Pregnancy Exercises II

With Zoe Mundell

23rd April 2020

TRANSCRIPT

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Steven:

We've got Zoe Mundell back in for the second time. Zoe, welcome back.

Zoe:

Hello. Thank you for inviting me back.

Steven:

Yeah. And your back by popular demand because what you did last time went down very well. I know you're going to build on that this time for helping out pregnant patients. Let's just quickly recap before you go on though, but what we were discussing before lessons learned from Carrie Dowson and her telehealth consultations and so on. The importance of being able to see whoever you're talking to when you're doing telehealth and being prepared for things to go wrong. Hopefully nothing like that's happened to you so far.

Zoe:

Not so far. No. But that is a real eye opener and something to be really mindful of that you do know where that person is. Are they in their house where the address that you have for them is actually where they are at this time. So you can certainly follow up if something does happen like that.

Steven:

Yeah, it was a very useful lesson from Carrie yesterday anyway. You gave us some exercises in pregnancy last time. Do you want to recap on what you did just for those people who perhaps weren't there very briefly?

Zoe:

So I want to make it very, very practical today. So if you do want to join in, feel free to clear a space on the ground and join in the exercises for me, I also want to debunk some things about kind of pilates exercises and to make them really clear and simple. But one of the first things that we really talked about for pregnant women is the importance of pelvic floor. Not only because we want to have a nice strong pelvic floor for women to maintain that figures and to stop any stress incontinence following birth, but also because we want to make sure it's going to help them during labour. And very briefly during labour, as the baby's head descends into the pelvis and the tailbone falls back, it creates like a sling for the pelvic floor that allows the head to travel forwards.

Zoe:

And if the pelvic floor is nice and taut, then the baby's head can use this to turn. And if it's quite lax, then sometimes the baby can't turn its head so well and sometimes forceps are needed. So having a nice strong pelvic floor can help during labour. It also means that during contractions the mother is stronger through the stomach muscles and pelvic muscles to push. But when you have a strong muscle where you've been training it, you're also able to help it relax between contractions, which means that in between pushes, the mum will be able to relax the pelvic floor, which gives her hopefully a better chance of then being no tearing or no need for an episiotomy. So it helps with the labour as well as regaining function after pregnancy. So I think it's really important to let mums know about things like that.

Zoe:

And also for any women or anyone that's had any gynae operations or might need some help on the pelvic floor. So we're going to talk about how do we find the pelvic floor, because men have one, as you will all know as well as women and it can help as well. So we want to think about pulling in the muscles in the pelvic floor as if you're trying to stop yourself from passing water. They're the first muscles you want to engage. You also want to try and stop yourself from passing wind, so you're pulling up through those sphincters much more than squeezing the buttocks. Once you feel you've got control of those, if you can pull them up even further, you'll have greater control. There are two positions that are advised to really help with this. One of them is to lie on your back.

Zoe:

When your feet in the air, up against a wall that can be really helpful to engage the pelvic floor. And the other position that can be quite helpful is to be on your elbows,

knees, your bottom in the air, knees apart. And this just allows all of those pelvic floor muscles to relax so that when you then pull in and contract, you get a better sense of where those muscles are. You can however do it in any position. You can do it when you're standing, you can do it when you're sitting. You can do it when you're walking, if you want to have it more complicated, usually sitting or in that kneeling position, are the most preferred ones. So when we come to train the pelvic floor, we know the importance of it. How do we actually do it? Most people would just ask to draw those muscles in hold them and relax and that's great.

Zoe:

And that's a really valid exercise to give your patients on their first session with you. What I would ask you to do is ask the patient to repeat this in sets of around 10 regularly throughout the day. And I mean like five to 10 times a day. So if they associate that with a daily activity, which may be for pregnant women after they have voided their bladders. So they'd get into the habit of always doing 10 of those contractions before they carry on with the rest of the day. They could do it on their commute, they could do each time they wait for the kettle to boil. And if you associate it an activity change, they're much more likely to do it. And after the baby's born, once they've got into their feeding habits with their baby, they can practice that exercise when they're breastfeeding as well.

