Leaky Ladies - Ref246

with Claire Forrester & Nikki Scott

19th July 2022

TRANSCRIPT

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Steven Bruce
Tonight's show is all about helping an often-neglected demographic of leaky ladies. Sure, I don't need to explain what I mean by leaky ladies, especially to anyone who's had a baby. But it's a very distressing problem for many people, and one that's often assumed to be simply an unavoidable consequence of childbirth. So to put us, well, me anyway, out of my misery on this and out of my ignorance on this, I've got two very expert guests. I've got Nikki Scott. Nikki is one of the founders of a business called UK Hypopressives. She's also qualified in health and fitness, in remedial massage and in nutrition, and she's one of only two hypopressive master trainers in the UK. Evening to you, Nikki, thank you for coming to join us this evening. It's a long way to come in the heat, but I'm sure that everybody will much appreciate your attendance here this evening. Also in the studio, I've got Claire Forrester, Claire is an osteopath, but with additional qualifications and expertise, of course in gynaecology, fertility and pregnancy, and more recently, she has become a trainer in hypopressives as well. Claire, good evening to you, wonderful autocue. And then if I'm not looking at it, I forget everything that I'm supposed to be saying. But I do remember that you are Claire, and you are Nikki. So Nikki, can I start with you? Can you tell us a bit about how you got into this and how it's affected your practice?

Nikki Scott
I suppose, like a lot of my clients, I came to hypopressives, because I felt failed by the medical profession, I suppose, once I'd have my twins.

Steven Bruce
How long ago was that?

Nikki Scott
They are now 21. And when I had them, I was what I thought was very healthy and fit and did lots of exercise, went to the gym, was always on the go. And after I'd had them, I was really kind of left fairly debilitated. I had stress and urge incontinence, which really had a massive impact on my confidence. And just my lifestyle really, really changed. I think like a lot of people I went down that route of going to the GP. The GP referred me to someone who was a bit more specialised, Women's Health physio. But really what they gave me just didn't help me, in fact, over time actually made it worse, really. So I got to the stage when my twins were 12 that I was returning to doing more regular gym work, and I'd got a bit more of my life back. And I just didn't feel like I had the right qualifications as a personal trainer, to even help myself, let alone help the women that I was supposed to be looking after. In personal training qualification there just really is, there's postnatal module, but it really doesn't cover the ground that it needs to. And it certainly wasn't helpful for me alongside the treatment that I had with the women's health physio, I just really didn't find there was anything that was particularly helping me. And as I said it, it started to get worse. So I started just to do a bit of my own research. And at the time, there was someone on social media I started following who was talking about hypopressives and in that post natal area, did a bit more research on it. And very fortuitously, she brought a course to the UK. And that was probably about, I never really remember this Richard's always good one at remembering this. I think it was around 2014.

Steven Bruce
Who's Richard, by the way?

Nikki Scott
My business partner, my partner, the other half of UK hypopressives. So she came over and brought this course with the organisation of Metodo Hiperpressivo, who is the founder of hypopressives. And we just both really took a punt on it and we both went on the course. For me, it was kind of more my own personal things to sort that out before I sorted anybody else out and kind of the rest is history really, because within three months, I was seeing massive symptom relief. I really didn't have any incontinence after three months of practising myself. And so then I just started to bring it into my own practice and it's kind of taken my business in a completely different direction.

Steven Bruce
What about you, Claire? Obviously, osteopath, first of all, then postgrad stuff in gynae and pregnancy and childbirth, obstetric stuff. How did you come across this hypopressive concept?

Claire Forrester
On that course, we had a couple of really amazing osteopaths who came over from Canada. And they were raving about type of hypopressives. I've never heard of it until then. So I decided to have a look and see what was happening in this country. It seemed like there was much more training abroad rather than in the UK and then, actually, another friend and colleague from that women's health training course found Nikki, went on her training and recommended these guys. So yeah, I went to do my training with them and really enjoyed it.

Steven Bruce
I said in the intro that this is a sort of a neglected demographic to some extent because I suspect that even now that there's a relatively small percentage of new mothers, mothers and their care team, the midwives and so on who know about hypopressives. And I can only begin to imagine just how distressing, discomforting, disabling actually incontinence is. Because, for whatever reason, it's one of those things, it's a taboo subject, isn't it? You don't go around and say, gosh, I'm incontinent, or anything like that. You try to hide it. If you think it's a problem, you presumably you don't go to the gym and work out or you don't go to occasions where it might be evident to other people. So, how are you getting the word out now, other than through this show to people who might need hypopressive training?

Nikki Scott
I just think it's grown or organically, really, I think that a lot of people are like myself in that there just isn't, for some people, for stuff that's being given to them in terms of treatment just doesn't cut the mustard.

Steven Bruce
So what's the conventional approach, someone who's not trained as you are, what would they advise?

Nikki Scott
Well, normally would go to your GP. A GP would either diagnose you or not, but generally, you would get a referral to a women's health physio and a women's health physio would them mostly, and I'm not saying that about all women's health physios. But certainly, within the NHS, we're seeing a lot of just giving pelvic floor squeeze work and then now that the Squeezie app has been adapted, it just means that people are getting obsessed by doing pelvic floor squeezes.

Steven Bruce
What's the Squeezy app?

Nikki Scott
It's something that encourages you to do pelvic floor squeezes and remind you and it's something that's been developed to help but I think that there's just some people that it's not that helpful for and that we shouldn't just be giving one treatment for what we see as a whole umbrella of pelvic floor dysfunction. So for me, it was incontinence. But under that umbrella of pelvic floor dysfunction, you have prolapse, you have diastasis, you have back issues, you have weakness in the joints, so it just generally, it's not just incontinence. And it's not just postnatal either. That's something that we found kind of further along, I was postnatal, I did it because I needed to fix myself. However, there are a lot of women that come to me that haven't had children. And they still have issues such as incontinence, they still have issues such as prolapse, etc.

Steven Bruce
Does it affect men?

Nikki Scott
So men will present with back problems and hernias usually as a result of that dysfunction. So yeah, men can get pelvic floor dysfunction. And as they age, things like nocturia, where they're getting up multiple times to go to the toilet at night, that is something that can be resolved, or certainly improved with hypopressives.

Steven Bruce
Presumably, once you've ruled out any other causes of nocturia.

Nikki Scott
Yeah, absolutely.

Steven Bruce
Yeah. You said something which intrigued me a minute ago, you said if someone gets diagnosed, now, obviously, the title we gave this show is leaky ladies, because it's quite a catchy name for a topic like this. And you've explained there is more to it than just leaky ladies. But it's pretty hard to not recognise a diagnosis of urinary incontinence, isn't it? Is it the other stuff that GPs are likely to say? Well, it's just one of those things. Is this another occasion where women just don't get diagnosis? Because it's just assumed to be a woman's thing?

Nikki Scott
Well, I think that a lot of the time, I mean, the sort of language that was used with myself, definitely. And what I hear people say is that they're told you've had a baby or for me, I had twins. So you've had twins, what do you expect? I mean, I was 32, when I had my boys, and that's seen as geriatric, that word is so negative.

Steven Bruce
Not from my perspective.

Nikki Scott
I know, but it's such a negative word to be told, you're a geriatric mother. And you know, it's because you kind of left it until you're 32 to have your children. But I think that very much women think of themselves as, oh well, I'll just get on with life. I've got a baby to look after and I've got this to do, and I've got that to do. And they put themselves last definitely. And then the language that's used with them, I think is not great. So it's just really to tell people that there is a solution and there is something that could really help with their symptoms. I see it pretty much with everybody that I train. I see a change and that isn't the case with conventional pelvic floor exercises. I tend to see people that come to me that for which they haven't worked. So they're looking for something else, because their symptoms are getting worse and they want to do something about it

Steven Bruce
Claire, just to sort of complete the picture here, what is the physiological process which leads to all those problems that we just have described to us, particularly as a result of childbirth.

