

## Women's Health: Caring for Mums - Ref 308

Steven Bruce 19:39

Good evening and welcome once again, tonight's topic is something which I feel is particularly important for our clinical skills. It's an area where the NHS and to be honest, most private care lets its patients down especially women. Yet it's an area where we could all contribute really meaningfully and possibly improve the quality of life of Honestly just through the application of some relatively simple principles, and probably the the main focus of tonight's show will be on so called leaky ladies. You know, generally women who end up with stress incontinence, especially after childbirth. Usual Care means that they're told to do pelvic floor exercises. And when that doesn't work, they're just left with a lifetime of worry and embarrassment. So wouldn't it be great if you if we could show them how to overcome that problem? The techniques aren't limited to women in that particular situation, even limited to women. But I've got Nicky Scott with me and Richard Peterson in the studio, Nicky for the second time to talk about what is rather obscurely called hyper pressive training. So good evening, Nicky. Good evening, Richard. You're both master trainers in hyper depressives. Nikki, you're also a professional dog strangler. What's happened to your hand before we go any further

Nikki Scott 20:51

making my dog away from another dog? Cause? Have I have ruptured the collateral ligament, my phone? Oh, gosh, that's all been fixed now. And I'm another five weeks in my casts. Sing it?

Steven Bruce 21:07

Well, as I say, welcome back. Because I was really I was really, I'd say, enthralled by the show that we did last time, which we did with an osteopath as your sort of CO presenter, if you like, didn't we? Richard, what's your involvement with hyper pressive?

Richard Peterson 21:22

So Nikki, and I went on the very first type of prestigious course in the UK. And very quickly, we realised there was a huge market for it. So together we start Okay, hi, pressive. So, how long have you been 2012? So, yeah, yeah, so a decent amount of time. So we just started, we started training. We thought we're in the best position to start training. But we thought we would be personal trainers. But actually, it's turned out not to be personal trainers. It's turned out to be osteopaths and chiropractors and physiotherapists and Pilates yoga teachers,

Steven Bruce 21:57

by which you mean instead of teaching individual, let's say women who are suffering from stress, incontinence, whatever you're now teaching people in order to train their patients or

Richard Peterson 22:07

so we have two sides of the business. One is mostly Nikki focuses on which is individual clients, so members of the general public and then we have the other side, which is the education. Okay, so that's where the physios and the osteopathic heroes come in.

Steven Bruce 22:19

Yeah. And I remember, I mean, there's gonna be a lot of overlap tonight between what we did last time and what we did now, but will have probably a slightly different audience. And revision is never a bad thing anyway. But I do remember, it stuck in my mind last time, from what you said, Nikki, that it's a lot of women are being let down. Because they basically told to grin and bear it, aren't they if they're if they've got those postnatal problems?

Nikki Scott 22:41

Yeah, I mean, the usual route would be see your GP and then get a referral from your GP, for physiotherapy, physiotherapy, and then that usually consists of not not always an internal exam. And usually, it's just pelvic floor exercises a sheet of pelvic floor exercises to do that, either will or won't change things symptoms. And usually, even if they do change symptoms, they don't change them enough for that person to have a decent quality of life. So and then they're signed off and hold come back when it gets worse. And then it's surgery.

Steven Bruce 23:22

So I imagine that you have an awful lot of happy customers, as it were, if you're able to overcome those problems, first, you can overcome problems. But also you can do it without surgery.

Nikki Scott 23:31

This is the thing is about, it's about prevention. So preventing symptoms from getting any worse, preventing them from having to have surgery. And then if we can affect their symptoms and make things make their life a little bit better for them, then that is what we're really working towards. So we can't, like promise this miracle cure. But I would say there's a very large percentage of the people that we train that have very positive outcomes,

Richard Peterson 23:58

you make a very relevant point about preventing, we see hyper presses, ideally as a preventative therapy. So it's something we'd like women to be doing before they have an incontinence problems, not necessarily to address their continents for incontinence problems. So to get awareness of hyper press, this is incredibly important because not enough people know about it. So they don't know about it, they can't prevent problems in the first place.

Steven Bruce 24:24

Well, I've said in my intro there that it's a slightly obscure title. And of course, when somebody's looking at pelvic floor exercises, they might not know how to teach someone pelvic floor exercise, but they know what you're talking about. When I look at the title, hypo presses even now I'm not quite sure why it's called hypo presses.

Richard Peterson 24:42

Simply simply it comes it means low pressure. So that's alluding to intra abdominal pressure and the lowering of it when you're doing these exercises. So but it comes from it comes from Spain. So a large part of the problem getting out there is it has originated in Spain. A developed by a physio FairPrice called Dr. Marcel cool freeze. And he's a Belgian national, he moved to Spain in the 1980s. And for a long time, it was only taught in Spanish. So it's prevalent in Spanish speaking countries, and in places like Brazil as well, then I guess that's because it's sort of extended into South America. But in Spain, it's huge. So they'll have, you know, the, the organisations in Spain will have weekend courses every single weekend, somewhere in Spain, and most physiotherapists will know it as a treatment protocol. So that's, I think that was the initial problem. And that's where the word has come from, and the translation has come from, it's, you know, they call it they call it hyper press is essentially hyper presses in Spain as well. So it's, you know, there's a universal problem we did think about, we think about changing the name, but it's kind of, you know, the bits of research that are out there. And, you know, people are searching for hyper presses, people are now beginning to recognise the name. So it's very difficult to then change. It's not unfortunately not a catchy title, like yoga or pilates. It is what it is, unfortunately,

Steven Bruce 26:07

yeah. And until people are more widely aware of it, then again, you've got a bit of a challenge for me. But okay, so hypo press it was means low pressure, which implies that the problem is over pressure abdominally, which is causing incontinence and remember other problems, which I'm sure will come on to a bit later on, is that the case or is it weaken? sphincters?

Richard Peterson 26:29

I think is it's always multifactorial. But the ability to deal with intra abdominal pressures is a key aspects of developing the symptoms and been able to cope and been able to then address them. So when we think about when we think about, for example, incontinence, we usually think about postnatal women, elderly people, and those are two big groups that are affected by incontinence. But one, one group that is vastly affected are athletes. So we think of athletes as having great functioning cores, and that, you know, their ability to to cope with intra abdominal pressure is good. But they are I think there's a second log largest group to be affected. Are we talking only women? No. But mostly women, mostly women. So what happens with men, they tend to be affected in other ways. So if intra abdominal pressure is, finds its weakest link, with men, it tends to with hernias. So if you were to Google premiership footballers who had a hernia, you'll find a vast array of them. And the greater the pressure involved in the exercise, the more the problem, so trampoline is have 80 to 85% research shows us that have an 80 to 85% chance of being incontinent.

Steven Bruce 27:57

And we talking only professional athlete trembling this

Richard Peterson 28:00

No I mean, yes, no, it's in the garden. Yes, no. If you ask a woman where this is, you've heard this quite often as well, haven't you? You know, I'm okay. But I can't go on the trampoline. Yeah, always, is the tramp. Because the trampoline, because trembling creates enormous amounts of intra abdominal pressure. That's, that's the litmus test. I think sometimes, it's like, can you go on the trampoline, and most people can't go on a trampoline. And most women definitely can't go on a trampoline.

Steven Bruce 28:27

Okay. So I don't know this is this isn't what you teach, it may or may not be something that you're able to comment on. But what is what is the theory, the philosophy behind pelvic floor exercises, and then we can get on to how hyper pressive differs.

Richard Peterson 28:46

So I'm quite happy to use the theory, the theory is that the most of the problems are as a result of a weak or weak pelvic. So I'm going to keep this fairly simple, but a weak pelvic floor, so the idea is to strengthen it. But actually, it's not always a weak pelvic floor, it's often at a dysfunctional pelvic floor and dysfunction. 10s can be, so it can be a hypertonic or overactive pelvic floor. So then if you're giving somebody who's got an overactive or hypertonic, pelvic floor, strengthening exercise, you're already taking something that's like this, and, and squeezing it even more and more. So your 10 your tendency is to make things worse. So you have to address the reasons for the pelvic floor, being dysfunctional, and often that will come from breath. So that's what we found. So this is why I think hyper press has worked so well is because you start to to address that symbiotic symbiotic relationship between the pelvic floor and the diaphragm.

Steven Bruce 29:44

Okay? So I've always struggled with how one reduces pressure in a in a contained environment like this. So give me the simplified version of not,

Richard Peterson 29:56

well, you're not always it's not always about lowering pressure. It's about being able to cope with the pressure that that you're going to take on. So, like I said, just now developing that relationship between the breath and the and the pelvic floor is one of the ways that you can deal with being able to cope with greater amounts of intra abdominal pressure. There are other things involved as well. posture, for example, is a huge one, lots of lots of other factors that might impinge on someone's ability to cope with into abdominal pressure.

Steven Bruce 30:29

Okay. So what then is the overall approach to life oppressive? What is it you're trying to do with people, I know we're gonna get into a demonstration later, but tell me about the theory behind this.

