



# CESAREAN RECOVERY & SAFE RETURN TO EXERCISE GUIDE

*The Guide We All Wish We Had*

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NOTE FROM LASHONDA



Like many other women I had my birth all planned out. My 1st birth was a long induced vaginal medicated birth that resulted in 2nd degree tearing and an episiotomy. The rehab was long and painful...I was determined to have something different for my 2nd.

So when my plan of having an unmedicated and uncomplicated vaginal birth with my 2nd didn't happen...boy was I in for a surprise! My 2nd baby (my daughter) was breech and I ended up having a C-section.

**It was unplanned and I was hella unprepared.** Even as a physical therapist I was left to figure out how to recover, rehabilitate and safely return to fitness all on my own. I was SHOCKED that we were left to figure ALL OF THIS STUFF out all by ourselves.

I deserved better...YOU deserved better  
*Hence the birth of my Cesarean Recovery and Safe Return  
back to Exercise Guide*

I pray this comprehensive guide provides you with the education and empowerment I wish I would have had. Better preparation, education, and guidance on how to care for yourself and your body after a Cesarean birth; no matter how many months or years it has been.

**Please help me help others** by sharing this much needed educational guide with them, and purchasing this guide for another expecting or C-birth parent.

Lashonda  
Dr. Lashonda Jones PT, DPT, CPT, PPCES

[www.coreelevationfitness.com](http://www.coreelevationfitness.com)  
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## Medical and Liability Disclaimer

Before beginning this guide or any program, seek your doctor or midwife's approval. If having any post birth complications (including infections or difficulty healing your incision), do not start this program until those complications have been addressed by your doctor and you are given approval to start this or any other program.

I am not responsible for any injuries or issues that may arise during the use of this guide. You are completing this program at your own discretion with a doctor's approval.

Once you have your doctor's approval to return to exercise, please still be aware of the following:

1. If any issues arise during this program, please RECONSULT with your doctor, and decide if this program is appropriate for you.
3. If you have any pain that does not go away or an exercise does not feel comfortable or right for you, please discontinue it.
4. Stop if something doesn't feel right.

To book an online 1 on 1 consultation with Lashonda to guide you through scar tissue massage, exercise progressions, diastasis recti rehab and/or additional C-section information email Lashonda at [Lashonda@coreelevationfitness.com](mailto:Lashonda@coreelevationfitness.com)

Website: <http://coreelevationfitness.com>

Email: [Lashonda@coreelevationfitness.com](mailto:Lashonda@coreelevationfitness.com)

Instagram: <http://instagram.com/ptrainershonda>

This guide is for INDIVIDUAL USE ONLY

If you wish to share this guide and help me spread this much needed education with your friends, doctor, doula, midwife, mom group, expecting mama, or anyone you know experiencing C-section pain years later. Please refer them to my website and social media pages for purchase. Sharing without purchase is NOT allowed.

For those who refer multiple friends and they purchase the guide, please email me, I would love to send you a special thank you gift.

Spreading this much needed education takes a VILLAGE and I'm grateful you are now apart of my village

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# HOW TO USE GUIDE

INTRODUCTION

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## Welcome From Dr. Lashonda Jones



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### How to Use This Guide

This is a loaded comprehensive guide. The goal here is not to overwhelm you. The best way to use it is to start where you are and choose a few things to focus on at a time. For best results try to be as consistent as possible for a few weeks or months depending on what you're focusing on.

Healing takes time. **Something is always better than nothing** and totally worth a try. So whether you're expecting, newly postpartum, or it's been years since your c-section, EVERYONE can benefit from this guide.

Refer to the table of contents to help you navigate to a particular area of the guide. Please be sure to follow the instructions step by step and not skip important information for best results.

## C-section Recovery Timelines

### Important Recovery Considerations

It's VERY important to note that **not all C-sections or C-births are the same**. Just like every vaginal birth is not the same. When it comes to your recovery time, you want to consider the following:

- Was your C-birth planned, unplanned or an emergency? (Emergency and unplanned tend to require longer healing and recovery times)
- How were you mentally and emotionally impacted by your birth?
- Did you experience other pain, symptoms or complications during pregnancy or birth?
- Do you require extra healing time due to your medical history, infections, keloiding, age, or type of C-birth?
- Have you had previous C-sections? (old adhesions can impact healing)
- Your pregnancy and pre-pregnancy fitness level.
- Number of births you've had? (the more births, the more your abdominals may be lengthened and take more time to be strengthened)

Therefore any timelines I provide in this guide are GENERAL, and are not specific to you as an individual. **Always listen to your body and ask your provider to base it to your specific needs.**

## C-section Recovery Timelines

### Week 1-2

#### **Focus on: Rest, Recovery and Protection**

- Resting, healing and recovering your body
- Connecting with your baby
- Sleeping as often as you can to help promote healing
- Pain and swelling management
- Avoiding infection and injury by resting your healing body
- Nourishing and hydrating your body with water and fiber-rich foods
- Restoring upright posture in standing and sitting
- Getting in and out the bed, going up and down stairs correctly
- Re-establish Diaphragmatic Breathing
- Short easy walks (maximum of 10 minutes to start)
- Getting help with heavy lifting like car seat and home tasks to avoid straining your incision and core. If help is limited, seek out a postpartum doula in your area for help.

### Week 3-5

#### **Focus on: Rest, Recovery, Breathing, Gentle Mobility, Scar Desensitization**

- Work on 360 degree diaphragmatic breathing on back, sides and seated positions (see exercise section)
- Begin desensitizing above and below your scar to reduce sensitivity, pain, numbness (see rehab section)
- Begin Indirect scar tissue mobility (see rehab section)
- Slowly build on short walks focusing on posture, breathing and listening to your body
- If not already established, find local pelvic floor physical therapist for assessment (see rehab section)

## Week 6-8

### **Focus On: Restoring mobility, endurance and strength**

- Begin posture and core retraining exercises
- Glute, core, pelvic floor engagement exercises
- Continue desensitizing on and around the scar and indirect mobilization
- Begin massaging above and below your incision (not on it yet)
- Progress walking distances and endurance over time

## Week 9-11

### **Focus On: Direct incision mobilization, deep core and bodyweight strengthening, low impact mobility and endurance training**