Claire Forrester
So it really varies from person to person, of course, and like you said, people get issues when they haven't had children. And men, probably I see more kind of lower back pain and pelvic pain presenting. So yeah, the cause really varies, but I think the common things that I tend to see are terrible posture. Very kind of restricted through the upper thorax. And the same around the kind of TL junction, and those lower ribs just not moving very well. And then, you know, deepness in the weak core, so a lot of people have diastasis that I see, so many. In fact, I pretty much check everybody now, because it seems to be so much more common than than I ever imagined.

Steven Bruce
I guess a lot of people see that in their more elderly, male patients than they would otherwise, do they not?

Claire Forrester
The diastasis? Well, I'd say most of the men that I see for back pain I check routinely, and majority of them have it.

Steven Bruce
Yeah. And I think we've been told by people in the past, well, if it's not causing a problem, don't worry about it.

Claire Forrester
Yeah, absolutely.

Steven Bruce
But hypopressive training can help resolve it.

Claire Forrester
It definitely can. And, you know, relatively quickly too.

Steven Bruce
Yes. I have been asked by one of our viewers, whether it's hyper or hypopressive.

Claire Forrester
Hypo.

Nikki Scott
Low, it basically means low pressure, hypopressives instead of hyper, which is high.

Steven Bruce
And I suspect we'll come on to discover why it's called that very shortly. And Pip has asked whether hypopressive training can help you with urethral syndrome as well. Acidic foods causing cystitis symptoms with no infection.

Claire Forrester
So, with issues like that, I tend to kind of not just use hypopressives, I would use some supplements to help support the bladder or urethra microbiome. But it depends, as I say, on the cause. If there's a restriction in the urethra somewhere, some scar tissue and adhesions, things like that, which are aggravating symptoms, then yeah, it really helps because it helps with the circulation in the pelvis. So as osteopaths, we always want to improve the blood flow and the drainage, which it does.

Steven Bruce
Okay. Lisa is a bit of a wag; she wants to know whether melting is the same as being a leaky lady as well. I think that's just a seasonal thing, isn't it. I mean, you talked about hypopressives, meaning low pressure. What's the mechanism that you're employing to achieve your end here?

Nikki Scott
So, in terms of the word itself, it's so much more than that, I think the word tends to kind of focus in on the pressure systems. So I'm making the system more able to handle bouts of high intra abdominal pressure, like sneezing, coughing, hit exercise, you know, lifting heavy weights, etc. So I think the word is more about that pressure management side. But as we know, and we've experienced over the years, we've been doing it, it's so much more than just sorting out that side of things. It brings so much more into play. So yeah, it's just a word, isn't it?

Steven Bruce
I mean, I guess so. There are only two master trainers in the country of which you are one, how many trainers do we have in the country?

Nikki Scott
Well, our organisation have got over 70 on our directory, we've probably trained hundreds of people but often going through the qualification, people choose not to do the certification. A little bit like doing a CPD

and having some knowledge. We obviously would like people to certify and become one of UK hypopressives trainers.

Steven Bruce
I presume that's a useful way for them to be found.

Nikki Scott
Yeah, we have a directory with all of our trainers on, so we actually are in Poland as well. So we're starting to build a presence in Poland. So we've got both sides of it.

Steven Bruce
70 doesn't sound very many given the number of, let's just stick with babies being born.

Nikki Scott
I know.

Steven Bruce
Sounds as though you need to get the word out.

Nikki Scott
100% we do. Yeah, I mean, I've been flying the flag now for a kind of over 10 years. And I mean, it has grown organically, I mean, there was an article actually in Good Housekeeping at the beginning of the year, which massively helped us. And again, that was talking about incontinence. And you know, real mixed demographic came forward, obviously, slightly older. So I found that more kind of my age now, menopausal ladies were coming forward. And I think because they think that they can't do anything about it, they kind of got to an age where they're like, yeah, that's my law. I'm going to live with that. And it's quite nice and it's quite refreshing to kind of reach out to those people as well. And to say that it isn't just a postnatal fix. It's something that everybody can do, really.

Steven Bruce
How long does it take to train an instructor.

Nikki Scott
So we usually do the training over a one-day intensive course, with an assessment process. So we cover the foundations, learning how to do the breathing, and learning how to do eight basic postures, and how they fit together as a flow. So that intensive training is a full day, or we do it via an online course.

Steven Bruce
So that full day course is face to face.

Nikki Scott
Yeah, that's a live course.

Steven Bruce
Where does it run?

Nikki Scott
So, all over the UK, I'm happy to go and do training with anybody basically anywhere. So I've recently been to Shropshire with a lady who got enough people interested. So we ran it from a studio.

Steven Bruce
Do you think you could run one in this studio?

Nikki Scott
Absolutely. It's amazing, that would be really great to be able to do that. I tend to just take small groups when I'm doing one day because it's quite hard. It's quite tough mentally on everybody, really. So it's quite nice to kind of have a group of sort of four, really.

Steven Bruce
So how much would they have to pay for the course?

Nikki Scott
The course is 389 pounds. The online course is a little bit more expensive. The online course is very, very in depth with the theory. So I don't tend to cover the theory in the depth that the online course does. However, once you're qualified, and you've got your certification, you get access to that online course anyway.

Steven Bruce
Who are you targeting? Are you targeting massage therapists?

Nikki Scott
Well, to be fair, it's anyone that's working with women. So whether that's personal trainers, whether that's chiropractors, osteopaths, physios, massage therapists, anyone really that's working with women, but also you know, you'll find, as you learn it, that there's all of your clientele, even children will benefit from learning it and knowing about it.

Steven Bruce
What's the benefit for children?

Nikki Scott
So in terms of respiratory function, in terms of posture, because we all know, they have texters neck, most kids are looking at their phones or looking at a screen way too much. And I dread to think what the next generation is going to actually look like in terms of posture. Because, what we're seeing now anyway, isn't that great. And it's only going to get worse with the amount of screen time that kids have, but yeah, athletic performance, it helps. There's so many benefits from learning hypopressives.

Steven Bruce
How do you use it in your practice then, Claire?

Claire Forrester
So I only train as a one to one now. And usually, I teach it in about four sessions four hours of sessions. And so I get people to come in, we do the assessment, and we start the breathing practice, which is quite complex to learn. So the hour's just taken up with the breathing learning. And then over the next few sessions, they start to learn the flow. We have about a week in between usually, so they can go away do some practice, and then advance with each time they come in. But it's really just that and then it's purely home practice for them.

Steven Bruce
How do you determine, as an osteopath, how do you determine who is likely to benefit from this as opposed to someone who's got low back pain of a different cause or?

Claire Forrester
So some people come to me specifically only to learn hypopressives, they know their issues, obviously I go through them in a history. But they come to me just for that. And others, so invariably, I end up doing quite a lot of internal work these days to check the pelvic floor directly. And I'd say more often than not, women have pretty hypertonic pelvic floor rather than hypotonic. So these exercises are really good for hypertonic.

Steven Bruce
And what's different about a hypertonic pelvic floor?

Claire Forrester
All of the same reasons. So, if the muscle's too tight or too long, it can't fully contract in exactly the same way. And towards the end of course, you get them doing perinatal massage if they can to loosen those tissues.

Steven Bruce
I was talking to Zoe Mundell a couple of days ago on the show, last week on the show about exercises in pregnancy. And she was saying that it's actually not necessarily a good thing. One of our viewers commented, it's not necessarily a good thing to have a hugely developed pelvic floor in pregnancy, because it affects the delivery as much as anything else. And yes, idiots like me, we were saying pelvic floor, build it up, do body building for your pelvic floor.

Steven Bruce
You do raise, of course a difficult and thorny question in that you said you do a lot of internal work, is that, do you think, an important part of working out who needs this training? Because very few people these days do internal work unless of course they're obstetrically check trained.

Claire Forrester
I don't think it is actually. A lot of women I see actually are quite restricted financially. So if that's the case, then I say to people, look, if you've only got a finite amount of money to throw at this, then let's try the hypopressives first, go away, you try that for a few months, and then come back if things aren't changing, then we can start to work in another way.

Steven Bruce
Linda's asked whether hypopressives can help a prolapsed uterus? I don't mind who answers?

