

Leaky Ladies – Yes, you can help! Nikki Scott and Claire Forrester – Ref 246

Steven Bruce

Tonight's show is all about helping an often neglected demographic of leaky ladies. Sure, I don't need to explain what I mean by leaky ladies, especially to anyone who's had a baby. But it's a very distressing problem for many people, and one that's often assumed to be simply an unavoidable consequence of childbirth. So to put us well, me anyway, out of my misery on this and out of my ignorance on this, I've got two very expert guests. I've got Nicky Scott. Nikki is one of the founders of a business called UK hyper progressives. She's also qualified in health and fitness, in remedial massage and in nutrition, and she's one of only two hyper pressive master trainers in the UK. Even evenings you Nikki, thank you for coming to join us this evening. It's a long way to go in the heat, but I'm sure that everybody will much appreciate your attendance here this evening. Also in the studio, I've got Claire forester, Claire is an osteopath, but with additional qualifications and expertise, of course in gynaecology fertility and pregnancy, and more recently, she has become a trainer in high progressives as well. So, Claire, this wonderful autocue. And then if I'm not looking at it, I forget everything that I'm supposed to be saying. But I do remember that you are clear on your Nikki. So Nikki, can I start with you? Can you tell us a bit about how you got into this and how it's affected your practice,

Nikki Scott

I suppose. Like a lot of my clients, I came to high progressives, because I felt failed by the medical profession, I suppose once I'd have my twins, i They are now 21. So and when I had them, I was what I thought was very healthy and fit and did lots of exercise, went to the gym, or was always on the go. And after I'd had them I was really kind of left fairly debilitated. I had stress and urge incontinence, which really had a massive impact on my confidence. And just my lifestyle really, really changed. I think like a lot of people I went down that route of going to the GP GP referred me to someone who was a bit more specialised Women's Health physio. But really what they gave me just didn't help me, in fact, over time actually made made it worse, really. So I got to the stage when my twins were 12 that I was returning to doing more regular gym work, and I'd got a bit more of my life back. And I just didn't feel like I had the right qualifications as a personal trainer, to even help myself, let alone help the women that I was supposed to be looking after. In personal training qualification there just really is there's postnatal module, but it really doesn't cover the ground that that it needs to. And it certainly wasn't helpful for me alongside the treatment that I had with a women's health physio, I just really didn't find there was anything that was particularly helping me. And as I said it, it started to get worse. So I started just to do a bit of my own research. And at the time, there was someone on social media, I started following who was talking about

how progressives and in that post natal area, did a bit more research on it. And very fortuitously, she brought a course to the UK. And that was probably about I never really remember this Richard Saul was the good, the good one at remembering this. It's I think it was around 2014 Who's Richard Bentley, and my, my business partner, my partner, is the other half of UK depressives. So she came over and brought this course with the organisation of mosquito hippo placebo, who is the founder of hyper passives. And just we just both really took a punt on it and we both went on the course. For me, it was kind of more my own personal things to sort that out before I sorted anybody else out and kind of the rest is history really, because within three months, I was seeing massive symptom relief. I really didn't have any incontinence after three months of practising myself. And so then I just started to bring it into my own practice and it's kind of taken my business in a completely different direction.

Steven Bruce

What about you, Claire? Obviously osteopath, first of all, then postgrads stuff in going in pregnancy and childbirth, obstetric stuff. How did you come across this hyper press?

Claire Forrester

On that course we had a couple of really amazing osteopaths who came over from Canada. And they were raving about type of presses. I've never heard of it until then. So decided to have a look and see what was happening in this country. seemed like there was much more training abroad rather than in the UK and then actually another friend and colleague from that women's health training course. Found Nikki went on had training and, and recommended these guys. So yeah, I went to do my training with them and really enjoyed it.

Steven Bruce

I said in the intro that this is a sort of a neglected demographic to some extent because I suspect that even now that there's a relatively small percentage of new mothers, mothers and their their care team, the midwives and so on who know about Hi progressives. And I can only begin to imagine just how distressing this comforting disabling actually incontinence is. Because for whatever reason, it's one of those things. Yeah, it's a taboo subject, isn't it? You don't get around to being seven, gosh, I'm incontinent, or anything like that. You try to hide it you if you think it's a problem, and you presumably you don't go to the gym and work out or you don't? Do you think occasions where it might be evident to other people? So how are you getting the word out now other than through this show to, to people who might need high progressive training?

Nikki Scott

I just think it's it's grown or organically, really, I think that a lot of people are like myself in that there just isn't, for some people for stuff that's being given to them in terms of treatment just doesn't cut the mustard. And so

Steven Bruce

there's also conventional approach, someone who's not trained as you are, what would they advise?

Nikki Scott

What normally would go to your GP GP would either diagnose you or not, but generally, you would get a referral to a women's health physio and a women's health physio with them mostly. And I'm not saying that about all women's health, physios. But certainly within the NHS, we're seeing a lot of just giving pelvic floor squeezed work so and then now that the

Squeezy app has been adapted, it just means that people are being getting obsessed by doing pelvic floor squeezes, which which Squeezy app, it's something that encourages you to do pelvic floor squeezes, and remind you and it's something that's been developed to help but I think that there's just some people that it, it's not that helpful for and that we shouldn't just be giving one treatment for what we see as a whole umbrella of pelvic floor dysfunction. So for me, it was incontinence. But under that umbrella of pelvic floor dysfunction, you have prolapse, you have diastasis, you have back issues, you have weakness in the joints, so it just generally is, you know, it's not just incontinence. And it's not just postnatal either. That's something that we found kind of further when I was postnatal I, I did it because I needed to fix myself. However, there are a lot of women that come to me that haven't had children. And they still have issues such as incontinence, they still have issues such as prolapse, etc. So men will present with back problems, and hernias usually as a result of that dysfunction. So yeah, men can get pelvic floor dysfunction. And as they age, things like not sure where they're getting up multiple times to go to the toilet at night. But that is something that can be resolved, or certainly improved with high progressives,

Steven Bruce

presumably once you've ruled out any other causes of Yeah, absolutely. Yeah. You said something which intrigued me a minute ago, you said if someone gets diagnosed now, obviously, the title we gave this show is leaky ladies, because it's quite a catchy name for the for a topic like this. And you've explained there is more to it than just leaky ladies. But it's pretty hard to not recognise a diagnosis of urinary incontinence, isn't it? Is it the other stuff that you GPs are likely to say? Well, it's just one of those things. Is this another occasion where women just don't get diagnosis? Because it's just assumed to be a woman's thing?

Nikki Scott

Well, I think that a lot of the time, I mean, that sort of language that was used with myself, definitely. And what I hear people say is that they're told you've had a baby or for me, I had twins. So you've had twins, and what do you expect? You were, I mean, I was 32, when I had my boys, and that's seen as geriatric, they kind of almost that word. It's

Steven Bruce

not from my perspective is no negative. I know, but it's such a

Nikki Scott

negative word to be told. You're a geriatric mother. And you know, it's because you kind of left it to your 32 to have your children. But I think that very much your women think of themselves as well. I'll just get on with life. I've got baby to look after and I've got this to do, and I've got that to do. And they put themselves last definitely. And so and then the language that she used with them, I think is is not great. So it's just really to tell people that there is a solution and there is something that could really help with their symptoms. I see it pretty much with everybody that I train. Yes, I see a change and that that isn't the case. With conventional pelvic floor exercises, I tend to see people that come to me that for which they haven't worked. So they're looking for something else, because their symptoms are getting worse. And they want to do something about it

Steven Bruce

clear for just to sort of complete the picture here, what is the what is the physiological process, which leads to all those problems that we just have described to us, particularly as a result of childbirth.

Claire Forrester

So it really varies from person to person, of course, and like you said, people get issues when they haven't had children. And men, probably I see more kind of lower back pain and pelvic pain presenting. So yeah, the cause really varies, but I think the common things that I, that I tend to see are terrible posture. Very kind of restricted through the upper thorax. And the same around the kind of TL junction, and those lower ribs just not moving very well. And then, you know, deepness in the weak core, so a lot of people have diastasis that I see so many. In fact, I pretty much check everybody now, because it seems to be so, so much more common than I ever imagined.