Nikki Scott 30:44

So it's about releasing tension in the body so that we improve function. So we're improving the function between the diaphragm and the pelvic floor with the breath work, and we're putting that breath work into a series of postures, which will help with postural tension. So again, usually, women don't come and say, oh, you know, I've come because I've got a backache or I've got neck ache or I've got shoulder ache, but as an aside, we usually find that there are significant positive changes in postural tension. So therefore, it will have an impact on like how someone is carrying themselves and you know, later on in life, their head position, it has a massive impact on whether they might fall or so we were using the postures to readdress postural tension and improve tension in the stabilising muscles big stabilising muscles in the posterior chain, and reduce the tension in the anterior chain.

Richard Peterson 31:49

And the other the other key factor is to have the core function the way it's supposed to. So core activation of the core when you need it is really important. So we often we train the core. Again, simplifying things, we change the core from the outside, in, so So you're training with planks, you're training with side planks, you're training with power presses, all sorts of different exercises, but you're not really addressing the intrinsic core, or the involuntary core. And that's what hyper presses does. So you do this, shall we demonstrate later, but you do this inhalation, exhalation and breath hold. And then what you'll what you'll see is actually the core co activate. So all the core key muscles on the on the inner unit can activate and coordinate essentially. And that's what you'll see you're teaching. Again, it's quite hard to, to, to get this across. And it's also very important to note to know that this is hypotheses. Yeah, this is hypotheses, we're hypothesising what no one really knows. Whatever it's anyone tells you about hyper hyper presses, and whatever whoever does it even male. So cool phrases, hypothesising,

Steven Bruce 33:02

osteopaths, and chiropractors, and we're well used to having to say to people, there's limited hard evidence for why what we do works, we just know it, we

Richard Peterson 33:09

just know it works. Yeah, so sorry, where was I? Yeah, so we're looking for the core to correct, the way I explain it to clients is, imagine if your, your you've got your child behind you planning on a surface above you. And at the corner of your eye, the child falls, your immediate reaction is you're going to reach behind and grab the child. And you're going to be in a quite a vulnerable position. And at that point there you want your core to your nervous system to communicate with your muscular system, and for the quarter co activate coordinate to brace you, essentially. So what traditional core training would do was what don't fall yet because I've just got to come round and get myself in good posture, and I've got a brace. So you need the both. You need the strength from the outside, but you need the nervous system input from the inside. And that's what we think hybrid presses is doing.

Steven Bruce 34:06

We've got a question from Dawn just come through. She says how do we know if a patient's pelvic floor is too tight? And pelvic strengthening exercises might make her problem worse?

Nikki Scott 34:18

A good question. Usually, she would have to have an internal assessment. Often if there's been a scar, if they I mean usually in a consultation with someone I'll talk to them about, you know, when they've had had their children have they had any scarring? And if they've had scarring then often where we'll find areas in that scar tissue that will be hypertonic

Steven Bruce 34:43

scarring due to abuse or

Nikki Scott 34:47

just tearing, right or trauma from the birth right.

Steven Bruce 34:50

Okay. But I guess maybe we turn this on its head and actually, Don's patient says the symptoms are either worse or no better. No has been doing loads of pelvic floor exercises, probably infer from that, that we're overtraining,

Richard Peterson 35:04

possibly. But I think from the research, the research around pelvic floor exercises is very mixed. I found some sites, some says, for example, that how it's taught to you is really, really important. And others, other research says doesn't matter. Right. And then some will say that the long term effects of pelvic floor muscle training are really poor, others research says is fine, doesn't matter. The long term effects are great. So it's very difficult to when you do a deep dive into the research, when you when you start looking around this, I think it just muddies the water and it becomes really confusing, I think what is important to us and always has been, is that person in front of you, that person in front of you, and how can you affect them, we know that doing whether you have a weak pelvic floor or whether you have a hypertonic pelvic floor, doing hybrid presses will improve the symptoms and the function? So the question is a good question. And I think your answer is correct. You know, if you've been doing pelvic floor muscle training for a long time, probably, you're not going to it's not going to and it hasn't helped you, it's probably not going to help you in the future. So they might well be hypertonic. But it might be that you haven't learned to properly.

Steven Bruce 36:15

Yeah. So you're not saying that pelvic floor exercises are always useless?

Richard Peterson 36:19

No, not at all. But Nick, and I might, might disagree slightly on this. I mostly will mostly because of experience. And I think you probably have more experienced with this because you see more people. But I think what we always have to do in these situations is we never hear from the people who have performed muscle training, and How successful have it cessful outcome? We only hear from the people who don't. All right, we might hear from a lot of them. But we still don't hear from the people. It's a bit like mess surgery. We only ever hear from the people where it's gone wrong. And again, we know anecdotally and we know from from evidence like the complete report in 2018 19. That is a massive problem. But there are still some women who've had mesh surgery and had a good outcome. Well, that outcome continues. The good outcome continues in 1015 years, who knows. So Nikki's nice opinion on this, it'd be slightly different. But she is at the coalface she does see lots of women who do have problems after having lots of pelvic floor muscle training.

Nikki Scott 37:22

I think my issue really is that pelvic floor, the traditional pelvic floor training works just on the pelvic floor. And we know teaching high progressives that there's this intrinsic connection with the diaphragm. So and that we are by just working on the pelvic floor, we're treating it as a muscle group. And when we do hope presses, we're working on all of the tensions in the body, we're working on the whole myofascial web, to unpick it and release areas of tension. So it's just a bit short sighted, it's, it's like someone has a knee problem, and it hurts, just looking at the knee, not looking at anything else around it. And you know, in your job that you're looking at the body as a whole picture. And that's what we do with high progressives is we're looking at that person as a whole and working on all of what will help those pelvic floor symptoms and not just squeeze the hell out of your pelvic floor, however many times a day following up that that's going to prompt you and you know, potentially make things worse, because, you know, in my own personal journey, and we talked about this last time I found pelvic floor traditional pelvic floor training was disastrous for me. And I started looking for something else because my symptoms were getting worse, not better. So that is the case with a lot of women.

Steven Bruce 38:46

Yeah, and I remember reflecting in that last show that we did that as a male practitioner, it's very hard to put yourself in the position of a woman who's suffering from what is a very embarrassing and inconvenient problem, isn't it? Well, it reminds us what the other problems which might be associated with which you might be able to help with hyper pressive. So you've mentioned hernias, many organ prolapse.

Richard Peterson 39:07

A bigger problem than most realise, again, going into the research wide and various statistics, but it's recommended probably around 50% of women will experience a pelvic organ prolapse at some time in their life. And that that increases with age, the chances increase with age they increase with childbirth and the number of children you have and the time between the children that you have hernias, hernias, in terms of prevention. So once once the tissue is outside of where it's supposed to be, you're not going to get it back. But in terms of managing symptoms, and making sure things don't get worse and preventing in the first place, I think it has a key role for men, because I'm sure there are men listening, listening to this now. male patients as well. Yeah, exactly. And men do suffer from incontinence. They suffer from faecal incontinence as well. But I think hernias for men, but also the role in with high professors, after men have had prostate surgery is really interesting, because there has been a small scale study done on that. The role of hybrid presses alongside Pilates, so fitness Pilates, though they never heard of them. Yeah, no, I hadn't either. It's literally a sort of like more rigorous form of Pilates, I think they, they did a small scale study, and improve the symptoms of men who'd had a full scale, full scale deck to me. So full removal of the, of the prostate gland, in terms of their urinary control, so they started to get back in control. So I mean, we've just, you know, we were talking about, we're talking about mostly here, we've been talking about women's problems, but sexual function in men and women. Posture is another great one. And we haven't really touched on the role in the athlete, so breathing, to start getting someone to breathe through their nose for start, because most people aren't, I say most people, a lot of people aren't breathing through their nose, getting them to breathe laterally. All of these things can contribute to athletic performance. So they in Spain, in particular, hybrid presses is used quite often by athletes for training the posterior chain, but also making sure that they are maximising their oxygen, carbon dioxide ratios. And endurance athletes basically is the the area that works best in best with.

Steven Bruce 41:53

So Nikki, one of the things that was touched on there and earlier is the benefits of this sort of training and preventing problems in the first place. One of the key challenges is in trying to convince someone that they need to do something which is inconvenient in order to prevent a problem that they don't currently have. Absolutely. And any form of training for most of the population is inconvenient. So who, who should be getting this message out? Is it me? I don't know how long it takes to train someone properly and hyper pressive. So is it satisfactory to wait until your antenatal classes were talking to women? Again, here it was? Yeah.

Nikki Scott 42:29

I mean, I think that girls in school, and boys in school should have education, better education around their body, better sex education. And to include a more honest, and Frank account for a woman or girl, if she's going to have a baby about what is going to happen to her body and being a bit more open and honest about it. That's going to be the start. And then bringing Hi progressives in as something that could help prevent, you know, all of these things.