Nikki Scott
Well, the answer would be, it would help relieve symptoms. With something like a prolapse, it's usually just a little bit more complex. So sometimes it can be scar tissue, so there might be some massage work that needs to go on or some release, internal release work that needs to happen as well as hypopressives. But I'm a great advocate, because I've seen it in action with things like prolapses, we've had people come that have had three organs prolapse, really severe symptoms. And it's almost like it's been a bit of a miracle, where they don't have any symptoms from those, prolapses after a period of doing hypoprogressives, it's not to say that the prolapse is gone. It may still be there, but their life has come back to them because they don't have those awful symptoms. So the answer to that would be yes. It would help.

Steven Bruce
Kim's asking, this one's for you, Claire, do check and realign the pelvis before you go down this route and all the other structural stuff?

Claire Forrester
As often as I can. Yeah.

Steven Bruce
Okay. And Pip says, how would you tell whether a woman has a hyper or hypo tonic pelvic floor?

Claire Forrester
Just practice palpating those tissues. Yeah.

Nikki Scott
So I don't do any internal work myself. So, but usually symptoms will tell me if there's issues, emotional stuff will also tell me if there's issues there in the pelvic floor.

Steven Bruce
In what way?

Nikki Scott
Well, the diaphragm and the pelvic floor have this symbiotic relationship, they work together, they oscillate, they should oscillate together. And when the diaphragm is compromised, through breathing, shallow breathing, through anxiety, through worry, the diaphragm is a muscle of emotion, it holds on to

all of that, it tightens up. And therefore, you don't have that lovely fluid movement, they're connected, they need to move together. So that's why that breath work is so important. The access to the diaphragm and getting that diaphragm moving is important because it frees up a lot of emotional stuff. So sometimes I can notice with people when I see them through an assessment process, that there is that emotional stuff, and that they would benefit from things like hypnosis, they would benefit from talking therapies, as well as hypopressives. So it's really just, I think, practice over time, seeing different people and kind of knowing what people need alongside it.

Steven Bruce
What's your strike rate? How often, could you put a rough percentage on how many times you've used this procedure and got it right or wrong? Or if it made no difference.

Nikki Scott
I'd probably say there's very few people that it's made no difference. If we really sat down and said, this is, you know, my life at the moment, these are my symptoms, this is how it affects me, three months, six months down the line of doing it, nothing's changed at all, it's very, very, very rare. I would say that's if people do it, because obviously, you know, you give them stuff to do, you give them the tools to be able to do it. And if they don't do it, they can't complain that it hasn't worked.

Steven Bruce
Yes. And as you will be very well aware, Claire, one of the issues of what we do is getting patients to comply with exercises and of course measuring the patient outcome measures when we have told them to do things, or we've done things to them. What's your experience of compliance?

Claire Forrester
Pretty good. Yeah, it's a really enjoyable practice. Everybody finds it so relaxing. And it's hard work. So you don't get bored, actually. So, more often than not people really enjoy the practice. And because they see changes so quickly, usually within a couple of weeks, people come to me and they'll say, I've had a really good week. I don't know if it's coincidence. But I can't tell you how many times I hear that. So when you get results that quickly, they're really inspired just to keep going themselves.

Steven Bruce
We've had that for years, just in general osteopathy or chiropractic haven't we, when you treat somebody two or three times they come in, I think it was getting better by itself. You probably have the same thing. They don't want to give credit to that. I'm not sure if this is the same question I asked. But Alex says, how much the certification cost, is that the same as the training course or is that an additional fee?

Nikki Scott
So no, once you've paid for your training course, the certification process is included in the price and so is the first year of registry with us.

Steven Bruce
So all those people who don't certify are a bit mad, really, because they're missing an opportunity to be on your register.

Nikki Scott
Absolutely.

Steven Bruce
What's the ongoing cost to stay on your register?

Nikki Scott
It's like 40 pounds a year. And there's other benefits as well. So it's not just your bio, but I mean, people should go and have a look and see how we feature our trainers, because it's not just your name, and your email address and your phone number and where you are. It's a photo, it's the proper showcase of you. So we're very proud of our directory.

Claire Forrester
And I've had quite a lot of inquiries from it. Monetary wise, it's been, I mean, absolutely worth it.

Steven Bruce
Well, that is also one of the key things, isn't it? It's all very well, having a very smart website and yours is a very smart website and a very smart directory, which I don't think I've looked at. But actually, if it's not being seen by people, then it's not worthwhile at all. But you're getting lots of inquiries from it, which is very helpful.

Claire Forrester
I do. And people have to travel quite far, because there's not enough trainers.

Steven Bruce
Well, turning to my audience here, there's a great opportunity here. Because if you have got practitioners who are interested in doing this course, then you can obviously approach Nikki directly and say, could you run a course? Is it only you that can run courses? Or could you run courses for practitioners as well, Claire?

Claire Forrester
Only me.

Steven Bruce
Only the two of you, right. So you could approach Nikki directly to set up a course in your area, you've heard what the prices are, if you've got the facilities, let's do it. I am startled already by what I've heard this evening, because it's not just leaky ladies as Nikki has made quite clear, there's lots more this can do. Equally, we will talk, Nikki and I after the show about whether we can set something up in our studio here. And I will be looking to get this out to GP surgeries, to the practice nurses to, you know, the remedial massage therapist in this area, because this is something which clearly needs to be made more widely known to the public. Is that fair?

Nikki Scott
100%. Yeah. Totally agree with that.

Steven Bruce
I just I can't believe they're only 70 people doing this when it was 20 odd years ago that you had your twins, I think you said.

Nikki Scott
Yeah, I mean, I think a lot of the lack of it getting out there was due to the person who first thought of hypopressives, because for a very long time, he kept it to himself, and he was Spanish. And it's very big in Spain and Spanish speaking countries, much bigger in Spain and Spanish speaking countries than anywhere else in the world. It's just really evolving. It's just emerging in other countries. So I think that a lot of the fact that it hasn't got out there is because for a very long time, Marcel Caufriez kept it to himself, and wanted to be a guru, which didn't help the wider world know about it.

Steven Bruce
It's such a shame, isn't it? There's a really well known saying, I don't know who it's attributed to, but so much more gets done when people stop caring who gets the credit for it. And we're talking about people's wellbeing here and mental welfare as well, because as you said earlier on, very distressing. We've had a lot of people saying, well, before we're going to buy any bloody courses, we want to see what this is all about. And we and going to do that in the not-too-distant future. Don't worry, we will get on to do some practical demonstrations in here. I just wanted to set the scene with sort of understanding of what it is we're talking about and why we're talking about it, who it's relevant for. Any contraindications to this?

Nikki Scott
Yes. So we wouldn't necessarily teach it to a newly pregnant lady. She'd never done any hypopressives. I often have clients who use it as postnatal recovery and then become pregnant again. So there are elements of it they can use for their pregnancy if it's something they've learned before, but I would usually wait until they've had the baby.

Steven Bruce
What's reason for that? Is that a known absolute contraindication? Or is that just because everybody's terribly worried about anyone who's pregnant because we'll get blamed if they miscarry.

Nikki Scott
Yeah, is that. So, if you introduce something too new, then you just, even though it's only breathing and postures, you still can't run the risk with it really. Diagnosed heart conditions are really the only thing that we would say, we wouldn't...

Steven Bruce
Any diagnosed heart condition or specifics?

Nikki Scott
Usually more things that are along the lines of arhythmic conditions. If I'm unsure, I usually just ask the person to put me in touch with their doctor or their medical team. And I just exchange emails and tell them what hypopressives is all about. And then it's up to them to decide whether they think it's a good idea or not for that person.

Steven Bruce
So when you do that, how do you explain it to a GP who has no idea what this is all about, how do you explain what it is you're gonna be doing so they can assess whether it's safe?

Nikki Scott
I just talk about the fact that it's just learning how to breathe in a different way, access the diaphragm, the part of hypopressives that could potentially cause their conditions to be worse would be the breath hold which we'll show you in a bit. So that's the area really that I put the focus on, explaining what happens. And then it's kind of, I think there's far more stressful things in people's lives, like, just generally going to work and having to earn a living and etc, than doing a bit of breathing and a bit of breath holding. But again, it's that whole blame culture and not getting caught up in that. The other contraindications, they're not really, they're just kind of little red flags that you just keep an eye on, things like inflammatory bowel conditions, because, as you'll see, when we do the demonstration that you restrict space with the breath hold, and that will cause someone to be in a lot of pain if they're in flare up with something like Crohn's or IBS. So, again, it's just cautionary. I have had clients with Crohn's who've been absolutely fine and actually who it's helped, but I've also had clients with Crohn's where it has actually been a problem during hypopressives.

