Fix Pelvic Floor Leaks & Core Dysfunction with Breathwork with Dr. Kayla Borchers Transcript

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Introduction to pelvic floor health

Hey friends, have you ever been told you have a weak core or maybe you've been laughing really hard and you slightly peed your pants? That is a pelvic floor issue.

And today I am talking with Dr. Kayla Borschers, a Pelvic Floor and Nervous System expert who's here to set the record straight. I'm so excited to dig into this because honestly, this is little close to my heart.

This happens to my wife, and I'm not throwing her under the bus, but this is something that she has dealt with for many, many years. And I think she always thought it was her until she started going seeing someone like Dr.

Kayla, who is a pelvic floor specialist. So Dr Kayla thank you so much for joining us. Thank you so much for having me. And truly, I'm excited to create a safe space to open this conversation because women's health issues, pelvic floor issues in general, it's not just women.

It can be men as well who have these pelvic-floor issues. So many write it off as, It's just normal, especially moms. They're like, Oh, we've had kids.

Normal to laugh when I pee or if I jump on the trampoline. It is common, my friend, but it is not normal. And so yes, I'm excited to break this stigma today and talk through ways you can really help yourself heal from a whole body approach.

Well, you know, I want to go right into the men thing just because in case there are any men listening, i want them to immediately know like, Hey, this episode is for you too.

Um, so obviously we're going to cover a lot of prenatal postnatally like support for people that for women that are going down that path. But is this connected for men when you're peeing and then like you think you are done.

and then you put up your pants and you still have more peeking out? Yes. That is a sign of not fully relaxing the pelvic floor. Typically, there can be a nerve component where maybe the nerve is hyper stimulating the muscles in that area, but same thing, if the nerves are hyper-stimulating the area it's contracting the muscle.

and so we need to draw the brain-to-muscle connection down to the pelvis. And so the pelvic is that structure that makes up our hip joint and then our sacrum in the back, our tailbone at the bottom, but there's this whole hammock of muscles that lay within that pelvis, and that is where our urinary and our bowel functions occur through.

This can happen for both men and women. Yes, or anatomy is slightly different, inner muscle structure is the same and so we need to learn to down-regulate the nervous system and really it starts with the breath and this is appropriate for both men and women to truly learn how to diaphragmatically breathe.

Okay, wait, slow down. That word. I'm sure most people are like, huh? What did she just say? Can you share that word? Yes, I will talk us through it. So diaphragmatically breathe is breathing with your diaphrag.

Our diaphragms lays underneath our rib cage. And so often in today's society, our nervous systems are upregulated where we're breathing into our accessory muscles, into shoulders, and to our neck.

So we have upper trap tension, neck tension headaches. And I will tie this all into the pelvic floor. Don't worry. When we breathe, are diaphragm should drop.

and when our diaphragms drops, it creates a negative air flow pressure in our lungs so that the air can just naturally flow in. We don't need any use of these accessory muscle.

When the diaphragm drops, it activates our vagus nerve. The vagous nerve is the nerve that links us to our parasympathetic nervous system, which is your rest and digest portion of your nervous.

When they diaphragms drops it also pushes all of those internal abdominal contents down, down into the pelvic bowl. And so the Pelvic Bowl is gonna be that hammock of muscles at the bottom that again, both men and women have, and that bowl of muscle should descend.

Every single inhale we should get a slight descent and then every single exhale we get slight recoil where it's this gentle oscillation up and down.

How breathing affects the pelvic floor

And so if that pelvic floor in either a male or a female is stuck in this up position because the diaphragm is not moving with your breath, you're just breathing into your chest, then it stays tight.

And then, it can be very challenging to fully empty your bladder. So to your point of you think you've eliminated everything, and then you get up, but you're like, wait, I have to go to the bathroom again.

I literally just went. Or maybe you leave the restroom, you squat to pick up something, And you leak a little bit. You're, like that is so weird. They literally, just use the rest room.

Well, that's because your pelvic floor wasn't fully relaxing to allow that bladder to full empty. That's definitely one scenario that we see a lot in the clinic.

Again, it can be either gender, and it really all ties back to this upregulated nervous system. Okay, so this is great, because we're really, I mean, we talking about very ancestral biological concepts here because, you know, obviously nervous system regulation is something we all struggling with in modern society right now.

But it's something ancestrally that you probably, and I think we can all assume that we would have these fight or flight moments, but then we'd have a lot of downtime to self-regulate, right?

So we are very lopsided in in-modern life. But we're also, I mean, this is making me think about the fact that I've heard like people when they're in extreme fight or flight situations, particularly nowadays, they'll evacuate themselves.

This has got to be tied to it, right? Yeah. So you're talking about like a full battle movement or something like that. Like I heard that happen in war.

I have heard it happen and extreme violence. Yeah. And it can be the body's way of just saying, I want to clear everything out. So we can definitely see it kind of go that way too, or we could see as significant constipation.

