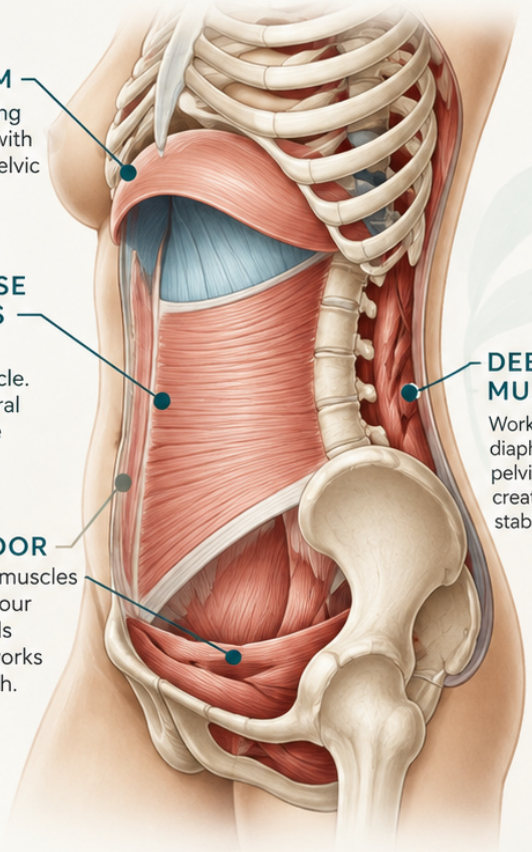
INFINITE SYNERGY

PELVIC FLOOR + CORE

BUILD FROM THE INSIDE OUT.

Your breath. Your core. A stronger, more supported you.



DIAPHRAGM
Primary breathing muscle. Works with your core and pelvic floor.

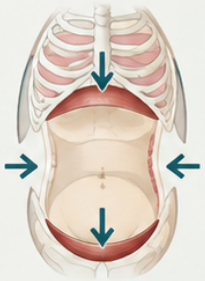
TRANSVERSE ABDOMINIS (TA)
Deep core muscle. Acts like a natural corset to create stability.

PELVIC FLOOR
A hammock of muscles that supports your organs, controls pressure and works with your breath.

DEEP BACK MUSCLES
Work with your diaphragm, TA and pelvic floor to create a strong, stable core.

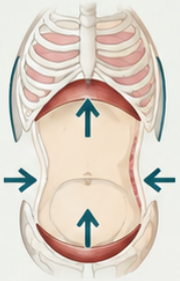
Your Breath Drives Your Core

INHALE



Diaphragm moves down.
Ribs expand.
Abdominal wall softens.
Pelvic floor lengthens and relaxes.

EXHALE



Diaphragm moves up.
Ribs settle.
Abdominal wall gently draws in.
Pelvic floor lifts and supports.

BETTER BREATHING · MORE STRENGTH · GREATER STABILITY · EVERYDAY CONFIDENCE

You might need to see a pelvic floor specialist if you experience:

- Leaking with coughing, sneezing, or exercise
- A feeling of heaviness or pressure in your pelvis
- Persistent pelvic pain or discomfort
- Difficulty emptying your bladder or bowels
- Changes that don't improve with basic core work

A pelvic floor physical therapist can provide a personalized evaluation and treatment plan. There is no shame in getting specialized support—it's a smart step toward a stronger, healthier you.

Stronger From Within

MOVE | BREATHE | THRIVE

YOUR PELVIC FLOOR

Understanding the Synergy of the System

Your pelvic floor doesn't work alone.
It is part of a coordinated pressure-management and movement system. Understanding that relationship can help you approach core and pelvic-floor health with more awareness - not simply more squeezing.

Think of the Pelvic Floor as Part of a Team

The pelvic floor is a group of muscles and connective tissues at the base of the pelvis. It contributes to pelvic-organ support, continence, sexual function, and the way the trunk responds to changes in pressure and load. During movement, it does not function in isolation. Research describes coordination and co-activation among the pelvic floor, diaphragm and abdominal musculature, although the exact pattern varies with the task, posture and individual. [1-3]

Diaphragm	Breathing muscle that changes pressure within the trunk as it moves.
Pelvic floor	Supports the pelvic outlet and responds to breathing, pressure, load and movement.
Deep abdominal wall	Includes the transversus abdominis and other abdominal muscles that contribute to trunk control.
Deep spinal stabilizers	Muscles such as the multifidus contribute to spinal and trunk control.

