

EMBRACING INNER PELVIC HEALTH

A New Approach to the Squat

by Mia Munroe

Pelvic floor dysfunction is becoming all too prevalent, affecting women in every stage of life, and unfortunately is acknowledged as the norm. Incontinence is not comfortably discussed among women yet the growing number of various adult bladder control products is rising steadily. Mainly following childbirth, varying degrees of prolapse severity (different inner organs falling out of place) is a frightening reality for too many women. The female body was built to handle childbirth and bounce back to full recovery, yet this appears to be no longer the case. It seems apparent that perhaps it is our lifestyle habits that no longer support our pelvic health. By approaching inner pelvic healing from a logical and comprehensive standpoint based on its design and uses, there are alternative answers to healing damage that typically stems from childbirth.

In my exercise teaching experience, I found not only that pelvic floor issues have become the norm following childbirth but the treatments are ineffective and in many cases harmful. Surgically implanting slings and mesh suspension systems, wearing pessary insertions, and injecting bulking agents more commonly used in facial plastic surgery, are some of the current choices offered by traditional medicine. As I began researching and discussing the issue more openly with my clients, I heard Kegel exercises were, if anything, found to be frustrating and seldom reaching beyond a superficial fix of bladder control. The less invasive yet initial option of “X number of Kegels per day” has failed to be effective on its own and could even be argued as detrimental to pelvic floor health.

Extensive anatomical research revealed slightly differing graphical interpretations. Its given label of the pelvic floor denotes a complex group of muscles layered and designed to work together in ways that differ depending on the specified function. Where the traditional Kegel exercise is most often learned by isolating the Kegel muscle (pubo-coccygeous) or interrupting the flow of urine, in truth, it is but one component of a complex family of muscles with differing yet definable actions. Documentation shows Alfred Kegel working with patients primarily using a perineometer (a phallic shaped balloon used to measure and exercise


the muscles of the pelvic floor). In actuality, ‘kegeling’ around nothing results in a tight, weak pelvic floor. Consider the dissatisfaction of chewing with nothing in your mouth. Perhaps if the labeling of these muscles weren’t limited by being called “a floor”, the potential for isolating and emphasizing certain areas along the natural cylindrical shape would be better understood.

By incorporating movement in one’s legs, pelvis, and spine supported by deep breath work, I teach cylindricalization (extending the base downwards and narrowing the top upwards), in either a seated or standing position. With repetitive practice and proper use of breath, one can learn to simultaneously flex at the top and extend at the base. Deep inner pelvic muscles exist to not only lift but to extend or cylindricalize the vaginal canal. However, accessing this level of sophistication led me to what may be the most important component missing from our pelvic health—the opposite of a “Kegel,” which is squatting.

All muscles become stronger when stretched deeply. Unfortunately multiple squatting practices have sociologically disappeared. We no longer harvest our own food and the ones who do, sit on a tractor. Waste cannot be properly eliminated while sitting on a toilet, currently our only social and economic choice (with the exception of many Asian countries). Is it possible that all these near universal changes have contributed to tight, weak pelvic floors?

Certain cultures, unlike our own, do embrace squatting as the preferred position during childbirth. Yet this practice is only recognized in a handful of places that accept midwifery.

Our sedentary lifestyle tightens our hips and knees, making squatting difficult for some but not impossible. There are ways to modify a weight-bearing squat by using pillows underneath the sitz bones and positioning ones weight either forward onto ones hands or backward by hanging onto a door jamb. Adjustments can be made by modifying hip width and foot placement, taking pressure off fragile joints. An effective squat routine includes alternating between relaxed squatting and standing with closed legs actively extended downward. Over a given time, clients feel a deep internal lift taking pressure off of the bladder and lower organs.

Perhaps the best approach to these pelvic disorders could be reversed by letting go of the Kegel and “Embracing the Squat.” 

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