Zoe:

So that's the first exercise. Pull up, hold those muscles and release. We've got a further couple of exercises to advance it from here. Just like with any muscle, you want to train them for endurance and also for strength. So it's important that we look at all aspects of training this muscle like you would if you were training your fine muscles. So exercise number two. If you think of your pelvic floor like a lift or an elevator, I would ask the patient to lift up to level one. So imagine you're contracting your muscles kind of 25% then pull up to level two of the lift. You're pulling up 50% of your abilities. Then pulling up to level three. So you're contracting 75% of your power in those muscles. Hold. And then just drop the elevator down. Let those muscles completely relax. Repeat again. Level one, level two, level three are all your eyebrows going up? And drop.

Zoe:

That would be your second set. And your second exercise. Exercise number three, just reverse that pattern. So there'll be a really strong snatch up to level three holding those muscles that, Oh, we'll do it for two or three seconds. So you know you've got control and then slowly release off to only 50% draw it back to 25% and let that muscle go. Repeat, pull up. So that's your third exercise. Now the next exercise you can do later on, or if people finding it hard to feel those muscles in the first place, you can do this right in the beginning. This is also a very good exercise to do with people who have had operations, gynecological operations. If they've had an episiotomy, they've got scarring that had any kind of bladder operations or problems in the past. And this is to visualize the pelvic floor like a union Jack flag.

Zoe:

That's the idea that I give. So if you think of the big red cross, vertical and horizontal. Think of that first. If you think of the vertical line, imagine with your pelvic floor, you're pulling from two points together from your pubic bone at the front and from your tailbone at the back. And imagine you're zipping those points towards each other, closing that space, and then control the release. So it's just a different way of visualizing engaging those muscles. So you teach it that way first. See if they can master that. Then go from sit bones to sit bone. So we're going from the horizontal cross now and you're pulling towards those points. Like drawing curtains, closing, holding and releasing and repeat that again. Sit bone to sit bone. Pull those points together and holes and you can now alternate between front and back, side to side, and finally choose the diagonal points.

Zoe:

So for this reference, if they're sitting down, you can imagine that pulling the front of one hip and the opposing buttock towards each other. So choose two visual points, nothing too technical and bring those points together. This one's much harder to do. You also might find even for yourself, one side you can really visualize. And the other side, you've got less awareness of which is usually indicative of how you use one hip over the other and why the one's tighter than the other. So you're choosing forward and back. Side to side. Diagonals again with these exercises you can, you want to bring the endurance ones on later on and the union Jack you can add in early to help them find it or later on as a bit of a challenge. Once they know they can train the pelvic floor, you want to bring that exercise into everything that they do. So when they're drawing their pelvic floor muscles and using their stomach muscles in all of their other exercises. That was my recap of that one.

Steven:

Excellent. And my eyebrows are significantly stronger as a result?

Zoe:

I did used to get people asking me if they should do it on the tube, between stops, but they often missed their stop and forgot to get off because they concentrating on their pelvic floor.

Steven:

Okay. So we are moving on today.

Zoe:

Yes. So we're going to look today at some, we did very, very quickly. Some exercises for the spine, but we're going to talk about back pain, some mobility exercises and stability exercises, and then also perhaps some other exercises that are really important for other problems that women get when they're pregnant or soon after birth. But I want to start with the back exercises and I wanted to just

demystify some of the things around pilates because some of these exercises are pilates based, but they are just movement. They're just movements. It doesn't have to be a pilates teacher that teach them.

Steven:

And so again, Zoe just interrupting before you go on, worth emphasizing here because it was brought up about yoga based exercises that we are teaching exercises here, you don't use special insurance, you're not putting yourself out as a pilates teacher. You're just teaching exercises to your patients. So it's perfectly okay for osteopath, chiropractor, physiotherapist to prescribe these. I don't have to worry about special qualifications on them.

Zoe:

Absolutely. I'm just going to simplify the principle of it because it's the same for any core strengthening exercise. So we'll just take the word pilates out of it. But they tend to be known as pilate exercises. They're just movement. So first of all, we're going to start lying on the back. Pregnant women can lie on their back for very brief periods of time, particularly when moving rather than just staying very stable. Obviously as they get further into their pregnancy, it becomes much more comfortable to do for one. And they probably won't want to lie on their back. But even for a short period, these exercises are appropriate even later on in their pregnancy. But with each patient you'll want to speak to them and how they feel in their bodies. So beginning which is going to start on the back and we're just going to look at a bit of spinal mobility.

