

Diaphragm/Pelvic Floor Piston for Adult Populations Online: Module One Schedule

Module One: Part One (1 hr.) Foundational Concept Introduction

15 min: Course overview; Conceptual introduction to a neuromuscular, dynamic approach to central stability vs stiff musculoskeletal strategies

30 min: Evidence and theory for a framework for discussion (TAP):

Teamwork: a systems interaction (Diaphragm, Pelvic Floor and TA team) vs isolated muscle actions for postural control; neuromuscular system that counterbalances muscular force and intra-abdominal pressures for dynamic postural control. Breath mechanics becomes our entry point into the system.

Alignment: optimized muscular availability of the team

Preparation: team acts prior to movements to provide an anchor for the rest of the postural system and extremities; discussion of the intertwined roles of the anticipatory vs reactive core components to provide responsive postural control necessary for efficient, pain-free, leak-free movement function, and fitness.

15 min: Clinical applications and the development of a Core Strategy (a neuromuscular approach); use of breath mechanics and “blow before you go” to automatically trigger teamwork acting before movement begins

Module One: Part Two (1.5+ hr.) Core Dysfunction Across the Lifespan

15 min: Re-framing both pelvic health and musculoskeletal dysfunctions in light of new understanding of ‘core strategy’ across the lifespan

15 min: Gender neutral dysfunctions: acute and chronic pain and alignment

15 min: Gender specific issues: Literature review of female structural and athletic functional differences, rates of injury

15 min: Gender specific issues in Puberty: ACL non-contact issues; proximal hip neuro-motor control relationship to the anticipatory core components, particularly the pelvic floor anatomical relationship to lateral hip rotator group

15 min: Gender specific issues in Pregnancy and Postpartum: core component interaction becomes asynchronous women begin to

overuse superficial muscles to compensate (outside-in recruitment) reinforced by pregnancy habits and fitness. Postpartum if coordinated strategy not re-established, fitness reinforces pregnancy habits and perpetuates poor muscular force and pressure imbalance that contributes to musculoskeletal and pelvic health issues common to postpartum women

15 min: Gender specific issues in Menopause: Balance and incontinence are known co-morbidities; relationship of a lifetime of pelvic health dysfunction to poor postural control in aging is discussed and explored; early postpartum dizziness is discussed

15 min: Clinical applications and concept synthesis through clinical programming examples