

# **Pelvic Floor Yoga™ with Leslie Howard**

Yoga, Breath, and  
the Female Pelvis



## Pelvic Floor Health Posture: Sit and Stand Well

In daily living, the best way to sit or stand is with a neutral pelvis, not retroverted or anteverted.



Do you sit with a rounded low back, tailbone tucked under your seat?

With good posture, the organs of the pelvis are effectively supported by the bony structure of the pelvis.

With good posture, the respiratory diaphragm functions effectively.

However, most of us aren't sitting or standing well. Unfortunately, this creates unnecessary stress on the pelvic floor muscles and a distortion in the spine.



Learn to sit well.



Do you stand with uneven hips in a "fashionable" and imbalanced stance? Over many years, these postural habits lead to undesirably consequences, including an unhealthy pelvic floor.

Why do we have bad posture?

- Fashion and cultural norms
- Lazy-boy furniture
- Trends in the fitness world to encourage pelvic tucking (retroversion)
- Emotional guarding
- Muscle imbalances
- Inactive lifestyle; obesity

Take the time and make the effort to learn to sit and stand well. Incorporate good posture into all aspects of your life (home, work, and play).

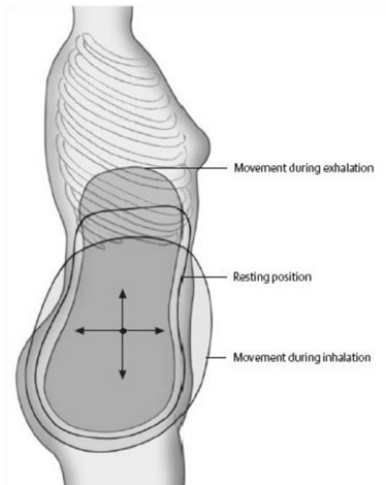


**Tadasana:** Neutral spine, perineum parallel to the floor, and weighted more in the heels than balls of the feet.

**Good posture is the essential foundation of a healthy pelvic floor.**

## Pelvic Floor Health Breathe Well

A healthy pelvic floor moves synergistically with the diaphragm: down on inhale, up on exhale.



**Diaphragmatic Breathing:** from Beate Carrière, 2002.



### **Deep Breathing in Savasana:**

Breathe deeply into the belly and encourage movement into the pelvic floor. Invite your breath into places in the body that feel restricted. Weight on the femur bones gives a subtle anterior pelvic tilt, releases the psoas, and aids the flow of apana vayu.

The respiratory diaphragm, on inhales, presses down on connective tissue which presses down into the pelvis, back into the flanks, and forward into the abdominal wall. Normally, this gentle pressure provides a mild massage that can improve digestion, elimination, and myofascial function.

However, many of us aren't breathing well. Unfortunately, poor breathing habits (chronic upper body breathing with minimal diaphragmatic movement) slows or stops the healing processes of the pelvic floor.

Why aren't we breathing?

- Bad posture
- After surgery or trauma, intra-abdominal pressure may cause pain on a diaphragmatic inspiration. This noxious feedback encourages shallow breathing with minimal diaphragmatic excursion. Just as a limp can exist long after the foot has healed, this shallow pattern can become habitual.
- Sinus issues can also impact breathing patterns, since diaphragmatic respiration is facilitated by the resistance provided by the sinus passages. When mouth breathing is the only option, a thoracic pattern is likely to follow.
- Vanity can also drive a pattern that avoids abdominal movement. Tight clothing can hinder good breathing.
- Poor abdominal tone can discourage diaphragmatic respiration by making it less efficient.
- Chronic mental stress and anxiety, by increasing the sympathetic drive, can perpetuate a thoracic respiratory pattern.

Pelvic floor breathing can improve some ailments and conditions by alleviating stress, improving myofascial function, and facilitating lumbo-pelvic stabilization.