Zoe:

So with pilates, we are looking at improving spinal mobility. So I've got my feet about hip with the parts and gently just going to roll the pubic bone forwards and backwards and repeat. Forwards and backwards and this is a really nice mobility exercise. Loosen a lower back in a pregnant woman or anyone else, in fact. So I'm creating a little arch, and then I'm gently coming back to centre. What we can do is put our fingertips together when our pubic bone and our thumbs together on our belly button and just feel how that tips backwards and forwards. So I'm going to do that now. So as I send my pubic bone forwards, my fingers dropped down towards the floor. And, I allow my back to roll backwards. I tip towards my thumbs and my belly button. And this in itself is a nice mobilisation of the back.

Zoe:

Now if we want to work a little bit more to mobilise the back and to add a little bit of strength, we can just roll back a little bit further. Bringing the pubic bone towards the chin and just peel the tailbone gently off the ground. Coming no higher than the shoulder blades, my pubic bone is coming towards my chin. So I'm engaging my erector abdominal muscles and then I'm going to gently lower back down. There should be no back pain at all when we do this. And if their is we just change to a

different exercise or just to the simple movement, of the exercise. So pubic bone to chin rolling gently up, no higher than the shoulder blade, making sure the ribs are flaring and then gently rolling back down, which trying to lay the spine down one bone at a time. So ideally your buttocks will be the last thing to hit the floor.

Zoe:

Ideally you will lower spine or lay down one vertebrae at a time, staying flexed under and roll back to center. So it's perfectly safe to do and it's a really nice mobilisation for the lower back. Now coming back to that tilt position with the diamond of the hands, we want to find, what we pull in a neutral position of the back. So where the back's not heavily flexed, it's not overly arched. So the way to find that is just to find the point where your diamond sits flat, so your fingers and thumbs and are level on one plane. And that's where we find our start position for any stabilisation exercises in this position. Now all we're going to do is use our stomach muscles to stabilise the pelvis and our legs challenge our ability to do that. So, for example, a very simple stability exercise for someone maybe that we just slide the leg down towards the floor without our pelvis tipping to the right or tipping forward.

Zoe:

And, slide back in. Now this might be really simple for some of you, but someone that's hypermobile, it's very difficult to do, so I just slide my leg down using my tummy muscles to stabilise my pelvis. Does that make sense? I'm just going to exaggerate this one. Advanced exercise just to make my points. So we might just make this really hard, which I don't advocate for pregnant women. If I was to take my leg down, my legs now really heavy and the temptation is this will happen. And I've got to use my stomach muscles to stop my spine moving out of that position. And that's basically the principle of our stability exercises. Here I've got a very long heavy lever. Here, I've got a very short lever and all the exercises are a variation of that. So that's one of our stability exercises.

Zoe:

And one of our mobility exercises. Going to come onto the side now and then up on to hands and knees. We can do two of those exercises in this position. So perhaps for your patient it is not appropriate for them to lie down. Maybe they feel quite uncomfortable. We can come onto our hands and knees. So really simple spinal mobility. We're going to pull the tailbone underneath, round the spine, just like you did on that for each exercise and then press the tailbone back. Most pregnant women spend most of their time with their back in this position. So to come out of it. It's really pleasant. Roll up through the spine, tuck the chin in and gently release you can incorporate the pelvic floor muscles into this movement by drawing the pelvic floor in as you tuck under to breathe and as you arch back flair the muscles, let everything go in the pelvis, in the muscles of the pelvic floor and repeat one more time. So very simple cat curls, which I would expect were all doing for our patients

who have stiff backs. We can then take that into a side bend swing right to left to move the pelvis.

Zoe:

And if you want to, you could also walk your hands around all the spots to get a really nice side stretch through their ribs and repeat back to the other side. All of these can be done in a seated position on a chair as well, which if you need me to, I'll demonstrate in a moment. And then finally we can add rotation. So hand to the head is quite nice. Look under the armpit, bring the elbow back towards the other one, lift up and back to the other one. And of course the same thing on the other side. So that's a nice spinal mobility for the lower back. Relax.

