CC: On the Acupro Show today we are gonna talk about one of my favorite subjects, which is the pelvic floor, pelvic health, pelvic wellness. It's all about what's happening between your hips, vagina, uterus, all this beautiful space that. It is really pretty, but unfortunately gets so much bad Rap Taboo can't talk about it.

And not only that, but in clinic, in practice, we see so many women with incontinence. We see so many women with issues that is affecting their pelvic floor area. And so today my guest is the vagina coach. Kim Vopni is such a wise, knowledgeable person when it comes to the pelvic floor.

She has over 15 years of experience. You are gonna love what we talked about today and really stay till the end because she gives the best tip on how to take care of this pelvic health of ours in a way that blew my mind. Are you ready? Let's go.

Welcome to AcuPro, a show dedicated to making Chinese medicine and acupuncture. Easy to grasp and fun to learn. Hi, I am your host, Clara Cohen. I support practitioners and students and like you in changing the world one patient at a time. My goal is to share my passion for TCM and empower you to achieve superior patient care.

I love to showcase the amazing benefits of acupuncture because after all, acupuncture rocks.

My guest today is someone I've known for a long time because she practices her craft the neighborhood I worked for many years, so I referred people to her and we had a lot of patients in common because I love to treat women's health. And my guest today is Kim Vopni and she is the Vagina Coach.

So welcome Kim to the show.

KV: Thank you. Nice to see you.

CC: I just wanna give a little bit of context for people that don't know who you are, because if they don't, they'll definitely will.

After the show, you are all over social media. You have such a big following, and your passion and what you do for women is fantastic. So first of all. I love that you are the vagina coach because that tells you right away what you're passionate about, which is the pelvic floor. And we're gonna talk and dive into pelvic health and how you help women reconnect with their. Pelvic area once again, specifically doing menopause after children, like all the stuff that women go through. And that's why I love this subject. And we're gonna look at

why this is so important and it's so key to help women because we need this and there's not a lot of people that can help us out there.

So my first question to you is why the Vagina Coach? How did that came about? 'cause I love it. I think that's straight to the point. You're fun with that way, you're fun with everything you do. You have a program called the Buff Muff, which I think is fantastic. And it's an app and a method that we'll talk about.

But you also have your podcast, which is between two lips, and of course the, the downstairs lips, not those lips. So I think that's just so fun. You're making this so much fun. So. What sparked your passion for pelvic health? Really?

KV: I could go all the way back to sixth grade where I saw a childbirth video and it sort of planted this fear in me. And I grew up thinking I was never gonna have children, but I also had this fascination thinking, okay, well my mom did it and my grandma and my aunts. I looked at women a little bit differently after that, and I asked questions and my mom was an OR nurse and she was very open about.

Health and bodies and anatomy and proper terminology with my brother and I, which at the time, you feel awkward about it, but now I feel very grateful that she just sort of normalized the conversation and we could ask whatever we wanted. And she told me about her births and she told me about something called an episiotomy where they cut into the pelvic floor during vaginal childbirth.

And the intention was good. It was like, let's make a little bit more room and make this easier. But it ended up creating more challenges for women. And so when I heard that, I was like, okay, another mark to never have children. And then I also witnessed my mom as I was growing up, stop running, had chronic back pain.

She had surgery for incontinence and all of this was painting a picture of I don't want any of that. And so if I have babies, that's what will happen to me as well. And so that was kind of my growing up. Then when I became a personal trainer and I started to learn about the body. And then several years after that I was able to witness my sister-in-law, give birth, and that was the first time I had seen anything different than what I had seen in that sixth grade childbirth video. Anything I had seen in the media where people are on their back and somebody's asking them to hold their breath and bear down for 10 seconds and their knees are at their ears.

That's how I thought you had to give birth. And I see my sister-in-law in a sideline position. Nobody's yelling at her. Nobody's telling her what to do. We're all just standing watching and

witnessing this, and it was very empowering. And then the next day though, I remember I saw her vagina and it was very big and is everything falling out of you?

Because I couldn't believe really how big it got. And she said, no, actually, it's sore, it's tender, but I feel pretty normal. Anyway, that was kind of the turning point for me. And I said, okay, I wanna do this next year. I'm pregnant and of course I'm using midwives and I'm asking them, how can I prevent tearing?

They told me about perineal massage and they told me about this product out of Germany called the Epi No. And EPI no stands for No Epi Episiotomy. So I purchased one of these devices and I used it and I had a great experience. I was able to birth through an intact perineum and I thought, okay, well that means then I'm not gonna leak and I'm not gonna have the issues that my mom had.

And I thought that, I was so great and everything's wonderful, two and a half years I give birth to my second son. Also used it also didn't tear. And in the meantime I had contacted the company asking could I be a distributor here in Canada because why doesn't everybody use one of these or know about this?

And that's how it started. I didn't attend for it to be a business, it was gonna be just sort of me selling it to my friends and other people along the side. And that's how it started. And then, I was laid off in 2009 from my corporate job, and I was going back into personal training and trying to sell this epi no.