Because we're not getting into that rest and digest portion of the nervous system to be able to relax enough to move things through. We can see things on either end of this spectrum.

we want to be kind of in the middle, right? We have that normal flow of our nervous system where we can have one to two bowel movements a day would be normal and the bowel movement should be shaped like a banana.

We want it to soft but formed. So if you are just like diarrhea, we're clearing everything out, that can be a sign of way too high of cortisol and way to high stress.

And then on the opposite end, if you're very constipated, those stools are really hard formed. They look like little rocks coming out and you have to bear down to get them out.

That is also not normal. And so we want to find that happy middle. Yeah, I actually love that we're talking about this, you know, and stool, the way things look.

So I'm always telling people like, look, like I know that on a certain level we are taught to think this stuff is gross, but it's key. It's crucial to understanding how your body is responding to your environment, how it is respond to what you're feeding it.

You have to look after going to the bathroom. And you need to see what does it look like? Is there blood? It is going give you more information than anything else you do.

And as a parent, I am a mom of three with my fourth due any day now. And I have that open conversation with kids. Of course, when you're potty training them, it's very normal because you are in there with them.

So you see their bowel movements. But I quickly learned my oldest is six now, and so she's in kindergarten. Even when she became very independent, she potter trained by two.

She was like, independent and I started to think, okay, I need to know what's going on with her stool still because is she constipated? Is she going every day?

Because it's really easy to lose tabs on that as a parent as your kid ages. And so it's not something weird to talk about. It is a very common bodily function that we should be having every day.

And if your child isn't, we do want to consider things like, are they getting enough magnesium in their diet? In the summer, it can be easy to be more constipated just because you're sweating more.

So making sure you are replenishing the body's electrolytes. That's something as a parent, I really encourage you, if you have children, to just be very open with your kids about have you on number two yet today or you know just make it kind of a natural part of life so that it's at the forefront of their mind to if they are not going like my daughter at one point this summer was like mommy my tummy kind So I did an abdominal massage on her with magnesium lotion.

Our colon empties on the left side of our abdomen. So you want to start in the right lower quadrant, stroke upwards, and then strike underneath the diaphragm and down on left to facilitate the emptying of the colon, which is where our stool forms.

And magnesium helps those stools to soften. So if somebody is constipated where their bowels are a little bit backed up, magnesium, especially topically right over the digestive tract, can be really helpful for stimulating that peristalsis to move things through.

So we did that and then I gave her some electrolytes. You can use coconut water with kids with a squeeze of orange juice and some good quality salt or we use element.

I'll give them like half a packet of that. So there's a lot of good options and she was able to clear everything out and was totally fine. That's great.

I mean, what great tips. From the massage to the magnesium, this is really helpful for parents and individuals that can right away apply these very natural, very kind of you know, just human results.

You don't have to go to the doctor, you don' have necessarily go and take some weird pharmaceutical, or you could just use what, your body and what nature provides.

I think it's fascinating that you really hear the pelvic floor disgust until you've had a child. Why do you think A, it is not talked about much, and then B, why are we talking about it only postpartum?

Yeah, it's a great question. I think the mind gets drawn to it postpartum because most women have vaginal

deliveries and those muscles have to expand to allow a child to move through them.

And so trauma is certainly involved with childbirth and then post-partem. So that is why it is most talked about there. But we don't have a traumatic event to occurred.

I don't mean that birth is trauma in a bad way, but it's a huge bodily change and this huge expansion in your body and it can cause trauma, right? So that is why it gets brought to the forefront of the mind there.

But my whole approach is really proactive. And so as a physical therapist, I started out in sports medicine, and I was treating professional and division one athletes as well as regular men and women like ourselves.

And I saw a lot of women who were postpartum getting back into running or CrossFit or whatever sport it may be. they would have hit labral tears, they'd have terrible sciatica, little back pain, leakage.

And I, at the time, didn't have children yet, and I was like, I do not want that to be my story. So I started diving into things from a preconception standpoint and realized I actually did have underlying pelvic floor issues myself.

I had been a four-sport athlete in high school, had struggled with urinary leakage with running. Way before kids, this was in High School, But I was told that was normal.

I told it was to pee your pants during a cross-country race because that meant you left it all out on the course.

Bowel habits, constipation, and stool health

Everyone on our team had an extra pair of shorts that we would change into afterwards. It was normalized. And so I quickly realized, okay, that wasn't normal.

It was my muscles not functioning properly. And, so, I started to become my own first patient in the pelvic floor space and learned how to relax those muscles, kind of coming back to that first topic so that they oscillate with your breath.

And then I was able to think about the surrounding muscles of our pelvis. Like, how do we strengthen our hips and our glutes so we can offload those pelvic floor muscles?