Steven Bruce

Yeah. I guess a lot of people see that in their more elderly, male patients, and they would otherwise do.

Claire Forrester

The diastasis. And pretty much Well, I'd say most of the men that I see for back pain I check routinely, and majority of them have it.

Steven Bruce

Yeah. And I think we've been told by people in the past, well, if it's not causing a problem, don't worry about it. Yeah, absolutely. Hyper aggressive training can help resolve it.

Claire Forrester

It definitely can. And, you know, relatively quickly to

Steven Bruce

what I have been asked by one of our viewers, whether it's hyper or hypo pressive

Nikki Scott

hyper lipo, it basically means low pressure, high grade presses. Okay, instead of hyper, which is high.

Steven Bruce

And I suspect we'll come on to discover why it's called that very shortly. And PIP has asked whether hypoxic training can help you with urethral syndrome as well. Acidic foods cause cystitis symptoms with no infection, causing cystitis symptoms with their infection.

Claire Forrester

So, with issues like that, I tend to kind of not just use hyper passives, I would use some supplements to help support the bladder or urethra. microbiome. But it depends is it kind of depends on on the cause? If there's a restriction in the wreath for somewhere, some scar tissue and adhesions, things like that, which are aggravating symptoms, then yeah, it really helps because it helps with the circulation in the pelvis. So as osteoporosis, you know, it was we always want to improve the blood flow and the drainage, which it does.

Steven Bruce

Okay. Lisa is a bit of a WAG, she wants to know whether melting is the same as being a leaky lady as well. I think that's just a seasonal things. I mean, you talk to you talk about hypo presses, mainly, obviously, low pressure. What's the mechanism that you're employing to achieve your interest?

Nikki Scott

So I, in terms of the word itself, it's so much more than that, I think the word tends to kind of focus in on the pressure systems. So I'm being making the system more able to handle bouts of high intra abdominal pressure, like sneezing, coughing, hit exercise, you know, lifting heavy weights, etc. So I think the word is more about that pressure management side. But as we know, and we've experienced over the years, we've been doing it, it's so much more than just sorting out that side of things. It brings so much more into play. So yeah, it's just a word, isn't it?

Steven Bruce

I mean, I guess there are only two master trainers in the country of which you are one how many trainers do we have in the country?

Nikki Scott

Well, we've, our organisation have got over 70 on our directory, we've we've probably trained hundreds of people but often going through the qualification people choose not to do the certification. A little bit like doing a CPD and having some knowledge. We obviously would like people to certify and become one of UK professors, trainers.

Steven Bruce

But I presume that's a useful way for them to be found or suspected.

Nikki Scott

Yeah, we have a directory with all of our trainers on so we actually are in Poland as well. So we've got we're starting to build a presence in Poland. So we've got both both sides of it.

Steven Bruce

70 doesn't sound very many given the number of apps. Stick with babies being born during the sounds as though you need to get the word out.

Nikki Scott

100% We do? Yeah, I mean, it's I've been flying the flag now for a kind of over 10 years now. And I mean, it has grown organically, we do find that I mean, there was an article actually in good housekeeping at the beginning of the year, which massively helped us. And again, that was talking about incontinence. And you know, real mixed demographic came forward, obviously, slightly older. So I found that more kind of my age now menopausal ladies were coming forward. And and think because they think that they can't do anything about it, they kind of got to an age where they're like, yeah, that's my law. I'm going to live with that. And it's quite nice. And it's quite refreshing to kind of reach out to those people as well. And that say that it isn't just a postnatal fix. It's something that everybody can do really,

Steven Bruce

how long does it take to train an instructor.

Nikki Scott

So we usually do the training over a one day intensive course, with an assessment process. So we cover the foundations, learning how to do the breathing, and learning how to do eight basic postures, and how they fit together as a flow. So that intensive training is a full day, or we have we do it via online course. Now we have an online course.

Steven Bruce

So that full day courses face to face. Yeah, that's a live course. Where does it run?

Nikki Scott

So I, all over the UK, I'm happy to go and do training with anybody basically anywhere. So I've recently been to shop share with a lady who got enough people interested. So we ran it from a studio.

Steven Bruce

Do you think you could run one in the studio? Absolutely. It's

Nikki Scott

amazing. So it'd be really great to be able to do that I, I tend to just take small groups when I'm doing a one day because it's quite hard. It's quite tough on mentally on everybody, really. So it's quite nice to kind of have a group of sort of four really. So how much would they have to pay for the course, the course is 389 pounds. The online course a little bit more expensive than the online course is very, very in depth with the theory. So I don't tend to cover the theory in the depth that the online course does. However, once you're qualified, and you've got your certification, you get access to that online course anyway. So

Steven Bruce

who are you targeting? Are you targeting any of your massage therapists?

Nikki Scott

Well, to be fair, it's anyone that's working with women. So whether that's personal trainers, whether that's chiropractors, osteopaths, physios, massage therapists, anyone really that's working with with women, but also you know, that you'll find, as you learn it, that there's, there's all of your clientele, even children will benefit from learning it and knowing about it. What's the benefit for children? So in terms of respiratory function, in terms of posture, because we all know, they have texters neck, most kids are looking at their phones or looking at a screen way too much. And I dread to think what the next generation is going to actually look like in terms of posture. Because it what we're seeing now anyway, isn't that great? And it's only going to get worse with the amount of screen time that kids have so but yeah, athletic performance, it helps. You know, there's there's so many benefits from learning Hi, progressives.

Steven Bruce

How do you use it in your practice thing.

Claire Forrester

So I only trained as a one to one now. And usually, I teach it in about four sessions for hours of sessions. And so I get people to come in, we do the assessment, and we start the breathing practice, which is quite complex to learn. So the hours just taken up with with the breathing, learning. And then over the next few sessions, they start to learn the flow. We have about a week in between, usually, so they can go away do some practice, and then advanced with each time they come in. But it's really just that and then they've you know, it's then it's purely home practice for them.

Steven Bruce

But how do you determine as an osteopath? How do you determine who is likely to benefit from this as opposed to someone who's got low back pain of a different cause or

Claire Forrester

so some people come to me specifically only to learn how progressives they know their issues that was our go through them in a history. But they come to me just for that. And others. So invariably, I ended up doing quite a lot of internal work these days to check pelvic floor directly. And I'd say more often than not, women have pretty hypertonic pelvic floor rather than hypotonic. Right. So these exercises are really good for

Steven Bruce

and what's different about hypertonic pelvic floor

Claire Forrester

or if the same group of all of the same reasons Yeah, so you know, for muscles too tight for too long. It's can't fully contract Yeah, exactly.

Steven Bruce

So we were talking to I was talking to Zoe Mundo, a couple of days ago on the show last week on the ship, about exercises in pregnancy. And she was saying that it's actually not necessarily a good thing. But one of our one of our viewers commented, it's not necessarily a good thing to have a hugely developed pelvic floor in pregnancy, because it affects the delivery as much as anything else. And yes, idiots like me, were single Yes, pelvic floor, we're gonna get it as you build it up the body building for your pelvic pelvic floor.

Claire Forrester

And towards the end, of course, you get in doing perineal massage if they can to loosen those tissues.

Steven Bruce

You do raise, of course a difficult and thorny question A in that you said you do a lot of internal work is that do you think an important part of working out who needs this training? Because very few people these days do internal work unless of course they're obstetric, obstetric Lee check train? I don't

Claire Forrester

think it is actually. A lot of women I see ship quite restricted financially. So if that if that's the case, then I then I say to people, Look, if you've only got, you know, a finite amount of money to throw at this, then let's try the hypothesis first, go away, you try that for a few months, and then come back. If things aren't changing, then we can we can start to work in another way. So not just No.

Steven Bruce

Linda's asked with a high progressives can help a prolapsed uterus? I don't mind you answer?

