hit the pavement or your treadmill, I highly encourage you to work your way through our [Diastasis Recti program](#). Please also avoid sprinting. When you sprint, you increase the force and rotation through your trunk muscles, which can really strain the linea alba and surrounding muscles and fascia.

## RUNNING SAFELY

In order to run safely, you must learn to activate and train your ... you guessed it ... transverse abdominis. On either side of your floppy bridge are winches, otherwise known as your TA. Your TA fibers run horizontally and act as the corset of your core. As your TA gets stronger, those winches crank on your bridge and you get that tension back. Before you hit the pavement or your treadmill, I highly encourage you to work your way through our [Diastasis Recti program](#).

A few considerations for your running program:

- Are you able to stabilize your core? All of the internal muscles we've talked about help stabilize your core.
- Have you integrated full-body strength training? Specifically exercises that take you into different planes of motion. We spend a lot of time in one pattern while running, so we need to strengthen all those stabilizing muscles in different planes.
- And stretching? Always an important part of any exercise routine. Did you know tight chest muscles can move down the kinetic chain and cause knee/hip pain while running?
- Once you return to running, I recommend pairing your running routine with our [Running Supplement workouts](#). The perfect combination of cross-training and firing up the inner core muscles.

- As always, if you are not seeing a significant improvement after consistently doing the transverse abdominis and pelvic floor exercises in this guide, please get in touch with a women's health physical therapist.

## C-SECTION AND EXERCISE

Many women spend most of their pregnancy assuming that they will be giving birth vaginally. But sometimes, surgery is necessary for the safest or most efficient outcome. You might deliberately choose a C-section, or be surprised by the need for one. About 1/3 of the pregnancies in the United States are delivered by C-section.

A C-section is a surgical procedure, but unlike what most women think, your doctor will not be cutting through muscle — with the exception of the uterus. When a C-section is performed, the skin and fascia is cut horizontally, then the abdominal muscles are separated from one another and moved to the side. These muscles are rarely cut, and if they are they are usually put back together. While the muscles aren't cut, this process greatly interrupts the function of the muscles and their ability to respond to movement.

Exercising after a C-section should be done with caution. As long as your doctor is okay with it, you should be able to perform pelvic floor exercises (see Hold 'Ems and Quick Squeeze 'Ems on page 4). After your doctor releases you to exercise, typically around the 6 – 8 week postpartum mark, you can start the [TA Foundation exercises](#). They should be done pain free. If this is not the case, you need to back off. The bridge and clamshell foundation exercises are really important for C-section mamas. These create stability to take the strain away from the incision area.

Ease into exercise and only if it can be done pain free! You had major surgery. Combine that with a newborn's sleep schedule and it can create stress. Our Postnatal Workout Calendar is catered to women who have had a c-section (check out the [basic](#) and [intermediate/advanced](#) options).

## C-SECTION SCAR REHAB

Normal tissue in our bodies is aligned in a nice uniform direction. However, when scar tissue forms, it is kind of like your toddler played pick-up sticks and tossed them all over the floor. The tissue is laid down in haphazard directions. Most C-sections are performed using a horizontal incision or bikini cut over a mom's lower abdomen. When the scar heals, just like any other scar, it lays down tissue in every different direction. The scar tissue can cause adhesions to the abdominals, pelvic floor, and surrounding muscles.

This scar tissue can cause many more problems, beyond cosmetic. When the scar tissue impacts the muscles around it, it can cause issues with the deeper core muscles firing correctly, incontinence, back pain, and pain with sexual intercourse. So often I find that moms think that once they have a C-section scar, it is what it is and there is not much they can do about it. There is hope mommas!

Scar tissue responds very well to mobilization. I know ... big words ... sounds fancy but it is quite easy to do on your own. Now ... I will say, if you have a thick scar that is super tender and angry, or are dealing with issues with back pain, incontinence, or diastasis recti, please find a physical therapist/physiotherapist who specializes in women's health. They will be able to address your scar and other issues and get you back to being super mom much more quickly than if you just do a simple scar tissue mobilization at home.

First, you need to let that scar heal all the way. Do not get over eager too early in the game ... you can pull open your incision. Wait until your incision is fully healed. Then put your fingers down along the incision and move your incision/scar in every difference direction. Start gently. This may be uncomfortable. A little soreness is ok, but do not torture yourself! It does not matter if your scar is 4 weeks old or 10 years old. I have gotten scars to move that are decades old. It is never too late to work those scars!

If the scar is still healing or newly healed, it can be very sensitive. You might not tolerate pants with a tighter waistband or even having your shirt brush against it. This is called "hypersensitivity" and is not normal. Your body is telling your brain that everything is causing damage even though it is not. We need to retrain your brain and desensitize that scar. You can start with just brushing your fingers over it and gently rubbing it if you can tolerate



it. Then grab a washcloth and get it wet with warm water. Run it over your scar and then repeat with it cold. Play around with different textures that you can rub over your scar. If you consistently work on your scar, your sensitivity will lessen.

Most scars respond very well to mobilization. If you are still having issues after trying to work on your scar at home, please find a women's health PT. They have so many tricks and tools in their toolboxes and would love to help you achieve your goals.

## LINDSAY AFTER HER C-SECTION



One week post-operation before any scar mobilization or exercise



Ten weeks post-operation after some scar mobilization and exercise

# RESOURCES

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