- At approximately 10 weeks, begin gentle **direct** mobilization to the incision (as long as your provider has given the clearance and no infections)
- Continue exercises from previous weeks as needed
- Begin strengthening your abdominals and core with bodyweight strengthening exercises (begin with what feels good and progress when able)
- Start bodyweight total body strengthening (progress to light resistance when ready)
- When ready, start with low impact aerobic or endurance building exercise (walking, elliptical, treadmill, aquatic exercise, low impact cardio) at 25-50% of your normal exercise intensity. Start with 5-10 minutes of cardio and assess how you feel and ability to progress
- Work with a postpartum coach, trainer or physical therapist to develop rehab program for returning to running, HIIT (high-intensity interval training), and training specific exercises (balance, bodyweight strengthening, agility, endurance building exercises)

## Week 12 and onward

**Focus on: Restoring mobility, core, total body strength and endurance.**

**Safely returning to exercise and functional activities.**

- Continue any breathing, posture, rehab, scar tissue mobility needed
- Progress back into weighted resistance total body strengthening (listen to your body as you progress...no rush here). General rule of thumb, start with 2 sets of lightweight, then progress to 3 sets. Then gradually increase weight as able.
- Progress core strengthening exercises with focus on restoring lower abdominal, and deep core muscle strength (see exercise section)
- Progress back into HIIT, then eventually returning to regular over time
- Slowly progress back into running, HIIT, plyometrics, jumping with appropriate screening and training by physical therapist, postpartum coach or trainer
- Do not increase intensity AND volume of your workouts in the same week

## KEY TAKEAWAYS

- 📌 C-section is a major abdominal surgery
- 📌 Listen to your body. Nobody knows your body better than you. If it says to slow down, listen. When it's ready for a little more, don't be afraid to try at a slow gradual pace. If unsure, seek expert guidance.
- 📌 Just like any other surgery, your body needs proper healing and rehab to restore optimal function and strength
- 📌 It may take some people well over a year to feel "normal". Knowing that this recovery time is normal lets you know you are not broken. Give your body time to recover, regain sensation, mobility and strength. Following this guide may expedite that healing process.

## 1 + Years (Older) C-section Considerations

Even if it's been years since your c-section, it is still possible to make improvements to your diastasis recti, pelvic floor issues, core strength, scar tissue mobility, pain and or sensitivity around your scar.

Though you can still benefit from many areas of this guide, how you navigate it may be a bit different based on where you are in your journey and what you're needing help with. Please see the table below to guide you.

If you find your case is more complex than what this guide can help you with, then a one-on-one consultation with myself and or a local pelvic physical therapist may be the next best step. Email me at [lashonda@coreelevationfitness.com](mailto:lashonda@coreelevationfitness.com) for more information.

Area of Concern	What to do
C-section shelf	See scar mobilization section
Thick, raised, dark appearance of your scar	Try a combination of scar massage and wearing silicone gel or sheets for at least 6 weeks. If you are seeing improvement continue as needed. If no improvement, seek your physician for guidance.
Scar sensitive to touch and or need massaging	<b>See guidance chart below</b>
Core weakness and want to safely return to exercise	<b>See return to exercise section</b>
Pelvic floor issues	See a pelvic floor PT & PT section

P H A S E

1

PREPARATION

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## Planned vs Unplanned C-birth Considerations

### Planned C-section

If you're having a planned c-section then you have a little more time to physically and mentally prepare. Consider the following questions to help you prepare.

### Questions to Ask Doctor Before, During, or After Your C-section

1. If sutures (stays in and dissolves), glue, or staples (removed after approximately 4 days) will be used to close your incision. If you tend to keloid tell your doctor in advance as one technique may be a better option for you
2. Can you have immediate skin to skin with your baby after birth?
3. What you should expect during and after your C-section? What you should do to prepare and have the best recovery?
4. Different suture options they can use to reduce keloiding, shelf/overhang, diastasis recti, etc.

### Unplanned or Emergency C-section

If you were not planning to have a C-section for some this can be a traumatic event. Therefore you want to consider the additional mental, emotional and physical recovery needed to help you properly heal. It was not something you either planned for or expected (I know I had an unplanned C-section myself) so give yourself the time, space and grace needed to adjust to that. Please seek additional counseling and support as needed.

**Whether you're having a planned C-section (and have time to plan and prepare) or had one unplanned, you may find the following tips, and list of recommended "must-haves" below. Note only purchase what you need.**

## Recovery Must Have List

- Strong support system (partner, postpartum doula, lactation consultant, physical and mental therapist, family, friends)
- Abdominal binder support\* (optional for up to 6-8 weeks postpartum)
- Abdominal pad/gauze dressing\* (buffer between incision and clothing)
- Anti-inflammatory and/or pain meds (take as prescribed, don't skip)
- Ice pack ( to reduce abdominal, incision, and pelvic pain)
- Fiber-rich diet and stool softeners before and after c-section
- Silicone scar sheets\* to soften and flatten scar appearance
- Water bottle (Proper hydration promotes healing)
- Disposable diapers or underwear\* (often given in hospital) for bleeding
- High waisted underwear or c-panty\*
- High waist (maternity) leggings (proper sizing to avoid discomfort)
- Compression socks\* for swelling in legs and feet
- Step stool\* (if you need assistance getting in and out of a tall bed)
- Pillow wedge or multiple pillows to sleep more upright in bed
- Needed items placed downstairs to avoid going up and down stairs
- Myofascial cups\* for advanced or older scar release
- Blood pressure monitor\* if needed to monitor blood pressure



[CLICK HERE to see all the recommended recovery items with link for easy purchase](#)

## Why Rest and Recovery Are Important

### *What happened to my belly during a c-section?*

In order for you to better appreciate WHY your body needs proper rest and recovery, I feel it helps to understand what your body went through to birth your babies into this world.

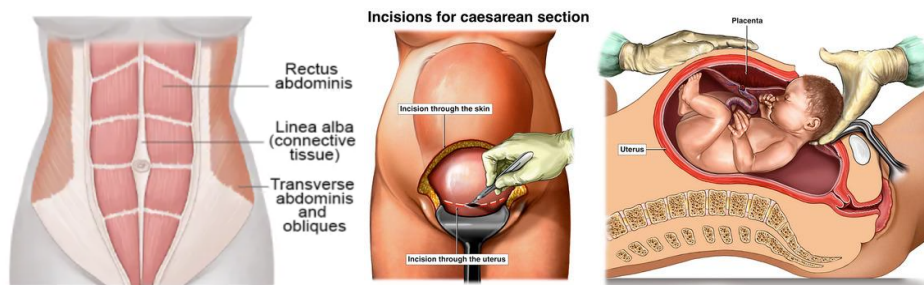


Photo credits: left babycenter.com/ right nucleushealth.com

**Altogether there are 3 cuts (7 layers gone through) to get to the baby**

**Layer 1-2:** 2 layers of the skin and subcutaneous fat tissue (horizontal outer incision you can see)-- closed by sutures, staples or surgical glue.