Nikki Scott

Well, it's like a bit, the answer would be it would help relieve symptoms. With with something like a prolapse, it's usually just a little bit more complex. So sometimes it can be scar tissue. So there might be some massage work that needs to go on or some release internal release

work that needs to happen, as well as high progressive. But I'm a great advocate, because I've seen it in action in that with things like prolapses, we've had people come that have had three organs, prolapse, really severe condition symptoms. And it's almost like it's been a bit of a miracle where they don't have any symptoms from those prolapses after a period of doing Hi, progressives, it's not to say that the prolapse is gone. It may still be there, but their lives, their life has come back to them because they don't have those awful symptoms. So the answer to that would be yes. It would help.

Steven Bruce

Kim's asking this one's for you, Claire, as you do check and realign the pelvis before you go down this route and all the other structural stuff that

Claire Forrester

as often as I can. Yeah.

Steven Bruce

Okay. And PIP says How would you tell whether a woman has a hyper or hypo tonic pelvic floor? Just practice, practice,

Claire Forrester

practice palpate. In those tissues? Yeah.

Nikki Scott

So I don't I don't do any internal work myself. So but usually symptoms will tell me if there's issues emotional stuff will also tell me if there's issues there in the pelvic floor. Well, the diaphragm and the pelvic floor have this symbiotic relationship, they work together, they oscillate, they should oscillate together. And when the diaphragm is compromised, through breathing, shallow breathing, through anxiety through worry, the diaphragm has a muscle of emotion, it holds on to all of that it tightens up. And therefore you don't have that lovely fluid movement, they're connected they, they need to move together. So that's why that breath work is so important. The access to the diaphragm and getting that diaphragm moving is important because it frees up a lot of emotional stuff. So sometimes I can notice with people when I see them through an assessment process, that there is that emotional stuff, and that they would benefit from things like hypnosis, they would benefit from talking therapies, as well as hyper aggressive. So it's really just, I think, practice over time, seeing different people and kind of knowing what people need alongside

Steven Bruce

What's your strike rate? How often Could you put a rough percentage on how many times you've used this this procedure and got it right or wrong? Whether this made no difference not

Nikki Scott

probably say there's very few people that it's made no difference. That, you know, if we really sat down and said, this is, you know, my life at the moment, these are my symptoms, this is how it affects me, you know, three months, six months down the line of doing it, nothing's changed at all, then there's very, it's very, very, very rare. I would say that's if people do it, because obviously, you know, you give them stuff to do give them the tools to be able to do it. And if they don't do it, they can't complain. That hasn't worked.

Steven Bruce

Yes. And as you will be very well aware, clear. One of the issues of what we do is getting patients to comply with exercises and of course measuring the patient outcome measures when we have told them to do things or we've done things to them. What's your experience of compliance?

Claire Forrester

Pretty good. Yeah, it's a really enjoyable practice. Everybody finds it so relaxing. And it's hard work. So you don't get bored, actually. So, more often than not people really enjoy the practice. And because they see changes so quickly, usually within a couple of weeks, people come to me and they'll say, I've had a really good week. I don't know if it's coincidence. But I can't tell you how many times I hear that. So when you get results, you know that quickly, they're really inspired just to keep going themselves.

Steven Bruce

We've had that for years, just in general osteopathy or chiropractic heaven, when you treat somebody two or three times they come, I think it was getting better by itself than what you did. So you probably have the same thing. And I didn't want to give credit to that. I'm not sure if this is the same question I asked. But Alex is how much the certification cost is that the same as the training course was F an additional fee?

Nikki Scott

So now, once you've paid for your training course, that the certification processes included in the price set, and so is the first year of registry with us? So we

Steven Bruce

so all those people who don't certify a bit moderately, because they're missing an opportunity to be on your register? Absolutely. What's the ongoing cost to stay on your register?

Nikki Scott

It's like 40 pounds a year. And there's other benefits as well. So it's not just your bio, but I mean, people should go and have a look and see how we feature our trainers, because it's not just your name, and your email address and your phone number and where you are. It's a photo, it's the proper showcase or view. So we're very proud of our directory.

Claire Forrester

And I've had quite a lot of inquiries from it. Yeah. Good. Monetary wise, it's been, I mean, absolutely worth it.

Steven Bruce

Well, that's that is also one of the key things, isn't it? It's all it's all very well, having a very smart website. And yours is very smart website and a very smart directory, which I don't think I've looked at. But actually, if it's not being seen by people, then it's not worthwhile at all. But you're getting lots of inquiries from it, which

Claire Forrester

I do. And people have to travel quite far, because there's not enough Tony's

Steven Bruce

Well, Tony, to my audience here, there's a great opportunity here. Because if you have got practitioners who are interested in doing this course, then you can obviously approach Nicky directly and say, could you run a course? Is it only you that can run courses? Or could you run courses for practitioners as well? Only the two of you, right? So okay, so you could approach Nikki directly to set up a course in your area, you've heard what the prices are, if you've got the facilities, let's do it. It sounds to me as I am startled already by what I've heard this evening, because it's not just leaky, ladies, as Nikki has made quite clear, there's lots more this can do. Equally, we will talk we will talk Nikki and I after the show about whether we can set something up in our studio here. And I will be looking to get this out to GP surgeries to the practice nurses to, you know, the remedial massage therapist in this area, because this is something which clearly needs to be made more widely known to the public. Is

Nikki Scott

that fair? 100%. Yeah,

Steven Bruce

yeah. I just I can't believe they're only 70 people doing this when it was 20 odd years ago that you had your twins, I think you said,

Nikki Scott

Yeah, I mean, I think a lot of the lack of it getting out there was due to the person who first thought of high progressives, because for a very long time, he kept it to himself, and he was Spanish. And it's very big in Spain and Spanish speaking countries, much bigger explainers manage speaking countries than anywhere else in the world. It's just really evolving. It's just emerging in other countries. So I think that a lot of the fact that it hasn't got out there is because for for, for a very long time, Marcel coffees, kept it to himself, and wanted to be a guru, which didn't help the wider world know about it's

Steven Bruce

such a shame, isn't it? Really well known saying I don't know who it's attributed to. But you know, so much more gets done when people stop caring who gets the credit for it? That's so much. And this is we're talking about people's well being here. And Mental Welfare as well, because as you said earlier on has very distressing benefits. Yeah. We've had a lot of people saying, well, before we're going to buy anybody courses, we want to see what this is all about. And we and we aren't going to do that in the not too distant future. Don't worry, we will get on to do some practical demonstrations in here. I just wanted to set the scene with sort of understanding of what it is we're talking about and why we're talking about it who is relevant for any contraindications to this?

Nikki Scott

Yes. So we wouldn't necessarily teach it to a newly pregnant lady. She'd never done any hyper aggressive. I often have clients who use it as postnatal recovery and then come become pregnant again. So there are elements of it they can use for their pregnancy if it's something they've learned before, but I would usually wait until they've had what's the

Steven Bruce

reason for that? Is that an unknown absolute contraindication? Was that just terribly worried about anyone who's pregnant because we'll get blamed differential 100%

Nikki Scott

Yeah, is that yeah, yeah. So, you know, if what you introduce something too new, then you just, even though it's only breathing and postures, you still can't run the risk with it really diagnose heart conditions are the really the only thing that we would say,

Steven Bruce

we wouldn't any diagnose heart condition or specifically more

Nikki Scott

things that are along the lines of a rhythmic conditions. If I'm unsure, I usually just ask the person to put me in touch with their doctor or their medical team. And I just exchange emails and tell them what I progressives is all about. And then it's up to them to decide whether they think it's a good idea or not for that person.