Steven:

That said, can we just quickly interrupt, I mean when you were doing that, were you making sure that you keeping your spine in what is often referred to as a neutral position? You weren't allowing it to get into a, a lordosis again?

Zoe:

I think that most women will go into the position if it's uncomfortable to be in lordosis, they will come out of it. I don't have a problem with them going into lordosis unless it's painful. The reason for that being, if you start at this extreme, your flexion is going to be a huge amount bigger. You have a bigger range than if you just start in neutral and curl under. You don't have as far to go.

Steven:

Yeah. I was thinking about the subsequent exercises are side bends and so, and you maintain that neutral spine while you're doing that

Zoe:

To some degree, yes, because they'll ask them always to hold that. Tell me muscles in. Yeah. Yeah. Okay. To sit back out to that stretch is really nice to take that knees nice and wide. This is often using yoga and that way the baby bump can come between that tummy and then just rest their arms forwards and they could use a pillow or cushion here as well. So that's a nice stretch in pregnancy to really relax and open up the lower back. So initially if you're just wanting to release the stiffness this is a really nice exercise and pregnant women tend to like to stay here for quite a while. It's a really nice relaxing position. So there's some simple mobility exercises for the back in this position. And then we would want to look, as we said before in stability and strengthening the pelvis. So I you're lying on the back, wasn't comfortable.

Zoe:

I can give you more of those. We'll start by being on all fours. So a good exercise you may have done before. Often we call it bird dog on the hands and knees. Nice

and strong, pushing up through the spine. Nice long neck. We're going to work on the abdomen first. So we'll ask the lady to let the stomach go as big as she can. Let the baby just swing in a really relaxed position without letting the spine drop. So we're keeping that nice strong spine, that really big belly. And then take a nice breath in on the exhale. Draw the belly button and the baby up towards the sky. So imagine your hugging the baby with your stomach muscles. We're going to hold the muscles but continue to breathe and it's much nicer to count the breath cycles. So one in breath, one out breath is a count of one.

Zoe:

That way people don't hold their breath and we can do this from three to five breaths. Keeping the baby hugged in with the stomach muscles and then letting go and releasing. And you can also cue the pelvic floor muscles at the same time. Drawing in pelvic floor, drawing the baby in towards the spine. Breathe gently in and out, three to five breaths. And release. So a nice good strong stomach exercise there. And this gets really impressive once the babies get really big, it's just so impressive to see how much they can change and move. Adding on from here, for some stability drawing the baby in for support. So you're already taught that exercise that could perhaps be week one. Then you can add a challenge, which is to take that lever away and if control is good, you can lift that lever and hold a balance here for again a breath for two or three. Slide back, slide down, repeat the same on the other side. Slide the leg away just the same as I did when I was lying on my back. Trying not to shift or lose control. Lower the leg slide down. If the person gets more advanced, you can add an opposite lever opposite arm. And leg. Now this is a great exercise to strengthen your back extensor muscles as well as glutes, as well as core and as well as balance. So that's a really nice one that you can add in as well.

Zoe:

Okay.

Steven:

May I ask you some questions before we move on. We've had a number coming in from the audience. Julie said a patient at 28 weeks started to get pubic symphysis pain without associated SIJ problems. But intermittent low back pain can be very sharp at times, will a stronger pelvic floor help with that? Do you think?

Zoe:

It's hard to tell with an individual case? It certainly won't hurt it. Providing your training to contract as well as relax it certainly won't hurt it. I don't know whether it will necessarily Mmm. Fully make a difference on that. How many weeks. 28. Okay, so it's usually definitely mechanical because the baby's head. Well, I wouldn't think it'd be in the pelvis. Could it be that early? But I doubt it. The baby's head is really low in the pelvis very earlier on. It could be pressure just from that. So it will certainly

add towards it as with the core exercises for sure, nd I would also look at doing some adductor squeezing exercises as well, which would be helpful. So for that you can either do it in the bridge position cushion between your knees and squeezing. You can do it sitting in a chair and any exercise to engage your adductor muscles. So for example, you can just be lying on the back and just squeeze the knees together for a count of five and release. You can even do it just with your partner. Get the partner to do it. Have two fists and get them to squeeze against the fists. In that position for five seconds and release. That can also create a counter relaxation on the muscles around the pelvis.