Steven Bruce 43:03

You say that's going to be the start, but it's not going to happen. The government is not going to reduce some introduce something into the curriculum unless the chief medical officer says yes, this is supported by evidence. And we all have our thoughts about the quality of medical evidence, and how it gets the publication's that it does. So it's not going to get there. Therefore, we need to we need to make this known to what we can do to our patients in clinic by just advising them about it. But again, it's going to be tricky. The

Nikki Scott 43:32

normal pathway for someone that might have these problems would as I said, would be a GP, rather than a referral on to a physio, so they GPs and women's health physios in the NHS are going to be the key people to get the message to. And fundamentally the hardest to get the message to because not saying all women's health physios. But there there is a school of women's health physios that very much want to have evidence in front of them, just as you said, and just won't entertain anything that doesn't have reams and reams of positive outcomes. Even though we have hundreds and 1000s of case studies, people that are happy and using high progressives to get on with their life. It's yeah, it's a real tricky one, really.

Richard Peterson 44:26

But I think the thing here is that if if the general public don't know or sorry, if the if professionals like osteopath, chiropractors physiotherapists don't know about it, how do you spend the general public to know about it? So maybe the idea would really be to educate those professionals and therapists, who then will trickle it down to their patients, and those patients will then trickle it down to their, to their peers. I think that's the only way to do it. It's not going to get in the NHS it's not going to happen.

Steven Bruce 44:56

There's a bit of a chicken and egg thing going on here as well though, isn't because of a patient He comes to me in clinic. And I think hyper pressive training would be really useful for you because you're planning on getting pregnant. You know, there's lots of complications, but I've got no one to send her to who can apply that training unless she's prepared to travel to see you, which is a distance away. And so do you do online training? Right, good. Well, that sounds that's the answer to that question. But you can still even do it online training, there are a lot of people getting pregnant every year in the country, you can't do with all of them, can you? And the number of trainers in the country is still fairly low? Under 100? Yeah. How long is the training for the trainers.

Nikki Scott 45:37

So we run a day training course. And that gives them the basics, the foundations, and everything they're going to need really to improve pelvic floor symptoms, or whatever it is they're working on with their patient. There is a process of assessment with that. So we want people to go away from the course and do their assessments and gain their certification for their qualification. And we also have an online version of that as well. Which obviously isn't a day course. It's much more. You do it when you've got time. Really?

Steven Bruce 46:14

Yeah, I I'm not trying at this stage to plug the course that you are running 16th of September. So all right, I'm gonna get a plug. But, but I am I am very keen that we get anybody who is suitable to come on that course to try and spread the word about this. Because, you know, I just I just think educating

the population is a key part of our responsibilities as osteopaths and chiropractors, it's written down in the in the procedures. We're supposed to educate our patients about things like this, we're supposed to help that we're supposed to refer them to other professionals, if we will help their overall health care. But as you say, there's so many people who don't know about this, I probably want to look at some of the questions that are coming in at the moment. Yeah, one of the things it's an observation from Claire, she says that last time, when you were on the show, we actually had you come in with an osteopath, another Claire, didn't we. And the key thing there was that she's trained in hybrid pressive training, and she's found it really, really useful in her own practice. So it's something which is directly relevant to people watching the show this evening, as well as to others, presumably such as midwives, or yoga, pilates, very adaptable

Nikki Scott 47:24

to, you know, anything that you're going to be homework wise, you're going to be giving to your clients to do, there's plenty of stuff with high progressives that can be adapted. And Eau Claire was when she was on she was talking about, you know, men for sexual function she was using with pregnant lady she was, you know, she was using just elements of it to or to complement what she already does. It's

Richard Peterson 47:49

one of the key things here as well as if when you come on the course, we encourage you to, in fact, we kind of make you do hyper presses yourself. So not only will you go away with the knowledge to help your clients, but also you're going to find that if you if you stick to what we asked you to do, you will see significant improvements in your own body, whatever that might be. So for example, I didn't even know I had a problem when I went on my first time hyperparameters course but I was getting up in the night to pee four times a night. Thought is part of the ageing process, just just put up with it. I never really gave it too much thought I did hope presses for a month, every day for a month, which was actually not not we don't ask people to do as much as that but was quite hardcore the way we were taught it. And by the end of the month, I wasn't getting up at all. And the interesting thing about that is I

Steven Bruce 48:43

never had a soggy mattress or you'd fix them fix the problem, which was easy. I

Richard Peterson 48:46

think the interesting thing about that is that I don't actually do a lot of hyper presses myself anymore. I don't need to, particularly for that problem. But it's still I still don't get up in the night. So that whatever that was, whatever that nervous system, input, whatever it was at it was instant. That's

Steven Bruce 49:08

interesting. So because I was about to say, Well, how long are you doing it? Now? I was going to ask is this something that once you've learned it, you're having to do it the whole time all throughout the day? Or is it something you do once a week? For me? You've kind of answered that question.

Richard Peterson 49:20

When do you want to answer that? Because you

Nikki Scott 49:22

we try and encourage people to do 1015 minutes a day of practice. Right? And that's usually enough kind of maintenance for them.

Steven Bruce 49:31

But you did that for a few months. You haven't done it since Yeah,

Richard Peterson 49:33

I get occasionally I'll get back in so I had terrible forward head carriage as well when I did it and and I resolved that. But if it's drifting back, or if I've got some lower back pain, or whatever it might be, I might drift back to it for a while. But you know, I you know, I like doing other forms of training. So if I've got time, I'll try and do those. But when I need high prices, it's there.

Steven Bruce 49:55

Right? Okay. Right. So you talked about low back pain. We've had a question here from Rosie says, Do spinal or pelvic manipulations affect in any way. What you're teaching people to do is it help, does it.

Richard Peterson 50:08

I think working in conjunction with what what I present will help tremendously if you've got those skills to be able to do both. And I think that's a tremendous, tremendous advantage. We don't have those skills. We're both. We're both qualified massage therapists, but we can't, you know, manipulate spine. So, yeah.

Steven Bruce 50:24

Okay. Mrs. trellis, also known as Matthew says, when you could go into why later, when you say hernia? Do you also include midline? Abdominal hernias? Yeah. And Carol says, Do you consider gut dysbiosis as an inhibitor of core muscles? Because you were talking about core muscles earlier on?

Richard Peterson 50:42

Yeah, quite possibly. And actually, there aren't many.

Nikki Scott 50:46

What's the word Nick? It's not on the tip of my tongue.

Richard Peterson 50:53

Reasons Why You can't do hyper presses. What's

Steven Bruce 50:54

the what's the worst country in the country indications,

Richard Peterson 50:56

the thing we always forget to do. But actually, severe gut problems will be one of them. But only really what you're having a flare up, because we'll see in a moment when when you do the breath hold, you'll create a vacuum, and the vacuum constricts base in the abdominal area, and it can be uncomfortable. Again, when when I first started, I had a bit of IBS. So on the days I had IBS, it wasn't too comfortable. But if you've got any severe problems like Crohn's, you wouldn't you wouldn't do it necessarily do. Certainly not in the data. Were you having any flare ups? Yeah.

Steven Bruce 51:33

Okay, one more question. One more observation, possibly a question I didn't know. Before we go into some practical stuff. Karianne or Syriana, I'm not sure how you pronounce that. Apologies to Karianne or Syria. She says fantastic. So good to hear that she's been trying to read around this topic for a while after being confused by incontinent. Nelly porous 20 something year old patients what that word means that train hard with weights, hernias, incontinence, diastasis, RekSai prolapses, people unable to balance the forces around their core breathing and gripping your particular muscles must be key. So hopefully, if she hasn't on your course already, then there'll be something in this for

Richard Peterson 52:12

this is very, this course is very relevant to women who lift weights, as well,

Steven Bruce 52:17

really, okay, extremely well, then you better go and show us what it is you do that

Nikki Scott 52:21

come on, you lead the way.

Only when we're doing the Mac, okay. So what I'm teaching the breathing, I usually like to look at what is happening with the person's breathing to start with because often you find that there's a lot of tension in the chest area, or there might be a bit of an overuse in the lower belly area. So I would get Richard to just put one hand on your chest and one hand on the lower belly, and then just start to get into the breathing rhythm. So we do a two second inhale for second exhale. And it's usually in through the nose, out through the mouth. So what I'm looking for is, is there a big rise in either area. And as you can see, with Richards breathing, we have this hand rising. So what we want to do is and we've got a little bit of a rise in that chest. And so what we would want to do is encourage more use of the diaphragm laterally, so less of that up and down less of that tense movement. But also, it's good, it's a good exercise for my clients, because it also highlights how many muscles get involved in breathing. Because often people don't even think about these things. So then we move the hands down to the lower ribs. And now we're encouraging that breath where the where the ribs will move out laterally a bit more. So we've got that diaphragm on the inhale dropping down and stretching across if you just see the change. So now if I put my hand here on the lower belly there's no rise there at all. And just that general rise and fall of the chest not up towards the face. So that's what we're encouraging. You know, obviously rich Richard knows what he's doing here. So he's doing really nice.