**Layer 3-4:** 2 layers of the aponeurosis and linea alba connective tissue of the abdominal muscles are separated (not normally cut) by doctors fingers then either left to heal on its own OR sewn up.

**Layer 5-7-:** 3 layers of the Uterus (where the baby is located)-are cut and sewn back together (normally horizontal but sometimes vertical cut if had preterm birth. Vertical cuts can decrease chances of future toloc or vbac)

Although the abdominal (belly) muscles were **not** cut, the linea alba connective tissue that holds the abdominals together is normally left to heal and scar down naturally and only sometimes sutured back. There's no "snapping back" from that!

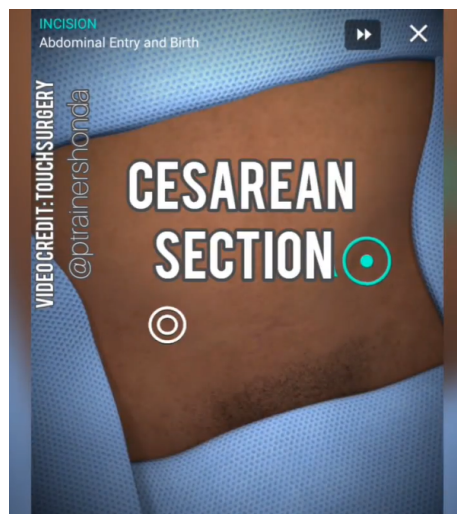
## What does that mean for you???

**Good news:** Your body can NATURALLY begin the healing process to bond these layers of cut tissue back together by laying down scar tissue which is like your body's own super glue or a human bandaid to bring the cut areas back together.

**Not so good news:** This scar tissue doesn't just stick to the areas that were cut BUT can stick to any and everything around the incisions like your bladder and intestines. That's where indirect and direct scar tissue mobilization comes in and helps (*see rehabilitation phase section*).

### See C-section Surgery Performed Here

[Click here to see a simulated \(less graphic\) C-section](#) or [Here to see an actual \(more graphic\) C-section performed](#) **Disclaimer:** Please only watch when mentally or emotionally ready to do so



PHASE

2

RECOVERY

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## Weeks 1-6: Rest, Recovery, Protection

Because a c-section is a major abdominal surgery, **It is normal** to have numbness, pain, lack of mobility, swelling, hypersensitivity that can last for a while. Keep in mind that this is a temporary SEASON in life. Therefore there is no pressure to “bounce back” or rush your healing process.

Your priorities and fitness goals should look different now. Your focus during this phase is to HEAL and RECOVER to reduce any unnecessary complications.

### Areas of Focus

#### Promote Healing

- Hydrate** aiming to drink ½ your bodyweight in ounces of water
- Nourish your body** eating balanced meals and fiber-rich foods
- Avoid smoking** (smoking reduces rate of tissue healing)
- Sleep and rest** as much as you can to keep your immune system strong
- Get up and moving in the hospital and at home** as much as you can to keep bowels, gas, fluid and blood flow moving

#### Pain Management

- Pain Meds:** Take as prescribed to keep your pain managed so that you can sleep and move better. This includes your stool softener as prescribed to help soften your stools and avoid constipation.
- Incision care:** In the shower let water run over it. Avoid rubbing or directly washing it with soap for the 1st few weeks. Pat to dry. If towel drying is too sensitive try using a handheld blower dryer with cool air. Keep your incision completely dry and covered with abdominal pad, sanitary pad or sterile gauze dressing. Wear breathable material.

- Watch out for signs of Infection:** Fever, redness, pus, increase pain. Notify your doctor immediately if noticed
- Postpartum Wrap or Binder:** Wear daily to protect and support your abdominal area while it heals. Discontinue once pain reduces and no longer need the added support. Ensure your binder is not worn too tight causing increased abdominal pain, discomfort or pressure down on to your pelvic floor.
- Pillow:** You may find it helpful to keep a small pillow with you to place against your abdomen and over your incision when coughing, sneezing, riding in a car under your seat belt or during bowel movements. This helps to reduce pain and protect the area as it heals
- Ice packs:** Help reduce swelling, decrease pain and facilitate healing the 1st few weeks of recovery. Place over abdomen and the bandages over incision for 10 minutes at a time or as your provider prescribes.

Restore Breathing, Posture and Mobility:

- Diaphragmatic Breathing:** Diaphragmatic breathing and gentle activation of your core muscles while sitting, lying down, or moving around with your baby can be a simple way to begin reconnecting without straining as the incision heals over the first few weeks postpartum (*see exercise section for demonstration video*).
- Belly breathing:** This is a great way to practice INDIRECT mobilization to your incision. I don't recommend breathing like this all the time, just to indirectly mobilize your incision.
- Posture awareness:** Standing, sitting and walking with good posture (i.e. not slouched or bent forward) will help scar tissue heal in a more uniformed fashion (along with indirect and direct massage).
- Mobility:** Being mindful of how you move. Avoid any unnecessary strain and pain to your healing incisions and body. (*see video below*)
- Short walks:** If feeling up to walking, I recommend keeping them short in distance and time. Listen to your body and current endurance levels

### Benefits of walking

- Helps prevent blood clots in your legs
- Promotes bowel movement
- Reduces constipation or gas
- Promotes blood and oxygen flow
- Releases happy endorphins to elevate your mood and promote healthy tissue healing (just as important as any other medicine)

### Things to Avoid

- Overdoing it. A sign that you are, would be increased pain that doesn't subside with rest and increased amount of postpartum bleeding (lochia)
- Getting on and off the floor for 1st few weeks
- Walking or sitting slouched over as much as you can
- Avoid having to go up and down stairs, jackknifing to sit up in bed, straining to get up and down from low surfaces, etc. **See video below**



[Click Here to Watch](#)

PHASE

3

REHABILITATION

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## Weeks 3 to 12+: Rehabilitation

It's difficult to set a definitive timeline for rehab. For some it may take a few weeks, other months to over a year. The earlier you can work with a pelvic floor PT or whatever postpartum specialist is needed, the better. During pregnancy or even before if you can. So take your time working through this phase so that you can safely return to exercise.