Steven Bruce

So when you do that, how do you explain it to a GP who has no idea what this is all about, and who explain what it is you're gonna be doing so they can assess whether it's safe,

Nikki Scott

I just talk about the fact that it's just learning how to breathe in a different way, access the diaphragm, this part of how progressives that could potentially cause their conditions to be worse would be the breath hold. So which we'll show you in a bit. But so that's the area really that I put the focus on, explaining what happens. And then it's kind of, I think there's far more stressful things in people's lives, like, you know, just generally going to work and having to earn a living and etc, than then doing a bit of breathing and a bit of breath holding. But again, it's that whole blame culture and not getting caught up in that. The other contraindications, they're not really they're just kind of little red flags that you just keep an eye on things like inflammatory bowel conditions, because as you'll see, when we do the demonstration that you restrict space with the with the breath hold, and that will cause someone to be in a lot of pain if they're in flare up with something like Crohn's or IBS. So, again, it's just a cautionary. I have had clients with Crohn's who've been absolutely fine. And it actually who, who has helped, but I've also had clients with Crohn's where it has actually been a problem during high prices, that's just purely, just yeah, just too painful. for them. It's a really acute, acute flare up,

Steven Bruce

where most forms of exercise pain is generally sort of an indication to stop and give it a rest for a while. Yeah. So Yeah. Alex has asked a very person in question why there are only two trainers in the country? Why don't you a trainer, master trainers? Well, people who can run courses, to master trainers here,

Nikki Scott

when you struggle to get four people on a course? It's not really a viable business for anybody else to be doing it at the moment? That's that would be my answer. We need to we need far more, we need 700 You can have progressive trainers on our directory. And then we would have enough knowledge about how progress is enough awareness of how progressives that other people would want to come and run our courses

Steven Bruce

or call me hopeless optimist, I'm just gonna be bloody easy to get a 700 trainers. And we said one day course it's not a desperately expensive course. It's, you know, and for anyone who's involved in the health care professions, it's an opportunity to help people and most

other people can't help. So I would have thought that would be easy. But then I am hopeless optimist. But I put money on it with a right approach, you could easily double the number of trainers within a year. I really think it's a challenge. Before we do a bit of demo what Yes, yes, I keep wanting to keep saying they want to see some demonstration. Kim has said so how much is the online course you said it was different

Nikki Scott

to the online course is 499.

Steven Bruce

And she's asked whether you will come down to do the online course.

Nikki Scott

I'd love to if she's got enough people interested. Get in touch.

Steven Bruce

How much space but we'll probably see in a minute, how much space do you need for

Nikki Scott

we've got four students, we just need a small studio. I mean, most people know the capacity of their own studio, it's enough room really, for someone to be walking around someone on a map. Is it really?

Steven Bruce

Shall we do a bit of that? Should we go over to the demo area and you think

Nikki Scott

if I show people me doing high progressives, right? Sometimes it freaks people out because I have a very clear can kind of talk through what on earth is going on? If that's alright with you. And I'm just going to do a very abridged version of some of the postures and the flow because otherwise it would just take too long, right? So you can kind of see it in action. Like I say it can look it does look a little bit weird. So don't be put off by that. Right Thank you. Alright, so I will be revealing this area so that you can see So basically it's breathing and postures. There's two parts to the breathing the lateral breath, which we do and then the breath hold that's the two parts for our I can't talk anymore so I'll let you talk through the rest of it

Claire Forrester

I'll keep it basic

Nikki Scott

yeah that's fine

Claire Forrester

yeah this is the lateral live breathing that you can see to really focus just on the lower ribs and this is that near part breath hold which is completely involuntary what you see with Nikki and takes quite a long time to develop that actually so it's the same breath sequence just moving through different postures

Steven Bruce

but a drop down here so we can we get a decent shot for this

Claire Forrester

see you see her posture with a nice and upright and that's a really engaged with this posture.

Steven Bruce

So is this the same routine as he was doing standing up

Claire Forrester

the same breath sequence yeah seeing all these postures a really long spine your shoulders are engaged

Steven Bruce

hiccups an important part of this.

Claire Forrester

It's just a bonus the hiccups. Just just a bonus pickups.

Steven Bruce

Know where there have been too sudden. Yeah, so

Claire Forrester

that's that involuntary vacuum that comes with this with this practice. So you can see all these pressures, the breathing is always aimed at the ribcage mobile page. It's always tension in pretty much the rest of the body.

Steven Bruce

I tell I'm also struck I don't if you've ever followed Leo Liam Cheetos teaching at all when he did a couple of sessions with us here. He talked a lot about breathing being effective in terms of pain relief, particularly personal breathing. Similar to this.

Claire Forrester

Yeah. And I've been reading a bit reading a bit about be taken breathing as well.

Nikki Scott

Okay, so I'm sure there's probably some questions.

Steven Bruce

Hopefully some people saying how on earth you managed to do that if you've got two little toddlers running around?

Claire Forrester

Yes, actually, you know, they say about 15 minutes, practice a day. Okay to get results.

Steven Bruce

So what you've done just now that's what three or four minutes so it's

Nikki Scott

a very abridged version. Yeah. So you would be building someone up to getting to do 10 to 15 minutes a day? Yes. And that would just be their practice whenever morning, evening. Lunchtime doesn't matter. That would be their practice wherever they can fit it in

Claire Forrester

15 minutes. That's all it is.

Steven Bruce

Yes, that's all what 15 minutes is still a link CPU time to commit every day isn't it, which makes me again think

Nikki Scott

what you'll find, though is that usually people come to it who have tried everything and are at their wit's end. Because they're all they've been told is that they're on the list for surgery. And they just want to try something that and so they will give time to it. And actually, a lot of people will think 15 minutes isn't enough. And they'll do it twice a day. I'll do it morning and evening. So, you know, it's an endless beginning. It's just kind of like a learning phase anyway, so they have to kind of build up to learning this. Yes. And then after that is kind of where we would encourage them to be doing that continuous.

Steven Bruce

Is this one of those things where more is better? Does it actually give you a better result of your twice a day? Or is it?

Nikki Scott

Not necessarily No? very individual? Yeah, I think you know, if you're very stressed out about your condition, it's going to really help you be very mindful about your practice. So it's a really good thing to do.

Steven Bruce

Yeah, you're going to demonstrate using Clara.

Nikki Scott

Want to join in? And oh, all right, well, well,

Steven Bruce

there's a challenge for those watching that this is your opportunity to join in with the practice and follow Nikki's instructions, I'm gonna move over there and get my question sheep benefit, right. So I'll leave it to you.

Nikki Scott

Okay. So, Claire, if you just have a lay down on the floor, and anyone at home that wants to get to join in with us, you just need to be comfortable for this bit. So I'm just going to kind of talk you through the breathing. What you saw me doing, there was lateral ribcage breathing, what we want to be doing is getting really good lateral expansion. And in the beginning, it's actually quite hard. So it's really nice sometimes to feel where you're breathing from at the moment. So the first thing I'm going to ask Claire to do is just place one hand in your chest and one hand on your lower belly. And then just thinking about the breathing rhythm that I was doing, which was to inhale for two through the nose, and to exhale for four through the mouth. So having her hands here, just starting to build her awareness of maybe where she's

breathing from at the moment, her default pattern. And so if we could see a really big rise in either of these hands, we know this is probably an area of tension, an area that we want to work on. So obviously, Claire's done some hype impressive, so has is pretty good. So but this is just a really good way to kind of get you used to that rhythm. Because again, breathing in through the nose for two seconds is quite fast. For a lot of people and exhaling that long, usually people are more used to doing longer exhales as well. So it's a good chance to kind of get them used to that nice slow rhythm. And then if you just move your hands on to your ribcage for me. So right onto the lower ribs. And we're going to do the same but now what we want to do is really think about pushing those fingertips apart. So we're focusing the breath on this ribcage area. So inhaling for two, exhaling for for three, to one, inhaling for two, exhaling for for three, to one, inhaling for two, exhaling for for three to one. So we're really trying to encourage with that inhale, a big stretch, so the diaphragm drops down stretches across. So we've got more stretch laterally than belly breathing and chest breathing, where it tends to be a bit more kind of up and down

Steven Bruce

is clear actually squeezing on the exhalation, which is just following the ribs.

Nikki Scott

No, she's just following the ribs. So the exhale should be nice and controlled, and relaxed. So the mouth is nice and open. We're not forcing the air out, we're not, I mean, you're obviously going to get the abdominals working and working harder, but we shouldn't really be like bearing down and squeezing, bracing them together. It should be nice and relaxed, that exhale, the work really is on the inhale. So the inhale was where the strength is where we want to really feel that stretch. And the exhale is just a nice, relaxed, letting go breath. So I was trying to encourage people to keep their mouth nice and soft and open, not purse the lips and get the neck and the facial muscles involved. So that's the lateral breathing and that actually a lot of people will find very, very difficult They'll find that they get a lot of movement here and here, and it does take quite a lot of practice. So if I was saying to somebody, they've got 15 minutes, I would use the first five minutes to maybe practice elements of the breathing on the floor and then practice that breathing within whatever posture they've been taught.