Steven Bruce 54:23

I always struggle with this, the the idea of this sort of thing and how you can make a contracting muscle move laterally because by the definition, it's getting smaller it's contracting.

Nikki Scott 54:36

So when so when when when he's inhaling that diaphragm is dropping down and stretching so that's when we we get those ribs to move the we

Richard Peterson 54:45

do descending but it's it's it's descending laterally at the same time. My understanding what

Nikki Scott 54:52

we're encouraging and and obviously as we talked about that relationship with the diaphragm, the pelvic floor, the pelvic floor do the same so the pelvic floor is going to Thoughts oscillate and move as it should do rather than tense and squeeze with with a pelvic floor squeeze. So that would be the lateral breathing, where we're encouraging as much stretch laterally as we can. And, you know, this is easy to show you because Richards done it many, many times before. So that's the first

Steven Bruce 55:20

given a typical patient, then you can think of a typical patient, they'll come in, they won't be breathing, like Richards breathing, how long is it going to take them to learn how to do this properly,

Nikki Scott 55:30

or what I would generally do is not focus on how bad their breathing is too much, but just get them to understand the dynamics of it. So we want the ribs to move laterally, we want to get them to stretch, even if they feel like there's only a tiny bit of movement. So therefore, we would just encourage a small amount of daily practice,

Richard Peterson 55:49

just having these the hands on the ribs like this gives them a bit of proprioceptive feedback, as well as a little bit of feedback every time they can just feel like just moving into the hands

Steven Bruce 56:01

go they do this lying in bed before they get the answer.

Nikki Scott 56:05

No, no. And, and often I'll structure their little homework session where they'll just do five minutes like this, and then maybe move on to the breath hold and then move on to a bit of posture,

Richard Peterson 56:16

this lateral breathing can be done anywhere, anytime watching the TV, or doing the washing up doesn't matter, it doesn't matter, just encouraging the body to breathe, the way it's supposed to in terms of the diaphragms function,

Steven Bruce 56:29

and use a small amount of practice each day. What does that mean?

Nikki Scott 56:34

Well, I mean, I generally set homework of 10 to 15 minutes, that's it, because that's about the buy in, you're gonna get, we were told we had to do the whole routine every single day forever. And to be honest, it's got longer and longer and longer because we got more and more locked, we got longer and longer breath holds. So therefore, it was just really uncomfortable and really horrible. And we just thought we're not going to, people aren't going to want to do this. And we see really good results with even when people are just learning this.

Steven Bruce 57:04

I imagine getting people to do it, even if it's

Nikki Scott 57:07

full practice anyway. So helping someone to de stress to, you know, to slow everything down to take some time for themselves is a real big key a lot of the time, and a lot of women feel very guilty about even just having 10 to 15 minutes to themselves. So it's a really good way habit to get into.

Richard Peterson 57:28

You can get you can get change, literally just getting someone to breathe. Okay, which is, which is what, you know, I thought I was finding credible.

Steven Bruce 57:37

So, is that one of the takeaways for this for people who haven't yet don't haven't yet done your course? Yes. Don't just get the process to start doing this. They're passionate. What sort of improvements might patients see really, those with stress incontinence? Will they see an improvement?

Nikki Scott 57:50

Potentially? Yes. relationship going between the pelvic floor and the diaphragm? Obviously, there's lots of other things in play. So that's a little bit like saying, Well, you know, we know we can get some some results, but why not make them really good results by doing it all.

Steven Bruce 58:08

I remember in training, and then since then, I've often been told we need to encourage our patients to do diaphragmatic breathing. And it's advice I've studiously ignored ever since but, but it only meant was doing what you were doing earlier on and getting your stomach to pull out when you breathe.

Nikki Scott 58:21

Yes, that's yeah. So we tend to talk more about lateral breathing. Yeah, because it gets a little bit confused with diaphragmatic. Breathing.

Richard Peterson 58:30

So yeah, that actually that's a, that's a really good point, is making sure that there's no confusion, I've written this something on the online course about this. There's no confusion between belly breathing and diaphragmatic breathing. So diaphragmatic breathing for us is the lateral breath. So it's not free because you can feel your I can fill my belly with it with air without really stretching my diaphragm. Yes. So we focus on that lateral movement. Okay. And not try not to use those terms interchangeably as well, because it gets really confusing.

Steven Bruce 59:02

There's been also an interesting question by Alex. Alex is how would you adapt this for someone who's pregnant?

Richard Peterson 59:09

It's a good question. John talked

Nikki Scott 59:10

about pregnancy. So yeah, I mean, if you've got someone who's newly pregnant, you can teach elements of high progressives. You just wouldn't do the breath hold, which we're going to show in a minute.

Richard Peterson 59:21

And you wouldn't you wouldn't have someone supine? You know, you know, after the second trimester trimester really, during modify, you can just modify Yeah.

Steven Bruce 59:29

So you could be teaching this to someone sitting up?

Richard Peterson 59:32

Absolutely. Yeah, absolutely. The reason the reason we have people sitting lying down to begin with is because what is in contact the ground, they got nothing else to think about. As soon as we'll see in a minute, as soon as you stand up and you introduce elements or technical elements of high press, the breathing goes out the window. So just to get them lying down to think about only breathing.

Steven Bruce 59:53

Okay, so breath hold, breath

Nikki Scott 59:55

hold. So what we have to remember with this is we have this reflex that we want to activate. So there's only there's three conscious things that the person needs to do that which is going to do. And that is to exhale completely. And then when he's exhaled completely, he's going to hold his breath. And then when he's holding his breath, he's just going to release tension around the ribcage. So that's going to allow for that vacuum to happen.

Richard Peterson 1:00:22

So shall I pull my Yep. So hopefully, you can see those

Nikki Scott 1:00:26

are the conscious things he's gonna do. He's gonna do some rest breaths first. So this is the lateral breathing. And then on the third breath is going to exhale all the air out. When when he's got rid of it all, it's going to hold his breath. And that's the reflex. So he's not sucking his tummy in, he's not consciously contracting. This is kind of like resting tone, it's not working tone, particularly

Richard Peterson 1:01:06

when he has to. So the interesting thing about that is that I haven't done one of those breasts probably several weeks. But it's once it's there, it's there, that reflex action is there, that involuntary response. And that's what we're looking for. However, one quite important thing here is that this is the hardest part for anybody to get feel like. So I think that's because the nervous system and muscular system communication is often poor, and people who can't get this vacuum to begin with. But what we know from research in Canada, is that actually, you can still get very good results without creating that vacuum. Right? Which is interesting, because that's the thing that the hyper presses people in Spain talk mostly about is the vacuum but actually get good results. Without it.

Steven Bruce 1:01:52

I'm going to ask what is probably a stupid and predictable question or predictable answer, why would you not do this pregnant woman to have the results. So constriction

Richard Peterson 1:02:00

of breath holds are obviously not great, because it depends what posture in okay is not so bad if you're lying down, but you don't want to raise your blood pressure. And also, you don't want to constrict space. So we actually were taught in Spain by a physiotherapist who was eight months pregnant. And she told us that the month before she taught a course. And she did a breath hold to show everyone says not dangerous doing one. And she said you could see the outline of the baby. It was that constricting.

Steven Bruce 1:02:26

I suspect that like many things, were just very cautious with pregnant women. There's no evidence to show that it's a problem. No, I think we wouldn't risk it.

Richard Peterson 1:02:33

The idea with pregnant women is to teach them the natural breath, and to show them the postures so that they're ready to go. Anytime they're there. After they've had their baby, as soon as so in Belgium, in Spain, for example, someone will come along or your bedside within couple of hours, showing you to how to do this lateral breath.

Steven Bruce 1:02:52

Okay, that sounds so encouraging for the Spanish, right from what comes next.

Nikki Scott 1:02:57

So now we're just going to show you what the breathing looks like in one of the postures. Because obviously, we focus just really on the breathing, and we want to look at the rest of the body. Now you can leave your shoes on. Are we standing up for this? Normally, we would do barefoot or in socks. That's it. So I'm just going to set Richard up in our excuse me our standing setup. So first of all, I want you to take your heels out, he was out. He was out to just do a little bit narrower, so we want them just sitting under the hips. And we're kind of working on a joint by joint approach, then we want to come to the knees and soften the knees, we're trying to bring the pelvis in neutral. So tilting the pelvis in both directions and finding the centre. And then we're looking at the spine. So we want to really stretch through that each vertebra of the spine. And encouraging Richard to really pull up through the crown of the head,

Steven Bruce 1:03:57

just for the benefit of cameras can I get 45 degrees, not sideways, but 45 degrees, and we've got your front end side and we've got a good indication. So we've got feet, we've got soft knees, we've got neutral pelvis.

Richard Peterson 1:04:09

And then probably the most important key is

Nikki Scott 1:04:11

all through the through the crown of the head. And then the head, we want that step back on the spine. So we're just pulling that chin back. And then finally, we're just going to drop the weight slightly forward in a straight line from the ankle to the shoulder. So we're putting a little bit more tension through the posterior chain. And then I'm just going to bring you into that first hand position. So little fingers on top, we want a nice straight line all the way down. And then we're going to create tension out through the fingertips as if we're being pulled east to west. And what we want

here is a bit of tension through the arms, but mostly tension kind of round here through the through the lats.