### Areas of Focus

#### **Pain, Muscle Weakness, Core and Pelvic Floor Dysfunction**

- Continue addressing any ongoing or new onset of pain, core and/or pelvic floor dysfunction, muscle weakness, incision or scar tissue healing with a women's health or pelvic floor physical therapist or a prenatal/postnatal fitness expert.
- Incision and scar tissue management
- Decrease sensitivity and pain around the incisions
- Improve incision and scar tissue mobility with indirect and gentle direct mobilization
- With provider's ok, begin applying silicone strips over your incision to soften and improve the appearance of your scar

#### **Returning to Exercise**

- Following through on recommended rehab exercises from the recovery phase. over time Increase your total body, core and or pelvic floor strength
- Increase your endurance with longer walks and low impact cardio
- Focus on posture restoration, deep core and pelvic floor strengthening
- Avoid traditional core strengthening exercises for now (i.e sit-ups, crunches, frontal planks). Focus on deep core strengthening (see exercise section)

## Reasons to See Pelvic PT

**But wait I didn't push my baby out, should I be concerned about my pelvic floor?** Answer: Yes!

Not everyone experiences symptoms. But note that pregnancy in itself (regardless of the mode of birth) can place a lot of stress on the pelvic floor. Therefore it is common to experience issues such as bladder leakage, urgency or stress incontinence, pelvic floor muscle tightness or weakness, prolapse or painful sex.

Cesarean births in themselves impact the muscles and fascia in the abdomen and that fascia is connected to the fascia within the pelvis. Therefore scar tissue in those areas can also pull on the fascia of the pelvic floor. The pelvic nerve function can also be impacted which can lead to sensations of needing to pee all the time, and/or pain in the clitoris and labia.

As a result of the surgery your lower abdominals will often shut down and become weak which can lead to compensatory changes in the pelvic floor muscles. All of which a Pelvic PT can assist with.

### **Other reasons you may need to see us:**

**Incision Healing:** To address any pain, hypersensitivity, incision tissue mobilization, desensitization needs.

### **Core muscle weakness, hernia, or diastasis recti**

Signs or symptoms: Difficult time connecting to and engaging your core muscles and pelvic floor, poor pressure management leading to pain or pressure at hernia or diastasis recti.

### **Hypotonic (Weak) Pelvic Floor**

Signs or symptoms: Urine or fecal leakage any time or with activities like sneezing, running or jumping; Uncontrollable passing gas.

**Hypertonic (Tight) Pelvic Floor**

Signs or symptoms: Painful sex or entry into vagina, urine leaking, frequent peeing, incomplete emptying of bladder, back pain, difficulty initiating flow of urine or passing of gas.

**Pelvic girdle pain:**

Signs or symptoms: Pain at the front or back of the pelvis typically flared by single leg activities such as going up and down the stairs, getting in and out the bed, standing on 1 leg which you want to avoid.

**Pelvic organ prolapse:**

Signs or symptoms: Feeling of pressure or fullness in vaginal or anal opening, feeling that something is falling out of the vagina, physical bulge or protrusion in vagina opening.

**Chronic constipation and painful bowels:** Assist with abdominal massage, nutrition education, bowel education.

**Incision tissue management:** To help increase mobility, decrease sensitivity, decrease adhesions, aid healing to your incision

**When Orthopedic PT or OT may be needed:** If you have any joint or muscle related pain such as back, neck, wrist, plantar fascia or postural related pain an orthopedic physical or occupational therapist can also be a great option to help reduce your pain.

**Additional professionals you may benefit from during this phase:** Licensed postnatal massage therapist, acupuncturist, chiropractor, occupational therapist, lactation consultant, mental health counselor, and postpartum doula.

## C-section Scar Massage & Desensitization

No one really prepares you for the pain, numbness, hypersensitivity to touch, itching and all that comes with healing your c-section scar. For some the thought of touching or even looking at their scar is overwhelming and to that I say, I've been there and TOTALLY understand.

### What to do if too painful, afraid or overwhelmed to touch it?

It's important for you to honor your personal birth experience, your individual readiness to touch your incision area, and any emotional attachments you have to your belly and scar. Your feelings and experiences are unique to you and are valid.

There can be fear, sadness, trauma, discomfort, pain, and a possible feeling of overwhelmed attached to your Cesarean birth experience and it's important to acknowledge those feelings so that you can heal. Sometimes in order to heal physically, you must first or simultaneously heal mentally and emotionally and that's important to not overlook.

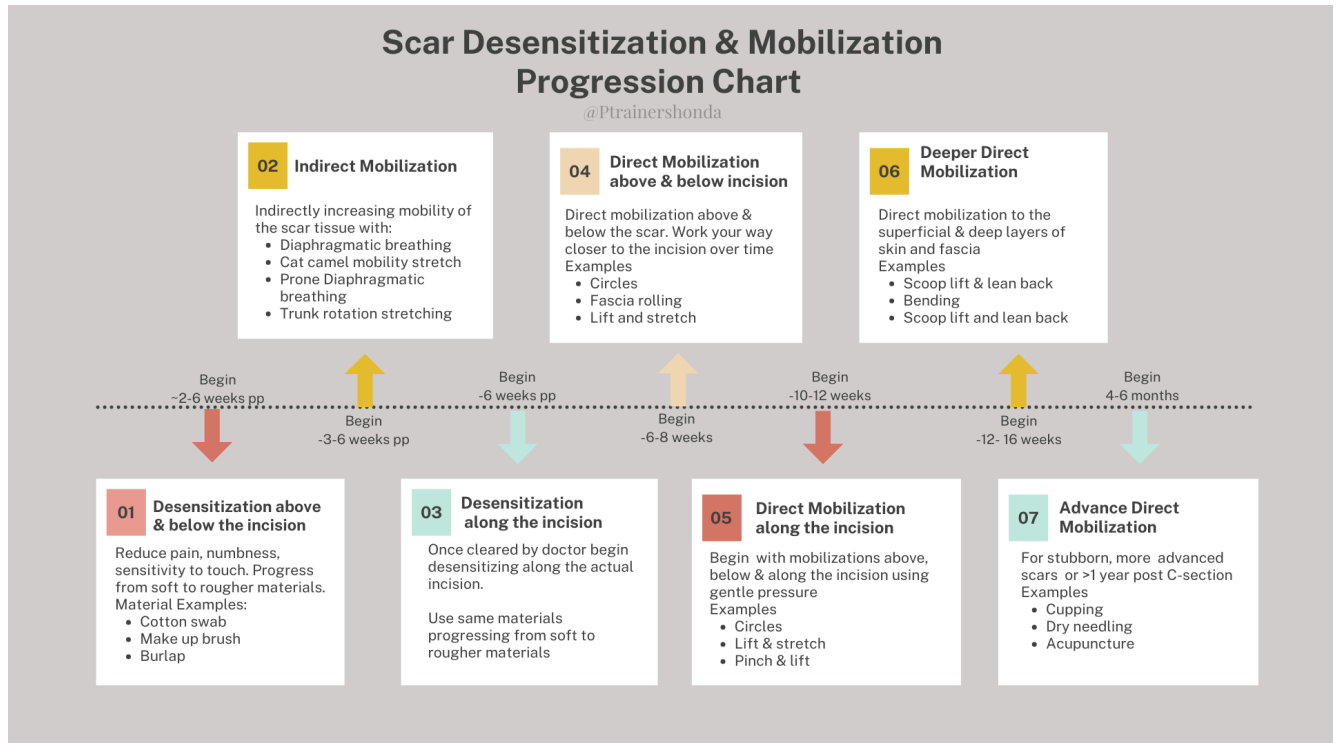
If that's the case, I suggest starting gentle and simple with things like:

1. Diaphragmatic and or belly breathing
2. Indirect (hands-off) mobilization
3. Desensitization. Focusing on reducing the pain, sensitivity and a gentle way of reconnecting with your body

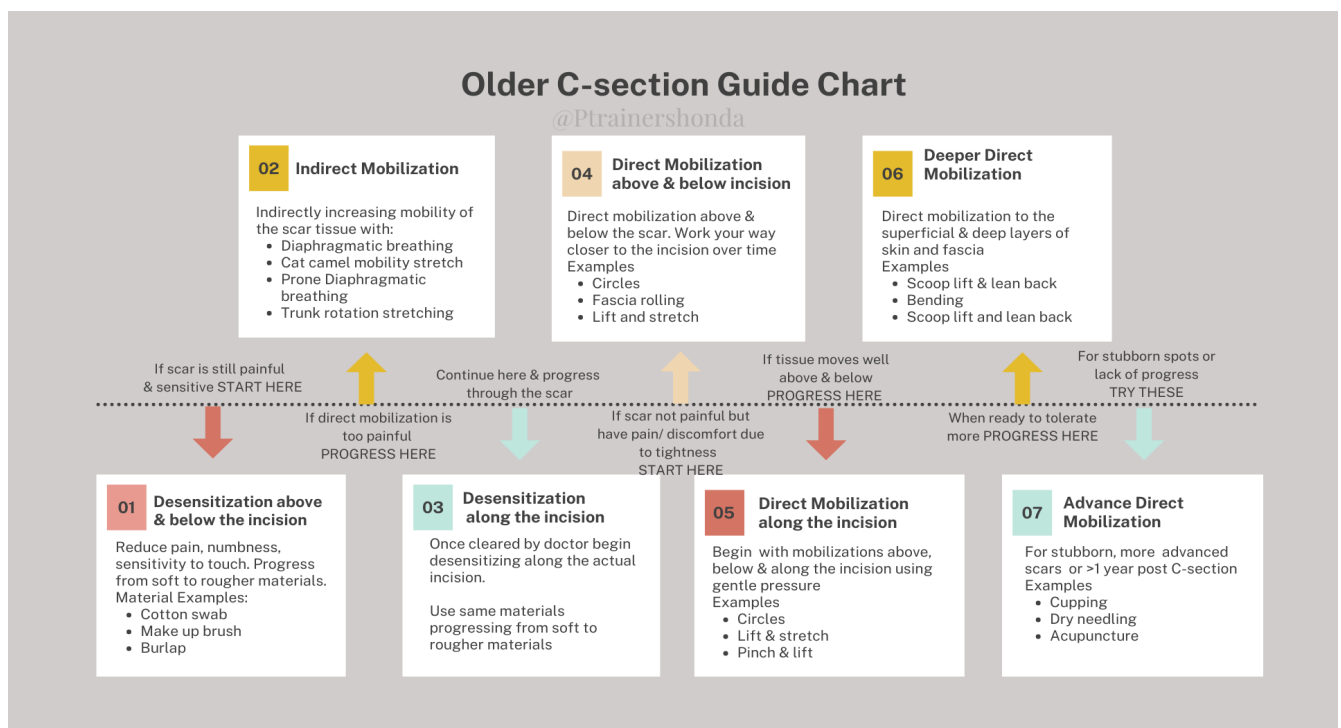
Taking the time to honor where you are and slowly begin connecting to your body and your incision can be therapeutic for you. Please seek the help of a birth trauma psychology expert who can help guide you as needed.

**At any time you can seek the help of a local Pelvic PT to do it for you and guide you step by step**

## Typical Start Times



## 1+ year (older c-section) scar massage guide



**If it's been well over a year** (and your incision is not sensitive to touch) you can probably skip desensitizing and go straight into directly massaging above, below and along your scar.

By 6 weeks, you should be at 75% soft tissue healing so we can work on lighter massage above and below the incision. By 12 weeks, you should be at 100% soft tissue healing. This is when we can perform more aggressive scar massage safely without worries of reopening your incision **NOTE:** Although your incision may appear healed after 2-3 weeks, it hasn't yet regained its strength and could be injured if you do too much too fast.

**Optimal window for incision healing:** 0-6 months you can influence the amount of scar tissue that is being laid down to the actual incision itself by massaging the incision and getting it to move.

Outside of that window you can **STILL** make a positive impact to the surrounding scar tissue around the incision by reducing adhesions and increasing the mobility of the fascia. You can improve the fascial adhesions around the incision itself years down the road (aka it's **NEVER** too late to mobilize and improve incision tissue).

## Desensitize Your Scar

### **WHY Should You Do It?**

Desensitizing simply means making the area less painful and sensitive. This is essentially waking up the nerve endings that were cut and training them to not be so sensitive to touch and pressure. This will make it easier to massage your scar, wear regular underwear and clothes.

### **WHEN Should You Start?**

Typically around 2 weeks postpartum you may feel ok to begin desensitizing above and below your healing incision to help reduce the pain and sensitivity. Once the incision is healed you can begin desensitizing along it.

### **WHERE Should You Do It?**

Wherever is convenient for you. You may relax better when lying down or during or after a shower in the mirror but if not any position works.