Steven Bruce
During a flare up?

Nikki Scott
Yeah, just too painful for them. It's a really acute flare up.

Steven Bruce
Most forms of exercise pain is generally sort of an indication to stop and give it a rest for a while. Alex has asked a very personal question, why are there only two trainers in the country? Why aren't you a trainer, Claire?

Nikki Scott
Master trainers?

Steven Bruce
Well, people who can run courses, so master trainers, yeah.

Nikki Scott
When you struggle to get four people on a course, it's not really a viable business for anybody else to be doing it at the moment. That would be my answer. We need far more, we need 700, UK hypopressive trainers on our directory. And then we would have enough knowledge about hypopressives, enough awareness of hypopressives that other people would want to come and run our courses.

Steven Bruce
Call me a hopeless optimist, I would have thought it would be bloody easy to get 700 trainers. And it's one-day course, it's not a desperately expensive course. And for anyone who's involved in the health

care professions, it's an opportunity to help people and most other people can't help. So I would have thought that would be easy. But then I am a hopeless optimist. But I put money on it with a right approach, you could easily double the number of trainers within a year. I don't really think it's a challenge. Before we do a bit of demo, they keep saying they want to see some demonstration, Kim has said, so how much is the online course.

Nikki Scott
The online course is 499.

Steven Bruce
And she's asked whether you will come down to Devon. Not to do the online course.

Nikki Scott
I'd love to if she's got enough people interested. Just get in touch.

Steven Bruce
How much space, we'll probably see it in a minute, how much space do you need?

Nikki Scott
When we've got four students, we just need a small studio. I mean, most people know the capacity of their own studio, it's enough room really, for someone to be walking around, someone on a mat. That's it, really.

Steven Bruce
Shall we do a bit of that? Should we go over to the demo area?

Nikki Scott
So I think if I show people me doing hypopressives, sometimes it freaks people out because I have a very, Claire can kind of talk through what on earth is going on. If that's alright with you?

Nikki Scott
And I'm just going to do a very abridged version of some of the postures and the flow because otherwise it would just take too long. So you can kind of see it in action. Like I say, it does look a little bit weird. So don't be put off by that.

Claire Forrester
Yeah.

Steven Bruce
We like weird.

Claire Forrester
We're osteopaths.

Nikki Scott
Alright, so I will be revealing this area so that you can see. So basically, it's breathing and postures. There's two parts to the breathing, the lateral breath, which we do and then the breath hold, that's the two parts for our, I can't talk anymore, so I'll let you talk through the rest of it.

Claire Forrester
I'll keep it basic.

Nikki Scott
Yeah, that's fine.

Claire Forrester
This is the lateral rib breathing that you can see. So really focus just on the lower ribs and this is the apnea part, breath hold, which is completely involuntary what you see with Nikki, it takes quite a long time to develop that actually. So it's the same breath sequence just moving through different postures.

Steven Bruce
Better drop down here so the camera can get a decent shot for this.

Claire Forrester
So see her posture, it's really nice and upright. The lats are really engaged with this posture.

Steven Bruce
So is this the same routine as Nikki was doing standing up?

Claire Forrester
The same breath sequence, yeah. So in all these postures, we keep a really long spine, the shoulders are engaged.

Steven Bruce
Are the hiccups an important part of this?

Claire Forrester
It's just a bonus, the hiccups.

Steven Bruce
There have been two sudden hiccups.

Claire Forrester
That's the involuntary vacuum that comes with this practice. So you can see in all these postures, the breathing is always aimed at the ribcage, lower page. It's always tension in pretty much the rest of the body.

Steven Bruce
I'm also struck I don't if you've ever followed Leon Chaitow's teaching at all when he did a couple of sessions with us here. He talked a lot about breathing being effective in terms of pain relief, particularly pursed lip breathing. Similar to this.

Claire Forrester
Yeah. And I've been reading a bit about buteyko breathing as well, which does the same.

Nikki Scott
Okay, so I'm sure there's probably some questions about that.

Steven Bruce
Probably some people saying, how on earth you managed to do that if you've got two little toddlers running around at the same time.

Claire Forrester
Yes, they say about 15 minutes practice a day to get results.

Steven Bruce
So what you've done just now that's what, three or four minutes?

Nikki Scott
It's just a very abridged version. Yeah. So you would be building someone up to getting to do 10 to 15 minutes a day. And that would just be their practice, whenever morning, evening, lunchtime, doesn't matter. That would be their practice wherever they can fit it in.

Steven Bruce
15 minutes.

Claire Forrester
That's all it is.

Steven Bruce
Yes, that's all, but 15 minutes is still a lengthy period of time to commit every day, isn't it, which makes me again think...

Nikki Scott
What you'll find, though is that usually people come to it who have tried everything and are at their wit's end. Because all they've been told is that they're on the list for surgery. And they just want to try something and so they will give time to it. And actually, a lot of people will think 15 minutes isn't enough. And they'll do it twice a day, they'll do it morning and evening. So, you know, in the beginning's just kind of like a learning phase anyway, so they have to kind of build up to learning this. And then after that is kind of where we would encourage them to be doing that continuous practice.

Steven Bruce
Is this one of those things where more is better? Does it actually give you a better result if your twice a day?

Nikki Scott
Not necessarily, no, very individual. Yeah, I think you know, if you're very stressed out about your condition, it's going to really help you be very mindful about your practice. So it's a really good thing to do.

Steven Bruce
Yeah, you're going to demonstrate using Claire, I believe.

Nikki Scott
It would be great if people want to join in.

Steven Bruce
All right, there's a challenge for those watching that this is your opportunity to join in with the practice and follow Nikki's instructions, I'm gonna move over there and get my question sheet. So I'll leave it to you.

Nikki Scott
Okay. So, Claire, if you just have a lay down on the floor, and anyone at home that wants to join in with us, you just need to be comfortable for this bit. So I'm just going to kind of talk you through the breathing. What you saw me doing there was lateral ribcage breathing, what we want to be doing is getting really good lateral expansion. And in the beginning, it's actually quite hard. So it's really nice sometimes to feel where you're breathing from at the moment. So the first thing I'm going to ask Claire to do is just place one hand in your chest and one hand on your lower belly. And then just thinking about the breathing rhythm that I was doing, which was to inhale for two through the nose, and to exhale for four through the mouth. So having her hands here, just starting to build her awareness of maybe where she's breathing from at the moment, her default pattern. And so if we could see a really big rise in either of these hands, we know this is probably an area of tension, an area that we want to work on. So obviously, Claire's done some hypopressives, so hers is pretty good. But this is just a really good way to kind of get you used to that rhythm. Because again, breathing in through the nose for two seconds is quite fast. For a lot of people and exhaling that long, usually people are more used to doing longer exhales as well. So it's a good chance to kind of get them used to that nice slow rhythm. And then if you just move your hands on to your ribcage for me, so right onto the lower ribs. And we're going to do the same, but now what we want to do is really think about pushing those fingertips apart. So we're focusing the breath on this ribcage area. So inhaling for two, exhaling for four, three, two, one, inhaling for two, exhaling for four, three, two, one, inhaling for two, exhaling for four, three, two, one. So we're really trying to encourage, with that inhale, a big stretch, so the diaphragm drops down, stretches across. So we've got more stretch laterally than belly breathing and chest breathing, where it tends to be a bit more kind of up and down.

Steven Bruce
Is Claire actually squeezing on the exhalation, or is she just following the ribs?