Steven:

Does it, this is just occurred to me, it does matter the width that you're passing the knees on this. Cause obviously the adductors are a different stretch at different points on they, so could you do it at different ranges or should it always be that two fist width

Zoe:

Yes, you can use it different ranges and it's a good. Because you can also use the abduction as well, but it depends obviously in some cases people normally with pubic symphysis pain, it's on abduction. That's the most painful. But in some cases it can be scissoring forward and backwards. But for some patients it's one or the other. So sometimes they don't feel on abduction they only feel it on forward scissoring but I would again start with how far can they go so they can only go one fist apart, then you just use the one fist or the cushion or then go two fists apart and you can try and increase that range on that. But it's a quite good relaxation for the surrounding muscles

Steven:

Going back to pelvic floor. We had an interesting comment here from Caroline who said that she had a patient who was told by her midwife that you should do a maximum of three pelvic floor exercises daily. Have you ever heard that? No. Just as you said, surely the more you do, the stronger they get.

Zoe:

Yeah. I don't know any reason why you would do that. There is some I think I mentioned it last time, there was some study to do with runners who had really taut pelvic floors that could cause problems in and possibly tearing in labour. But I think there's very different between, something being tight and something being strong that's very different. So in hamstrings, a lot of people think that they're really tight hamstrings actually they're just weak. So it's, if you're contracting it, you've also got the ability to relax it. And the importance of the exercises that I think you've already said is that you've not only contract, but you go through the relaxation phase as well.

Steven:

Speaking as somebody with limited experience of pregnancy, as you can imagine. Maybe this is a silly question, but I understand midwives are very, very skilled in what they do. What's their expertise in, in prescribing exercises or knowing what is best for pregnant women.

Zoe:

I worked with quite a lot of private midwives in the private sector but I also obviously see a lot of pregnant women that are not in the private sector and there is none really from the ladies that I've seen. They kind of pass that onto us. They'd made do some pelvic floor exercises. I would advised upon pelvic floor as a general theme and just let them know how to find it. But in my experience, there hasn't been any. Often good advice is given, for example, pubic symphysis pain, very important on stairs because that's going up and down stairs can be really painful. So just some good advice. Step up with your good leg on the way up, step down with your bad leg all the way down. If it's really uncomfortable, you can do that sideways on getting into a car.

Zoe:

And knees pinned together. If you sit on a carrier bag and then swivel and then carry it back out of the way before driving, that's a really good way to get in and out of the car. It can also help with people with really bad low backs as well because turning to get in and out of the car can cause bad backs or can exacerbate bad backs. So just principles like that they tend to point out it isn't, it is quite helpful to know how wide a patients can take their knees because they can tell the midwife that and the midwife where it to be in the point of labour may take that into account in terms of getting the patient into positions for labour.

Steven:

Right. Another one on pelvic floor, Diana says she's heard that a tights pelvic floor can actually aggravate stress incontinents. Is that the case?

Zoe:

Again? I don't think so. Just like with the runners, if there's no control over it and it's just taught I think that's very different to being able to control a pelvic floor. To be able to have a strong pelvic floor is different to a necessarily a tight pelvic floor.

Steven:

Right. Okay. And Rebecca, would you use that tilt that you were demonstrating throughout pregnancy or just first two trimesters?

Zoe:

The pelvic tilt. If the woman's uncomfortable, I would use it in the third trimester as well because their moving their not staying stationary, they could do easily, eight to

10 repetitions maximum and then I'd move them onto their side or change their position.

Steven:

So is the only contra-indication to what you shown us? The woman not being comfortable or finding it painful to do those exercises

Zoe:

It was recommended to not be for a long period of time because of the pressure, obviously on those veins. If the person was to feel dizzy and is to feel shortness of breath you know, having discomfort but not just to make sure there's no chance that any of those things can happen. I wouldn't be on the back for any more than really any more than sort of five minutes.

