

RELIEVING PELVIC PAIN DURING AND AFTER PREGNANCY

How Women Can Heal Chronic Pelvic Instability

Cecile Röst, PT

*“Written by a physical therapist who has experienced pregnancy-related pelvic pain firsthand, **Relieving Pelvic Pain During and After Pregnancy** provides a practical blend of traditional and novel treatment approaches that will help women regain control over their bodies and their lives. {A} fresh look at this frequently misunderstood condition ... that benefits both patients and therapists alike.”*

— Anne Ahlman, MPT

“Offering relief to women suffering from this condition, this book is recommended for libraries with consumer health and health sciences collections.” — Library Journal, Rebecca Raszewski, Drexel University Health Sciences Libraries

New! Groundbreaking!! A Simple, Safe Solution for Pelvic Pain

(Alameda, CA - August 2007) Pelvic pain during pregnancy is normal. Being unable to walk, roll over in bed or stand up is not — yet it happens to many women. When the ligaments that surround and support the pelvis are severely stretched or weakened during pregnancy, pelvic instability often results. Uncorrected, this can lead to years of chronic pain and discomfort, even while performing simple tasks such as washing dishes, climbing into and out of cars and picking things up off the floor.

Enter Cecile Röst, a Dutch physical therapist who suffered debilitating pelvic pain during her own three pregnancies. Working on herself and with selected clients, she developed techniques for reducing and even eliminating pelvic instability and pain. Today, her exercises have been gathered into a program that is used by hundreds of physical therapists and has helped thousands of women worldwide.

Relieving Pelvic Pain During and After Pregnancy is the first complete introduction to Röst’s methods available in the USA. It describes the author’s unique combination of yoga, stretching and posture correction that alleviates pain and strengthens the pelvis. Whether the reader is a treatment practitioner or a woman looking for simple, at-home relief, this book supplies the

More...

technical, medical and working knowledge that they need.

Relieving Pelvic Pain During and After Pregnancy is clearly written and contains over 100 illustrations. The first section addresses patients' needs, the second section guides their health-care providers from the first consult and on through the application of the therapy. Chapters cover diagnosis, treatment, balance and stabilizing, and at-home exercises. The book includes testimony from patients, useful tips for safely navigating daily activities and much more.

Although awareness of pelvic instability as a treatable condition is growing, there are still thousands of women in pain who do not know that they are suffering from a condition that can be relieved. Worse, many of their health-care providers don't know it either. This book will be welcomed by all women who are coping with pelvic instability as well as by the people who live with, look after or care for them.

ABOUT THE AUTHOR

Cecile Röst, PT, is a practicing physical therapist who has developed an effective method to deal with pelvic pain and who teaches women and other physical therapists her solution. Röst is the coauthor of *Helping Hyperactive Kids*, a book about sensory integration therapy, also recently published by Hunter House. She lives in the Netherlands.

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publicity@hunterhouse.com or call (510) 865-5282 ext. 309.

P R E S S K I T S U P P L E M E N T A R Y I N F O R M A T I O N

From the Introduction

This book was written to help pregnant women and new mothers who are experiencing pelvic pain regain control of their bodies.

In the last decade, thousands of women have been treated with the exercises described in this book. In addition to my work with patients, I have trained many physiotherapists in the Netherlands and Belgium in this technique.

The effectiveness of these methods has been confirmed in a series of studies that followed the progress of hundreds of women with pelvic pain. More than 90 percent of these patients were able to overcome pelvic pain and its related symptoms.

My own interest in this topic began in 1996 when I suffered from pelvic instability during my third pregnancy (just as I had during the first two pregnancies). From my own experience I know how anxiety-provoking and frustrating it can be when your legs refuse to cooperate and something as ordinary as sitting down or turning over in bed becomes painful. It is especially terrible if this occurs while you're relatively young and beginning a part of your life during which you want to care for your new family and be successful at your job.

In spite of my pain, I continued to work as much as possible in my physiotherapy practice. By practicing yoga I discovered an exercise that seemed to diminish the pain. Trying different exercises and yoga positions, I eventually discovered methods by which I could treat pelvic pain and dysfunction.

I have now taught these exercises to other women for ten years. I have seen firsthand that it is possible to treat pelvic discomfort, even during pregnancy. Since 1996 I have helped more than three thousand women in my practice. In addition, through the work of my colleagues, these exercises have been successfully taught to thousands of other women in Europe.

P R E S S K I T S U P P L E M E N T A R Y I N F O R M A T I O N

Excerpt from Chapter 1: What is Pelvic Instability?