### **HOW Long Should You Do It? Daily 3-5 minutes a day**

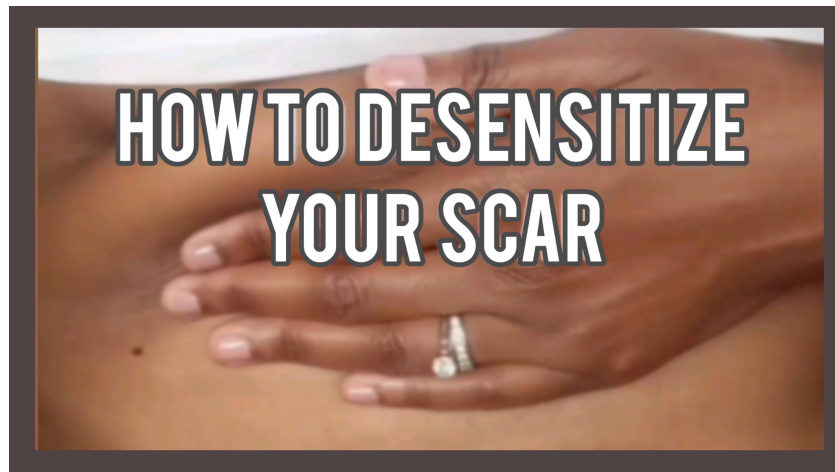
### **HOW To Do It?**

**Items needed:** Various textured items (labeled from softest to more coarse)

- Cotton ball
- Clean or sterile makeup brush
- Silk cloth
- Q-tip
- Baby or soft washcloth
- Regular washcloth
- Dull end of plastic fork or spoon
- Sharper end of plastic fork or spoon or whatever you have around your home of similar textures as the items above

**Other options not shown in video**

- Burlap material
- Felt material
- Your own fingers



[Click Here to Watch](#)

**Instructions:**

1. Lying or sitting in a relaxed position, start using something soft like a silk incision, cotton ball, or sterile or clean makeup brush. Brush it lightly (no pressure) above and below your incision for 3-5 minutes. Do it in circles, diagonal, up and down. Whatever feels good for you.
2. As you perform this daily and start to notice better tolerance to that material, you can progress through the other variety of other materials listed above and in the video. Continue doing this until the area is less painful and sensitive and can tolerate pressure.
3. You can do the same thing over your incision once cleared by your provider and no signs of infections. Then move on to mobilizations. Tapping around the incision can also help to desensitize the area.

**Will the numbness ever go away?**

It may take a year or more for the sensation to return back to normal along above, below and along your incision. For some people your full sensation may never return and the numbness may not completely be restored. But these techniques are worth a try and best results are seen when done consistently.

*Incision Healing Tip from Lashonda:* Ask your provider if it's ok to use and wear silicone strips to improve the healing, reduce discoloration, less raised appearance and possibly reduce keloiding of your incision. Can generally begin use after 6 weeks and wear up to 6 months. Gel is another option but generally needs to be reapplied 2-3 times a day vs strips you can wear up to 24 hours and leave it. (see pics of product under recommended items)

**Once you're able to tolerate touching your incision move on to direct mobilizations. You can do indirect scar mobilization (below) while performing desensitization**

## Indirect Scar Mobilization

### WHY Should You Do It?

The purpose of indirect scar mobilization is to begin gently stretching and mobilizing the tissue around your incision WITHOUT directly touching it.

Just like direct mobilization, it can help:

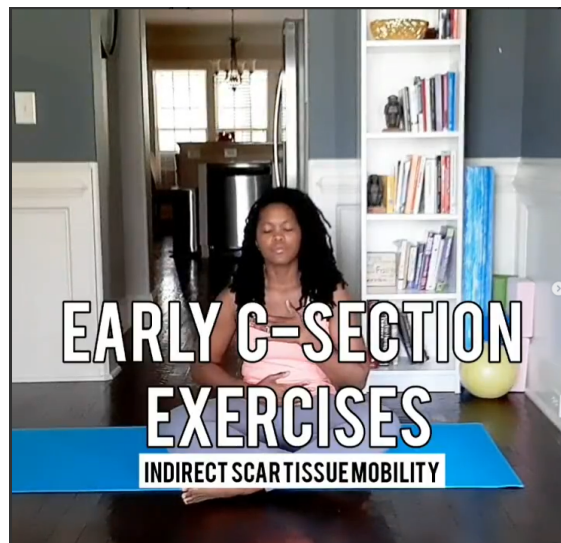
- Reduce pain and sensitivity to touch (combined with desensitization)
- Decrease discomfort with lying down and movement
- Improve your overall mobility and stiffness
- Reduce scar tissue attaching itself to other tissues

### WHEN Should You Start?

Typically around 3-6 weeks postpartum as long as you're not having any complications with your incision healing and not causing any pain.

**HOW Long Should You Do It?** Daily 5-10 Minutes a day

### HOW To Do It?



[Click Here to Watch](#)

## Direct Scar Massage

### WHY Should You Do It?

Scar Massage can help:

- Reduce pain and sensitivity to touch
- Improve how the scar moves and looks (including c-section shelf)
- Improve mobility of the fascia and tissue
- Reduce scar tissue attaching itself to other tissues
- Allow you to move and exercise without pain
- Your ability to reconnect and strengthen your deep core muscles

Tight scar tissue can potentially contribute to

- Pelvic pain
- Painful sex
- Painful and sensitive scars
- Constipation
- Overactive and incomplete bladder emptying

### WHEN Should You Start?

- **Above and below your scar:** Typically at approximately 6-8 weeks you can begin massaging above and below your scar depending on your healing and your provider's approval to begin. \*\*This is also the time frame you may be able to start wearing *silicone strips* to improve the appearance and softness of the scar (see must have items list)
- **Directly on the scar:** Typically at approximately 10-12 weeks postpartum, and once your scar is fully healed and provider has given approval, you may feel ready to begin DIRECTLY massaging on the actual incision.

But most importantly, when YOU ARE ready

**HOW Long Should You Do It? (Frequency)** 5-8 minutes, 2-3x daily, if you can, no more than 1-2 minutes per inch of incision.

### **HOW Long Should You Do It? (Duration)**

Scar tissue can continue to form for up to 12 months after your c-section. The goal is to get your incision and scar tissue to move just like the non-surgical areas around it, in all directions. *Until then keep working at it.* This will result in a pain free incision without restriction with movement and activities. After that do as needed for maintenance.

### **WHICH Massage Option Should I Start With?**

It depends on where you are in your healing journey and your tolerance to pressure and pulling. If just starting out, I recommend starting gently, no matter which option you choose below. Circles, fascia rolling, and the stretch and lift may be good options to start with.

If more advanced, watch each video and play around with which option seems to provide you with the best movement in and around your scar. See more advanced options below.

### **What if It is hard to get a good grip because the scar is too tight?**

Then move up or to the side to an area that moves and glides easier and then slowly work your way in. This can help loosen up the tight fascia around it. This may take one or more sessions to achieve but keep at it over time.