And I thought, well, this is very much fitness principles. So I recertified in my fitness and, and worked very much with a pregnant population because I thought, I want people to know about this before they give birth give. I was a pre postnatal fitness personal trainer also, created a program called Prepare to Push.

I wanted to get people using the principles of fitness to prepare this group of muscles called the pelvic floor for childbirth, and I also had this product called the epi. No, of people felt compelled to to use that as well. So that's kind of where it started. Then I was witnessing people after they've given birth, sprinting back to the gym and not honoring this recovery, which I see many other cultures around the world doing the complete opposite to what we do.

So I worked with, pelvic Health, physical therapist and another personal trainer like myself. We formed a second business called Belly Zinc, and we really wanted to optimize postpartum recoveries, and we took influence from parts of Asia and Mexico and Japan where they use wrapping some people call it belly binding.

And we liked that philosophy, but we wanted to make it a bit more mainstream and couple it with exercise. That was the next step. So now we covering this, prepare for birth. This is how you recover more optimally, and that's great. We're running these businesses and everything's going well, and then we start going through myself and my business partners, our own perimenopause journey, not knowing what the heck perimenopause was at the time.

And we have this whole host of other things that we're now faced with that influence our pelvic floor health. And so that was sort of a time where I thought, all right, well, now that I actually have a lot of. People in that phase of life coming to me, fitness doula, which is who I was known as before, didn't resonate as much, and I knew I needed a bit of a brand change.

So I was speaking to a group of women entrepreneurs. And so I joked when I came up on stage, I said, now you have a vagina coach for your business. And as like right after the words came outta my mouth, it was like, yep.

That's it. I'm have to say this really uncomfortable word that nobody likes to say. It brings attention, obviously to where I want people to focus. It's pretty memorable. People won't necessarily forget it, and it's going to be part of what normalizes this conversation because the fact that we had to hush, hush the word and not say, and even social media saying that's inappropriate to say vagina.

That's part of why so many women struggle and suffer with pelvic floor dysfunction.

CC: Thank you for sharing that. And you're right. There's a few key points here that you shared that I love. First of all, it's true. I don't understand why the word vagina should be taboo or not looked at, or we don't wanna talk about it because first of all, it's an anatomy. Word.

KV: Mm-hmm.

CC: It’s like saying eyes and, and the heart, and your ears.

Like I just don't understand why that's a problem. So that's the first thing. So I love that you just went for it and you were like, this is what we're gonna call it so we can all start talking about this instead of not, and it's hush hush. So I love that. The second thing is, I love that you talked about the belly ink and wrapping the body or the belly area, because you're absolutely right in. Chinese medicine culture, that's what they recommend. Right. And you

were talking about people that are at the gym, like right after having babies, and that's, one of the things that I see with patients as well. So I always recommend the wrap because it's really important to wrap the belly during pregnancy and post pregnancy.

So the different things that we can talk about if you want to expand on this, but. It's so important for recovery for the vagina , and the whole pelvic area obviously. 'cause they went through a traumatic event for a lot of people. Hopefully without an epitomy. Other point you mentioned is, we should talk about this before, so people are aware they, they can do all the preventative method and the post so that way when it's over, that makes it so much more difficult and. In Chinese culture for 40 days or about six weeks after you have the baby, you're not supposed to do anything, right?

Like your parents and your friends and your family will take care of everything. Cleaning, cooking, grocery shopping, everything. All you need to do is be with your baby. Enjoy your baby, feed your baby, sleep with your baby. You're supposed to do nothing and nobody does this because in North America we have this culture that is, was superwoman and was supposed to go back to work right away or anywhere. What's interesting is in France growing up French society is very different in that perspective, you're gonna laugh at this, but women will smoke right after they have a baby because that's part of the French culture, the smoke thing. So it's kind like, let's put that aside. But apart from that. The government actually pays for someone to come to your house to do all those chores because let's say you're a couple and the other person goes to work, so they can't, they have to continue to work. They're not taking the mat leave with you, and so you have a person that comes and does everything in your house, including taking care of bathing your baby if you need to sleep or you're sick or something's happening, you have a free.

Or paid by the government, helper that comes to help you for the first two months, which in North America, nobody has any help unless you have your family. And unfortunately, a lot of us, the family is not close by. It's in another region and another country. So we're by ourselves and we have no help.

So I love that you shared all this. Thank you for really pointing all those little things that we need to address in our culture in North America.

The other part in France they have government subsidized pelvic floor physical therapy for every woman. Every woman who has given birth has access to subsidized pelvic floor physical therapy, and other parts of Europe do as well.

It's not just France, but they sort of led the way and they're the most well known for it, I would say. And if that happened. Everywhere in the world, it would save billions of dollars. It

would save relationships. It would save so much suffering. That has to be highlighted because it's a barrier for women to access that care.