Steven Bruce

I have been I'm sorry to interrupt isn't able to do some more things. Very interesting question really is. I've forgotten who's who's asked the question now, but somebody's asked me, How does it work.

Nikki Scott

So it the breathing restores the symbiotic relationship between the diaphragm and the pelvic floor. And I talked a little bit earlier about how it can get very tight restricted, and therefore that breathing becomes much more kind of like this, rather than actually accessing and using the diaphragm. And when we're using that diaphragm, and the diaphragm is dropping down, stretching across, we've got that pelvic floor doing exactly the same. So that's what we're doing, we're getting more release of tension, more function, more increase of blood flow into that pelvic floor area, through that breathing, it's very mindful, there's loads of things that it affects. So if you actually look at, there's a really great video YouTube video of the mechanisms of breathing, and how it kind of has attachments on the heart, it's got attachments on the brain, it's just amazing what it affects when you get that diaphragm really working as it should do. So that's what we're aiming to do here. When we do the breath hold, what we're doing is we're trying to get this autonomic side of our muscle response, which is

kind of where the dysfunction comes in, is that when we have poor posture, or we have gone through a traumatic experience, like childbirth, we we lose some of that autonomic. And we're trying to kind of rebuild that autonomic side of the muscles so that they just activate for us without us having to consciously cue them all the time. So although it looks like when I was doing it, I stuck my tummy and I was doing it, there was only three conscious things I was doing. And that was to make sure I exhale completely. Hold my breath at that point, and then relax the tension at the ribs. So I'm not actually tensing unconsciously pulling in at all.

Steven Bruce

Question from Sarah, who asked how that breath hold could be involuntary. Clearly, it can't all be involved. Now you've got to make it but the I think that sort of apparent sucking into the tummy that was that was just happening that happened

Nikki Scott

to myself, and what the thing being with looking at me doing it and say, you know, a client that might come in, it looks completely different. There might be nothing, nothing might happen initially. But it's a practice thing. Again, it's making sure that they follow those three conscious things. Do them correctly, and then over time, they'll start to get that response. And it starts off very small, doesn't it? You know, we yours would be different to mine. You know, somebody somebody that hadn't done high presses ever before, would be, there'd be hardly anything, some people I've trained, and they surprised me and they're, they're vacuum there, that it really is very strong. So, you know, what we're what we're trying just to do is not focus on how much it sucks in, it's just actually being able to do it and, and making sure that it is that involuntary action rather than them trying to do it themselves. Which would make her do next Yeah, we're gonna make her do that. So the the next thing, if you're doing this at home, we want to be able to do in order to get that response is to get rid of all the air. So what I would normally have my clients doing is in that same breathing rhythm, so inhaling for two, but then exhaling to the end of February. And for a lot of people, they weren't able to do that in four seconds, it takes practice. So it would just be cueing them to just breathe out until they have that feeling of nowhere. And then take another breath in. So at the moment, we're not doing breath hold, we're just inhaling for two. And exhaling completely, again, focusing on that lateral expansion. And sometimes it can help if they kind of do a little tunnel with their hands on it sounds like a really good thing and below that gives them a bit of focus for that breath. But if you don't get to that point of just residual air, then you've got a little bit extra there, you won't get anything happening. So it needs to be a practice thing where you can practice getting right to the end of the breath. And then I would basically put the next two phases together. So which is what we'll do. So we call the lateral breath right breaths. And then we have the breath hold. And that creates the vacuum, which you saw on me. Yeah. So the glottis closes, and we get that vacuum. And you can kind of start to see it, not so much. You'll be able to see it on someone like Claire, but you get those little vacuums going around the neck as well. So we're gonna, we're gonna give it a go. So potentially don't know what you do. So we're gonna get to that point of nowhere, hold our breath, and then try and relax the tension here. So there'll be lots of muscles working to bring the ribs in. And we just want to be able to release that off. So it's like we're going from working tone to resting tone again. So it's actually a relaxed thing rather than a brace, which is what a lot of people tend to try and do is brace their tummy, brace their pelvic floor. And it's really the opposite of what we're trying to encourage here. We want things to be relaxed. Okay, so I'm going to cue the breathing. So when you're ready, inhale for two exhale for 4321. Inhale. Exhale for 4321. Inhale, exhale, right to the end of the breath, right to the end of the breath, right to the end of the breath. So wait till it's all gone. Stop breathing. And relax the tension at the ribs. And then go again, inhale for two. Exhale for 4321. Inhale, exhale for 4321, inhale, exhale, right

to the end of the breath, right to the end of the breath, right to the end of the breath. And then when you've got nowhere, hold your breath, and just release the tension at the ribs. And then just rest. So in the beginning, someone's not going to be able to do that for very long as in hold their breath, it's a really very weird thing for the brain to try and organise and understand what's going on. So it can feel a bit strange. And often people feel something very strange in the throat. And again, that's usually the that feeling of the glottis closing off. So for those of you that are having a go at home, you know, you've you've already learned to do that lateral breathing, it's, it's about kind of getting those ribs to expand as much as they can in that two second inhale. And then nice and relaxed on the on the way in and then just practising it really, yeah. So we put that together with the postures. Because the postures are working, then on other tension in the body, here, we're trying to kind of work on the tension that we've got here, which is what you start off with, I would do a bit of everything. So I would start off with the breathing like that, make sure the person's got a really good understanding, sometimes the breathing will take up a fair amount of the session I'm doing. But other times someone gets it quite quickly. And I would move on to push breathing in the postures as well. But those postures are important from a postural element in releasing tension that someone might have, you know, really tight shoulders, neck, etc, is going to compromise the front of the body tends to be the area where we are being pulled forward. And it's the back of the body where we kind of really need to kind of get everybody standing up straighter and and able to stick to stay there because it's sort of like talking about posture, everyone sits up straight, but then they can't hold it there. So it's take relearning, almost rewiring those muscles to work and stabilise the posterior chain.

Steven Bruce

Can we see what you mean by some of the postures costs,

Nikki Scott

right? Nice and gently bring yourself up. Alright, so I would always start if you just come into the centre, I would always start I know you know the setup, but just pretend you don't.

Steven Bruce

I would always start compulsory to wear finger toe shoes.

Nikki Scott

No, I mean, I'm always barefoot, but But no, they're very cool. Actually, I would always start with standing. Because standing posture kind of gives you all of the cues for every single posture that they never really change. It's just the shape that you're in changes. So we start with the feet and we work our way all the way up to the crown of the head. And the first cue would be to bring your feet together. And then take your heels out and take your toes out so that your feet sit nicely under your hips. And then you'd work up to the knee you want a soft knee. So just taking the lock off the knee, and then we want pelvis in neutral. So you might want to tuck all the way under and go all the way through the range with someone just to get them into that neutral pelvis.

Steven Bruce

And what do you define as neutral, just allowing

Nikki Scott

for the natural curves, really, some people are very lordotic, from especially post birth. So you know, there's, there's only so much you can do. And it just be a case of kind of tweaking it as they're a little bit more able, so. And then from there, we're concentrating on the spine.

So we want Claire to grow tall, and really feel like she's stretching up through the crown of her head. So I always give the cue piece of string pulling you up from the crown of the head, so that you feel like you're stretching through the vertebrae. And that will then naturally bring in your stabilising muscles and get them kind of working. Because the amount of people we kind of see in this posture with their tummy stuck out, they can't kind of hold themselves up. And then we're looking at the head, we want the head stacked on the spine. So we just bring the chin back slightly with the eyes on the horizon. And then finally, we're going to put a slight weight shift forward from the ankle to the shoulder. It's just a very small shift of weight, kind of into this front part of the foot, not the toes, we shouldn't be gripping the floor with the toes, heels or on the ground, we just want a little bit of posterior chain activation, just a little bit and standing. Okay, so that's our basic setup for standing. And then we would bring in the first arm position. So with the arms resting down by your side with a little finger on top, I just want you to rise your arms up and away from the body. So not too high, just bring them down slightly. And then all of the fingers and thumbs together.