Steven:

Okay. And the final one for the moment from Alexandra, could you give all these exercises postpartum as well?

Zoe:

Yeah, yeah, yeah. And anything to do with drawing the tummy inwards towards the spine is fantastic postpartum because until somebody is done the diastisis rectus check for the position, which if you want me to go through, I'm happy to coach that.

Steven:

I think people might be interested, certainly.

Zoe:

Okay. I'm never sure they know that. So postpartum, we want the abdominal wall to come back towards center cause obviously there'll be gapping through the Linea Alba. So we generally exercise that, no real exercises, real exertion to occur before six weeks. And it's much later. If they have had c-section, often we say up to 12 weeks, but some women start a little bit earlier than that. Just nothing that's going to involve lots of twisting or heavy lifting. So we want to make sure that the abdominal wall is closed back to center. So the test for this, you can do it on yourself now if you want to and you can do it on your patients. There was really impressed by this and they love this, but I teach them to be able to do it for themselves. So we're going to stop the abdominal wall. Should come back to no wider than two finger with apart before you return back to exercise of any kind of strenuous amount.

Zoe:

Okay, so often you'll find that when people first start, there's like a full thing to wait, I'm apart. So what we're going to do is take those two fingers and you're going to place them just above your belly button, about two to two inches above your belly button. And you'll need to see that. I think unless you're going to do a sit up and

we're going to be lying on our backs and we're going to go just above the belly button and you want it to come down vertically. Obviously, I'm lying down. So it is a bit difficult for me, but we're going to come down vertically and just gently sink your fingers into the stomach and then you'll ask your patient to very carefully lift their head and shoulders and stop to come up. And as they do that, you should feel the wall of the stomach, push your fingers out of the way so it'll actually come up and kind of squash fingers?

Zoe:

Squash your fingers either side. You might find initially you can do it with four fingers and you get pushed out the way to three, but you're looking to the point where it squashes you out of the way, that two fingers and it was kind of, it was squash and on the way when they get to two fingers, that's when they can start doing a little bit more exertion on their exercise. And you get back to that point is all of this bracing drawing in through the abdomen and using this kind of control in the exercise I've given you now I'm happy to speak to a couple more. Yeah. You'd said you were gonna do some for risks I thought early on as well. So one of the big things that I see, and this is more postpartum, but I tried to give it to my pregnant women who come to see me.

Zoe:

If their coming with a bad back and we want to resolve the bad back and I wanted to give them some other skills to help them. And that is because a lot of my credit would come in with two other main areas of concern. If it's not back in pelvic floor, it tends to be upper back because of the postural changes in pregnancy and the fact that they're getting much bigger breasts, especially when breastfeeding starts, that whole center of gravity has changed and there's much more sort of rounding and stooping through the shoulders and the other thing, and that affects the ribs as well. And the other thing that we get a lot of postpartum women is wrist problems and a lot of DeQuervain's tenosynovitis through the thumb or wrist sprain in general. And specifically new mums, you know, that holding this new little baby that quite tense often and they're so busy concentrating on how they allow the baby to latch if they're breastfeeding or holding the bottle, just spending lots of time in positions that wrists are not used to.

Zoe:

And holding for long periods and also many women, that, I seem to see maybe the area that I'm in aren't very strong in that upper bodies. So they don't, they spend a lot of time typing but they don't ever wait, bear on their hands or do any gripping. So now they're actually gone from doing nothing to holding a baby for long periods of time and they get a lot of wrist pains. So I'll go through a couple of little exercises. Upper back and shoulders just to loosen them off. Again, this is transferrable to all people. I would link your fingers together going behind the upper back onto the CT junction, either side, but just below down T two, T three. Of the upper back and just bringing the elbows forward over the chin and then just drawing

Zoe:

A figure of eight to your elbows. Imagine you'd have paint on your elbows. And this way you get flexion, you get extension, you get rotation. It's really simple and you can feel between your fingertips, the mobilisation of that CT junction. So that's just a really nice one to mobilise an upper back when someone's been sitting. And you can draw circles, you can get them to write name, whatever you want. If that position isn't comfortable, do the same thing this way. Make sure the movements coming from the spine and not from the arms or legs. So that's a nice mobilisation. We want the shoulders to come back and not to be stooped forward. So two easy exercises to do for any patient is a seated row. You can hook this around a door or get someone to hold it. Like don't have that for this demonstration.