KV: First of all, we don't even know that care exists, and if we do, it's expensive and it's not covered by our care. If you have extended health, it can be available for you, but it's just not been part of our culture. And as you were talking about, that's just part of European, I would say, culture is to appreciate the need to.

for recovery, but also to get that group of muscles functionally optimally again, because when it is, everything's great. When it's not, it literally can contribute to breakdown of a lot of things and contribute to serious costs to the healthcare system.

CC: That's, that's such a great point. So when you help women from pregnancy, pre-pregnancy, post-pregnancy to menopause, 'cause like you said, now you entered that area. There are a lot that changes and a lot of things that we don't talk about, the fact that it's painful to have intercourse and all those things.

What are the most common. Pelvic health myth you still see out there that people have no idea and they think it's something else and they're not connecting the dot. Can you shed some

KV: Mm-hmm. A big one is that you have to have given birth to a baby vaginally or you have to have been pregnant in order to have pelvic floor dysfunction. So the opposite is true. Anybody, regardless of your age, regardless of whether you've been pregnant or not, regardless of how you gave birth, if you gave birth, anybody can experience pelvic floor dysfunction.

So that's definitely one myth. The other myth is I would say surrounding the menopause journey that we just have to accept that that's what happens and we just have to wear pads and it's a normal part of aging and it's just part of being a woman. Those ads that tell us that, or even care providers, they're, most of the people in those ads are generally kind of that perimenopause, post menopause age.

We have also had a myth to believe that pelvic floor challenges like incontinence or prolapse only happen to older, like elderly nursing home populations. But this can happen to young, very fit athletes. And then in that post menopause phase, the other thing I would say is that estrogen is bad.

Estrogen is dangerous, and estrogen will cause cancer.

CC: I could see that because there are so much. Misinformation that's been, or even no information for that matter, and no support. Right. You'll see patients saying, oh, I've talked to my doctor. And they're like, well, it's just a period of life.

You just have to live with it. Right. It's kind of like when I was younger and I had dysmenorrhea and I had my first period and the first two years, I couldn't go to school for two days. I was in bed laying in so much pain, crying. And it's like, well, you're just not lucky. I'm like, are you kidding me?

This is so sad, right? And as a teenager you're like, I don't want this for my whole life. And of course my mom went and found some more avenues, which was actually Chinese medicine and to be able to deal with dysmenorrhea, but. Basically, if you don't know how to say or to do something, you could just say, at this point I have no help or no answer, but there may be other answer. Now we have the internet to research, which we didn't when I was growing up. So we have a little bit more and people like you to educate us and help us, and specifically with specific exercise that empower us to be able to take care of our own health, and take charge because nobody is going to help us.

Anyway. Right. So I would love for you to talk about the Buff Muff because I think that's fantastic. It makes me really, really, really smile. I know it's an app and a method, but can you break down what the method is all about and how it works?

KV: When I was learning about the pelvic floor, first of all, I was questioning how as a fitness professional who took certification courses about. The body about muscles, about anatomy. Why did I not learn one thing about the pelvic floor, not one.

Knowing that it's the foundation of the core and I'm teaching all these core exercises. Why was I not told about the pelvic floor? So that was my first kind of like, how can this be? But looking at this is the pelvic floor is a group of muscles. It has type one and type two muscle fibers like the rest of the skeletal muscle we have in our body.

Why are we not applying fitness principles to it like we would. Training any other part of the body. So that was where , prepare to push was very much about, let's use fitness principles. Let's look at the demands of birth, the various birth positions, what do we need to be fit for? What positions are people giving birth in?

Ideally not the one when you're lying on your back, what are other more favorable birth positions and how can we train our body to be strong and resilient in those have the strength endurance, but also for the pelvic floor to respond in a relaxation response. 'cause

birth is an elimination. We need the pelvic floor to expand and basically let go of tension while we are birthing.

So that was the first using fitness principles to apply to the pelvic floor. Then after I started to move into postpartum and then just general populations of women, mainly it was still taking the same principles of fitness and applying it to the pelvic floor.

So we need to look at how can we get that group of muscles, how can we connect with it, first of all, because we don't see it like we do our biceps or our calfs, or , our triceps. So we have to use some mind body connection. We have to understand the relationship between the diaphragm and the pelvic floor, how the the deep inner core system works.

We have to use queuing and visualization to help women activate and learn how to relax that group of muscles and then layer it into movement. So we've all heard of Kegel exercises or Kegel exercises, and I would like to honor Dr. Kegel for the fact that he cared. He saw that women were challenged with regards to pelvic floor function postpartum.

He used a biofeedback device to help women connect with their pelvic floor so they could learn to contract and lift and relax. But what's happened over time is that's a Kegel exercise, a voluntary contract lift and let go of the pelvic floor. And what's happened over the years, like many things is like people think harder is better, and they don't necessarily know what a true Kegel is.

They think it's just a squeeze. So they're often squeezing their inner thighs or squeezing their glutes or even bearing down thinking that they're doing a Kegel, but nobody's taught them. They might have heard the word, or maybe somebody told them to do 300 Kegels a day, but no one's ever evaluated them to see if they're doing it correctly.