Steven Bruce

Just do a very good job of not knowing why she's doing a

Nikki Scott

really good job. So ideally, we want those arms in line with the body. So you literally just lifted them away. And then we're going to create tension, as if we're being pulled east to west through the fingertips. So we get a real switch on through the arms. But more importantly, we want to kind of switch on through the hips as well. Our big stabilising muscles, and then we would put the breathing in. So again, I'll cue you through one round of breath. You okay to do that? Yep. Good. Okay, so when you're ready, inhale for to exhale for 4321. Inhale. Exhale for 4321. Inhale, exhale, right to the end of the breath, right to the end of the breath, right to the end of the breath. And then when you're ready, hold your breath. Good, and then resting those arms down. So Claire made it look easy. But those postures really, really challenged clients who are who don't have great posture or just have tension anywhere. Really, you say when you first started, it was

Claire Forrester

really hard work. And I did quite a lot of yoga before too. So it was quite fairly strong. I thought in my shoulders, but actually it was my mostly my shoulders that I really, really felt that

Steven Bruce

it was also some similarities when yoga Pilates here out there and neutralising spines. Because how is it affected by ligamentous laxity after birth? Because that can go on for several years.

Claire Forrester

So I think with that you do you always want to strengthen, don't you to maintain that ligament support?

Steven Bruce

How many? How many those postures in total other

Nikki Scott

is eight, but they have multiple. So for example, standing we have forehand positions, though I just showed you the first one there. And then some of them just have one hand position. Some of them have multiple.

Steven Bruce

Do you want to do any more demo? Should we go back over there and get through some of these questions which are filling up my screen.

Nikki Scott

We can do questions if you want to. We can always come back

Steven Bruce

over here and do some more questions and have a glass of water. Because that's the other thing. They're panicking about not wearing a hat, but to drink lots of water as well. Right So Kim was now does this help with hernias? No, you mentioned hernias at the beginning,

Nikki Scott

so it won't when they when someone's got a hernia, then it's not going to make it go away. But it helps with hernia prevention because it's getting that whole bodily function better. So I on my son actually has a hernia and he does a lot of weight training. And he has used high progressive just as kind of maintain. He's very, very small. idea but just to maintain so that he doesn't get any more problems with it. And it will help him

Steven Bruce

to said no intervention of surgery. That is just not getting any worse. any worse. Yeah, I suppose that was also my, one of the questions I was thinking over there. Early on, you said this is possibly going to help with athletic performance.

Nikki Scott

In terms of the respiratory function, there is some research that was done into triathletes, I think, and it increases her mcrypt red blood cell count count. So it's more to do with kind of respiratory endurance.

Steven Bruce

Okay. That's interesting, I'd imagine that most athletes would want to increase their red blood cell count.

Nikki Scott

So I think the breathing as well, a lot of runners find that when they first go out running that first 510 minutes, you really struggle to get into a good breathing rhythm, and then it kind of falls in and it becomes a little bit more easy to run. I don't think you get that when you've been practising high progressive, you don't kind of get that horrible bit, you just off you go.

Steven Bruce

Okay, thank you. On a different tack, Claire, do you feel that you've got more responsibility towards your patients than Nicky would? Because of course, you're a regulated healthcare professional, whereas you're not regulated in the in the areas where your expert

Claire Forrester

in terms of follow up? Or? Well, I'm

Steven Bruce

guessing it could be in terms of follow up, it could also be in terms of just how careful Have you got to be that nothing can possibly go wrong?

Claire Forrester

No, I'd say it probably makes me a bit braver when I've taught it to pregnant ladies who haven't done any hybrid procedures before. And they, you know, it really helps him. And obviously, they can start as soon as they've had the baby to work a little bit stronger with it. So I think, yeah, I think it probably makes me more comfortable with who I would use it on.

Steven Bruce

It doesn't strike me as that there will be any particular issues of communication and consent here with the right. So it's fairly easy to explain why you're why you're doing what you're doing. And there's no, you know, you do internal examinations anyway. But that's nothing, you don't need to do that for this.

Nikki Scott

Yeah. And I mean, when we were taught it, we were very much taught hands on, you know, touch cues. And obviously, with COVID, we haven't been able to do touch cues with people. And so I'm very, I'm quite standoffish. Now, in a way with my teaching, I forget to touch people, and help help them that way. So from that point of view, it can be taught verbally as just as well as with touch keys.

Steven Bruce

Well, let's, let's hope the touch cues are coming back into things because there's a strong feeling that touch is an important part of therapy, whatever that therapy might be. Interesting, this one, Sue says, Have you ever helped anyone with vaginismus?

Nikki Scott

Wouldn't know what that was? Personally?

Claire Forrester

I haven't worked with anyone with hyper pressors. For that, particularly No.

Steven Bruce

I don't know where that one came up. It's sort of connected area.

Claire Forrester

Yeah, I mean, with with all of the pretty much with every pelvic condition that I treat, you know, there's an there's a few things that you need to work on, but always improving the the blood flow and the drainage. And the massaging effect that the breathing has, it helps with, with all of those conditions.

Steven Bruce

One from me, in terms of research, how much quality research and I'm not going to criticise you if there isn't a great deal of research, because let's face it, there's buggar all in osteopathy and chiropractic that satisfies the conventional world.

Nikki Scott

And I think that's where the sticking point has been for expanding more into say Women's Health is because there isn't that credible white paper research. There are some papers out there now we've probably got I think we've probably got about 50. And there's then there's been new ones as well.

Steven Bruce

Where are they being published?

Nikki Scott

PubMed I think there's, there's, there's, there's plenty published in this country, but covering a really, really wide spectrum of what they're researching. We're actually going to be doing some research with Swansea uni at the end of this year where my son was at university. We've got a connection there who wants to bring it in as part of the sport science? Dissertation. Yeah, we're gonna run a pilot this this coming year to see whether we can get that in there and get funding for it. So that will hopefully change things quite a lot because that will mean that each year hopefully some of the students will choose it as their subject and go away and do research on various different areas of it. We want to really see from our pile We want to see the difference between doing high progressives with and without the breath hold. Because we know that it's been reported by Women's Health physios in Canada that they've seen really good results from just doing high progressives without actually doing what you saw me doing there with the vacuum, the breath hold. So we that's that's I think that's what we're going to be focusing on.

Steven Bruce

You're going to be comparing hyper pressive breathing with hyper pressive. Breathing.

Nikki Scott

Yeah. Because for us, it's more Yeah, yeah, absolutely. But But kind of how important is that breath hold to high presses.

Steven Bruce

To me, the far more important thing is, how is it compared with conventional care? Yeah, but.

Nikki Scott

But the thing is that there is research out there that has looked at, say, traditional pelvic floor training and high presses. And when you look at how the research was done, in terms of how the high progressives was taught, they're usually done with the client in supine and not in posture. And we know that what makes progressives work so well is the whole of it, all of it all things together. So often, there's. So the outcomes of those types of research is that it's no better than traditional pelvic floor training, which is then when people won't invest in it. But actually, we know that not to be true.

Steven Bruce

No, but of course, there's no reason why trials can't be done on a different aspect of oh, that complete aspect of hybrid presses. Well, it strikes me that what's needed is not a not one of those horrid trials that says, Well, we're going to look at this one outcome measure, it's going to be a pragmatic trial, which is right can give you lots to conventional care, we're gonna give you lots of high progressive care. And we'll just see who gets better at the end. We don't actually care what you do. We don't care what you do, as long as you don't do the same

thing. And that would be quite an interesting study. Anyway, we'll get off that because it hasn't been done and who are we to criticise in osteopathy users

Claire Forrester

and funding we've been funded isn't

Steven Bruce

going to fund a treatment, which doesn't actually earn anybody any money doesn't earn any big businesses any money? Well, he was asked a question which I kind of asked over there, as he says, Can you do this too much?

Nikki Scott

No, I wouldn't say that you can? No.