Steven Bruce 1:04:50

Is this angle critical the angle the arms or

Nikki Scott 1:04:54

is the arms in line with the body really. So he's just picked them up from the sides and now he's creating tension And then that will help because a lot of clients have a lot of tension through the shoulders and when they breathe, that will become apparent their shoulders start to rise and fall. And then I just want you to do three breaths and a breath hold. So again, these are our lateral breaths, inhaling for two, exhaling for for encouraging that lateral movement of the ribcage. And then on this final breath, breath out, hold the breath, and relax the tension at the ribs. So now we're creating a vacuum. We're keeping in our nice posture, unrest.

Richard Peterson 1:05:43

Anyone trying that home, will suddenly realise how difficult hyper presses is. Because you really are creating tension here. And that tension because that tension deepens the vacuum. So that tension, and also it's really good for toning the arms as well. So you've got several hand postures, for example, in standing 234. And you try and maintain tension between postures as well. So you know, you don't go from here to that floppy and then get tension again, you keep the tension, and it makes a huge difference. So anyone at home, try wants to try that, really, you'll realise how much more difficult it is when you actually create tension rather than just holding your hands. But I'm

Steven Bruce 1:06:27

intrigued by that reflex. You said, Well, it looks as it looks to me as though you're soaking your belly. Yeah. And and as you were doing this, I was having a half hearted go at it to see if it happened to me. It didn't happen to me. Well, I'm not doing it right, clearly. So I need some further training. Jason says is the vacuum being caused by transversus or transverse,

Richard Peterson 1:06:45

this will be a contributory factor. But it's it's not just that it's the the diaphragm acts like a, like a plunger, essentially increase that changing in pressure. And everything just scooped up but transmit? I mean, you get probably you could you I don't think you'd be able to see necessarily today. But you'll see that the waist goes like that as all the key core muscles can activate. But obviously transverse is very important in that,

Steven Bruce 1:07:15

okay. Now, you've demonstrated the same exercises you do on the floor in a position here, a little fingers uppermost, you talked about five different hand positions, I think four or five,

Richard Peterson 1:07:26

standing, standing. And then there's three key key hand positions at sort of hip height, chest, above head,

Steven Bruce 1:07:34

okay. What's, what's the value of all these different positions? What are we achieving? by that? I mean, it, you've already said that just doing those lateral breaths and the breath holds would be beneficial, what do we gain by doing it this way. So it's a

Nikki Scott 1:07:49

release intention. So we're trying to transfer too much tension out of the muscles and into muscles that need more to hold and stabilise us. And with our hand positions, we're looking at mobility and stability through that shoulder joint.

Richard Peterson 1:08:03

So they placed quite a lot of emphasis in Spain on the hand positions for what they call decapitation of the shoulder joints. I think actually they over egg that and getting somebody's shoulder in the right position even is really difficult in terms of getting a scattered to sit where you want it to but it does definitely have a change if you're if you really focus on it. But you have to you have to make sure that somebody is really in the right. So I would you know, with Nikki, I would literally if she was my client, I would physically manipulate her scapula into the right position and then get her to do the postures. So I think they played the hand positions have been developed, mostly for that. Okay, but also, they're just, they just seem to work. I don't know. They just seem to work. Okay.

Steven Bruce 1:08:49

We've had a couple of people ask you if you just demonstrate the bilateral breathing and breath hold exercise again. Maybe do it in standing instead of on the floor this time? Just Just to recap as it were.

Nikki Scott 1:08:59

Course. Sure. So do you want me to set it up again? Yes. So do you want to just come on the angle again? Yeah. So feet together, heels out toes out. Good. And then nice.

Steven Bruce 1:09:11

When you say feet out to toes out he was like you're just trying to get the other hand. We weren't nice.

Nikki Scott 1:09:15

Hands with the parts are they sitting under the hips? Yes, we want a soft knee. So just take the lock off neutral pelvis, and then that lovely long spine. So grow tall through the crown of the head, and then draw your chin back. And finally that forward movement. That's it and into that first hand position. Keeping that tension east to west through the fingertips, and off you go with the breathing. So he's inhaling for two exhaling for for nice, relaxed, exhale. Nice strong in house. We want to feel that stretch as we inhale and almost final exhale all the air out to the point of nowhere. Hold the breath. Relax it Attention to the ribs. Breathing when you need to,

Steven Bruce 1:10:05

how long is he holding that exhalation?

Nikki Scott 1:10:08

Well, in the beginning, it doesn't really matter if start with in the beginning, it's around five seconds, if I'm training someone, I would kind of be talking to them. And it would be around five seconds, just because it's a very strange thing to do to hold your breath with no air. So but as you get more

trained in this, you're able to hold your breath for longer. So there isn't really a finite time. So what just

Richard Peterson 1:10:31

freeze is quite hardcore. And he recently apparently has said that if you can't hold it for 30 seconds, it's not really a process. And I'll take that with a pinch of salt, because it works with five seconds. But the idea is to hold it for as long as you can hold it. So you're doing two things, there you are deepening the effects the hyper presses. And actually, what you'll find is, well, if you could see my abdomen, you'd see that actually, sometimes the vacuum becomes deeper and deeper as you go. But also your training your your body's ability to cope with increasing levels of carbon dioxide. And that's especially for athletes is really important.

Steven Bruce 1:11:10

Yeah, okay. And, of course, I keep forgetting when we were talking about this shows, advertising the show in advance, I keep forgetting to mention that there's a benefit to athletes in this world, because we all see lots of those supplements to see it is really important endurance athletes. Yeah. And I'm, I'm hoping you'll be able to tell me that people have, at least in some small scale study showed improved performance as a result. Oh, absolutely.

Richard Peterson 1:11:31

Yeah. They did. Actually, when we were when we trained, they did actually show us some, so anecdotal evidence on individual athletes. I found it so. so extraordinary that I didn't believe it. If I'm really honest, I think there were improvements, I don't think they could be as great as, as they say, otherwise everyone will be doing every athlete in the world will be doing it. I have a 19 year old son's an athlete. And he he doesn't do hyper presser be taught himself to nasal breathe properly. So that he when he runs, he doesn't go through his mouth, he just breathes nasally unless he's absolutely flat out at the end of a race. And you can see the changes in you know it, you see the improvement in his performance as a result. Yes. ability to cope with co2 levels.

Steven Bruce 1:12:15

Yes. And interestingly, with during, during lockdown, we had quite a lot of lunchtime sessions about a good breathing with a view to building the body's immune system defences. Yeah, a lot of it was about navel nasal breathing. What about I mean, obviously, you covered here 10 minutes worth of training, you're going if you were doing when you do your one day course, there's gonna be a lot more things. Are there other positions in which you do this? Are there other things that we need?

Nikki Scott 1:12:40

Yeah, there's a there's a flow that we teach. And that contains eight postures. But we would always break it down like that, when you're teaching a client, you would always break it down into small chunks, teach it over a period of time. And then eventually, you'd get those eight postures linking together to make a nice little flow that you can do every day. And

Richard Peterson 1:12:57

again, we found the best results come from people who do the flow, right? Well, you have to learn each individual piece. But once you know the flow, that is the best result. And this is part of the problem I have with the research on hyper presses. Because often if you dig deep into the research, they are often teaching one or two postures individually, not one after the other necessarily, but it's the flow that works, right. So learning that flow is very easy to learn the flow, it follows very logically,

you start standing, you gradually almost gradually work your way down until eventually the last position is lying down. Okay, so what it flows, it flows really nicely.

Steven Bruce 1:13:35

Have we done in a few days? Yes, we can sit you down and rest your hand again.

Yeah, I'm very conscious on watching you nursing that hand and wiggling the fingers. So we have had a question from George who says, he's obviously done some research into the training for high progressives. And he says, Are you a certified trainer after level one? Or are there higher levels? And most importantly, who would you go to for insurance? What are the insurance requirements in terms of teaching hybrid precepts?

Richard Peterson 1:14:09

So in Spain, they have three levels, we learned three levels, but we've condensed it into two levels, because the third level was almost identical to the second if I'm really honest with you, so we've kind of condensed it into two. The first one is sufficient for most people. The second one is for people who really embrace iPad presses and for athletes I'd say so you become a certified trainer. After you complete an assessment after we do you do the level one and you have to do an assessment which is the video assessment very fairly simple. But the reason for that is we want to create competent AI professors trainers and we want to know that you've gone away is quite a lot to learn in you know in a day one Want you to go away and be confident? So to send in videos and get feedback is a way of doing that. And then,

Steven Bruce 1:15:08

so we're just gonna say, and there is a potential isn't there for saying, Well, okay, I've watched what you've done over there, I can do that with my patients, and then finding that it doesn't have the results you were hoping for and saying, Well, hypothesis doesn't work. Yeah. As with everything,

Richard Peterson 1:15:22

this is why we want the most competent hypothesis trends that we can possibly create. So, you know, people send him videos, and often they'll get feedback for me, which is, that's not quite right, you need to do this, perhaps you should, you know, look at doing this, maybe you need to work on that. They'll send another video in. But everybody gets through the process. In the end, we just given some people more help than others. And then in terms of certification, I know, for example, that Baylands certifies professors, instructors, that's where we usually send people.