So we have loads of evidence to show that Kegels work, but we also have loads of evidence to show that the majority of people are doing them incorrectly, so then they think they don't work. Kegels were, if you look at literature, three sets of 10, ten second holds three times a day.

I don't know how many people are taking three separate times in a day to exercise their pelvic floor, but also. Most of them are thinking we do it seated. We do it at every red light. We do it while we're brushing our teeth, but most of the symptoms that we struggle with are when we are upright, moving against gravity, pushing, lifting, exercising.

So we need to move past, kind of expand upon Kegels and train the pelvic floor dynamically. So that's where the buff muff came along. Where it was applying the same, Connect with

the breath, use some visualization. Learn how to contract and relax the pelvic floor. But now let's bring it into bridges, pelvic tilts, squats, lunges, pushups, bicep curls, all the things that we do at the gym.

Initially, we start with static positioning. Then we might increase the speed we wanna train for power. One interesting piece of of research shows that especially post menopause, we lose more type two muscle fibers and type two muscle fibers are the quick contract release fibers. And that's what we need for the laughing, coughing, sneezing like to prevent the stress urinary continence, we need those quick reaction times, especially in the pelvic floor.

And if we're losing more of those type two muscle fibers, let's fight against that. Let's train for power so we can increase load. With the weight, we can increase the frequency of sets and reps. We can increase the speed at which we do a certain movement. And then same with any other type of fitness we progressive, we use progressive overload.

And so many people, 46% of women actually stop exercising because of their pelvic floor. And that's a lot to do with either the. Have symptoms and they think that exercise is gonna make it worse, or they have symptoms and they don't want to be in a public place to have an urge or to leak or to feel prolapse symptoms.

Or they've even been told by a care provider that, oh, you have prolapse or you have incontinence. You can't jump, you can't lift heavy. And so what's the message that's being shouted across the internet right now for the menopause population? Lift heavy shit and excuse my language, lift heavy shit and, and jump and do impact training.

But if we know that almost one in two women are not exercising because of their pelvic floor, they're seeing those messages and they're saying, well, I guess I'm screwed. I'm gonna get osteoporosis 'cause, I can't do those things. In reality, we can and we absolutely should.

A sedentary lifestyle is an independent risk factor for pelvic floor dysfunction. And an interesting study also looked at. It was close to 4,000 women. A subset group within that 4,000 had pelvic organ prolapse and they were looking at weight lifted. So there was a light medium and heavy group.

Light was less than 15 kilograms heavy was greater than 50 kilograms, so that's pretty heavy. And the group that lifted more than 50 kilograms actually had fewer prolapse symptoms. So it's not talking about whether it the prolapse got better or worse, it was just. Symptomatically, they actually fared better when they lifted heavier weights.

So the Buff Muff really is get people connected , to the core, to the center, to our power source, and then that is what enables us to do all the other things that's going to help us age powerfully.

CC: Thank you for that explanation. One of the thing that I never thought of, and you just pointed it so well, I was in the fitness industry before, so, when I was teaching people how to do. A bicep curl or to do a tricep extension or whatever exercise. It's very visual, right? You are showing the curl. The way you're doing the movements is very visual. It's very difficult to explain how to do pelvic floor exercise internally because you can't actually show it. You have to explain it and explain how to do it. It's kind of like when you tell people, okay, let's contract, let's look at the core.

People are like, okay, how do I access my core? Or breathe from your diaphragm or from your belly. People are like, okay, how do I breathe from my belly? I don't understand. So. such a great point to say, okay, first of all, we have to be able to explain in a way that people understand exactly how to do it correctly and not just think, well, I'm at the red light.

I think I'm doing kegels. I'm not really sure, but hey, I'm trying.

Then, only doing it, but incorporating it with all the other muscles, obviously, like squats and lunges, and doing things in the core, but below and above the core. So it's all connecting because it's not separated, it's one body.

So thank you for sharing that as well.

That made a connection with me because often when you explain something. you can't figure out how to explain it because it's not visual. That is the hard part.

One of the things that I wanted to ask you as acupuncturists, when we ask questions to our patient, what questions or red flags should kind of pop up to, for us to know that there is a dysfunction in the pelvic area? for obviously incontinence and knowing that there's a prolapse and you know, but what other red flags should show up that we would say, oh yeah, there is a dysfunction.

Right now there's so many different types of practitioners that somebody may have on their care team, and very few, if any of them are asking any sort of questions about the pelvic floor. And I would consider pelvic health almost like a vital sign. And we should be offering some screening questions that could help us highlight, even if it's not necessarily something that we can treat.

KV: It's something that once we highlight, it could be a contributing factor to what they've come into us for. But also we are gonna have our own referral network to be able, to refer on. So questions like. Are you waking at night to pee? And if you are, how many times would that be happening? So it's not normal to wake up at the night to go pee.

It's normal. Some people will wake up, but to frequently get up, you know, 2, 3, 4 times a night to go to the bathroom is not normal. So do you wake up to go pee? How often in a day are you going to the bathroom? And that can be urination as well as bowel movement. Are you having. A good Bristol stool chart number four, poop every single day.