Steven Bruce

Right. So I mean, today, I suspect you're getting bored. If more than two a day wouldn't.

Claire Forrester

That is hard work. I feel very fatigued.

Steven Bruce

So it's self limiting, which is what you said. Solomon, was asked, How long do you do the breath? Hold for?

Nikki Scott

As long as you can. So what was blue? No. One is that the next breath is lovely and relaxed and in the same rhythm. So in the beginning, you probably going to find that you can't hold your breath past five seconds, would you say that's fair? Yeah, that's quite a lot. Then as you start to get better at it and practice it more, you'll find you'll be able to hold your breath longer, sometimes, not always. So there's no infinite number that it has to be held for. It's just, you'll feel that first edge in your throat and you'll you'll breathe again in a nice relaxed manner. You're not gasping for the next breath.

Steven Bruce

Simon's asked whether this would be appropriate or useful or helpful to asthmatic or COPD patients 100%

Nikki Scott

Yes. Whether or not

Steven Bruce

they've got plenty of the the problems you mentioned anyone?

Nikki Scott

Yeah, I mean, Richard, the other half you have processes asthmatic, and it's, it's very beneficial for asthmatics. You think about how tight they become from from that restrictive breathing. And then we're getting them to kind of open the ribs, get the lungs, you know, to be able to feel more it's it's Yeah.

Steven Bruce

Do you ever get a sense? This is something I know there are 1000s of things you could put into this category that is something which perhaps ought to be taught as basic remedial work at physio colleges, osteo colleges, chiropractic colleges.

Nikki Scott

Yeah, because it is training and personal training qualifications.

Steven Bruce

I mean, possibly.

Nikki Scott

an anti natal modules on most personal training courses are wholly inept. So

Steven Bruce

well, I'm gonna hold Claire responsible for it not being taught in osteopathic college just because she's an osteopath, and she knows about it.

Claire Forrester

I did a taster session for some of the Osteopath on Wednesday, Malawi's women's health course. Just this year, yet? Yeah, it should be.

Steven Bruce

Yeah, I forgot to mention that you were a big buddy of Renzo.

Claire Forrester

No big fan of benzos.

Steven Bruce

Yeah. When you're you're living in that? Yeah, I just I only draw the distinction because as primary health care practitioners people come to us with problems which, of course, they might come to us with a back pain or something. And then some of these other problems might emerge from the case history from the conversation and you think well, we could help with that. Yes, anyway.

Claire Forrester

And I think the lovely thing about it is it's so simple Caring for for women to have something that they can do at home themselves rather than relying on coming to see someone like

Steven Bruce

I can't get. I can't get over the psychological aspect of on the one hand being told that you made somebody invested in an observation here saying you're pregnant, what do you expect? You've had a baby? What do you expect when you mentioned that and somebody alive? You can do something about it? Yeah,

Claire Forrester

baby safe.

Nikki Scott

I think that's the general way that fit women are fobbed off, you know, it's you only have to look at the media and how incontinence is portrayed in the media. You know, you've got to

the women in the adverts are getting younger and younger for incontinence products, you know, you're you're being sold black, what is a black pull up nappy and told it's sexy, you know, and that's okay, that you just you don't have to let a little bit of we stop you being, you know, the person you want to be. And it's, it's that thing, it's normalising it is making people feel that they don't need to do anything about it. And then it gets too late. And then the you know, their options are surgery, or, you know, not being able to live the life that you want to live. And that's what makes me crosses that it's it's normalised in the media. And therefore women just tend to

Steven Bruce

what you just described as perhaps the the perfect and perhaps most visible example of addressing a symptom rather than a call. We're

Nikki Scott

happy and I don't know. That's what it that's all it is, I bought some to take with me on networking events, so I can show people, what would happen to them if they didn't do something about it now, yes. It's not like they're not nice products. They're really expensive.

Claire Forrester

And toxic, toxic

Steven Bruce

as well. And sorry, toxic

Claire Forrester

and toxic. Yeah, the bleach and the chemicals used to create those things.

Steven Bruce

I suppose one question that people might be wondering is, how long after you first experienced any of the symptoms you described? Would this still be effective? I mean, if someone only learned this 10 years after they had their children, would they still benefit from the exercises to the same extent?

Nikki Scott

Yeah. I mean, if we can get to someone with issues, newly postnatal then that's the best case scenario. In fact, if that woman has learned how progresses before, she's given birth, something she knows she's got no tool box, and she can get straight on and do it straight away, it will really speed up postnatal healing. And I just think that it doesn't matter. Doesn't matter what age you are, it's not too late to start. I've just started a lady in one of my sessions, who's 83. She's She's desperate to kind of do something about her condition and help herself. And I think that's, that's amazing. And we shouldn't be put off by a we're not nearly postnatal. So therefore, it doesn't apply to me because you will have some benefits.

Steven Bruce

I don't know who wants this next question. I think it might be an osteopath called Bob, not less important. But whoever it is, says that the routine looks very demanding, as you've explained that it can be and it's not necessarily suitable for everybody, could it be modified for people that have mobility issues? And would it be okay to do to eight minute sessions rather than 115 minutes,

Nikki Scott

you just build up to that 15 minute session. Again, as I maybe I didn't explain, but in the beginning, you're doing 10 to 15 minutes, but it's very broken up, you wouldn't necessarily do that whole routine because you haven't learned it. So you'd have to your session might be made up of a little bit of practice of the breathing on the floor. And then you would get yourself up and into whatever postures you're you've been taught or whatever modifications you've been taught for the rest of those 10 minutes. And you would do a few rounds of breath if you're able to and then build it up from there. So we're gradually building people up, some people are able to do it straightaway, some people, it takes them really a long time. And as you said, it can be quite demanding. So it has to be doable for people to do it. You know, you said to them, oh, it's got to be a 30 minute routine, you've got to stick out every posture and you know, every arm position, you just people just wouldn't do it, and then they wouldn't get those wonderful benefits.

Steven Bruce

Well, on that same theme. Amy's asked, What would you do for older ladies who maybe can't kneel?

Nikki Scott

Yep, you just would leave that posture out? Yeah, yeah.

Steven Bruce

Linda's Well, actually, Linda's asked what you just said, you're going to try out? Would the postures work without the breathing? I don't about without breathing back. Perhaps she means without the breath.

Nikki Scott

Hold the breath hold? Well, you know, like I say it's there's been conversations around seeing really good effect without that breath hold. So yes, I would. And again, I would encourage people just to if they can't get the vacuum, just to try it anyway. But most people, if I teach them properly, will, will be able to get it.

Claire Forrester

And I sometimes only teach the breathing part. So some of the people that I see with pelvic pain. I only teach them supine breathing. I don't always even teach them up here. And they get a lot of relief from that. I was just treating is actually abdominal surgeon. And so he has really long surgery. It's kind of 810 My surgery some days, and he literally goes home now and does the breathing, process breathing? And he finds it really good.

Steven Bruce

And what is it you are treating him for?

Claire Forrester

Pelvic pain, just pelvic pain? Yeah.

Steven Bruce

And the tissues causing symptoms as they would always have asked you were college and the idea.

Claire Forrester

So he has had the full gamut of testing. So he's got a bit of inflammation of the prostate. Yeah, but it's kind of inflamed the whole pelvic floor and he was having problems with pain during sexual intercourse, ejaculation, pelvic pain, really spasm of the perineum, pain with urination, which is pretty much all gone now. Wow. Yeah.

Steven Bruce

I was wondering this myself, as you were doing that I was trying was following a little bit of what you were getting Claire to do. Kim's asked whether your patients can get lightheaded with this,

Nikki Scott

usually, what you find is that they're because of that rush of oxygen, it's much kind of it's quite different than breathing, you would usually find that some of them can do Yeah. And so if you've got somebody that's maybe got low blood pressure, and it's feeling lightheaded, we would start them off with stuff on the floor. But usually, you find that once people actually learn to do the breath hold properly, that goes because you're actually breaking that cycle of, of breath, breathing deeply. Because you're holding your breath for a certain amount of time, they usually find that they overcome it.