Steven Bruce 1:15:51

Well, it's an interesting, I was mulling this over as you were chatting that this business of insurance is interesting, because just as when we've had yoga instructors on the show, they'll say what do you need to be a yoga instructor who use these techniques? Because all you're doing is using your knowledge of anatomy and physiology to try and change function in some way. And you've said there are virtually no contraindications to Piper presses. Are there any potential adverse outcomes from getting it wrong?

Richard Peterson 1:16:20

Yeah, that there will be adverse outcomes from getting it wrong. So for example, one thing we haven't mentioned is when you exhale, you have to exhale in a light, relaxed way, Nikki didn't say relaxed, but what we tell people is don't push down. Yeah. So if you if you're not told that you'll find

people because because they find it difficult to get all the air out in four seconds, often, they'll force it out. So by you know, by doing that you're bearing down, then potentially causing more problems if you've got pelvic organ prolapse, for example. So there are ways to get it wrong, but it's breathing and posture. It's not, you know, again, you get going back to the insurance, you don't really I don't think you ever for a long time, I certainly didn't have any individual presses insurance, it is breathing and posture. So it's very simple. In that respect,

Steven Bruce 1:17:08

I'm pretty confident that any of the Osteopath chiropractors who are insured with with Baylands, who I'm insured with at the moment or with the people that we are moving to as a sort of a collaborative relationship here at APM. They would simply say, they will probably appreciate being told that you do it, but they certainly wouldn't increase premiums, they would just say, Okay, we'll add that to your schedule, because it's safe.

Richard Peterson 1:17:30

Yeah, absolutely.

Nikki Scott 1:17:31

That's exactly what Baylands did, wasn't it? Yeah. They just added we asked

Steven Bruce 1:17:35

to be very helpful. Yeah. Yeah. Laura says, How did you get to the point that the reflex became involuntary? Richard, was that something you initially had to train? Yeah, that's

Richard Peterson 1:17:45

a good question, actually. And, and shows you the difference individually of how that can happen. So Nikki and I are on the same course. She and we trained on a weekend course that the first one, by the end of the weekend, she had developed the vacuum. I went away still, I think we were in a group of 10. I was the only one, the 10 who couldn't, who couldn't get it. And it took me three weeks. And I think probably there were a couple of problems. I had a little bit of IBS, so I wasn't relaxing. And I was overthinking it completely, really overthinking. And this is why when we teach, we don't over emphasise the vacu because it will happen when it happens. And I think of it, I think those two things, possibly the neuromuscular communication wasn't as good as Nikki's was at the time. But I got it in the end. And like I said, once you get it, that's it, you'll always get it. And it becomes deeper and deeper and deeper. As you as you become better able to hold your breath as well. Yeah.

Steven Bruce 1:18:43

Okay. Thank you. Matthew says, So would you say this is a way to activate and System Restore sigh And sorry to say interior as accessory muscles of breathing? To introduce that lateral expansion? Yeah,

Richard Peterson 1:18:54

absolutely. One of the tools that we didn't do, which we often do when we do that standing setup is lat activation.

Nikki Scott 1:19:01

I kind of did with one hand.

Richard Peterson 1:19:02

Did you didn't tell anybody that Yeah. Yeah, they place quite a lot of

Steven Bruce 1:19:10

subtle technique. Neither of us know. Yeah.

Richard Peterson 1:19:14

In Spain, they placed quite a lot of emphasis on the role of set serratus actually in this in creating this vacuum. So yeah, you definitely get a lot of activation serratus and lats for sure.

Steven Bruce 1:19:27

Right. Okay. Who I'm curious to know who we who are your most likely patients to succeed and who are your heart sink patients, the ones that you think, Oh, God, this, we're never gonna get this one better.

Nikki Scott 1:19:39

I think often. The heart sink patients are the ones that have multiple things going on. And they've kind of left it. So but then usually, a bit like yourself, I'd be referring out I'd be, you know, finding someone for them that can do other treatments. That would help alongside so there's been that multifaceted approach. So

Steven Bruce 1:20:06

can I give you an example? Yeah, please.

Richard Peterson 1:20:07

So I don't know, maybe I've been teaching for about three or four years I had a woman from, from Oxford, contact me, she had five children at the time, she'd had one very young, and then four in quite quick succession. And she said she was having, she was having problems. She'd not been to the doctor about any of the problems. But when I got to work, she was incredibly unstable, she found it very difficult to just get down on the floor, even more difficult to get up, said she couldn't carry any of the children. And, you know, she just felt like she couldn't function properly. And she was the most agreeable client you could ever possibly have I gay, I saw her for six weeks in a row once a week. And I gave her homework in between and she did the homework. After six weeks, she was like a completely different person, straight up and down the floor. She I suspect she probably had a pelvic organ prolapse at the time. But she said her symptoms were completely gone. I mean, it doesn't really get any better than that particular woman. But she's a really good example. If somebody breaks this type of process, what can happen. But like Nikki said, you do get, it's difficult when you get someone with multi multiple problems, who's left it for a long, long time. But you know, this woman had her first child 1516, and she was in her 30s. So you still can get get the results.

Nikki Scott 1:21:37

And often you get really good positive outcomes, maybe not what they came for. But it does make a really big impact on their life. You got an example of that. So often, you get older clients that will come with incontinence, but will find just generally things like back pain and issues that were they were having from their posture and massively improved. Another lady I've trained in her 80s, she has had some symptom relief from her incontinence, but still has it, but sends me photographs of how

slimmer waist looks. Now, you know that there are other things that happen to the body that often people

Richard Peterson 1:22:14

do for those who are aesthetically minded, that getting small study in Spain showed a reduction in waist circumference. Again, I think exaggerated of up to eight centimetres, over eight weeks. So I think that's exaggerated. We see what depends on where you started in the first place. Yeah, so we see we see reductions of two three centimetres quite regularly. Okay. With no other intervention.

Steven Bruce 1:22:40

Kim says, Did you say you can do this exercise with someone who has a hernia? Has a hernia? Yeah, you

Richard Peterson 1:22:47

can do? Yeah, absolutely. You can. Yeah. Again, you know, you we get we often get these questions get, I've got this. I've got that my clients got this. My clients got that. And the usual answer is we'll try it and see if it makes things worse stop. But we haven't ever had anyone who's had to stop. So yes, you can do this.

Steven Bruce 1:23:07

Instinctively, people are thinking we hope you actually applying that pressure to the abdominal cavity. And that's going to aggravate a hernias.

Richard Peterson 1:23:14

Well, you should be lowering it insanely. Yeah. It should be. Yeah. Well, I think you're one of Nicky's children's? Yeah, I've always I've already said you can't reverse a hernia, but actually, Nikki's, one of his sons had what looked like a small hernia was where was it? Domino abdominal hernia? And he did some progresses and it's gone now. So it might have been that small. He just got it. He nipped it in time. But yeah, you can do you can do it with with hernias, for sure.

Steven Bruce 1:23:43

I think you might have confused one of our audience. And maybe several. Aiden has said that your core skill before this was in remedial Sports Therapy wasn't

Richard Peterson 1:23:53

that we're about? Well, we're both remedial massage therapists, but both personal trainers as well.

Steven Bruce 1:23:58

His question is, Well, who do you get to do these internal examinations? You know, when I think most of us would avoid them, if we possibly could, as well, for all sorts of reasons. MBAs in general, who MBAs is interested in what your 19 year old son competes in?

Richard Peterson 1:24:16

Middle and long distance. So tracking cross country and road.

Steven Bruce 1:24:21

So in his case, what led him to do with it you managed to convince him to take this off?

Richard Peterson 1:24:27

Yeah, I just explained to him one day that nasal breathing was much more efficient. And he just took it on board and he started in slower runs. Just you know, try and hold it for a minute. Try and just need to breathe for a minute and then for you know it, you know, unless he's absolutely flat out he can nasal breathe all the way through. And that's quite rare to see.

Steven Bruce 1:24:49

People used to tell me to do that. And I always found that if I tried nasal breathing, I couldn't get enough oxygen in when I was exercising hope. And I wonder if everybody was capable of doing

Richard Peterson 1:24:58

when you say you couldn't get enough Oxygen if you felt like you needed to breathe, yeah, yeah, that's just a tolerance to  $CO_2$ , inability to tolerate the buildup of  $CO_2$ . So once you train that, you can nasal breathe much, much longer.

Steven Bruce 1:25:11

Okay. oia somebody says, Could we could you demonstrate part of the flow to give us an idea of how it would work? Even if you don't do it as you would in a full exercise? Would you be able to do that? Should we get my finger there? That will excite the camera people?