Because a lot of times, we're just thinking about working like your main movers, like, your glute max and your quads and you're hamstrings. But there's all these little stabilizing muscles in our pelvic that we oftentimes forget about that can help support the pelvic floors.

So I dove into that. And so really coming at things from an even before kiddos approach and then during pregnancy, learning to support the pelvic floor, because whether you have a vaginal delivery or a c-section, your pelvic-floor muscles are taking on extra load that entire pregnancy as baby grows.

I am currently 38 weeks pregnant as we are recording this and I'm 27 pounds heavier than what I was before I got pregnant. I walk around with almost a 30 pound weighted vest all the time and that starts to take its toll on the pelvic floor muscles.

Again, I think that's why the brain is brought to that area during pregnancy and then postpartum. but really we can look at the pelvic floor from a proactive lens across the lifespan and then can better avoid issues in terms of trauma to the public floor with labor and delivery.

So my whole goal with my patients that I work with during preconception and pregnancy is to repair the felt pelvic for for labor in delivery so we could reduce risk of tearing.

So often, you know, it's not brought to a woman's attention until she's had an episiotomy where they cut the pelvic floor muscles, or she has had a significant tear during childbirth with stitches put in, that then they're referred to

pelvic-floor PT.

And a lot of my patients are self-referring. I'm a doctor in my field. You don't need a referral to see me. They're self referring because they are like, I want to avoid tearing.

I want to prepare for birth, avoid injury, have a successful vaginal natural delivery and avoid significant tearing and scarring and set myself up for a more ease-filled postpartum experience.

Yeah, that's a great tip, you know, just to for everyone out there to be thinking ahead of the game, versus waiting till they actually truly need you, but to really be think about, hey, this is preventative.

What do you think this is all stemming from? Because I tend to default that the human body was designed perfectly, beautifully, you know what I mean? That nature had it right, or source, whatever you see it as, that that had right.

So why are we having so many issues? That's a really good question. I mean, I'm a faith-filled person and identify, you know, as a Catholic and Christianity.

And honestly, my mind goes back all the way to Adam and Eve. Like, if we think about, when they ate from the forbidden tree and then they realized they were naked.

they had to cover up, right? We think of the pelvic floor. That was an area in both males and females that was covered up. And so it did just become this area that wasn't talked about as much, and I think naturally so just because it's not like a biceps or a quad that like we physically see all the time.

It's always covered. So it makes sense that we would have a little bit more reservation around talking about are private areas. There's definitely a sense of intimacy in that.

But also understanding God gave us a pelvis and God give us the pelvic floor and it is a natural part of our body and does need to be supported just like anywhere else.

And so I think just letting go of the awkwardness of it and the stigma of and, it's okay to talk about having issues in the area. The other thing that I think makes it challenging to talk about pelvic health concerns is our medical system.

So I worked in the traditional medical systems for five years before starting my own practice, and I was in a clinic of 40 other practitioners. Huge open space.

Again, we saw professional athletes, Division I athletes and then regular men and women. and like all the way down to junior high athletes, adolescents.

We had treatment tables about three feet apart all throughout the clinic. And so it's really hard for somebody to open up about having leakage when they run or pain with intimacy when their coming in for hip pain and there's somebody sitting three-feet to the right of them.

who they don't know, right? So having just trust with your provider I think is a big part of this because it is an intimate area. And so in starting my own practice, I really created like a very holistic, calming space.

I tell my clients I want you to feel like you're at a holistic spa and not at They sit in a comfortable chair, you know, and we start and it's only them and I in that room.

There's not somebody sitting a few feet away who's hearing what they're talking about. And so they have a safe space to open up. I give a full hour to each patient as well.

The other thing in the traditional medical system, if you're seeing your doctor, they have patients every 15 minutes.

If you are seeing a physical therapist in an insurance-based setting, then having patients, every 30 to 45 minutes usually, sometimes overlapping patients.

You're lucky if get that therapist for a whole hour. And so that just creates an environment where there's not time to unpack those harder to talk about areas.

You mentioned breathing earlier in the episode. Do you think that the issues as well stem from just, I have to, at least how I imagine is ancestrally like, We didn't have as much stimulus affecting our breath all the time, you know, or limiting our breathe or like the trauma that, that I think beyond trauma of experience, I'm talking like trauma, of like, uh, You know light exposure to EMFs to these, these unseen things that are constantly happening to us, whether it's toxins in our air and our water and food to the waves that are constantly bombarding our body, right?

So there's those kind of things, let alone actual physical and emotional traumas that're happening due to other humans. But I have to wonder if our diaphragms have gotten tighter and tighter from modern living, from the way the path humanity is on.

If you agree, like, what are some things people can start doing immediately, you know, upon hearing this podcast, where they can Start affecting their breath to support their, their nervous system to be kind of retapped that ancestral nervous Yeah, and you're so right.