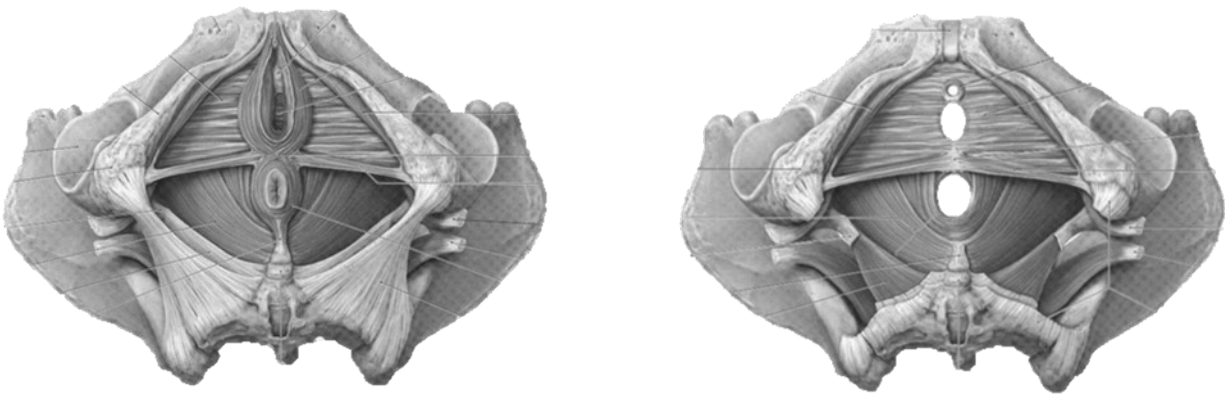
**In sum, sit, stand, and breathe well for a healthy pelvic floor.**

## **Diamonds are Forever** **Overview of the Pelvic Floor Muscles**

Pelvic floor muscles are typically grouped into three layers, the first (image left) is most superficial (closest to the surface of the skin) and the third (image right) is deepest (furthest from the surface).

Pelvic floor yoga requires:

- Knowledge of the anatomy of the layers so that you can visualize what is there and what movements are possible.
- Sensory awareness of the individual layers.
- Sensory awareness of the three different orifices and associated sphincters.



**Female Pelvic Floor Muscles:** *Left:* Layers one and two. Bulbocavernosus/bulbospongiosus is figure eight shaped and runs vertically between the pubic symphysis and coccyx (tailbone). Transverse perineum runs laterally between the left and right ischial tuberosities (sit bones). Layer one and two meet in the middle at the perineum. *Right:* Layer three. Fibers of the levator ani (deep pelvic floor layer; pelvic diaphragm) run vertically in a curvilinear manner between the pubic bone and inner ischium to the tailbone.

A common mistake when learning layer one is that the anus does all the work. To avoid this incorrect muscle action and to better learn what it feels like to move the first two layers, try:

- When practicing, place something on your perineum (e.g., koosh ball) for tactile feedback.
- Using a hand mirror and looking at the area while engaging the pelvic floor.

Also, make sure you have a strong sense of layers one and two before exercising layer three.

**Learn, visualize, and sense your pelvic floor muscles.**

## Pelvic Floor Health For Hypertonicity: Poses to Relax and Stretch



**Supta Baddha Konasana:** With the body fully supported, relax all muscles of the face, pelvic floor, and entire body. Ensure the pelvis is untucked. Feel openness and softness in the abdomen and practice abdominal breathing (slow, long inhales and exhales into your belly and pelvic floor). Place sandbags on the tops of the thighs (but never put weight on the thighs without having support under them first). Cover the eyes with an eyebag.



**Prasarita Padottanasana:** Forward bends with bent knees are beneficial yoga poses for pelvic floor hypertonicity. Stand with the feet wide and a slight bend in the knees. Ensure the pelvis is untucked. Lift the sitting bones and tailbone to stretch the pelvic floor. Visualize the pelvic floor muscles stretching with your inhalation as the breath is received and lifting (without effort) on the exhale.