Pelvic pain involves the bones, joints, nervous system, and muscles of the pelvic and lower-back area. Although the pelvis appears to be a fixed circle of bone, it is actually made up of three separate bones joined together:

- The two hipbones (the ilia)
- The backbone in the lower spine (the sacrum), wedged between the hipbones
- A fourth bone, the tailbone (coccyx), is involved in some cases of pregnancy-related pelvic pain.
- There are also three joints:
 - The pubic joint (the pubic symphysis, connecting both hipbones on the front side)
 - Two joints in the lower back area on either side of the sacrum, known as the sacroiliac (SI) joints

The bones form a ring that is held together with ligaments and cartilage, which relax and stretch in response to hormonal changes during pregnancy in order to expand the birth canal area during delivery. This results in the lengthening and weakening of the ligaments of the pelvic joints, the connective fascia, and the surrounding muscles, which all provide stability to the pelvic ring. As a result, the bones may shift and become misaligned, causing pain and interfering with the ability to move properly. Since the musculoskeletal system is interrelated, this misalignment may ultimately affect the entire body. Functional movements that were once taken for granted, such as moving from sitting to standing, reaching to put things away, or simply getting out of bed in the morning, may all become difficult and painful.

P R E S S K I T S U P P L E M E N T A R Y I N F O R M A T I O N

Excerpt from Chapter 3: What Causes Pregnancy-Related Pelvic Pain?

- **Poor muscle tone in the pelvic area**
- **Poor posture:** Over-extending knees, tightly crossing legs while sitting and stooping shoulders can all contribute to pelvic pain
- **An injury affecting the joints**
- **Overuse of certain muscles:** Ninety percent of pelvic pain patients report that they had previously been very active, mostly in gymnastics, swimming, horseback riding, or sailing – sports that involve frequent use of the pelvic-floor and adductor muscles.
- **Heavy lifting**
- **The demands of pregnancy**
- **The demands of delivery:** It is possible to displace the SI joint during pregnancy, especially if the mother is lying with her knees pulled up and two different people are applying pressure to her legs.
- **Pain in the pubic bone**
- **Pain in the Tailbone**

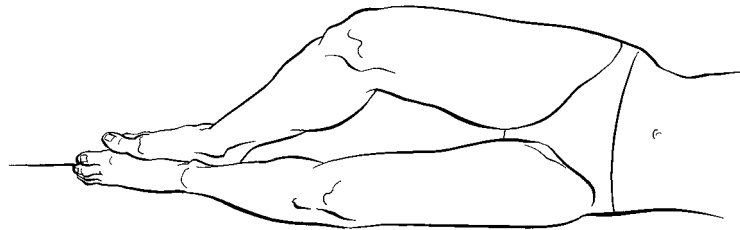
The pelvis is usually out of balance (asymmetrical) in patients with pelvic complaints. Typically, one of the ilia shifts against the sacrum, moving the ilium into a new position. How this displacement works probably has something to do with a woman's posture and movement patterns. For example, favoring a position in which you repeatedly put your weight primarily on one leg can promote misalignment.

To keep the pelvis in place, it's important to use several different groups of muscles: the transverse abdominal and oblique abdominal muscles; the hamstrings, gluteus maximus, and gluteus medius; and the back muscles (latissimus dorsi and multifidi). Any comprehensive therapy program to treat pelvic pain will include exercises to activate these muscles.

PRESS KIT SUPPLEMENTARY INFORMATION

Sample Exercises

- **Abdominal Muscles:** To exercise the muscles in your abdomen, lie on your side, and pull your navel toward the pubic bone for a short time until you sense a basic tension in your transverse (lower) abdominals. You will feel a flattening of your abdomen. Maintain this tension. Then, pushing your heels together, spread your knees about a foot apart (see Figure 6.3). Bring your knees back together and then relax your transverse abdominals. Repeat while lying on the other side.



- **Spinal Twist:** Sitting cross-legged on the floor, place your left hand on your right knee. Put your right hand behind you on the floor, with arm outstretched. Turn your head and right shoulder to the right as far as possible. Keep your chest facing forward.
- Reverse the position of your hands and repeat the stretch to the left.



P R E S S K I T S U P P L E M E N T A R Y I N F O R M A T I O N

Sample Exercises Cont'd

- **Circulation and Pelvic-floor muscles:** Sit facing a wall. Then lie down on your back, slide your body toward the wall, and place your feet flat on the wall with your knees bent . In this position, contract the muscles of your vagina inward a few times, and then let them fully relax.
- Then lie on your back with your buttocks against the wall, legs outstretched. Spread your legs apart with your knees and feet pointed outward to open the pelvic area. Breathe in, allowing each breath to fill your abdomen. Then breathe out slowly, letting your stomach deflate.
- Return your legs to the middle. Then gently slide your feet down the wall.
- Turn onto your side. Resume your original seated position.