I see all the time in the clinic when I assess somebody's breathing that they can't access that diaphragm because they're used to breathing into their upper chest.

And so sometimes that looks like doing myofascial release of the diaphragms and a way you could do that on yourself would be to just lay on your back, both knees bent so that your low back is flat with whatever surface you are laying on.

your tummy is nice and relaxed, and you're just going to go in with broad fingertips right underneath your rib cage angle and massage because that's where your diaphragm lives, arcs up right under that ribcage angle.

And you just massage, you might notice that there's tender spots. That tender spot is an area of myofascial tensile. And fascia is really this like spiderweb network that is all throughout our entire body.

And when we hold tension in that fascial, we just can't fully relax and open through that muscle. So you can try self massaging that area if you're like, I don't know what I'm doing.

then you can definitely reach out to a public floor physical therapist local to you. I am in Ohio, I also see clients virtually. And a lot of times my virtual clients, it's like a one time visit where I'm just giving them a ton of education because it is a video call.

So I can see what they're doing. No, put your hands a little bit higher, make your fingertips a bit broader, go a What do you feel now? Oh, now I'm feeling a tender spot and okay, keep massaging there.

And the other thing is we want to get deep into those layers. So you might be on one trigger point, which is that area of increased balled up tension, for 60 to 90 seconds before you move on and find another one.

Pregnancy, prevention, and pelvic floor training

I like to tell people it's kind of like peeling away layers of an onion. You're not going to just like get there with one fell swoop, like it's going to take layers upon layers of releasing tension to get that muscle to fully relax.

And so day one, you might release three trigger points, right? Well, the next day you do it, we might released three more and so we start peeling away the layers.

Then after you did the myofascial release, And so we can all do this together now. You're gonna place one hand on

your chest and one on hand your belly.

If you're sitting, that's fine. And if you are standing, walking, totally fine, but if have the ability to lay down, I invite you to do so. As you inhale, and I want you notice which hand moves first.

Do you feel that top hand move first in your test? Or do you that hand in the belly expand first? And as you inhale, as your keep breathing here, I want you to see if you can just get that bottom hand to expand, letting your belly inflate with air, side ribs, low back, and letting that air move all the way down through your pelvis.

As you exhale, think of a balloon losing its air gently recoiling in all directions as the air moves up and out. As we inhale through our nose, our jaw stays relaxed.

Belly, side ribs, low back, pelvic floor all expand like a balloon filling with air. And then as we exhale, we feel that gentle recoil in all directions.

Now, as you practice this type of breathing, I invite you to close your eyes, like I said, to just really tune in with your body. Sometimes we have to practice it in different positions, lying down on your back with knees bent.

It's always my starting position because it can be most relaxed, but that belly is having to expand against gravity. And so if you're having a hard time with that, belly expansion flip over onto your hands and your knees.

Now gravity is pulling belly down, so it can be much easier to relax the belly there. You just don't get that tactile feeling of like hand on your chest and on You practice it in sitting.

When you're in, sitting now gravity is pulling the pelvic floor down. So if you having trouble feeling the Pelvic floor move, Sitting and really finding those sit bones on your sitting surface and feeling that pelvic for descend into your Sitting surface can be really helpful.

And I invite you to practice that for two to three minutes. three times a day. So do it once before or after breakfast, lunch and then dinner. And whenever we sprinkle that in throughout the day, it's going to give the nervous system those times of calm to your point of we're constantly bombarded with information and go, go go.

But when we invite moments of calm sprinkled in throughout the day, it gives that nervous system a reset to then stay in that reset for a little bit before we get upregulated again.

And with my clients, I invite them to habit stack it with something they're already doing as well. So every time you're at a stoplight, instead of being tense and frustrated because this traffic is slowing you down from getting where you want to go take two to three deep breaths, okay?

So what we just described, what just practiced there is true diaphragmatic breathing. So sprinkle that in throughout your day. That will help calm the nervous system because again, it links up with that vagus nerve every deep breath we take, but it's also physically massaging those internal abdominal organs, releasing tension in the pelvic floor.

It has this whole cascade of positive effects throughout the body. I love this and I think I would welcome everyone to to recognize that. Let's just say you're like, oh, but when I'm looking at my social media, I feel like I am breathing, you know, fine.

And I mean, parasympathetic mode. I don't think so. Like, this is a really good gauge of like. check where you're actually breathing when you are doing these things that are very tech heavy that you think are relaxing.

Because what's happening is typically your body is being affected in a way that your not acknowledging and or feeling. And so I would almost welcome like hey the next time you've you you in line and you like your your knee jerk reaction is to open your phone and to go to that social media is, to put it away and actually just practice this breathing, because it's very, very different.

Or do two to three deep breaths first, right? To calm that nervous system. Then maybe check your phone and then notice like, oh yeah, now I like tensed up.