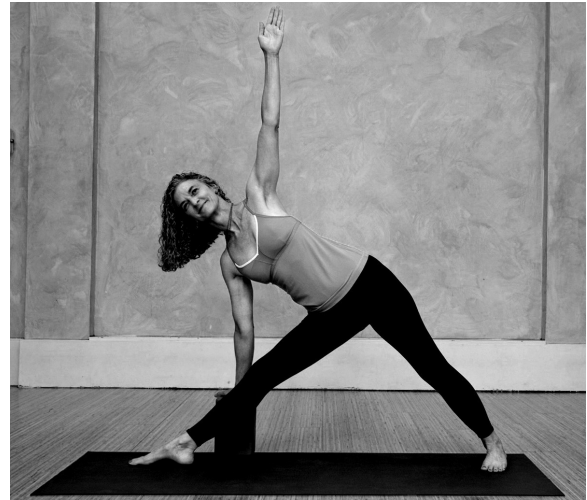


**Adho Mukha Svanasana:** To stretch the pelvic floor muscles, bend the knees, untuck the pelvis, and practice deep breathing while spreading the sitting bones and lifting the tailbone. If the hamstrings are extremely tight and the pelvis cannot untuck with bent knees and hands on the floor, elevate the hands on a chair.

## Pelvic Floor Health For Hypotonicity: Poses to Strengthen and Stabilize



**Parsvottanasana:** Lengthen the front of your torso forward from the hips and rotate the pelvis forward over the front leg. Stop when the torso is parallel to the floor or when the back begins to round (whichever happens first). Line up the perineum with the crown of the head. Push down into your inner and outer heels and lift the quadriceps. On the back leg, extend the outer heel toward the floor while lifting the inner arch of the foot towards the perineum. On the front leg, keep the inner heel of the foot firmly pressing into the floor, press the base of the big toe down and lift the inner groin of the right leg deep into the perineum.



**Trikonasana:** Through the positioning and work of the legs, this pose encourages engaging of the pelvic floor. Strongly contract the quadriceps and rotate the thighbones externally. External rotation of the legs will help engage your pelvic floor muscles and draw the sit bones together. Firmly ground the front inner heel and bring the front leg sitting bone toward the perineum. Be sure to have more weight in the back leg.



**Virabhadrasana 2:** Actively push the heels down and away from each other to activate the gluteus muscles. Strongly contract the quadriceps muscles to rotate your thighbones externally. Engage the pelvic floor muscles and draw the sit bones together. There should be more weight in the heels than the soles of the feet and more weight in the back than the front leg. If you find your weight falling into the front leg, put your back heel against the wall and use a chair to support the front thigh.

## Pelvic Floor Health For Everyone: Pelvic Floor Maintenance



**Baddha Konasana:** Sit on as much height as you need to get your knees below your hips, your weight on the middle of your sitting bones, and the lower back neutral (rather than rounded). *Hyper:* Focus on the breath, keeping together the outer edges of the feet; lengthen the perineum to the inner knee; keep legs passive. *Hypo:* Actively push the heels together to help contract the pelvic floor muscles contract.



**Standing Goddess:** This pose can be done statically or dynamically. Allow the tailbone to stick out a bit without over-arching the lumbar spine. If you are doing the pose in movement, feel how going into the pose opens the pelvic floor and straightening the legs contracts the pelvic floor.



**Malasana:** Squat with the feet hip distance apart and the knees in line with the hips and thighs slightly wider than your torso with a scroll under your heels to keep the lumbar and pelvis in neutral. If the knees are bothersome, sit on a chair and elevate the feet with bricks; or, lie on the floor for a reclined version. *Hyper:* Breathe deeply and do not engage the pelvic floor. *Hypo:* With the palms together, press the elbows into the inner thighs and resist the knees with the elbows. Press the inner heels firmly down, feel the inner lift from the perineum out through the crown of the head. Inhale and encourage pelvic floor stretching; exhale and engage (lift) all three layers. Initially, stretch and engage to the rhythm of the breath; then, practice keeping the pelvic floor engaged for a few breaths.