And do you have to strain or not? We often think of constipation only as a gut health problem, but it can also be a pelvic floor problem if somebody has very, very tight muscles in the pelvic floor that are not relaxing appropriately to allow the elimination of our our waist, then. That, that in and of itself can be the reason why somebody is not pooping well every single day.

And so that's an important question. Hydration and poop are always the first two things that we need to talk about, 'cause I could give somebody all the exercise in the world. I could get them connecting with the right core cues and everything. But if they're chronically straining to poop.

And if they are dehydrated, then that's a problem. They're never really gonna make the the progress. I would ask about painful sex. Does the person have any sort of pain within the pelvis? That could be at the pubic joint, the tailbone, pain in the hips, pain in the knees, pain with touch or insertion.

Then there's different types, like is it pain at the the external dent genitalia at the opening of the vagina? Is it pain with insertion? Do they have discomfort when they have a PAP test? I think those are important questions to ask. Does the person have any sort of

sense of heaviness or pressure within the pelvis. Does that sensation get worse as the day goes on? Do they feel like they need to take a lot of sitting breaks or lying down to alleviate some of the dragging or the heaviness feeling that they have back pain? So over 95% of women with low back pain have some form of pelvic floor dysfunction.

Super, super closely tied. And not to say that acupuncture and massage therapy and regular physio like chiropractor, all those. Modalities can absolutely play a role, but so often the missing link is the pelvic floor. So making sure that you have within your referral network a pelvic floor physical therapist who you can refer onto, and really at the end of the day,

honestly, any woman who comes through your office, anybody with a vagina, I would be recommending to them that they see that pelvic floor physical therapist once a year.

Even if there was no symptoms, especially if there are, but even if they had no symptoms, I would refer on to pelvic floor pt. I look at the PR that the dentist have and we were from a very young age, we were told, you brush, you floss twice a day. You see a dentist once or twice a year for a checkup.

I've done that my whole life and I go, even if I don't have a toothache. And I go and they'll tell me I need to floss a little bit more. But you know, and then so why are we not doing the same thing with our pelvic floor? The arguably one of the most important groups of muscles in the body that is so central to so many things that we do.

We don't think about it when it's working well, but when it's not working well, it influences our personal relationships, our work, our ability to exercise, our desire to exercise our socialization, everything. So see a pelvic floor physical therapist once a year, even if you have no symptoms. And I say that for the younger people, once they become sexually active, that's a really good place to start.

So highlighting things that are uncomfortable to talk about. Do you have pain with sex or insertion? Do you have constipation? Are you struggling to poop more than a few times a week? Ideally, we're pooping at least once a day, a Bristol stool chart 4. And then the waking. Do you leak with laugh, cough, sneezes?

Do you plan your life around the bathroom? Do you have very strong overwhelming urges? Those are the main questions that I would ask.

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I created this course specifically to give you the confidence in treating pregnancy patients successfully, and most importantly, safely. You'll get six continuing education hours after you pass a multiple choice quiz and receive a certificate. You can download the PDF versions of the slides. You have access to the course for.

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very beneficial to you and to your patients. Listen to what people who invested in this course had to say. Unfortunately, the education I received at school around cervical ripening and induction was extremely minimal.

I appreciate all your resources so much. My patients respond so well when I treat my treatment to what I have learned through your course. I don't know what I would do without your expertise and your love for sharing TCM. You are the best. This makes my day because this is why I do what I do to invest in my complete TCM treatment for pregnancy.

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CC: In TCM perspective, we ask all those questions. We relate a lot of the pelvic floor area to different meridians, and one is the kidney, one is the spleen, one is liver. Those are the main ones specifically for women. And so for us, when we ask a question about do you get up at night to pee.

People will say, oh yeah, every night, once or twice, and then they'll say, even though I stopped drinking by 4:00 PM or something. And so that's a clue. What's interesting is sometimes there is prolapse of, let's say the bladder or any kind of prolapse for incontinence, but sometimes there's no prolapse because it is the muscle.

It is the pelvic floor. And so for us there's also that, that distinction to, to say, okay, we need to look at. Everything in that area. So it, it so correlate everything you say, we, what we do, we ask also absolutely for bowel because if there are hemorrhoids and straining and bowel movement, that is not happening.

That is inconsistent. And there's another thing too, when we talk about constipation means we don't go. On a regular basis, but it doesn't mean that when you have a bowel movement, you can't have diarrhea. People that have diarrhea or still name constipation, but for the fact that they are not going right.

So I think people sometimes they think, oh, constipation is hard stools. Yes, it can be, but it can be soft stool. It's just, it's infrequent. Right? So, so that's also

KV: Yep. Yep.

CC: that whole area.

KV: Another thing just as you were talking that I forgot to mention too, is when you're asking about birth history, if they've been pregnant, how many times they've been pregnant how many children they have how they gave birth, whether it was vaginal cesarean, because and, and, and if they've had a vaginal birth, was there any tearing or an episiotomy because the scar tissue from tearing or episiotomy me or from Cesarean is also another.