I'm breathing more into my chest. Down-regulate. Cue yourself to be able to continue that diaphragmatic breathing even as you're doing a more stimulating activity.

Because we can train our nervous systems just like we train ourselves. So that's a really good practice to implement as well. Is there something to, in a sense, like box breathing where you're making sure that the amount of time you are breathing in matches or doesn't?

Maybe, you know, that is kind of the question is, should it match or should not? The out breath aswell, because I noticed even like last night for the first time when I was laying in bed with my wife, I notice she was breathing in longer than she is breathing out.

And I asked her just straight up, I said, would you be willing just to try something and just try breathing a little longer or equally with how much you're breathing and she did and I felt her body relax more.

Oh yeah, I love that you bring this up. So it depends on what we're working on, but very few, and no instances are coming to mind right now, times would I ever suggest that the inhale should be longer than the exhale.

Because you're exactly right. If our inhale is longer, we are pulling up tension and then we aren't letting it go. We're not releasing it. You're now releasing, right?

So typically I am queuing that we want our exhale to be twice as long as our inhales. when we are practicing the diaphragmatic breathing. And so as we inhale, we're really filling those lungs with air.

We're breathing all the way down through our pelvis is what we visualizing. Then exhale, it's this slower recoil of everything up and out because we don't want this forceful exhale where we just bring back all that tension.

So if somebody is inhaling for five seconds, then I cue them to exhale for 10 seconds. Inhaling for six seconds. We're exhaling four twelve Those are kind of the two ranges that I'm typically working with people up to because sometimes initially it's like Three or four seconds in and then it like hard to make it longer than five seconds out because people are so upregulated now box breathing has its own benefits where if you're not familiar with box breeding you can kind Of visualize a box where you are inhaling let's say five Seconds you holding your breath for five second and you exhales for 5 seconds and you might pause before repeating.

And that more so has the mindset piece where you're really focused on what you are doing. There's apps where can watch something fill with water or move across the screen.

So there's more of like a visualization aspect to that where it can be helpful if somebody's mind is spiraling or they struggle with anxiety. That is more like that category.

But for me, especially in terms of the pelvic floor, floor, if we're working on strengthening it or for working down regulating it, I'm more so focusing on the exhaling twice as long as the inhale.

That's great. And now let's touch base about you mentioned nose breathing when you're doing this. So breathing in and out of the nose. A lot of people are mouth breathers, particularly as their heart rate increases when they're doing any athletics.

Um, but in general, of course, when you're sleeping, sometimes there's their mouth breather. So you hear a lot more about like mouth tape to keep it closed and talk about that a bit.

Yeah. I mean, from like a pelvic floor standpoint, I don't get into it too, too much. Like I definitely will refer out to an airway specialist if somebody is struggling with breathing through their nose, like through the night or things like that.

Breathing through your mouth, you mean? Breathing through the mouth. Yes, thank you for the clarifying. Yeah, because we want to breathe through our nose.

But I am cueing it from a, we wanna our jaw to be relaxed. It's if we hold tension in our job, We hold attention in pelvic floor. And so we wanted our mouth to close, jaw relaxed, tongue gently resting on the roof of our mouths, inhaling through nose, and then I will cue exhaling our through mouth because if were working on accessing the pelvic floors from the strength standpoint, When we exhale through our mouth, we can purse our lips and it can be easier to connect with those muscles.

So we've talked about a lot about restful diaphragmatic breathing, but there's also the active form. And so you bring up exercise. That is when we would want more the act of form of our breath.

Exhaling, we want to think about lifting from the pelvic floor from bottom up. So you can think as we inhale, pelvic floors lowers. As you exhale, you want think of wrapping that pelvic around a marble.

You're thinking about closing that around the marble and lifting that marble up and in as you breathe out. If you breath out through pursed lips, it can make it easier to access those muscles from a strength standpoint.

As you keep breathing out, you'll also feel your core engage. And this is where the core is very well linked up with the pelvic floor. We cannot get maximal core contraction without the Pelvic Floor Contracting first.

So if we're talking about weight lifters, talking crossfitters. we want a good inhale down, exhale lift that load. Pelvis floor lifts first, it sets the base for our foundation.

And then as we keep breathing out more forcefully through our mouth, we feel that core wrap and we exhale on the effort as you rise up. So there's a lot of nuances when it comes to the breathing and I know you asked kind of about through the nose versus the mouth.

Kegels, vaginal weights, and postpartum concerns

Never is there a time where we're queuing to breathe in through mouth always in through the nose, but there are times where we breathe out through our mouth because it helps us more forcefully access our muscles during activity.

But at rest, we want that jaw relaxed, closed, and just breathing in and out though our nose. This is great. You brought up the visualization of something being held inside you, that brings up a question I have.

And admittedly, I know this can be a sensitive subject for some people, but I think it's one that's important to talk about because everyone's hearing about this stuff, But I don't know if everyone understands it.