# Pelvic Floor Health

## For Everyone: Pelvic Floor Maintenance

### Investigate

- Get a hand mirror and a good anatomy book and know what your “normal” is. Look for lesions or freckles of any kind these can sometimes indicate a problem.
- Do an internal massage, look for tender spots and tightness. Before you embark on your strengthening exercises, you need to determine if you have too much tone in your muscles. See *Ending Female Pain* (Isa Herrera) for a great description of pelvic floor massage.

### Pelvic Massage

- Imagine the opening of the vagina as an oval shaped clock. Twelve o'clock is the top where the clitoris is. Insert your thumb or a dilator in at an angle and massage the muscles from three o'clock to nine o'clock.
- Gently stretch each spot for about a minute. Use a lubricant while doing this. Olive oil or vitamin E are good choices. Personally, I recommend “Vital Vulva” available on my website.



### Muscles Too Tight

If you found during the internal massage areas that were tender, tight, or painful, you need to do:

- Daily deep breathing;
- Posture vigilance (standing and sitting);
- Daily self massage;
- Poses to relax and stretch.

Do not do strengthening exercises until there is no pain or tenderness.

### Muscles Lacking Tone

If you found during the internal massage no areas that were tender, tight, or painful and weak or no response during vaginal contractions, you need to do:

- Daily deep breathing;
- Posture vigilance (standing and sitting);
- Exercises to differentiate your perineum and your vaginal, urethral, and anal sphincters;
- Pelvic floor contractions (quick flicks and longer holds) several times a day in different positions (standing, sitting, supine, all fours);
- Poses to strengthen and stabilize.

Remember to also include occasional internal massage and poses to relax and stretch so as not to overtone.

## Pelvic Floor Health Final Thoughts

### Remember...

- Talk to your friends about the pelvic floor, know what is “normal” and what is not. Ask them if they have any problems “down there”.
- Once a month, check the skin of your vulva for new lesions, suspicious looking freckles. (Would you recognize your vulva in a lineup?)
- Avoid lubricants that have propylene glycol, like Astroglide. K-Y jelly contains chlorhexidine which causes burning in some women. I highly recommend Vital Vulva (available on my web-site), organic olive oil, coconut oil, almond oil (but be careful—don’t use oil with latex).
- Being incontinent is not something anyone should just “deal with”. Incontinence can often be fixed with pelvic floor exercises. Remember the primary types of incontinence: stress (more associated with hypotonicity) and urge (associated with hypertonicity). You can have both.
- Write down all the things that your pelvis has been through (good or bad). Remember that even if you initially don’t think you have a pelvic story, be patient—details of your own unique pelvic history will emerge in time.
- Homework in a nutshell: talk about it, look at it, massage it, talk TO it, listen to it, develop a relationship with it, LOVE it.

**Leslie Howard** is a Oakland-based yoga teacher specializing in all things pelvic. Her own struggles with healing her pelvis led her to intense study of the anatomy, physiology, cultural messaging, history and energetics of this rich place. Leslie leads workshops and trainings nationally and internationally and is a regular presenter for Yoga Journal Conferences. She is featured in the documentary "Yoga Woman" ([www.yogawoman.tv](http://www.yogawoman.tv)) and has online videos at [yogauonline.com](http://yogauonline.com) and [pranamaya.com](http://pranamaya.com). She recently designed two successful studies for University of California, San Francisco on yoga for incontinence and yoga for pelvic pain. Leslie’s teaching is informed by over 3500 hours of yoga study with senior Iyengar yoga teachers Manouso Manos and Patricia Walden, and she considers Ramanand Patel her most important influence and mentor. Leslie has written a book "Pelvic Liberation" about the female pelvis available through Amazon.com.

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