Breathing Changes the System

During a relaxed inhale, the diaphragm descends. The pelvic floor generally accommodates the resulting pressure change with a small downward movement or lengthening response. During exhalation, the diaphragm rises and the pelvic floor generally recoils upward. This is a dynamic relationship, not a cue to forcefully push down on every inhale or perform a maximal pelvic-floor contraction on every exhale. [1,2]

A responsive pelvic floor needs options: contract when needed, relax when needed, and coordinate with breathing and movement.

Strong Does Not Always Mean Tight

Pelvic-floor concerns are not always a simple matter of weakness. Pelvic-floor muscles can also be overactive or have difficulty relaxing, and symptoms can occur in either situation. That is one reason a blanket recommendation to 'just do more Kegels' is not appropriate for everyone. Individual assessment matters when symptoms are present. [4]

Breathing can support awareness and coordination, but it should not be presented as a replacement for evidence-based pelvic-floor muscle training when that training is clinically indicated. [2]

BRINGING THE SYSTEM INTO MOVEMENT

The goal is not to consciously micromanage every muscle during every repetition. Instead, build awareness of how your body responds as the demand changes.

Notice, Don't Diagnose

- Can I continue to breathe through this movement?
- Am I holding my breath or bracing harder than the task requires?
- Do I feel pressure, heaviness, bulging, leaking or pain?
- Can I create tension for the task and then let that tension go afterward?
- Does a certain load, position, impact activity or fatigue level consistently change my symptoms?

TERRI'S TRAINER TIP

INhale to prepare. EXhale on the EXertion.
For many common strength-training movements, this is an easy breathing rhythm to remember: inhale as you prepare or move into the easier/loading phase, then exhale through the effort. Think **EX = EXhale on the EXertion.**

Why does it matter? Your breath is part of the pressure-management system you just learned about. Coordinating the breath with the movement can help you avoid unnecessary breath-holding, manage trunk pressure, and let the diaphragm, abdominal wall and pelvic floor respond together. This is a general training cue - not a rule for every lift, every load or every person. Heavy lifting, sport-specific techniques, symptoms, and individual needs may require a different strategy.

What This Can Look Like in Everyday Movement

Squatting, hinging, carrying groceries, standing from a chair, pushing, pulling, lifting and exercising all change the demands placed on the trunk and pelvic floor. Rather than assuming one breathing or bracing strategy is correct for every person and every load, think in terms of an adaptable system. Pressure-management strategies during exercise can be individualized when symptoms or pelvic-floor dysfunction are present. [1,3]

When to Start a Conversation With a Health Professional

Consider discussing pelvic health with your primary care provider, OB/GYN, pelvic-floor physical therapist, or other qualified pelvic-health specialist if you experience urinary or bowel leakage, pelvic pain, pain with sexual activity, persistent pelvic pressure or heaviness, a sensation of bulging, difficulty emptying the bladder or bowels, or symptoms that interfere with exercise or daily life.

The Synergy Takeaway

Pelvic-floor health is not simply about controlling one muscle. It is about how a system coordinates. Your breath, trunk, pelvic floor, movement strategy and nervous system continually respond to one another. The goal is not perfection - it is developing a body that can respond appropriately to the demands of life.

References

[1] Dayican DK, et al. Exercise Position to Improve Synergy Between the Diaphragm and Pelvic Floor Muscles in Women With Pelvic Floor Dysfunction. J Manipulative Physiol Ther. 2023;46(4):201-211. PMID: 38520441.

[2] Bo K, Driusso P, Jorge CH. Can you breathe yourself to a better pelvic floor? A systematic review. Neurourol Urodyn. 2023;42(6):1261-1279. PMID: 37260116.

[3] Vesentini G, et al. Pelvic floor and abdominal muscle cocontraction in women with and without pelvic floor dysfunction: systematic review and meta-analysis. Clinics. 2019;74:e1319. PMID: 31778432.

[4] APTA Pelvic Health. Relaxation of the Pelvic Floor Muscles. Patient education resource.