So there's a couple of things I would love to now dive into. One is Kegels and another is like jade eggs and things like that. Now, this is obviously comes up a lot with postpartum, like so after having a child.

But could you talk Let's just say first, let's talk about Kegels first. Can you talk, A, what it is? And then, B, does it help? Can do too many things like that?

Absolutely. So, Kiegels were developed by a physician in the 1940s for non-surgical treatment of the pelvic floor. So that sounds great, right? Initially, women's only option if they were struggling with leakage or prolapse is another big concern with women postpartum where internal organs start prolapsing through weak spots in the public floor muscles.

And so they would do surgery where they essentially tighten things up down there. Well, that caused its own whole host of issues and still does today.

But this surgeon was like, well, Kegels, and his last name was Kegal, are an exercise we can do for the pelvic floor.

And so a kegel is a tightening of the public floor muscles.

So usually women are told to act like you're stopping the flow of urine. Just sit, act, like, you are stopping flow if urine, hold that for as long as you can, and then let go.

hold that for as long as you can and then let go. The issue with this is that kegels are only cued at rest. And so sitting here right now, as I was saying that I doing a kegel.

Now what that has taught women and males if they're prescribed to them is to just tighten the pelvic floor and that that's like the only issue. But if we think of the pelvic floor like your biceps muscle and the pelvis floor, back to our earlier conversation, is already tight.

It's already shortened. it's, like, somebody walking around flexing their bicep all the time. And then you go and you say, okay, I just want you to do bicip curls.

Just when you're sitting at rest, just do some more bcip curls, but they're never fully extending their arm because they don't know how to. All they know is holding it in this flexed position.

What's that going to do? It's going further worsen the issue, it's gonna further shorten that muscle. They will become strong through that very end range of motion, right?

Cause that pelvic floor started lifted cause they were upregulated and then they are tightening it more with every Kegel. but it's not lengthening all the way.

And so that is my huge issue with Kegels is that we need to learn to lengthen the muscles before we can strengthen it. That's exactly why the first part of this episode, we talked about nervous system regulation, learning to relax and length and those pelvic floor muscles with your breath.

Then we can work on the active lifting of the pelvic floor muscles, which is the strengthening component. So I am never prescribing just straight kegels, Which is simply the contraction of pelvic-floor muscles.

I always first prescribe breathwork to lengthen the Pelvic floor muscle to get them back to their full range to start with. And then we can work on strengthening, but pairing it with functions.

We're going to pair it up with the breath. So on the exhale, we get that lift of the pelvic floor muscles. And there's a lot of cues we could use. I gave the cue of thinking about closing that vaginal opening around a marble and lifting it and in.

You can also think about stopping the flow of urine. But with that, I find that sometimes people just like tighten everything. Another good cue, and this would be more for our males as well, would to pull your sit bones together.

And you can practice those different cues, again, on your exhale. So inhaling, you're lengthening, lowering pelvic floor, And then exhaling about pulling your sits bones as that breath moves up and out, then you'll feel your core kicking as the air continues to lift out.

Then the next layer would be pairing that with activity. So inhale I squat down, exhale I lift my laundry basket. Inhale I squat down exhale. I left my kid.

Then we can extrapolate that to further exercises. And then your other question was about inserting something into that vaginal opening. Yes. Like a jade egg or something.

Yeah, that's what I remember learning about that when we had our first child. Yes. So are you talking about essentially like vaginal weights, that kind of thing?

Vaginal, yeah, exactly. And then using, the weight, but then I think you're also using it as, instead of visualizing

something, you actually have something there that you are trying to contract the muscle over.

Yes, where you can get some biofeedback. So that's a great question. You know, I think we have a lot of tools in today's modern society that a lotta therapists enjoy using of, oh, we this fancy tool, let's use it.

I am much more of to your point, the ancestral approach of what were our bodies designed to do? Were our body weren't really designed contract with something in it, you know?

other than with intimacy, but that's different, you know, if you're having that experience where we're not just at rest practicing inserting something and contracting with that, right?

So it can be helpful if somebody's having a really hard time with their brain to muscle connection, But I never start there. And in fact, do I rarely pull out those kinds of tools?

Because again, that you are inserting a foreign object and then you're working on contracting and holding it up and in there. And that's not something we're going to functionally do in our daily life, right?

Again, outside of intimacy, but that would be a relaxed experience, not where you are working like contracting or holding something inside of you. So I think it deserves a lot of nuance to the conversation, but starting with what our bodies were naturally given.

And so for me, it comes back to exactly what I was saying before of not the key goal, let's lengthen first, exhale, engage and lift, and then we're progressing our movements.

So if somebody's goal is to get back jumping on a trampoline, well, I would rather have her do five little jumps in the clinic, working on each exhale we are lifting the pelvic floor with those quick jumps, in place of inserting a device to work on just contracting at rest, if that makes sense.