Nikki Scott
No, she's just following the ribs. So the exhale should be nice and controlled, and relaxed. So the mouth is nice and open. We're not forcing the air out, I mean, you're obviously going to get the abdominals working and working harder, but we shouldn't really be bearing down and squeezing, bracing them together. It should be nice and relaxed, that exhale, the work, really, is on the inhale. So the inhale is where the strength is, where we want to really feel that stretch. And the exhale is just a nice, relaxed, letting go breath. So I always try to encourage people to keep their mouth nice and soft and open, not purse the lips and get the neck and the facial muscles involved. So that's the lateral breathing and that actually a lot of people will find very, very difficult. They'll find that they get a lot of movement here and here, and it does take quite a lot of practice. So if I was saying to somebody, they've got 15 minutes, I would use the first five minutes to maybe practice elements of the breathing on the floor and then practice that breathing within whatever posture they've been taught.

Steven Bruce
I'm sorry to interrupt, I've got a very interesting question, really is. I've forgotten who's asked the question now, but somebody's asked, how does it work.

Nikki Scott
So, the breathing restores the symbiotic relationship between the diaphragm and the pelvic floor. And I talked a little bit earlier about how it can get very tight, restricted, and therefore that breathing becomes much more kind of like this, rather than actually accessing and using the diaphragm. And when we're using that diaphragm, and the diaphragm is dropping down, stretching across, we've got that pelvic floor doing exactly the same. So that's what we're doing, we're getting more release of tension, more function, more increase of blood flow into that pelvic floor area, through that breathing, it's very mindful, there's loads of things that it affects. So if you actually look at, there's a really great YouTube video of the mechanisms of breathing, and how it kind of has attachments on the heart, it's got attachments on the brain, it's just amazing what it affects when you get that diaphragm really working as it should do. So that's what we're aiming to do here. When we do the breath hold, what we're doing is we're trying to get this autonomic side of our muscle response, which is kind of where the dysfunction comes in, is that when we have poor posture, or we have gone through a traumatic experience, like childbirth, we lose some of that autonomic. And we're trying to kind of rebuild that autonomic side of the muscles so that they just activate for us without us having to consciously cue them all the time. So although it looks like, when I was doing it, I stuck my tummy when I was doing it, there was only three conscious things I was doing. And that was to make sure I exhale completely, hold my breath at that point, and then relax the tension at the ribs. So I'm not actually tensing unconsciously, pulling in at all.

Steven Bruce
That actually answers the question from Sarah, who asked, how that breath hold could be involuntary. Clearly, it can't all be involuntary. I think that sort of apparent sucking into the tummy, that was just happening.

Nikki Scott
That happened by itself, and the thing being with looking at me doing it and say, you know, a client that might come in, it looks completely different. There might be nothing, nothing might happen initially. But

it's a practice thing. Again, it's making sure that they follow those three conscious things. Do them correctly, and then over time, they'll start to get that response. And it starts off very small, doesn't it? You know, yours would be different to mine. You know, somebody that hadn't done hypopressives ever before, there'd be hardly anything, some people I've trained, and they surprised me and they're vacuum, it really is very strong. So, you know, what we're trying just to do is not focus on how much it sucks in, it's just actually being able to do it and making sure that it is that involuntary action rather than them trying to do it themselves.

Steven Bruce
What should we make her do next?

Nikki Scott
Yeah, we're gonna make her do that. So the next thing, if you're doing this at home, we want to be able to do, in order to get that response is to get rid of all the air. So what I would normally have my clients doing is, in that same breathing rhythm, so inhaling for two, but then exhaling to the end of their breath. And for a lot of people, they weren't able to do that in four seconds, it takes practice. So it would just be cueing them to just breathe out until they have that feeling of no air. And then take another breath in. So at the moment, we're not doing breath hold, we're just inhaling for two. And exhaling completely, again, focusing on that lateral expansion. And sometimes it can help if they kind of do a little tunnel with their hands, I know it sounds like a really weird thing, a bloat that gives them a bit of focus for that breath. But if you don't get to that point of just residual air, and you've got a little bit extra there, you won't get anything happening. So it needs to be a practice thing where you can practice getting right to the end of the breath. And then I would basically put the next two phases together, which is what we'll do. So we call the lateral breaths rest breaths. And then we have the breath hold. And that creates the vacuum, which you saw on me. So the glottis closes, and we get that vacuum. And you can kind of start to see it, not so much, you'll be able to see it on someone like Claire, but you get those little vacuums going around the neck as well. So we're gonna give it a go. So potentially, I don't know what you're doing. So we're gonna get to that point of no air, hold our breath, and then try and relax the tension here. So there'll be lots of muscles working to bring the ribs in. And we just want to be able to release that off. So it's like we're going from working tone to resting tone again. So it's actually a relaxed thing rather than a brace, which is what a lot of people tend to try and do is brace their tummy, brace their pelvic floor. And it's really the opposite of what we're trying to encourage here. We want things to be relaxed. Okay, so I'm going to cue the breathing. So when you're ready, inhale for two, exhale for 4,3,2,1. Inhale. Exhale for 4,3,2,1. Inhale, exhale, right to the end of the breath, right to the end of the breath, right to the end of the breath. So wait till it's all gone. Stop breathing. And relax the tension at the ribs. And then go again, inhale for two. Exhale for 4,3,2,1. Inhale, exhale for 4,3,2,1, inhale, exhale, right to the end of the breath, right to the end of the breath, right to the end of the breath. And then when you've got no air, hold your breath, and just release the tension at the ribs. And then just rest. So in the beginning, someone's not going to be able to do that for very long, as in hold their breath, it's a really very weird thing for the brain to try and organise and understand what's going on. So it can feel a bit strange. And often people feel something very strange in the throat. And again, that's usually that feeling of the glottis closing off. So for those of you that are having a go at home, you know, you've already learned to do that lateral breathing, it's about kind of getting those ribs to expand as much as they can in that two second inhale. And then nice and relaxed on the way in and then just practising it really. So we put that together with the postures, because the

postures are working then on other tension in the body, here we're trying to kind of work on the tension that we've got here.

Nikki Scott
I would do a bit of everything. So I would start off with the breathing like that, make sure the person's got a really good understanding, sometimes the breathing will take up a fair amount of the session I'm doing. But other times, someone gets it quite quickly. And I would move on to breathing in the postures as well. But those postures are important from a postural element in releasing tension that someone might have, you know, really tight shoulders, neck, etc, is going to compromise, the front of the body tends to be the area where we are being pulled forward. And it's the back of the body where we kind of really need to kind of get everybody standing up straighter and able to stay there, because it's all good talking about posture, everyone sits up straight, but then they can't hold it there. So it's relearning, almost rewiring those muscles to work and stabilise the posterior chain.

Steven Bruce
This is what you start off with?

Nikki Scott
Can we see what you mean by some of the postures?

Nikki Scott
Of course. Nice and gently bring yourself up. Alright, so I would always start, if you just come into the centre, I would always start, I know you know the setup, but just pretend you don't.

Steven Bruce
Is it compulsory to wear toe shoes?

Nikki Scott
No, I mean, I'm always barefoot, but no, they're very cool, actually. I would always start with standing, because standing posture kind of gives you all of the cues for every single posture that they never really change. It's just the shape that you're in changes. So we start with the feet and we work our way all the way up to the crown of the head. And the first cue would be to bring your feet together. And then take your heels out and take your toes out so that your feet sit nicely under your hips. And then you'd work up to the knee, you want a soft knee. So just taking the lock off the knee, and then we want pelvis in neutral. So you might want to tuck all the way under and go all the way through the range with someone just to get them into that neutral pelvis.

Steven Bruce
And what do you define as neutral?

Nikki Scott
Just allowing for the natural curves, really, some people are very lordotic, especially post birth. So you know, there's only so much you can do. And it just be a case of kind of tweaking it as they're a little bit more able, so. And then from there, we're concentrating on the spine. So we want Claire to grow tall, and

really feel like she's stretching up through the crown of her head. So I always give the cue, piece of string, pulling you up from the crown of the head, so that you feel like you're stretching through the vertebrae. And that will then naturally bring in your stabilising muscles and get them kind of working. Because the amount of people we kind of see in this posture with their tummy stuck out, they can't kind of hold themselves up. And then we're looking at the head, we want the head stacked on the spine. So we just bring the chin back slightly with the eyes on the horizon. And then finally, we're going to put a slight weight shift forward from the ankle to the shoulder. It's just a very small shift of weight, kind of into this front part of the foot, not the toes, we shouldn't be gripping the floor with the toes, heels or on the ground, we just want a little bit of posterior chain activation, just a little bit in standing. Okay, so that's our basic setup for standing. And then we would bring in the first arm position. So with the arms resting down by your side, with a little finger on top, I just want you to rise your arms up and away from the body. So not too high, just bring them down slightly. And then all of the fingers and thumbs together.