Usually, a big contributing factor to challenges. It disrupts the messaging and the synergy in that deep core system and having somebody who can help mobilize and release scar tissue, but also people, especially with a cesarean, will often the muscles. really become overactive and tense because there's been a disruption to the core stability.

So now everything else is trying to come in and help play a role. So how somebody gave birth the number of times they've been pregnant is important information as well. And if they had any tearing for to for that scar tissue. As a potential contributor to some of the challenges and prolapse is actually way more common than incontinence.

If you look at the statistics and research, 50% of women who have given birth have some degree of prolapse, and that can be bladder or uterus, rectum. It could be even be their intestines. I would also ask if somebody has had a hysterectomy, because hysterectomy also increases the risk of incontinence and prolapse, and nobody is.

Told that. And a lot of people think that the only thing that can prolapse is a uterus. So when the uterus is gone, they're like, well, I can't have prolapse now. But the, that's not true. And rectocele or the posterior wall is the most common form of prolapse after a hysterectomy. And also if somebody's had any surgical, so cesarean obviously would be surgical, but any other pelvic surgery, so maybe they have had a prolapse repair, maybe they have had an incontinence.

Sling surgery and knowing that people who've had, especially a prolapse repair are more likely to experience a recurrence. And a lot of that is because root cause investigation hasn't happened. Unfortunately with I call it the sick care system, that that is our allopathic model. It's great when we need surgery and pharmaceuticals, but it's not great for the education around any of that as well, or the root cause investigation.

So many people are offered surgery. I don't wanna take away from the fact that it can be a great option, but if part of the reason you had the problem in the first place was because of chronic constipation. And if you haven't addressed that, the likelihood of recurrence is very, very high afterwards. And again, you have scar tissue and a change to the landscape.

So understanding somebody's surgical history in and around the pelvis is important too.

that's great because we do ask a lot of questions regarding how many children you've had, how close were they together. That's another thing too, is like people that have a a baby and then three months. Later they get pregnant already, right? Like no time for recovery for the body to heal.

gives us clues that we have to look further into it.

CC: A few years ago I had a patient who was pregnant and decided to schedule a C-section because she did not want her vagina to be wrecked.

She could have intercourse with her husband without having her vagina wrecked.

KV: Mm-hmm.

CC:I would love for you to talk about this because I think people are thinking, well then I won't have incontinence and I won't have any pelvic floor issue 'cause I had a C-section. So can you talk a little bit this myth?

KV: Yeah, yeah, yeah. Super common myth. They think, well, I've had a cesarean, so my vagina's fine, or my pelvic floor is fine, and. Yes, we do have some literature to show that there is an element of preservation of certain type of birth injuries with a cesarean. However, it certainly does not make you immune.

There was one piece of research that looked at six weeks postpartum whether you've given birth, vaginal, or cesarean. So the group of people being investigated gave birth in both ways. 83% of women had. Some degree of prolapse and 52% of that 83% had a stage two or greater. So that was with both cesarean and vaginal birth.

As I was saying before, a cesarean birth has multiple layers of incisions to get down, to be able to take babe out multiple layers of adhesions that will form afterwards. There is a significant disruption. Not saying that there isn't. Disruption to the core system just by being pregnant even.

But you could argue in some ways more disruption to the core energy with a cesarean, and it certainly does not make you immune. And I see a lot of chronic back pain. I see a lot of very painful sex after cesarean actually. So with her goals of wanting to keep a healthy sex life, I think that's a great goal.

But loads of people have very painful sex afterwards. A lot of it is because of the reaction of the muscles to that disruption, where they now go on high alert and they just cannot relax. So we miss out on blood flow circulation and the ability to allow insertion. So I'm not saying that everybody who has a cesarean is going to have painful sex, but it is very.

Common. I was one of those people as well, knowing my mom's history. I also, when I decided, that I'm gonna be pregnant, I watched my sister-in-law, but maybe I should just have a cesarean and then I'll be fine. I won't have to worry about all of this. And the more I learned and became educated and worked with pelvic PTs, I recognize that it's not the end all.

Be all. Now, I would say for somebody who had very advanced prolapse who was in a subsequent pregnancy they may want to opt for a cesarean. I also really like something called passive descent. And you can have passive descent with or without an epidural where you're birthing vaginally but you're not pushing.

And that can be. A little bit less pressure downwards on the pelvic floor. It's not gonna just magically, again, reverse that prolapse or, but it can have a bit of a protective effect. It's easier with people who've had subsequent pregnancies generally doesn't mean that somebody who's doing it for the first time can't.

But yeah, it's a big myth that cesareans protect your pelvic floor a hundred percent. You still absolutely can face pelvic floor dysfunction.

CC: That's great. I wanted you to share that because I think there's a lot of things with thinking not just us as practitioners, but patients, and it's the ability to explain to them that, you know, it's not quite how you think it's gonna be. So, I would love for you to share a success story of someone who turned their whole pelvic health around using what you teach them, because it's always so positive to hear those stories.