Yeah, absolutely. Now, though it does make me wonder about this very real, rarely talked about issues slash societal shaming, I guess, for lack of a better word, where women get very worried about one side, they have a child that their tightness of their vaginal wall is no longer there.

So I know that is definitely something that people experience and or are scared about. And like I said, are potentially even shamed about in society from particularly men, obviously.

And it's not cool. I don't condone it. It's absurd that women are scrutinized the way they are in society. Can you talk about that? Whether it is to make the person that is scared of it reassured and empowered?

Is this something that's real? Or is this more of like, no, the body will go back to the ways it was, you just have to support it? Yes. Well, thank you for creating a safe space to talk about this because I often see the opposite.

So you're right. Like people think, oh, it's just going to be loose and expanded afterwards. Usually it tightens up. If we think about straining your hamstring muscle, right?

You're playing baseball or softball and you went for a ball quick and your strained your muscle. What happens afterwards? It balls up, that muscle balls and then it is hard to fully extend your leg.

Like you lose mobility in that muscle because it just went through this huge expansion and then it comes all back together. That's what our pelvic floor essentially does.

It goes through these huge expansions and it tightens back up and comes back again together and gets on guard. And so I actually typically see the opposite where women's pelvic floors are tight postpartum in regards to just being very upregulated.

So I just want to encourage any woman listening who hasn't had children or anybody who has felt just like shame

around the change in their area post delivery is that A, it's normal for our body to deliver children and to change.

That's a beautiful part of life. But B, those muscles are meant to expand and then come back together. Anatomically speaking, our pelvic floor has a circular muscle.

So the vaginal opening is circular. It's called a sphincter. The only other areas we have that are at our anal opening for bowel movements and then around our mouth.

And so those muscles work different than just like a biceps muscle or a hamstring muscle that just long muscle fibers where they can only expand in one direction.

A circular muscles is meant to expand all directions. Think about a baby's head, right? Like that is a circular area coming through that birth canal.

C-section recovery and scar tissue healing

And so it's meant to expand. It's met to come back together just like any other muscle. The other tidbit I'll give there is think about if your goal was to do splits.

What are you going to do leading up to that goal? You are going stretch your hamstrings and your hip flexors, stretching and stretching to allow your body to be able to the splits.

Does that mean your Hamstring muscle isn't as effective anymore or that you can't be as athletic anymore because now you've lengthened that muscle? No, in fact, it's gonna actually help you be more athletic because that Muscle has a greater range.

So thinking of the pelvic floor like that, I love it. That's such a great analogy to it and definitely helping to ease people's minds and concerns around that.

Before we go, I want to address C-sections. So, cause we've talked a lot about natural birth. Obviously you did briefly mention it. You know, when, you're getting sliced into your abdominal muscles, there's scar tissue that comes up there.

I mean, they're, so much emotional trauma that happens for women sometimes, particularly when they didn't want a C section. How can people listening who have had that or are concerned about that, how can they address that specific procedure in recovery around that?

Yeah, absolutely. So during a C-section, eight layers of tissue are cut through in order to access baby and deliver baby. And then one woman has stitches in all of those deep layers, right?

And so oftentimes we just see the scar on the outside, but we forget that there are seven additional layers beneath that skin layer that were also affected and needed to be stitched together.

And so there's healing that occurs on various levels, and we need to make sure we're addressing the scar tissue. So with every other surgery that has a scar like that, a woman or a male would be referred to physical therapy.

after a C-section, most women are not automatically referred to PT. No. Rarely, I think. Yeah, rarely. The only time they're referred is if there was a complication typically, or if they have like keloid scarring and the woman asks about it at her six-week post-op check, and they are like, oh, you could do pelvic floor PT, but it is not a gold standard referral in the United States.

Now, in Europe, every single woman is referred to pelvic floor physical therapy postpartum, whether they have had a vaginal or a cesarean delivery. And they are typically receiving 10 to 20 visits post partum.

Let that sink in. Here in the United States, women are not given an automatic referral, no matter what form of

delivery they've had, when every woman would benefit from post-part-um physical-therapy.

That makes me so frustrated. I feel like We talk about America pride so much, you know, and just America first, but the reality is, is like the US does not have Americans backs.

It's like you go to Europe and now you're sharing this information. But I remember when I went and we had a procedure done due to an accident. that we were given an antibiotic and a probiotic that went with it.

Like there was a holistic and thought process of like beginning to end. And that's what I hear you're saying right now when someone has a cesarean. It's like they're thinking of it from beginning and they are supporting the body holistically.

We have the capacity to do that. Why are we not doing that? We have a long way to go when it comes to health care. And that's why I stepped outside of the traditional medical system and opened my own practice because I wanted to be able to operate outside the confines of medical systems or the insurance system here in the United States.