Steven Bruce
She's doing a very good job of not knowing what she's doing.

Nikki Scott
She's doing a really good job. So ideally, we want those arms in line with the body. So you literally just lifted them away. And then we're going to create tension, as if we're being pulled east to west through the fingertips. So we get a real switch on through the arms. But more importantly, we want to kind of switch on through the lats as well, our big stabilising muscles, and then we would put the breathing in. So again, I'll cue you through one round of breath. You okay to do that? Yep? Good. Okay, so when you're ready, inhale for two, exhale for 4,3,2,1. Inhale. Exhale for 4,3,2,1. Inhale, exhale, right to the end of the breath, right to the end of the breath, right to the end of the breath. And then when you're ready, hold your breath. Good, and then resting those arms down. So Claire made it look easy. But this posture's really, really challenged clients who don't have great posture or just have tension anywhere, really, say when you first started.

Claire Forrester
It was really hard work. And I did quite a lot of yoga before too. So I was fairly strong I thought in my shoulders, but actually it was mostly my shoulders that I really, really felt it.

Steven Bruce
There's also some similarities in yoga, Pilates here, aren't there and neutralising spines, because it is all about posture and so on. How is it affected by ligamentous laxity after birth? Because that can go on for several years.

Claire Forrester
So I think with that you always want to strengthen, don't you, to maintain that ligament support.

Steven Bruce
How many of those postures in total are there?

Nikki Scott
There's eight, but they have multiple, so for example, standing we have four hand positions, though I just showed you the first one there. And some of them just have one hand position, some of them have multiple.

Steven Bruce
Do you want to do any more demo? Should we go back over there and get through some of these questions which are filling up my screen.

Nikki Scott
We can do questions if you want to. We can always come back later.

Steven Bruce
Let's go over here and do some more questions and have a glass of water. Because that's the other thing they're panicking about, not wearing a hat, but to drink lots of water as well.

Steven Bruce
Right. So Kim has now asked, does this help with hernias. I know you mentioned hernias at the beginning.

Nikki Scott
When someone's got a hernia, then it's not going to make it go away. But it helps with hernia prevention because it's getting that whole bodily function better. So, my son actually has a hernia and he does a lot of weight training. And he has used hypopressives just as kind of maintain. He's got a very, very small hernia but just to maintain so that he doesn't get any more problems with it.

Steven Bruce
So he's had no intervention, of surgery?

Nikki Scott
No.

Steven Bruce
That is just not getting any worse. Yeah, I suppose that was also one of the questions I was thinking over there. Early on, you said this is possibly going to help with athletic performance. How?

Nikki Scott
In terms of the respiratory function, there is some research that was done into triathletes, I think, and it increases hermocrit, red blood cell count. So it's more to do with kind of respiratory endurance.

Steven Bruce
Okay. That's interesting, I'd imagine that most athletes would want to increase their red blood cell count.

Nikki Scott
So I think the breathing as well, a lot of runners find that when they first go out running, that first 5, 10 minutes, you really struggle to get into a good breathing rhythm, and then it kind of falls in and it becomes a little bit more easy to run. I don't think you get that when you've been practising hypopressives, you don't kind of get that horrible bit, you just, off you go.

Steven Bruce
Okay, thank you. On a different tack, Claire, do you feel that you've got more responsibility towards your patients than Nikki would? Because of course, you're a regulated healthcare professional, whereas you're not regulated in the areas where you're expert.

Claire Forrester
In terms of follow up? Or?

Steven Bruce
Well, I'm guessing it could be in terms of follow up, it could also be in terms of just how careful have you got to be that nothing can possibly go wrong?

Claire Forrester
No, I'd say it probably makes me a bit braver, I mean, I've taught it to pregnant ladies who haven't done any hypopressives before. And they, you know, it really helps them. And obviously, they can start as soon as they've had the baby to work a little bit stronger with it. So I think, yeah, I think it probably makes me more comfortable with who I would use it on.

Steven Bruce
It doesn't strike me as that there will be any particular issues of communication and consent here. So it's fairly easy to explain why you're doing what you're doing. And there's no, you know, you do internal examinations anyway. But you don't need to do that for this.

Nikki Scott
Yeah. And I mean, when we were taught it, we were very much taught hands on, you know, touch cues. And obviously, with COVID, we haven't been able to do touch cues with people. And so I'm very, I'm quite standoffish now in a way with my teaching, I forget to touch people, and help them that way. So from that point of view, it can be taught verbally just as well as with touch cues.

Steven Bruce
Well, let's, let's hope the touch cues are coming back into things because there's a strong feeling that touch is an important part of therapy, whatever that therapy might be. Interesting, this one, Sue says, have you ever helped anyone with vaginismus?

Nikki Scott
I wouldn't know what that was, personally.

Claire Forrester
I haven't worked with anyone with hypopressives for that, particularly, no.

Steven Bruce
I don't know why that one came up. I guess it's sort of a connected area.

Claire Forrester
Yeah, I mean, pretty much with every pelvic condition that I treat, you know, there's a few things that you need to work on, but always improving the blood flow and the drainage. And the massaging effect that the breathing has, it helps with all of those conditions.

Steven Bruce
One from me, in terms of research, how much quality research, and I'm not going to criticise you if there isn't a great deal of research, because let's face it, there's bugger all in osteopathy and chiropractic that satisfies the conventional world.

Nikki Scott
And I think that's where the sticking point has been for expanding more into, say women's health is because there isn't that credible white paper research. There are some papers out there now, I think we've probably got about 50. And there's been new ones as well.

Steven Bruce
Where are they being published?

Nikki Scott
PubMed I think there's plenty published in this country, but covering a really, really wide spectrum of what they're researching. We're actually going to be doing some research with Swansea uni at the end of this year where my son was at university. We've got a connection there who wants to bring it in as part of the sport science dissertation. Yeah, we're gonna run a pilot this coming year to see whether we can get that in there and get funding for it. So that will hopefully change things quite a lot because that will mean that each year hopefully some of the students will choose it as their subject and go away and do research on various different areas of it. We want to really see, from our pilot, we want to see the difference between doing hypopressives with and without the breath hold. Because we know that it's been reported by women's health physios in Canada that they've seen really good results from just doing hypopressives without actually doing what you saw me doing there with the vacuum, the breath hold. So I think that's what we're going to be focusing on.

Steven Bruce
So, you're going to be comparing hypopressive breathing with hypopressive breathing.

Nikki Scott
Yeah. Yeah, absolutely. But kind of how important is that breath hold to hypopressives.

Steven Bruce
To me, the far more important thing is, how is it compared with conventional care?

Nikki Scott
Yeah, but the thing is that there is research out there that has looked at, say, traditional pelvic floor training and hypopressives and when you look at how the research was done, in terms of how the hypopressives was taught, they're usually done with the client in supine and not in posture. And we know that what makes hypopressives work so well is the whole of it, all of it, all things together. So the outcomes of those types of research is that it's no better than traditional pelvic floor training, which is then when people won't invest in it. But actually, we know that not to be true.

Steven Bruce
No, but of course, there's no reason why trials can't be done on a different aspect, or a complete aspect of hypopressives. Well, it strikes me that what's needed is not a, not one of those horrid trials that says, well, we're going to look at this one outcome measure, it's going to be a pragmatic trial, which can give you lot do conventional care, we're gonna give you lot do hypopressive care. And we'll just see who gets better at the end. We don't actually care what you do. We don't care what you do, as long as you don't do the same thing. And that would be quite an interesting study. Anyway, we'll get off that because it hasn't been done and who are we to criticise in osteopathy.

Steven Bruce
Who's going to fund a treatment, which doesn't actually earn anybody any money, well which doesn't earn any big businesses any money. Well, Ian has asked a question which I kind of asked over there, he says, can you do this too much?