Zoe:

So I'm just gonna put it under my feet. I tend to cross the band just because it helps sit nice and tall or sit on a cushion. Again, you can sit in a chair for this and do it from your feet. It slightly changes the angle that doesn't matter and just simply row. So pull back, squeeze the shoulder, place together. Hold for a couple of seconds. Reach forwards. Repeat again, pull back and row. Don't be afraid to ask your patients to get a band. They're only about seven pounds on Amazon, and release. So this is just a really great one. And if you want to, you can add a twist.

Zoe:

To either side. You're also working your core because you're staying nice and stable in your spine. But that's the exercise there. So really simple, great postural exercise for anyone. And then finally for the upper back to set the shoulders back. You can also use the band. Elbows in by your waist go in the direction of your thumb gently outwards. So this one really works. Your teres minor and your infraspinatus just to set your shoulders back. You're also working your grip strength, which is important for those pregnant women. So set for about 12 to 15 of those. Coming onto your wrist, anything on my hands and knees is really good. Providing they don't have carpal tunnel syndrome, weight bearing on their wrist is really good. And often the ladies will say to me, you know my pilates class, Oh that's really hard work.

Zoe:

Yeah. And they need to do that to make them stronger. They just find being on all their hands and knees every weak. That is something they need to do and not shy away from. So providing it's not painful during, encourage them to strengthen their hands. And then we want to look at the actual wrists. So very, very simple exercise just to begin with. Just flexing and extending the wrists and ulnar and radial deviation up and down. So that's really simple. One, if somebody has wrist pain and anything that you have more than that is too much. You can repeat the same kind of exercise with either a dumb bell or a water bottle, a can of baked beans or you can use the exercise band. I would have somebody hands just to prevent them from using their shoulder or anything else.

Zoe:

You can just get flexion extension like so, and ulnar and radial deviation like so. Obviously normally radial deviation is really painful so sometimes you have to assist somebody on that that's too difficult. So you might gently guide them down but use their own strength to lift back up, gently guide them down, use their own strength to lift up. And then it's the case of just adding weight to that. So either a water bottle flexion extension. So that's obviously more extension turning over flexion, radial deviation, ulnar deviation. You can do the same thing obviously with an exercise band. One of these ones are on Rehab. My patient, I think I mentioned to you the other day, so again you can assist or whatever depending on the pain level. What, I really recommend some weightbearing through the hands cause if they've got stronger hands and stronger grip, there's less likely chance that they're going to suffer with that.

Steven:

So we've got a few minutes left. Can I take that up with some more questions from the audience? We've had several questions about exercises for helping a breech position to baby. Do you know anything that might help?

Zoe:

Yes. Some of the exercises for that usually are inversions. So a patient would be kneeling, for example, on a sofa and then carefully lowering down onto the elbows. So basically you're creating this position.

Zoe:

So you're creating this position, but from a higher angle. So for example, if my knees were up on a chair now, does that make sense? Yes. Let them crawl onto a chair. So you'd be much more at this angle. Your knees would be up on a chair or the sofa and you're inverted gently down towards the floor. There's some exercises and such as that. To hold for about a minute, and the idea of gravity will gently turns it over. Also people have recommended being in this position as well, often with cushions underneath the bottom, but we did it earlier. So coming up into this position, but it's much more work than having cushions and pillows under there, so you don't have to stay in as much effort. But again, you're just working on an inversion.

Steven:

Any idea of the evidence for success of that to exercising babies? Cause there's an awful, there were an awful lot of legendary mythical techniques for turning babies aren't there. And I think the evidence is thin on all of them.

Zoe:

Yeah. I don't know from that. From my experience, I've had a few patients come in for babies needed to turn around. We've had some really good success with the baby's turning. We never turned them. We just create space in the body to help

them turn. But in the cases where I found that babies really don't want to turn, it's often because the baby's got short cord, and if they try and turn it can get around the neck. So it can be often different reasons why they're upside down.