It's very challenging. So again, most of my patients self-refer. They want to stay ahead of their game. want to have future children. So if you have a cesarean section, you know, there is scarring.

And so it's very important that we work on that scar tissue, especially if he want future Children, right, because it can see sections can affect fertility, and that's never talked about, So we work on the scar tissue with scar-tissue mobilization.

We can do that with our fingertips, but we also utilize things like dry needling and cupping. And for a woman at home listening who's like, I have a scar issue that I've never worked on from a C-section.

a lot of times those tissues are really sensitive. And so once your stitches have healed, around four to six weeks postpartum, you can start rubbing different materials around and on your scar.

You can do something soft like silk or a plush blanket, and then you could do a little firmer like a loofah. Just rubbing materials on it will help normalize the nerves to touch again.

Again, just like any kind of knee surgery or something like that, we need to rewire the nerves around the area. So that's one thing. And then cross-friction massage, which is where you come in contact with that scar.

You overlap your pointer finger and then your middle finger on that scart, and you're going to move that scarf tissue around. What's really cool about this is you are essentially moving that skin on those healing layers beneath it.

And so as you do that, you can actually feel adhesions break up and it might feel like bubble wrap popping. You can like literally feel this popping beneath the surface.

It's the nerd in me being like, it's so cool. But I like to mention that because patients, if they feel that they're like oh my gosh, what just snapped?

Yeah, I heard something and it's like, no, you just alleviated scar tissue. You just broke up scar tissues. So it is really cool and neat for people to feel that themselves because they understand, oh, wow, like I'm actually making a change in my body.

And so that's one point of it. Then the other thing would be obviously core rehabilitation. Anytime muscles are cut through, that is going to impact the muscle fibers and our ability to access them.

I will see a lot of women struggling to after c-section and so that's again working through I highly recommend pelvic floor physical therapy or you know if that is not accessible to you I did create an online postpartum program to walk women through the healing stages of post partum because the reality is when you have a newborn you do need to

rest and it's hard to get out of the house for appointments But you can literally start healing your body from day one.

And so my postpartum program starts week one, you begin it, whether you have a vaginal delivery or a cesarean delivery, and you simply press play. You can be from the comfort of home.

My baby is with me in all of the videos. I recorded it during my own post partum with my third child. And it's so nice because you can do it in bed. You can it on the floor of your nursery.

If you need to press pause to breastfeed your baby, you could do so and then you come right back to it. So I really encourage women to start that program week one or if you had some complications, maybe you start at week three or four and that's totally fine.

And then it goes through 12 weeks of programming to progressively build upon re-accessing and healing those muscles. That's fantastic. Final question.

It's one I ask all my guests. If you could wave a magic wand and bring back one ancestral practice, what would it be? Oh, I love this. Hmm. I would say just more time outdoors.

So much of our life now is lived indoors. And if our schools were able to have outdoor classrooms for kids to learn outdoors throughout the day, any time the weather's appropriate.

But even when it's not to, OK, we're going to bundle up.

Resources, final advice, and closing

In this class, We always go outside. Even just within our work environments, having outdoor space and that being more of a regular part of our routine would be amazing.

That natural sunlight just has so many positive effects on our circadian rhythm and on a nervous system. And then fresh air, outdoor air quality is always better than our indoor airquality.

So for both myself and then for my children, that would a magic wand I would rave. Love it. Well, Dr. Kayla, thank you so much for joining us and congratulations on your impending birth.

And by the time this airs, you will have birthed a beautiful new child. So many just loving thoughts and energy towards you in having this birth, Where can you mention your program?

Obviously, you have virtual ways people can see you. So where should people go to learn more about these programs? Absolutely. So if you go to drkaylaborchers.com, you will find my preconception pregnancy and postpartum online programs.

They're all self-paced. You get lifetime access, and I did develop one for each of those seasons of life. And then you'll also see the option to work with me or my team one-on-one.

But the programs are really just so much love poured into them for you to be able to access from the comfort of your own home. And if you want to get a feel for working together, you can go to drkalebwarchers.com slash resources.

I have free guides specific to preconception, pregnancy and postpartum as well. And then I'm at Dr. Caleb Warchers on Instagram. So you can come say hi to me there.

And I had James as a guest on my episode of Holistically Well. I have a podcast as well, so be sure to check that out too. Excellent. Thank you so much for joining us and for sharing just such amazing information that I believe will help everyone.

whether they've had a baby or not. I think we covered a lot of really, really good value topics. Thank you all for joining us on this episode of Every Day Ancestral.

If you enjoyed the episode, make sure you like, subscribe, share it with a friend. Give us some feedback. I love this topic and I hope you did too, but if there's topics you want us to cover, we need to know.

So let us know through your comments or feel free to reach out to us, on our DMs on socials. But thank you, all. And remember, stay curious. Thank you so much for joining me on Everyday Ancestral.

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