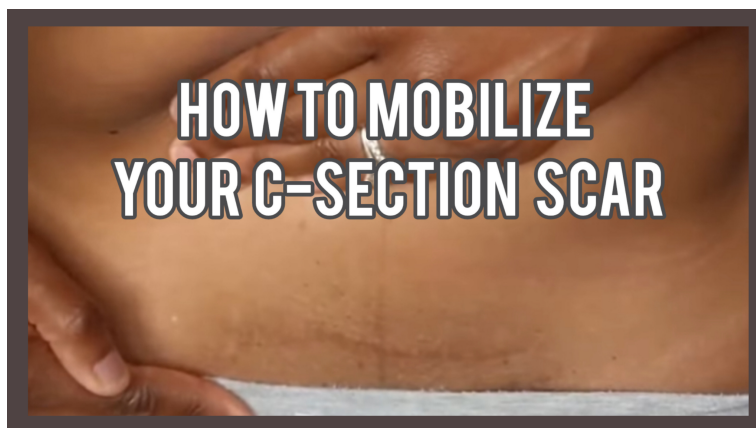
## HOW To Do It?

**Video 1:** Mix of Beginner to Advanced Options



[Click Here to Watch](#)

**Video 2:** Mix of Beginner to Advanced Options



[Click Here to Watch](#)

## Instructions

1. Apply oil, lotion or lubricant to fingertips and incision site OR no product at all for better gripping (per research vitamin E does not help in improving the cosmetic appearance of scars and leads to a high incidence of contact dermatitis).
2. Use the pads or soft tips of your fingers to massage above, below and the incision itself (if at approximately 10-12 weeks postpartum and fully healed and tissue all around the incision).
3. If the incision itself is sensitive begin 3-6 inches away from the incision and gradually work your way back in as able to tolerate.
4. Focus or spend more time in areas that feel “stuck” and don’t move as well to get it to improve over time. Stretching and holding the fascia up to 10 to 30 seconds combined with deep diaphragmatic breaths can help loosen those tight areas.

## HOW Much Pressure Should You Use?

Use an amount of pressure that you can comfortably tolerate. This should NOT be painful. Maybe some light discomfort, pinching, stretching sensations if you already have some significant bonding of the scar tissue or if just performing for the 1st time. Always begin with light pressure to see what your body can tolerate, then increase pressure over time.

If you feel super sore the next day, that is a sign you may have done too much and used too much pressure. If pain does not subside, contact your doctor or medical provider.

## Advanced Scar Massage Options

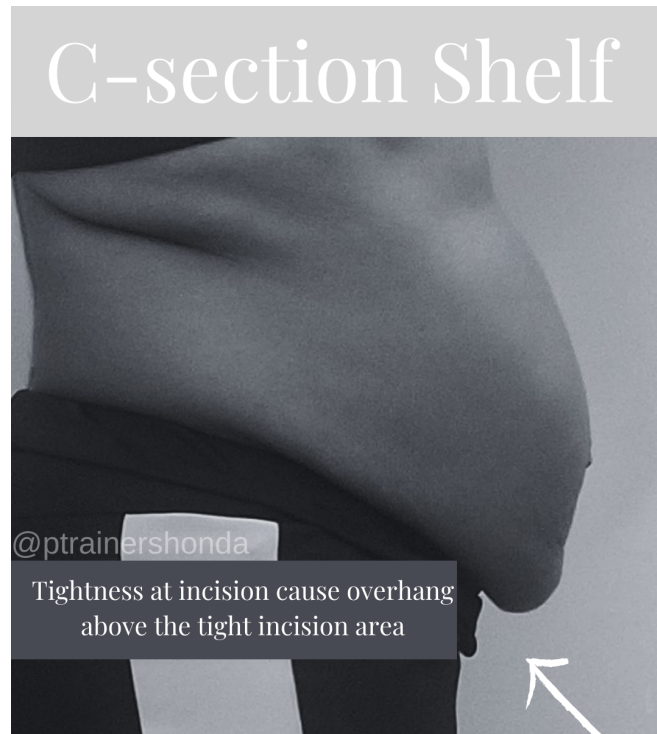
**Cupping:** After you've been working directly on the incision for a while and feel like you could benefit from deeper scar tissue work, cupping could be a great option. Cups are great for areas not moving well with your hands alone and for those still experiencing lack of mobility around older incisions.



[Click Here to Watch](#)

**Dry Needling:** To be performed by a licensed physical therapist or physiotherapist who specializes in dry needling incision tissue. This is a good option for older incisions that may not be responding well enough to hands-on manual techniques.

## C-section Shelf, Overhang Or Pannus



### What causes it?

There are a variety of things that can contribute to the formation and appearance of a C-section shelf including:

- Tightness or lack of mobility of the scar tissue above, below and along the incision
- build-up of fatty deposits, scar tissue, or fluid that pocket above or below the incision
- Excess body fat or skin that can bulge or hang over the tight incision area
- Diastasis recti (abdominal separation) and pooching of lower tummy

As the scar tissue lays down, if proper mobilization of the tissue doesn't occur the layers of tissue can get bound to each other, no longer gliding and sliding on each other as they should. Therefore everything above that tight restricted area (skin, fascia, adipose or fat tissue) settles on to the shelf of incision tissue.

### **How to improve it?**

1. The same scar tissue mobilization techniques noted above but concentrated to the area of the shelf. Continue until the appearance of the shelf improves.
2. Physical therapy (and/ or my online Diastasis Recti Rehab Program) to improve the diastasis and improve your core strength
3. Assess and improve your lifestyle, nutrition and activity levels. Reduce or eliminate foods that may cause chronic bloating
4. Lower abdominal core strengthening exercises (see exercise section)
5. Lymphatic massage if swelling appears to be a part of the issue.
6. Avoid compression from tight pants and undergarments that pushes your everything downward onto the shelf.

If consistent practice of these things does not improve the shelf over time, then surgical intervention may be needed.

P H A S E

4

RETURN TO EXERCISE

Congratulations!!! You've received the green light to return to exercise by your doctor. However, the healing process is not done. From the outside, your incision might appear mostly healed, but the deeper layers are still recovering so how you return to exercise matters. Try not to overthink or over complicate this as your own body is the BEST one to listen to. It will often tell you if something is too much, if ready for more OR when to stop.