Something that blew your mind. Even you were like, oh, this is amazing.

KV: I have a few, there's a couple of guests who have joined me like members who have joined me on my podcast and you can go listen to their success stories, but one woman in particular, it shows a few things. It shows that it's never too late. It shows that you don't ever have to have been pregnant.

So she came to me at 65 and she had stress urinary incontinence. She had urgency, urgent continence as well. So she felt like she had very. Sudden overwhelming urges to need to find a bathroom. She had chronic back pain. She was a golfer, and she walked. So her favorite

routines and exercises during the day was she loved to go for long walks and she also loved to play golf.

And on the day she was playing golf, she would pee before she left the house. She would pee. When she got to the golf course, she would pee at nine holes. She would pee at the end. She would pee before she left, like her whole day was the bathroom. she also found that as she was walking or golfing, she would use a cart, but sometimes she would walk some of the parts of the course as well.

She had back pain that would stop her from walking. She couldn't walk as far anymore and that was one of her most favorite activities to do. I don't remember how she found me to be completely honest, but she was local I trained her online.

It wasn't even an in-person visit, but I had her see a pelvic floor physical therapist. I recommended that she speak to her doctor about local vaginal estrogen. I asked about her pooping and her hydration, so she wasn't drinking hardly any water at all because she was afraid of leaking and afraid of those urges.

So I had her increase her water. That also helped with her constipation and her urges started to subside with both the estrogen and the water. When she was working with the pelvic pt, she didn't have any scar tissue from childbirths or she didn't have any major prolapse or anything like that, but she did have tension in her muscles because she had developed this fear of leaking and this fear of urgency.

So she was in this guarded position all the time. So really working with somebody in person to learn how to relax. Not everybody has to have that, but it is helpful. So she had made some progress. She worked with me for about a month and a half before she saw the pt. There's usually about six or eight week wait list to see the pelvic floor therapist.

So she was doing a lot of the, the release work already where it's, releasing hamstrings in her thighs, belly release posterior pelvic floor release with a small tennis ball. So she'd been doing a lot of that and had noticed a little bit of improvement. When she saw the PT in person, it helped her.

She couldn't appreciate how she could have a tight pelvic floor when she was leaking. People think like, if I'm leaking, how could it be tight? They think it's lax. So having somebody hands in, I guess you could say was really, really helpful for her. So after about three and a half months she noticed it was about 60 ish percent improvement.

And then I remember it was about another three months after that. So probably six months from when we had started working where she was completely 100% symptom free. By the end of of six months, she was about 50, 60% at around that three month mark. She was very consistent. She did her exercise every day.

And one thing I wanna highlight that I forgot to mention when I was talking about kind of the philosophy of Buff Muff was another reason why it is incorporated into whole body movement is because I didn't want to. give somebody, especially women, another thing on their to-do list. Now you also have to do a pelvic floor exercise routine on top of your other exercise routine and all the other things you do in a day.

This is meant to be whatever you're doing for your workout. Once you appreciate and learn how to incorporate the pelvic floor into it, that's your workout and you're training your pelvic floor very functionally, and also that's helping you lift heavier and last longer in the gym because now your power center is more optimized.

So she was consistent. She did usually between 15 to 30 ish minutes and incorporated her pelvic floor, her buff muff into not every single exercise. But yeah, she was a great, diligent person and it paid off very, very quickly for her. Yeah, so she's one of my favorites and, and I love that.

She also sent me a follow up later and couple years ago she sent me a message like, she's still golfing, more freely, walking all the time, doing everything that she loves. So she was 65. A lot of people say, oh, it's too late for me. And there's other people who think that, you know, you have to have had a baby.

CC: Yeah, yep.

KV: Probably the only one of all of girlfriends at her age. That is able to be as active as she is, because she did the work, but that took months. When you are in your sixties, man, people will tell you, even in your forties, well just live with it. This is gonna get worse as you get older. And you know, she went, took you know, learned what to do, and then applied it, took action.

And this woman is like, she could probably go to 90 and just, you know, knows what to do. She has the tools.

And be out of a nursing home and not wearing, depends. And a lot of people actually get her results. I would say were actually a little bit longer than normal. Most people are kind of

within, for stress, urinary incontinence, it's usually within two to four weeks. Urgency, sometimes can be quicker.

But I would say it's around like a month or so. And then because she had the additional layer of the back pain in there as well, it took a little bit, she had a lot of things to navigate, but change can happen really, really quickly. And when you understand also that it's not just do some kegels and now you're fixed and you never have to think about it again.

It's a lifestyle and all the things you do to help optimize your pelvic floor are ultimately going to be helping optimize your overall health as well. The hydration piece, the posture, just. By exercising, making sure you're eliminating every single day. All of that is the fundamentals of our overall health as well.

Sleep, right? If you're waking 2, 3, 4 times a night to pee, your sleep is disrupted. That is going to make everything else in your life worse, including your pelvic floor health.