Steven:

Okay. Angela's asked if you've heard that squatting helps a baby settled into the right position for labour,

Zoe:

I have heard that often it can be a really comfortable position for pregnancy or practicing the labour. I think that can be really, really good exercise, really comfortable exercise. I know a lot of my South Asian patients do a lot of those exercises specifically for that reason. I would just caution anyone that has a pubic symphysis dysfunction from doing that. The one lady that I couldn't get better from it was, I'm sure it was because it was always holding that buried very, very deep squat.

Steven:

So the deep squats, is that something that you would do throughout pregnancy? Or is it towards the

Steven:

End?

Zoe:

You could choose it as throughout for that. It's quite good practice to strengthen your legs if you want to squat in that position in labour. So there's no problem in doing that. Just be mindful if there's any pubic symphysis dysfunction, I would avoid it.

Steven:

Okay. And I've been asked whether you have any specific exercises or techniques for people who actually do have carpal tunnel syndrome.

Zoe:

Yes, yes. So setting one up for a patient earlier. So it's usually relieved by taking the arms into some level of extension. However, if you pull it too far, you can irritate the the media nerves. It goes through the carpal tunnel. So start up higher for this. Don't just concentrate on the wrist. So definitely a scalene stretch. So anterior scalene, just bring your fingers onto the scalenes here till the head slightly to the side and look up very gently and you'll feel the scalene stretch on your fingers because you may be getting compression from higher up, not just from the wrist. So stretching both sides through the neck. Lots of shoulder rolls to some come higher up. I'd stretch off

the triceps, I'd stretch off the pecs. So however you want to stretch them, you can stretch them from here or place your arm against a wall or door and stretch.

Zoe:

Coming down very gently. You've got to be mindful. This doesn't irritate it, but coming into the gentle press, it's kind of like the test, the Phalen's test. However, if that increases pain significantly or is painful to do afterwards, it may be too intense and you can just go from hands together, gently pressing the elbows out into prayer and back up again. Really very simple there. Again gently stretching, forearm stretch in this position, stretching your flexors and stretching your extensors but also mobilising the wrist. So as we just did with the wrist up and down and moving in different directions. But I would always start with the least aggravating of all of those. So start with baby mobility exercises to check. It's not aggravating, especially if you're not there to see the patient. And then you can add on those to strengthen the wrists afterwards but also move away from all of the things that are going to be aggravating it. So stop them if possible from typing at their desks or at least check their posture, check them from texting and use a night splint on the handle if possible. Because at night, if they flex, we'll see like this, they will be compounding the exercise.

Steven:

Okay, thank you. So last couple very quickly Pips ask if you recommend optimal fetal positioning, your pregnant patients. Pip thinks it's brilliant. I don't know what she means.

Zoe:

I'm not sure what she means by that.

Steven:

Okay. So we won't answer that question. And, and somebody who hasn't given us that name says what do you do when a person an anteriorly

Steven:

Tucked in coccyx

Zoe:

What would I do? I would treat probably with a cranial technique. I'd use BLT and see if that gives some release.

Steven:

We're getting beyond the pilates exercises here, aren't we?

Zoe:

Yeah, there's nothing pilates based. I mean, it doesn't change any of the pilates exercises. I'll give that person. I don't think you're going to change. It's positioned by any of the exercises. Specifically. But if any of them are painful to be in any position, then I'd be moderate. The positions.

Steven:

Zoe. That's been brilliant. Thank you. You've got lots more you could share with us, haven't you?

Zoe:

Anyone? Has any questions, I'm welcome to like an email mate. It's fine.

Steven:

Okay. Would you be prepared to come back on again? Yeah, that'd be the feedback. Last time was absolutely lovely. We had loads of people watching and they, and they thought it was really nice stuff. Cause even, you know, people like myself, you don't have the experience of pregnancy. There's nice simple stuff that we can advise. We've got the security of knowing we can do it over a telehealth consultation without worrying too much about the safety of the patient. Although the, you've mentioned some concerns there, so it's really, really helpful stuff. Thank you. Thank you. Enjoy the rest of your afternoon.