Claire Forrester
And funding.

Nikki Scott
No, I wouldn't say that you can, no.

Steven Bruce
Right. So I mean, two a day, I suspect you'd getting bored with more than two a day, wouldn't you?

Claire Forrester
That is hard work. I'd feel very fatigued.

Steven Bruce
So it's self-limiting, which is what quite useful. Solome Olivia has asked, how long do you do the breath hold for?

Nikki Scott
As long as she can.

Steven Bruce
So she goes blue?

Nikki Scott
No. So what we want is that the next breath is lovely and relaxed and in the same rhythm. So in the beginning, you're probably going to find that you can't hold your breath past five seconds, would you say that's fair?

Nikki Scott
Then as you start to get better at it and practice it more, you'll find you'll be able to hold your breath longer, sometimes, not always. So there's no infinite number that it has to be held for. It's just, you'll feel that first urge in your throat and you'll breathe again in a nice, relaxed manner. You're not gasping for the next breath.

Claire Forrester
Yeah, that's quite a long time.

Steven Bruce
Simon's asked whether this would be appropriate or useful or helpful to asthmatic or COPD patients.

Nikki Scott
100%, yes.

Steven Bruce
Whether or not they've got plenty of the problems you mentioned earlier on?

Nikki Scott
Yeah, I mean, Richard, the other half of hypopressives is asthmatic, and it's very beneficial for asthmatics. You think about how tight they become from that restrictive breathing. And then we're getting them to kind of open the ribs, get the lungs, you know, to be able to feel more.

Steven Bruce
Do you ever get a sense that this is something, I know there are 1000s of things you could put into this category, that it's something which perhaps ought to be taught as basic remedial work at physio colleges, osteo colleges, chiropractic colleges?

Nikki Scott
Yeah, and personal training qualifications.

Steven Bruce
I mean, possibly, yeah.

Nikki Scott
And ante natal modules on most personal training courses are wholly inept.

Steven Bruce
Well, I'm gonna hold Claire responsible for it not being taught in osteopathic colleges, just because she's an osteopath, and she knows about it.

Claire Forrester
I did a taster session for some of the osteopaths on Wednesday, Malawi's women's health course. Just this year. Yeah, it should be.

Steven Bruce
Yeah, I forgot to mention that you were a big buddy of Renzo's.

Claire Forrester
No big fan of Renzo's.

Steven Bruce
Yeah. I just I only draw the distinction because as primary health care practitioners people come to us with problems which, of course, they might come to us with a back pain or something. And then some of these other problems might emerge from the case history, from the conversation and you think well, we could help with that. Yes, anyway.

Claire Forrester
And I think the lovely thing about it it's so empowering for women to have something that they can do at home themselves rather than relying on coming to see someone like me.

Steven Bruce
I can't get over the psychological aspect of on the one hand being told that, someone sent in an observation here saying you're pregnant, what do you expect? You've had a baby, what do you expect? And you mentioned that and somebody telling them you can do something about it.

Claire Forrester
Baby safe.

Nikki Scott
I think that's the general way that fit women are fobbed off, you know, it's you only have to look at the media and how incontinence is portrayed in the media. You know, you've got the women in the adverts are getting younger and younger for incontinence products, you know, you're being sold, what is a black pull up nappy and told it's sexy, you know, and that's okay, you don't have to let a little bit of wee stop you being the person you want to be. And it's that thing, it's normalising, it is making people feel that they don't need to do anything about it. And then it gets too late. And then their options are surgery, or not being able to live the life that you want to live. And that's what makes me cross is that it's normalised in the media.

Steven Bruce
What you just described is perhaps the perfect and perhaps most visible example of addressing a symptom rather than a cause.

Nikki Scott
Wear a nappy, an adult nappy. That's all it is, I bought some to take with me on networking events, so I can show people, what would happen to them if they didn't do something about it now. It's not nice, they're not nice products. They're really expensive.

Nikki Scott
And toxic, toxic, as well.

Steven Bruce
And sorry, toxic?

Claire Forrester
And toxic. Yeah, the bleach and the chemicals used to create those things.

Steven Bruce
I suppose one question that people might be wondering is, how long after you first experience any of the symptoms you described would this still be effective? I mean, if someone's only learned this 10 years after they had their children, would they still benefit from the exercises to the same extent?

Nikki Scott
Yeah. I mean, if we can get to someone with issues newly postnatal then that's the best-case scenario. In fact, if that woman has learned hypopressives before, she's given birth, something she knows she's got in her toolbox, and she can get straight on and do it straight away, it will really speed up postnatal healing. And I just think that it doesn't matter what age you are, it's not too late to start. I've just started a lady in one of my sessions, who's 83. She's desperate to kind of do something about her condition and help herself. And I think that's amazing. And we shouldn't be put off by, we're not nearly postnatal. So therefore, it doesn't apply to me because you will have some benefits.

Nikki Scott
I don't know who asked this next question. I think it might be an osteopath called Bob, not that that's important. But whoever it is, says that the routine looks very demanding, as you've explained that it can be, and it's not necessarily suitable for everybody, could it be modified for people that have mobility issues? And would it be okay to do two eight-minute sessions rather than one 15-minute session?

Nikki Scott
You just build up to that 15-minute session. Again, as I, maybe I didn't explain, but in the beginning, you're doing 10 to 15 minutes, but it's very broken up, you wouldn't necessarily do that whole routine because you haven't learned it. So your session might be made up of a little bit of practice of the breathing on the floor. And then you would get yourself up and into whatever postures you've been taught or whatever modifications you've been taught for the rest of those 10 minutes. And you would do a few

rounds of breath if you're able to and then build it up from there. So we're gradually building people up, some people are able to do it straightaway, some people, it takes them really a long time. And as you said, it can be quite demanding. So it has to be doable for people to do it. If you said to them, oh, it's got to be a 30-minute routine, you've got to stick out every posture and you know, every arm position, people just wouldn't do it, and then they wouldn't get those wonderful benefits.

Steven Bruce
Well, on that same theme. Amy's asked, what would you do for older ladies who maybe can't kneel?

Nikki Scott
Yep, you just would leave that posture out. Yeah.

Steven Bruce
Linda's asked what you just said, you're going to try out. Would the postures work without the breathing? I don't know without breathing but perhaps she means without the breath hold.

Nikki Scott
Without the breath hold. Well, you know, like I say, there's been conversations around seeing really good effect without that breath hold. And again, I would encourage people just to, if they can't get the vacuum, just to try it anyway. But most people, if I teach them properly, will be able to get it.

Claire Forrester
And I sometimes only teach the breathing part. So some of the people that I see with pelvic pain, I only teach them supine breathing. I don't always even teach them the apnea. And they get a lot of relief from that. I was just treating, actually an abdominal surgeon. And so he has really long surgeries, kind of 8, 10-hour surgeries some days, and he literally goes home now and does the breathing, hypopressives breathing. And he finds it really good.

Steven Bruce
And what is it you are treating him for?

Claire Forrester
Pelvic pain. Yeah.

Steven Bruce
And the tissues causing symptoms as they would always have asked you at college, any idea?

Claire Forrester
So he has had the full gamut of testing. So he's got a bit of inflammation of the prostate. Yeah, but it's kind of inflamed the whole pelvic floor and he was having problems with pain during sexual intercourse, ejaculation, pelvic pain, really spasm of the perineum, pain with urination, which is pretty much all gone now.

Steven Bruce
Wow.

Claire Forrester
Yeah.

Steven Bruce
I was wondering this myself, as you were doing that, I was trying was following a little bit of what you were getting Claire to do. Kim's asked whether your patients can get lightheaded with this.

Nikki Scott
Usually, what you find is that they're, because of that rush of oxygen, it's quite different the breathing, you would usually find that some of them can do, yeah. And so if you've got somebody that's maybe got low blood pressure, and is feeling lightheaded, we would start them off with stuff on the floor. But usually, you find that once people actually learn to do the breath hold properly, that goes because you're actually breaking that cycle of breathing deeply. Because you're holding your breath for a certain amount of time, they usually find that they overcome it.