Richard Peterson 1:25:29

Shall I? Shall I do this turn this this way? Yeah, to do the whole lot,

Nikki Scott 1:25:40

just do the whole flow without the breathing. Okay. Just yeah, there's no breathing. So I'll show you

Richard Peterson 1:25:45

the positions essentially.

Can I remember, it's more important?

Okay, so that looks incredibly simple. Yep. It is, in some ways. But when you start doing it, you realise how difficult that is. And then when you look at the, the level two stuff significantly harder,

Steven Bruce 1:26:43

if you were doing that with all the the breathing, and so on, that would take 15 minutes. So

Richard Peterson 1:26:47

if we did one breath hold in each hand position in each posture, that's about seven minutes

Steven Bruce 1:26:53

would be an adequate routine.

Richard Peterson 1:26:55

To start with, for sure. Yeah, when we talked, when we were talking, we have to do three breath holes in every hand position in every posture. And initially, it took about 2021 minutes. But as you improved your ability to hold your breath, I think the longest it was 38 minutes. That's not a lot of fun, to be honest, not a lot of fun to try and hold that tension for 38 minutes.

Steven Bruce 1:27:15

interest me again, there'll be interesting problems with patient compliance with this. Because you know, getting them getting him to spend 38 minutes

Richard Peterson 1:27:24

is why we don't teach you like that anymore. It's not true. Like,

Steven Bruce 1:27:27

she'll see it. Hopefully, that's satisfied. Now audience on level, the full routine. So a few more questions. Yeah. And somebody now says I'm confused. Would you normally be doing the breathing through the sequence? Yes, of course, you would. We left it out. Because we'd have been sitting in minutes watching you do it. Yeah. So.

Richard Peterson 1:27:48

So every hand position, you would do that what we call, rest, rest to rest breaths. And then you do what? breath hold, or we call it apnea. Both, right? So three breaths in every hand position in every posture. All right.

Steven Bruce 1:28:03

Carrie says you mentioned that this is helpful for forward head posture. Could one use it purely for poor posture leading to pain across the scapula? Absolutely. So like a thoracic junction? Okay. And Karen says, What are the absolute cons? Are there any absolute contraindications to?

Richard Peterson 1:28:21

Yeah, so? Absolutely. So we've discussed pregnancy in terms of when you can't use it in pregnancy, we talked about gut issues. The other would be heart conditions, particularly with Ms. So obviously, you don't want to be holding your breath when you've got arrhythmias and stuff like that. So heart conditions are would be the absolute. We often have people contact us and they say, you know, we ask them to their heart condition, they say, Yes, whatever we explain what hyper pressors is, they go back to their doctor, they may or may not come back. The other the other thing, again, not an absolute, but high blood pressure. So there's potential for your blood pressure to be raised. There's potential for it to be raised. And often it's very mine is, is raised a very small amount for a very short period of time. But actually, often what happens is that blood pressure can fall. And I think that's the relaxing with make nature of the breathing. Right. But you'd you'd monitor somebody with high blood pressure.

Steven Bruce 1:29:17

What about respiratory problems, helpful with respiratory problems? So your asthma attacks your emphysema? So I'm

Richard Peterson 1:29:25

asthmatic? I have to say when I was doing it really did help a lot. COPD, would be I think it'd just be very much harder for somebody to do it, but there's no reason why they couldn't. And I don't think there's anything there that would be contrary to you know, contrary indications,

Steven Bruce 1:29:45

right. Okay. And

Richard Peterson 1:29:47

so to give you an idea, one of the ways we measure that so we do as part of pre part of the consultation process, we do a fifth one score, so spiral Certain unblind and you'll always see significant improvements in Feb one scores. So I forced exploration so ability to, to expel her

Steven Bruce 1:30:10

I suppose one of my questions am I always, I'm one of these people who wants to find out whether these things are useful. I mean, is is forced exploration a useful thing to be able to

Richard Peterson 1:30:19

ask a good question. I don't know, the only easy measurement that we could, I mean, the other thing is doing what you know, the boat test, which is the ability to hold your breath and how long so we often start off, you know, a bit of an icebreaker, we'll start off with people getting people to hold their breath, you know, whatever the clock on, it might just just not know how long you've held your breath for. And we'll see some people are five, five or six seconds, you know, the first go because it's so. So

Steven Bruce 1:30:47

this is holding your breath.

Richard Peterson 1:30:50

exhalation which is a sign, you know, you know, Pratchett McEwen, who do you know, Patrick McEwen. So he's a big breath researcher in Publisher, it's gotten a couple of books that the oxygen advantage will be one of them, some of your viewers might might know of oxygen advanced, the oxygen advantage, I think there's another one as well, if you googled the oxygen advantage, you'd find him. He says, you know, that you ought to be able to hold your breath. If your breathing is functional, you ought to get to hold your breath for 40 seconds. There are very few people who can do that. First time around. But if you do hybrid presses for a short, relatively short period of time, you can do that.

Steven Bruce 1:31:34

And does that mean? That they'll be able to hold their breath with full lungs as well for a lot longer? I presume it does, because their oxygen uptake and tolerance of carbon dioxide will be better in all circumstances. And I'm just thinking of those people who particularly want their free divers or whatever. Yeah. What

Richard Peterson 1:31:49

does he Well this is interesting. It's an interesting question, because this is very different because we often have people who've done other breathwork training. So you know, Wim Hof Wim Hof Method. So Wim Hof Method is very different because what Wim Hof does is, he doesn't care whether you breathe in through your nose, he just wants you to expel all the carbon dioxide. So it's very quick breaths. And you'll find that if you do that, if you did it now, you did short sharp for 30 seconds, and then you held your breath, you probably hold it hold it for well over a minute, but that's very different because you've got rid of all the carbon dioxide.

Steven Bruce 1:32:19

Yeah, it's also one of the things they advise you not to do if you're diving, isn't it? Yes. Because it's actually the stimulus to breathe that has been removed not your not your need for oxygen can

Richard Peterson 1:32:29

be potentially Well, this is why they say don't do anyone do near water because he obviously the other thing he does is cold water therapy. So we get a little bit confusion around that sometimes because our our breathing is about co2 tolerance and the ability to to cope with buildup of co2. So here's his complete opposite, get rid of the co2. And then you can hold your breath for a long time.

Steven Bruce 1:32:54

So let's get back to training and getting the word out to the public. Mickey. Who the who have you found in the past to be people who make most use of this training? So obviously, you could be training doctors, midwives, nurses, osteopath, chiropractors, but some people will probably make better use of it than others in your experience. Yeah, I

Nikki Scott 1:33:14

suppose. osteopath, chiropractors, we get a lot of osteopaths and chiropractors on our courses. And a little bit like Claire said, she's kind of taking bits of it and applied it to what she's already doing. Not necessarily teaching the whole thing, but teaching parts, if that's relevant, or teaching whole things if it's all of it if it's relevant. So yeah, I think that the one the one area that we have always very shocked is that we don't get a lot of people like ourselves, who are personal trainers, coming on our courses. And yet, in the gym, they are training women are training men, they're using, they're doing heavy lifting. So just I think when we first kind of started the courses, we thought we already had an in because we already in that world and yet it's not really been it's not really come from the fitness forums that much unless the person is already training postnatal women. So

Richard Peterson 1:34:13

there's a large reason why Nick and I both went on the original course in the UK is that we are postnatal clients. And although we were doing no harm, we didn't either, so we didn't really feel we had the necessary skills to to aid them in their postnatal recovery. So you know, this was known as a postnatal recovery therapy.

Steven Bruce 1:34:32

I kind of think there's a trick being missed here by an awful lot of people and I've done like, belittle it by calling it a trick but actually to be able to offer care specific to postnatal women is it's going to be hugely attractive to a lot of people. Lots and lots of postnatal women are going to personal trainers because of all the damage that's done to the body by having children and you know, this is an area where they will be very concerned over the thought process and chiropractors and physios as well.

Richard Peterson 1:34:59

Yeah, and we We see heart versus the foundation for their subsequent training. So if they want to go back to CrossFit, they want to go back to lifting weights, they want to go back to running, to do hyper presses. And to have the knowledge of hyper process is a great foundation for them to then go and do what they really love to do.

Steven Bruce 1:35:18

I've got to put money on that you not having any hard evidence for this. But someone's asked, Karen has asked whether you've seen any success with people with long COVID?

Richard Peterson 1:35:28

And no ID No, I haven't. I haven't seen any I

Nikki Scott 1:35:30

haven't really, I mean, I had long COVID. So I've had symptoms of lung COVID. So I've carried on with my depressive practice just the same and

Steven Bruce 1:35:40

yeah, I think it would have been if you hadn't been exactly,

Nikki Scott 1:35:43

but no, not really any direct.

Steven Bruce 1:35:47

I think a long COVID is also such a difficult topic, because there's all sorts of yeah, as you say, there's a spectrum, isn't it? Christina, says, Christina and says, Well, how do people find a person who can train their patients in high progressive techniques? Because she says, she doesn't want to become a practitioner. She's too old to get another career going, she said.