Steven Bruce

And several people have asked this assuming this is going to help your patient, your man or your woman? Is it something they're going to have to do for life? Or is it something they can do for six months and say, right, I've mastered that I don't have to think about anyone have to set aside 15 minutes for this.

Nikki Scott

I would say it's something that's with you for life. Personally, I found that I've made improvements. Physically, the more I've done it. And I tend to do between four and seven days a week of just my short sessions. So you don't necessarily have to do every day to make it stick. But it's kind of finding what your maintenance level is. But I would say that if you've got someone that's had a baby or had some major trauma or just got pelvic floor dysfunction in general, there is going to be something they're going to need to stick out. You use it or you lose it.

Steven Bruce

When is 15 minutes is the max is that's that's how long your session would be in your 407 a week.

Nikki Scott

Yeah. That's enough for me to not have incontinence and not have Well, I mean, I from I'm from a hairdressing back gap background. So my posture when I came to high progressives, even though I was in the fitness world at that point, and I've been training, etc. My posture was awful. I'd fallen off horses multiple times, I've had serious whiplash injuries, it's a disaster area. And I'm now 53. And I don't have any pain issues whatsoever. So for me, it's kind of keeping me going into my old age, I feel.

Steven Bruce

Well, it's a long way away, but it's

Nikki Scott

still it's still a really great thing to be able to do every day or what however often you want to do it and just maintain things really clear. How

Steven Bruce

long do you spend doing

Claire Forrester

this? I don't I use it mainly for when I'm teaching. Okay, so I did my hour this morning with a with a client first thing? Well, that's helpful

Steven Bruce

too, isn't it? I suspect a lot of people thinking well, you don't get into this if you needed it. You got into it because you were doing sort of obstetric related courses. And

Claire Forrester

it just helped with my the rehab for patients basically.

Steven Bruce

We had a long observation from somebody here earlier on who was talking about I think herself having had having had problems of this nature after children and being just just being told to get on with it and find this very reassuring. Well, Alex, who's not English? He comes from Cambridge osteopaths. I guess he, he writes, I'm gonna make sure I get the right.

Claire Forrester

I wasn't allowed to ask any difficult questions.

Steven Bruce

For you, prostatitis.

Nikki Scott

I haven't myself now, we have to ask you.

Claire Forrester

So I'm Cambridge based. And that doesn't seem to be any physios who work with men there so they get very be sent to me. So a couple of cases. Yes. The doctor being one of them I was just talking about earlier.

Steven Bruce

I just, I suspect that you probably don't work with any more than that because no one would think of this sort of thing. Or even osteopathy or chiropractic as a possible remedy for

Claire Forrester

prostatitis. It's the Women's Health physios that send them to me. Yeah.

Steven Bruce

Right. We've been asked for all sorts of more info Question about, can you explain the postures more and things like that? So I'll try to get through to a few as many of these questions as I possibly can. Bill says, Do you start at a certain posture and only increase when the right breathing and posture can be maintained?

Nikki Scott

No, because it is a practice thing. And so therefore, some people might take a long, long time to master something. And so then that would just be really, really boring if you as long as they understand. And usually you can pick up on areas where they have tension, and remind them that that's where they need to work and what they need to do in order to stop certain things from happening. So for example, when they're breathing, their shoulders are rising. yields were a little bit I put my hands on her shoulder, to remind, encourage that, but again, it's a practice thing. So now when I think I would tend to, if I'm going to teach one to one, I would tend to teach someone, the first posture and the breathing in the first session, if I had time, and then just build it up as I see them. I learned I don't expect them to be perfect. But I do expect them to really feel like they, they've got certain muscle activation in each posture. So they know that their lat should be engaged, they know where tension should be and where it shouldn't be. So

Steven Bruce

I want quickly to return to the Squeezie app, which sounds like a great present for my one year old son. Linda has asked when he when you when either of you see people who have been advised to use and you tell them to stop using it.

Nikki Scott

I do, especially if they are someone who has got a prolapse and someone who may have a PCL tummy or birth scar, because they are wholly the wrong thing to be doing. If the they've got those both of those things for me, I've got an episiotomy. So scar tissue, areas that that scar tissue over tightened anyway, because it's being pulled and stretched and, and too tight in certain areas. And then you're being encouraged to squeeze that area. Really, you know, I was doing it so many times a day that eventually that that area of the pelvic floor muscle just got locked. And I had to have some release work done on it. So yes, I would encourage people to, especially if they find that they haven't had any benefit from them. If they've been doing them for a certain amount of time, they haven't any benefit, then stop try something else. Because it's a sign of madness, just carrying on with something isn't working.

Claire Forrester

Absolutely, yeah.

Steven Bruce

If a moment ago, I said I was gonna give this a President, my one year old son before my wife comes out and murders me. I meant my one year old grandson. Getting to the nitty gritty of this, we've been asked about becoming a trainer. So there are only two master trainers. So only two people who can train trainers in the country, why aren't there more? How long is the course to do that? Can you run a course to do that to train people to become master trainers,

Nikki Scott

it is something that we will eventually do. I mean, don't get me wrong, there are other training organisations. So for example, we trained under metodo, who placebo which is the Spanish organisation. And there's also low pressure fitness who are also in Spain. And they have now got a little bit of a presence in the UK as well. So in terms of what we learned in our organisation, there is just me and rich. But we are very hopeful that at some point, there will be many, many more of us. And there'll be lots of courses going on over weekends, every single weekend of the year, that would be our dream. But it's just again, it's getting the word out there. It's getting people to know about it. And

Steven Bruce

so if you and rich come along together to run a course, how many people could you then take on the course, we could

Nikki Scott

probably get 2024 People easily good for the two of us. So but I would say that that course needs to be run over a weekend and not a one day.

Steven Bruce

Okay, well, we've done plenty of weekend courses here. What I'm thinking is that if, if we can set this up, if we can get enough interest from you out there to set up a course like this, we can run it in the studio here. We will also generate local publicity local to this area. But we'll give people takeaways to go back to their own various media media outlets with. And I think we can probably write some effective press releases that you could use as well, all as part of the course because I feel slightly challenged that we should be doing something to at least double the number of hyper pressive trainers in the country. I'm convinced we can do this. And I'm convinced we've got the space here for 20 people because we run far more than that on the other courses that we run. And I suspect that part of the challenge is our inbuilt reluctance to market the service rather than to actually provide it. So obviously, the challenge for you is that I need from you my audience. I need you to tell Whether you're interested or not, so send something in through the chat lines, it gives us a clue as to whether this is worth us doing. It just seems to me that it's an area of the market, which is bound to enter business, isn't it? Because there's a whole bunch of people out there who probably a lot of us use, Cairo's and others didn't know they could help us so effectively. So I'll stop blathering on about that. And

Nikki Scott

ironically, we bring our courses to Poland as well, and where they're always full, there's always 2025 people on those courses every time we go to Poland, it's really taken off over there there isn't this kind of almost sniff Enos about research and it not being in like the NHS system, etc. So therefore, we can't recommend it. There isn't any of that side of things.

Steven Bruce

We're gonna we won't be an awful lot about that. And of course, as as regulated practitioners, osteopathic cannabis, we can't put on our website, anything that we can't back up with some evidence. But as I'm very fond of saying, actually, if there is some evidence out there, and we're not expressly told we mustn't do it, we can do it. And if someone tells us to take it down, fine, all we have to do is take it down. So we can do that. But equally, we're all aware that the public themselves and not actually terribly bothered about evidence, a lot of the time they're interested sometimes in just something because it's, it's a fad. But also, sometimes they find a medical remedy which works which helps and and it suddenly takes off, can easily do that. We've come to the end of the show. The Time does fly by on these things, especially when we've got some practical to do as well. I can't thank you enough. I've been really fascinated with what you had to say. Thank you both for coming over here. And I think we will be seeing you again at some point I'm waiting to see we had 406 people watching this evening. So it's a fairly sizable audience for a lovely hot summer's evening. And I imagine there'll be quite a bit of interest in people learning more about it, whether they come direct to you the online course come here and we set up something which can generate some momentum and which we'll see but very kind of thank you for coming along. I look forward to the next visit.

DRAFT TRANSCRIPT