

# DOWNTRAINING

## DOWNTRAINING MUST INVOLVE ALL CATEGORIES

Downtraining should involve direct pelvic floor interventions, indirect interventions affecting the pelvic floor and central nervous system downregulation

Only by looking at all three of these categories can we make a lasting change for our patients. We prioritize by what we find on our assessment and their response to treatment.

## DOWNTRAINING TAKES TIME

Downtraining is complex and multifactorial. It takes time to see results.

Objective improvements in pelvic floor tension might be felt by the practitioner before symptoms improve.

Downtraining is not a single intervention that can be "completed." It is an ongoing process involving both patient and practitioner.

## CLEAR COMMUNICATION IS ESSENTIAL FOR BUY-IN

Downtraining is done in conjunction with the patient. Both the patient and therapist need to understand their roles and how they are contributing.

Give patients a job to do and let them know what your own responsibilities are. It's critical to let patients know how downtraining interventions relate to their symptoms and goals in a way they can understand.

## WHAT IS DOWNTRAINING

*"Any intervention designed to reduce tension in the pelvic floor and/or central nervous system to alleviate pelvic health symptoms."*

*There are three categories of downtraining we need to be aware of, with examples (not an exhaustive list) of interventions in each category:*

### □ Direct Pelvic Floor

- Verbal relaxation cues
- Pelvic floor specific stretches
- Manual trigger point release
- Reverse Kegels
- Gentle bearing down (bulging)
- Biofeedback

### □ Indirect Pelvic Floor

- Core muscle activation patterns
- Neural tension of sciatic nerve
- Asymmetrical gait mechanics
- Thoracic spine mobility
- Diaphragm excursion
- Glute activation patterns

### □ Central Nervous System

- Diaphragmatic breathing
- Meditation/Mindfulness
- Graded exposure techniques
- Vocalization
- Stress management
- Vagus nerve interventions