CC: Absolutely.

KV: And that's exactly it. It's preventative. Like when you were talking about the dentist, it's like you brush your teeth every day as a prevention, nothing's happening. You're not in pain, nothing's going on. You're doing it as a prevention. And this is the same thing.

CC: We can all live. long time in a way that we can enjoy life and all the stuff we wanna do, right? Like obviously.

I love that you shared that because that's so important. So I'm so glad you came on the show. We'll have all the links of your podcast and all the things that you do to help women in the show notes, I would like for you to finish off by giving us one thing. I know it's not possible because there's tons of things we should do, and it's all around like you were saying, but if you had to say one thing you need to do in order to support your pelvic health, what would it be?

KV: Well, I've said lots of other things. So one thing that I have not said that I think is also important is transitioning to minimal footwear.

CC: Ooh. Okay. Expand a bit on that.

KV: I knew you weren't gonna just leave me hanging there . The traditional footwear even if it's called a neutral running shoe. Will have a positive heel, meaning the the heel is higher than the the toes, and that even if it's very, very small, those small increments of elevation in

the heels will contribute to shortening in the calves, shortening in the hamstrings, and can pull us into a posterior tilt over time and a posterior tilt of the pelvis.

Is also associated with tension or tightness within the pelvic floor musculature and, and weakness in the lateral hips. The other thing with standard footwear is if you look at the toe box, the meaning where our toes are there, even our socks as well. When you put a pair of socks on it, it squeezes our toes together and we are forced into, like our feet have to conform to the shoe.

When you are in minimal shoes, there is zero drop, meaning the the heel is not elevated higher than the toes. There is also a very wide toe box so the toes can move freely and because there's not extra cushioning and padding, we're closer to the earth and it allows the feet to feel the ground and work as they are intended to and strengthen because the muscles are being.

Used when we are in other types of footwear, our feet become weaker as a result of the narrow toe box, the elevated heel and the feet not actually feeling or sensing the ground. So all of that indirectly, again, the shortening of our back line, pulling us into a posterior tilt. And what can happen to the positioning.

A lot of people become more prone to bunions when we are in that narrow toe box. So all the compensations, even very subtle, all the way up the chain that. Contribute to the changes in our gait cycle and how we hold ourselves in space that also will indirectly affect the pelvic floor musculature as well.

So something that you wouldn't necessarily associate with pelvic floor health, but it's something , I guide everybody to, and I say the word transition very intentionally. We don't just wanna go in. Put a pair of minimal shoes on and just wear them for the whole day that you're out walking on the golf course, for instance, or whatever you're doing.

It needs to be be 10 minutes, 20 minutes a day, working up to a half an hour, working up to an hour. It, it needs to be something like fitness where you're progressive overload almost so that our feet have a chance to adapt and all the other parts of the body will start to adapt more favorably as well.

And I also think about the, the older population. So I'm thinking people in their eighties, nineties, the term geriatric. If you look at geriatric shoes the shoes that you might find that are supposed to be better for people who are elderly or who have challenges. First of all, the narrowest base of the shoe.

The foot is very, very tightly conformed. That's a very narrow base of support. And when you think about the fall risk from a senior population, we have to reduce that. And by bringing us closer to the ground and widening our base of support with a minimal shoe, they will fare better.

Incontinence, especially waking at night to pee, is a major contributor to the increased fall risk and hip fracture. when we think of people getting osteoporosis, and hip fracture being a really significant injury, that can be life-threatening. We wanna change that, we need to have a play, a role in that.

So let's stop, people waking up to pee, and when they are up and about through the day, let's give them a wider base of with stronger feet, musculature, and therefore better lateral hip, better balance, better strength, and better pelvic position.

I think that's one of the best thing I've ever heard, because I think that's so important. My mind is blown because I don't wear high heels or anything, but I see so many patients that wear high heels all day long in their job, in their office. And lots of Shoes with like, really narrow, narrow, narrow, pointy pointy at the bottom.

CC: It's not my thing 'cause I like to be comfortable, but I do wear. The classic running shoes, right, like you were talking about. And I'm seeing this from such a different lengths this. This is like. Mind blowing is the best tip ever.

That was awesome.

If you could have given us that tip, that's it. We can go home. The show's over. So you so much for your knowledge, your wisdom, and that last tip, which serves even me in a selfish way. Even more so. I'm so, so glad you mentioned that. Kim thank you for being here.

KV: You are welcome.

CC: I really appreciate your time and your knowledge.

KV: Yeah, likewise. Thank you for the work that you do, and thank you for having me on and for everybody listening I'm just grateful for this getting into the ears of more and more people who can then share it with their patients and share it with family members, friends, and that's, that's how the world will change when we start talking about these taboo topics.

CC: Thank you so much for spending your time with me today. I truly hope you benefited from this episode, and I would love for you to share it with a friend that may benefit from it

as well. Follow the show, live a review, and if you want more, go to my website, acupro academy.com. I have tons of resources there with treatment protocols, case studies, free courses, and so much more.

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