Introduction

One client who came to me with a knee problem was a urologist. She told me that the conventional training which patients of hers received to treat pelvic floor weakness (whether or not associated with incontinence) did not adequately improve function of the pelvic floor.

My immediate thought was that the pelvic floor forms part of the deep inner myofascia (the Deep Front Line, DFL). This runs through the whole length of the body from the feet to the head. I believe training it only partially cannot achieve the hoped-for strength and stability.

I decided to design a training programme that strengthens and activates the whole group of structures to which the pelvic floor also belongs.

I took exercises that I had already developed for clients with weak connective tissue, and combined these with another area of knowledge that I had: how training can be used to strengthen breathing and voice function. The most important respiratory muscle is the diaphragm. The pelvic floor also belongs to the group of muscles we use to support the process of breathing.
To strengthen the pelvic floor, it is necessary:

1. to stabilize the legs in their support of the pelvis, and thus the pelvic floor, **from below**,

and at the same time

2. to train the pelvic floor **from above**, as we might say, by activating the respiratory system

The pelvic floor and diaphragm are the two most important **horizontal** structures in the body. These horizontal myofascial structures are part of the deep (myo-)fascia (DFL). They play an important dynamic role in providing stability and flexibility of the abdominal and chest cavities.

The **transverse** connections link the ventral and dorsal aspects of the body across the sides (trans = across; versus = opposite).

The pelvic floor can become weakened as a result of mechanical stress following pregnancy and childbirth or after surgery, for example, in women after a hysterectomy or in men as a result of a prostate operation[2].

People with general connective tissue weakness, which is usually congenital, often have weakness of the pelvic floor along with a number of other physical problems. The changing hormone balance during pregnancy and around the menopause intensifies any connective tissue weakness that may already be present. Even in women without such pre-existing connective tissue weakness, hormonal changes can lead to weakness of the pelvic floor.

Signs of connective tissue weakness can not only be seen in such conditions as cellulitis (‘orange-peel skin’), birth or other stretch marks, varicose veins or haemorrhoids, but can also predispose to inguinal hernias, herniated discs uterine prolapses.

This booklet aims to highlight the anatomical connections involved and explain the options for training. It cannot provide complete coverage of the **practical knowledge**. (See Appendix: Further Training)

The myofascial system is highly complex, so here the principles are simply described in sufficient detail to clarify the aims of the exercises. **Physiotherapists, speech therapists and voice therapists** will also find it very helpful to understand the importance of the deep fasciae of the body for the way they influence upright posture and problems of the locomotor system.

[2] Incontinence is common following radical prostatectomy and also following radiotherapy for prostate cancer. Many men suffer from this, even if the incontinence is only temporary.