Steven Bruce
And several people have asked this, assuming this is going to help your patient, your man or your woman. Is it something they're going to have to do for life? Or is it something they can do for six months and say, right, I've mastered that I don't have to think about it anymore, have to set aside 15 minutes for this.

Nikki Scott
I would say it's something that's with you for life. Personally, I found that I've made improvements physically, the more I've done it. And I tend to do between four and seven days a week of just my short sessions. So you don't necessarily have to do every day to make it stick. But it's kind of finding what your maintenance level is. But I would say that if you've got someone that's had a baby or had some major trauma or just got pelvic floor dysfunction in general, there is going to be something they're going to need to stick out. You use it or you lose it.

Steven Bruce
And is 15 minutes is the max, that's how long your session would be in your 4 or 7 a week?

Nikki Scott
Yeah. That's enough for me to not have incontinence and not have, well, I mean, I'm from a hairdressing background. So my posture when I came to hypopressives, even though I was in the fitness world at that point, and I've been training, etc. My posture was awful. I'd fallen off horses multiple times, I've had serious whiplash injuries, it's a disaster area. And I'm now 53. And I don't have any pain issues whatsoever. So for me, it's kind of keeping me going into my old age, I feel.

Steven Bruce
Well, it's a long way away.

Nikki Scott
It is, but it's still a really great thing to be able to do every day or however often you want to do it and just maintain things really.

Steven Bruce
Claire, how long do you spend doing this each day?

Claire Forrester
I don't. I use it mainly for when I'm teaching. So I did my hour this morning with a client first thing.

Steven Bruce
Well, that's helpful too, isn't it? I suspect a lot of people thinking well, you'd only get into this if you needed it. You got into it because you were doing sort of obstetric related courses.

Claire Forrester
And it just helped with the rehab for patients basically.

Steven Bruce
We had a long observation from somebody here earlier on who was talking about, I think herself having had problems of this nature after children and just being told to get on with it and found this very reassuring. Well, Alex, who says he comes from Cambridge osteopaths. I guess he?

Claire Forrester
He. I told him he wasn't allowed to ask any difficult questions.

Steven Bruce
Have you done much with prostatitis?

Nikki Scott
I haven't myself no.

Steven Bruce
I'll have to ask you then.

Claire Forrester
So I'm Cambridge based. And there don't seem to be any physios who work with men there, so they get sent to me. So a couple of cases, yes. The doctor being one of them I was just talking about earlier.

Steven Bruce
I suspect that you probably don't work with any more than that because no one would think of this sort of thing. Or even osteopathy or chiropractic as a possible remedy for prostatitis.

Claire Forrester
It's the Women's Health physios that send them to me.

Steven Bruce
Right. We've been asked about all sorts of more information about, can you explain the postures more and things like that. So I'll try to get through as many of these questions as I possibly can. Bell says, do you start at a certain posture and only increase when the right breathing and posture can be maintained?

Nikki Scott
No, because it is a practice thing. And so therefore, some people might take a long, long time to master something. And so then that would just be really, really boring if you, as long as they understand, and usually you can pick up on areas where they have tension, and remind them that that's where they need to work and what they need to do in order to stop certain things from happening. So for example, when they're breathing, their shoulders are rising, yours were a little bit, so I put my hands on her shoulder, to encourage that, but again, it's a practice thing. So now when I think I would tend to, if I'm going to teach one to one, I would tend to teach someone the first posture and the breathing in the first session, if I had time, and then just build it up as I see them. I don't expect them to be perfect. But I do expect them to really feel like they've got certain muscle activation in each posture. So they know that their lats should be engaged, they know where tension should be and where it shouldn't be.

Steven Bruce
I want quickly to return to the Squeezie app, which sounds like a great present for my one-year-old son. Linda has asked when either of you see people who have been advised to use it, do you tell them to stop using it?

Nikki Scott
I do, especially if they are someone who has got a prolapse and someone who may have an episiotomy or birth scar, because they are wholly the wrong thing to be doing if they've got those, both of those things. For me, I've got an episiotomy, so scar tissue, areas that that scar tissue over tightened anyway, because it's being pulled and stretched and too tight in certain areas. And then you're being encouraged to squeeze that area. Really, you know, I was doing it so many times a day that eventually that area of the pelvic floor muscle just got locked. And I had to have some release work done on it. So yes, I would encourage people to, especially if they find that they haven't had any benefit from them. If they've been doing them for a certain amount of time, they haven't any benefit, then stop, try something else. Because it's madness, just carrying on with something that isn't working.

Steven Bruce
Is that your approach, Claire?

Claire Forrester
Absolutely, yeah.

Steven Bruce
If a moment ago, I said, I was gonna give this as a present to my one-year-old son before my wife comes out and murders me. I meant my one-year-old grandson. Getting to the nitty gritty of this, we've been asked about becoming a trainer. So there are only two master trainers. So only two people who can train

trainers in the country, why aren't there more? How long is the course to do that? Can you run a course to do that to train people to become master trainers?

Nikki Scott
it is something that we will eventually do. I mean, don't get me wrong, there are other training organisations. So for example, we trained under metodo hipopresivo, which is the Spanish organisation. And there's also Low Pressure Fitness who are also in Spain. And they have now got a little bit of a presence in the UK as well. So in terms of what we learned in our organisation, there is just me and Rich. But we are very hopeful that at some point, there will be many, many more of us. And there'll be lots of courses going on over weekends, every single weekend of the year, that would be our dream. But it's just, again, it's getting the word out there. It's getting people to know about it.

Steven Bruce
So if you and Rich come along together to run a course, how many people could you then take on the course?

Nikki Scott
We could probably get 20, 24 people easily for the two of us. But I would say that that course needs to be run over a weekend and not a one day.

Steven Bruce
Okay, well, we've done plenty of weekend courses here. What I'm thinking is that if we can set this up, if we can get enough interest from you out there to set up a course like this, we can run it in the studio here. We will also generate local publicity, local to this area. But we'll give people takeaways to go back to their own various media outlets with. And I think we can probably write some effective press releases that you could use as well, all as part of the course because I feel slightly challenged that we should be doing something to at least double the number of hypopressive trainers in the country. I'm convinced we can do this. And I'm convinced. We've got the space here for 20 people because we run far more than that on the other courses that we run. And I suspect that part of the challenge is our inbuilt reluctance to market the service rather than to actually provide it. The challenge for you is that, I need from you, my audience, I need you to tell me whether you're interested or not, so send something in through the chat lines, it gives us a clue as to whether this is worth us doing. It just seems to me that it's an area of the market which is bound to enter business, isn't it? Because there's a whole bunch of people out there who probably a lot of osteos, chiros and others didn't know they could help us so effectively. So I'll stop blabbering on about that.

Nikki Scott
ironically, we bring our courses to Poland as well, and they're always full, there's always 20, 25 people on those courses every time we go to Poland, it's really taken off over there. There isn't this kind of almost sniffiness about research and it not being in like the NHS system, etc. So therefore, we can't recommend it. There isn't any of that side of things.

Steven Bruce
We worry an awful lot about that. And of course, as regulated practitioners, osteopaths, chiropractors, we can't put on our website anything that we can't back up with some evidence. But as I'm very fond of saying, actually, if there is some evidence out there, and we're not expressly told we mustn't do it, we can do it. And if someone tells us to take it down, fine, all we have to do is take it down. So we can do that. But equally, we're all aware that the public themselves are not actually terribly bothered about evidence a lot of the time, they're interested sometimes in just something because it's a fad. But also, sometimes they find a medical remedy which works, which helps and it suddenly takes off. We've come to the end of the show. The time does fly by on these things, especially when we've got some practical to do as well. I can't thank you enough. I've been really fascinated with what you had to say. Thank you both for coming over here. And I think we will be seeing you again at some point, I'm waiting to see, we had 406 people watching this evening. So it's a fairly sizable audience for a lovely hot summer's evening. And I imagine there'll be quite a bit of interest in people learning more about it, whether they come direct to you, the online course, come here and we set up something which can generate some momentum and which we'll see, but very kind of you, thank you for coming along. I look forward to the next visit.

Claire Forrester
Thank you very much.

Nikki Scott
Thank you.