Nikki Scott 1:36:10

So the best way would be to point them in my direction. And then I as I said, Before, I do quite a lot of online training. Where do they find you, Nikki? And I'm on UK hyper press x.com.

Steven Bruce 1:36:20

UK like hyper pressive. So we will share we'll share that anyway, my

Nikki Scott 1:36:24

email is just Nikki at UK hope impressive store calm. So just

Steven Bruce 1:36:28

to case. Okay. Another Nikki says, I've used type of presses myself to, to heal a small prolapse after her second child, and it works unbelievably well. I can't tell you she says the difference she's felt it's boring and tedious to do. But which did occur to me while you were talking about your 38 minutes of orient tedious to do, but it has amazing effects if you put the work in, and she finds that most patients are not prepared to put the work in.

Richard Peterson 1:36:58

Yeah, but don't you don't you think that's true of almost anything I you know, as I've got an osteopath, and he's talking to me about putting together a programme for for his clients because he gives them exercise. And I just don't do that. And I think it's the same with it. You know, you ask people to do stuff outside of what you're teaching them. They just don't do it.

Nikki Scott 1:37:20

I think unless the symptoms are there enough that they they're driven by their symptoms to improve their symptoms.

Richard Peterson 1:37:28

They're highly motivated people who succeed.

Steven Bruce 1:37:31

Yeah. It's a common, it's a recurring problem, which we discuss on this show is how you get your patients to comply with your Yes,

Nikki Scott 1:37:42

I think it's a it's a finding something that doesn't take them too much time. So I would always say to someone to do 10 to 15 minutes daily, expecting that they would do 10 to 15 minutes every other day. Being hopeful of that

Steven Bruce 1:37:58

minimum they could do daily, and still hope to see you in effect.

Nikki Scott 1:38:02

I would say 10 to 15 minutes is the mean 10 minutes, isn't that not really

Richard Peterson 1:38:07

mean? The great thing about my progress is you don't need any equipment. You don't need a huge amount of space. So it's not like you got to go somewhere. It's not like once you've learned that you need it any supervision. You really don't, so long as you get the initial supervision. Correct. And you know, the principles, and you know, the technical cues, you can do it anywhere.

Steven Bruce 1:38:26

I suspect that many of your clients patients would say it's all very well, you don't need any equipment. You only suppose I need a break from these little buggers that I've just given birth to that's the problem getting that time rather than 15 minutes. Absolutely. Yeah. Marian says I practice it and can assure you it makes a difference slowly, but it does help so more encouragement. Dawn says Surely this is also super helpful for postmenopausal women with stress incontinence.

Nikki Scott 1:38:53

Those are the two groups I see mostly is women around my age who have possibly had no symptoms, or were living with minor symptoms and young women wouldn't. And then they start to get worse as they hit the menopause and go through the menopause, etc. And yeah, very applicable.

Steven Bruce 1:39:13

MB says, we've already answered this question MB says Are there any websites I can look at and direct my patients to for initial interest? I'm guessing it might be UK hyper prescious.com? Yeah. Which again, is a website that if it's not on the screen, we'll share it anyway in the email that I'll send out tomorrow. And what about books, Sue wants to know if there's any recommended books on the topic.

Richard Peterson 1:39:32

Now there was a book written in Spain in English but honestly, the translation loose a lot to be desired. And I don't think you get any better information than you would on our website. Or by talking to Nikki

Steven Bruce 1:39:48

right. No,

Richard Peterson 1:39:50

no, it's quite a difficult thing to put on in print. Actually. It's actually quite difficult to get people to understand what it is in print. You really got to show them that it's not something that works particularly well, I don't know,

Steven Bruce 1:40:04

I can believe that. And I imagine it's hard enough to do in an online course,

Richard Peterson 1:40:08

yes, for a long time, we were very anti, in use of the Internet to teach this and COVID forced our hand essentially in. And I guess the more you do it, the better you become at it. So Nikki does, you know exclusively online, so she, she has a greater reach now. But there's still nothing quite like getting your hands on somebody and feeling what's happening when they're breathing, and to physically touch them to cue them into the right position.

Steven Bruce 1:40:37

So we're coming towards the end of the show, and what would you like to add to what we've discussed so far? Who else would you target as likely beneficiaries of hyper pressive? Training?

Nikki Scott 1:40:49

Well, if we're looking at teacher training courses, then obviously health and fitness professionals, anyone really that has clients? Who are who we've mentioned throughout the broadcast? Yeah.

Steven Bruce 1:40:59

Yeah, I was thinking of that. Given that we've got a course coming up here in September, maybe we should try and get the word out to our local physical, personal trainers and gym staff and so on. Because clearly, you don't need to be an osteopath chiropractor to do this. But I guess the better point of contact for this is your first your primary health care practitioner if they can do something constructive for you. Yeah, I sometimes wonder when the practitioners are a little bit wary of giving people exercises, I mean, I always watch because I just think well, I'm, I don't feel competent to give exercises, but I know that these exercises are going to work properly. And of course, I worry about the compliance. But I'm guessing that they were do a day's training in this, you will be competent to

Richard Peterson 1:41:47

think because you have to do it yourself. So you, you, you will then understand the I was I've always found it a bit of a blessing that I found it difficult to learn. Because I understand when my my clients also have problems with it. So you know, just because you don't get it straightaway doesn't mean to say you can't, you can't become very competent in a relatively short space of time. So the key part about the course I think is everybody has to learn it. Yeah, you know,

Steven Bruce 1:42:17

do you know anything about the herring broiler reflex?

Richard Peterson 1:42:19

No, I think it's a it's a term that I've heard. But I know I

Steven Bruce 1:42:25

don't want I'm just throwing out one of the one of the elements in the chats here. Again, it's Mrs. trellis saying, what about the herringbone reflex, which is a reflex triggered to prevent the overinflation of the lungs? It can easily be shown experimentally that co2 buildup is not the limiting factor in breath holding. It's a physiology undergraduate lab practical. I'm not quite sure where he's going with that one. But, you know, that'd be an interesting one to look into. But I think it might be outside the scope of what we're discussing here, isn't it? Yeah,

Richard Peterson 1:42:55

I live out when I get back

Steven Bruce 1:42:56

in terms of primary health care if he made any inroads into the NHS, significant. So

Nikki Scott 1:43:02

it's got over many periods of years, we trained physiotherapist, one particular lady who was on the Isle of Wight, and it's Richards from I thought, I can't remember. But there's the main hospital in the Isle of Wight. And she said amazing things about high prices and convinced the lead physio to get us to do a course that so and we and she, she put us in touch with who held the purse strings for that trust, and they managed to get funded courses. And so we had a full course on in the hospital or physios. But every NHS Trust has a different purse string holder. And it just is a major effort to get in touch with the right person and the right hospital.

Richard Peterson 1:43:56

And we're just very fortunate in that case that two of the physios have come on the course, and absolutely loved it. And they've gone back toward the clinical lead about it. And she she came on the course then didn't she and then and then she came on the course and then she loved it. And so she wanted the whole hospital to be training all the physios in the area to be trained in it. So it was amazing.

Nikki Scott 1:44:15

So if you go to the Isle of Wight and you have treatment, then they teach you how to press this, because that's part of their training.

Steven Bruce 1:44:21

They're lucky lucky ladies. Absolutely. Nicky, Richard, thank you very much for coming in. Pleasure. I'm really hoping that we get a lot of people take up the chance of coming on the course because I genuinely genuinely feel that this is something which ought to be more widely known more widely taught. Obviously, the details we'll share the details of that course, of course is on our website. It's entirely your course. But obviously we're hosting it here at the academy and we'll do our best to get bums on seats for you.

Richard Peterson 1:44:49

Well, I would say to those people that not only will they learn something that's going to benefit their clients, but they will learn something that will benefit themselves as well. Every single one of them. Yeah.

Steven Bruce 1:44:59

And I will also urge people as well that if they can't do the course themselves and if they go to the gym mentioned, it's their personal trainers if they've got colleagues in yoga, yoga Pilates instructors or colleagues in their own clinic and just mentioned it to them as well, because I'm gonna just think this is something which I'd love to get the feedback from practitioners more practitioners have been so many saying how they found it really, really useful to get more feedback from people saying here's help. Little got a quick question a little g says, I'm sorry to ask again, if it was already answered. My screen was frozen for a while. But how soon? Can we start high progressive therapy on postpartum patients? If they had a C section? Quick one for your question.

Richard Peterson 1:45:37

So the again, I think if you're in Spain, it would be early but I always say when you're when your doctor signs up for general exercise, just to just to cover your insurance base is really

Steven Bruce 1:45:47

brilliant. Thank you again. Well, that's all we've got time for this evening. I hope you are genuinely hope you're as inspired by that as I am. I think there's hope for a lot of very distressed people out there that we can get the word out to people.

DRAFT TRANSCRIPT