### Areas of Focus

- Continue any core and pelvic floor rehabilitation exercises as you gradually return to traditional exercise and workouts
- Start with foundational exercises such as: Diaphragmatic breathing, deep core muscle engagement and pelvic floor activation exercises
- Re-establish good core and pelvic floor control and strength
- Progressively strengthening your core muscles and connective tissue
- Learn how to safely modify and progress traditional core exercises
- Improve mobility, endurance, strength of your total body
- Work with a Certified Postpartum Fitness Expert or Coach (like myself) to guide you through this phase
- Safely transition back to running, jumping, cardio, strengthening and your specific sport and recreational activities

### Things to Avoid

- Doing too much too fast** (i.e. pushing through pain, skipping foundation exercises, not listening to your body)
- Traditional core exercises** before 12 weeks postpartum (i.e. sit-ups, crunches, traditional frontal planks, burpees, mountain climbers, etc)
- Plyometric, HIIT, jumping, hard biking or swimming, running before 12 weeks postpartum unless screened and ready before this point.
- Staying stuck in fear** and not doing anything. Seek expert guidance if feeling overwhelmed and need 1 on 1 guidance outside of this guide

**IMPORTANT REMINDER: You must get clearance from your doctor or provider before starting this or any other exercise program**

## Checklist for Readiness

- Is your incision healing well with no signs of infection?
- No increase in pain at your incision with exercise?
- Have you been tested for Diastasis Recti? (see self test video below)
- Don't experience excessive coning at the midline of your abs with exercise or daily activities (see example pic in diastasis section)
- You've been assessed by pelvic floor PT if having pelvic floor issues
- Do you have ongoing or new onset of pain? (Back, Abdominal, Hip, Pelvic, etc)
- Seeing a pelvic floor PT if having pelvic floor issues such as: urine or bowel leaking, painful sex, prolapse (i.e.heaviness in vaginal or anal opening), chronic constipation, uncontrollable passing gas, painful urination, incomplete emptying of bladder, urge or stress incontinence.
- Screened for readiness for plyometric, HIIT, jumping, hard biking or swimming, running (not recommended before 12 weeks postpartum)
- Sought out help from Licensed PT or Certified pre or postnatal fitness coach to help guide you (email me at [info@coreelevationfitness.com](mailto:info@coreelevationfitness.com) if needing my help with this)

**If answered no to 1 or more of these things I suggest addressing these things 1st before returning to any exercise program on your own.**

REMINDER: This is an ebook with general guidelines. It's worth it to invest in 1 on 1 help to assess your individual readiness for exercise\*\*

### **WHERE Should I Start?**

Exercise wise, I recommend everyone starting with the "Everyone Start Here" exercise section that goes over all the important foundational exercises needed to safely return back to exercise.

## Why Test For Diastasis Recti

**WHY:** Per research, women who birthed via C-section are more likely to have Diastasis recti. Continue reading to understand WHY

Diastasis Recti is the widening and thinning of the linea alba connective tissue that holds the two bellies of your rectus abdominis (6 pack) muscles together. The widening happens as a NATURAL part of pregnancy and can happen in both Vaginal and Cesarean births.

**The difference is,** with a cesarean birth the linea alba tissue is not only widened but is actually cut through and or pulled apart in order to access your uterus and the baby (see “what happened to my belly” in the recovery section to learn more).

**This is why the instructions “don’t lift anything over 10 pounds” and proper rest and recovery is so important. This is why you need this guide and should not be left to figure this out on your own.**

The linea alba (LA) is sometimes sewn back together (depending on your OB or midwives preferences) but many are left to heal on their own by scarring down like the rest of your cut tissues. This is why traditional core exercises and proper progression back into exercise is so important and may take you more time to heal than a vaginal birth. But rehabilitation it IS still possible.

So before returning to traditional exercise, I recommend assessing yourself, or being assessed by a pelvic physical therapist for Diastasis Recti, to see if additional rehab is needed. Best done after 10-12 weeks postpartum.

## Self Test for Diastasis Recti

(most accurate if done after 10-12 weeks postpartum)



[Click Here to Watch](#)

### Instructions:

1. Lay on your back with your knees bent
2. Take a deep breath and engage your core on the exhale. Using 1 hand behind your head, gently lift (not crunch) your head off the ground
3. Use your fingers to assess the following:

- ✓ The width of the gap between the left and right side of the ab muscles. If more than 2 and 1/2 finger that is considered a + Diastasis
- ✓ The depth measuring how deep your fingers sink into your belly. Use landmarks like 1 or 2 knuckles deep
- ✓ The length making note where along the midline of your belly the diastasis is present like above or below the belly

### 📌 Test Negative?

Meaning your gap is not more than 1-2 finger wide and less than nail bed in depth (linea alba is firm no deeper than nail bed deep) then it appears you do not have Diastasis Recti.

NOTE: Regardless of Diastasis or not ALL postpartum women and birthing persons would benefit from learning the basics of diaphragmatic breathing, deep abdominal, pelvic floor and core strengthening.

**📌 Test positive?**

Additional rehabilitation is needed. Work with me inside my [ONLINE Diastasis Recti Repair Core Rehabilitation program](#) or send me an email at [info@coreelevationfitness.com](mailto:info@coreelevationfitness.com) to discuss online consultation options. I can guide you step-by-step through the exercises and education you need to both recover from your C-section and Diastasis together. Since every exercise is not for everyone, you need an individual assessment and plan.

**📌 Unsure if you tested yourself correctly?**

Reach out to me at [info@coreelevationfitness.com](mailto:info@coreelevationfitness.com), or your local pelvic floor physical therapist to perform the test for you.

Watch the Video Below to Learn More About Diastasis Recti

**What is Diastasis Recti**  
& how to improve it  
with Physical Therapist Lashonda Jones, PT, CPT

**DIASTASIS RECTI**

Transverse abdominis (deepest muscle layer) and obliques (mid layer)  
Rectus Abdominis (outermost layer)  
Linea Alba (connective tissue)

NORMAL ABDOMEN      DIASTASIS RECTI

Click Here to Watch

## Early Postpartum

### 1-6 weeks postpartum

As noted in the recovery section, the 1st six weeks are all about rest, recovery, protection and restoring movement in a gentle way while your body and incision heal.

Exercise wise, as long as you do not have any signs of infection at your incision, post delivery complications, and are able to perform the basic movements below without any increased pain, pressure down into your vaginal area, leaking or vaginal bleeding, you should be safe to start

1. Restoring upright posture
2. Diaphragmatic breathing
3. Indirect scar tissue and spinal mobility
4. Walking to build your endurance

all the exercises noted in the “everyone start here” section and in the video below. **Otherwise you need to wait until cleared from your doctor before performing any sort of movement therapy and exercise.**



[Click Here to Watch](#)

Feeling a little overwhelmed on what to do? Here I guide you through how to safely return back to exercise if newly postpartum.



[Click Here to Watch](#)

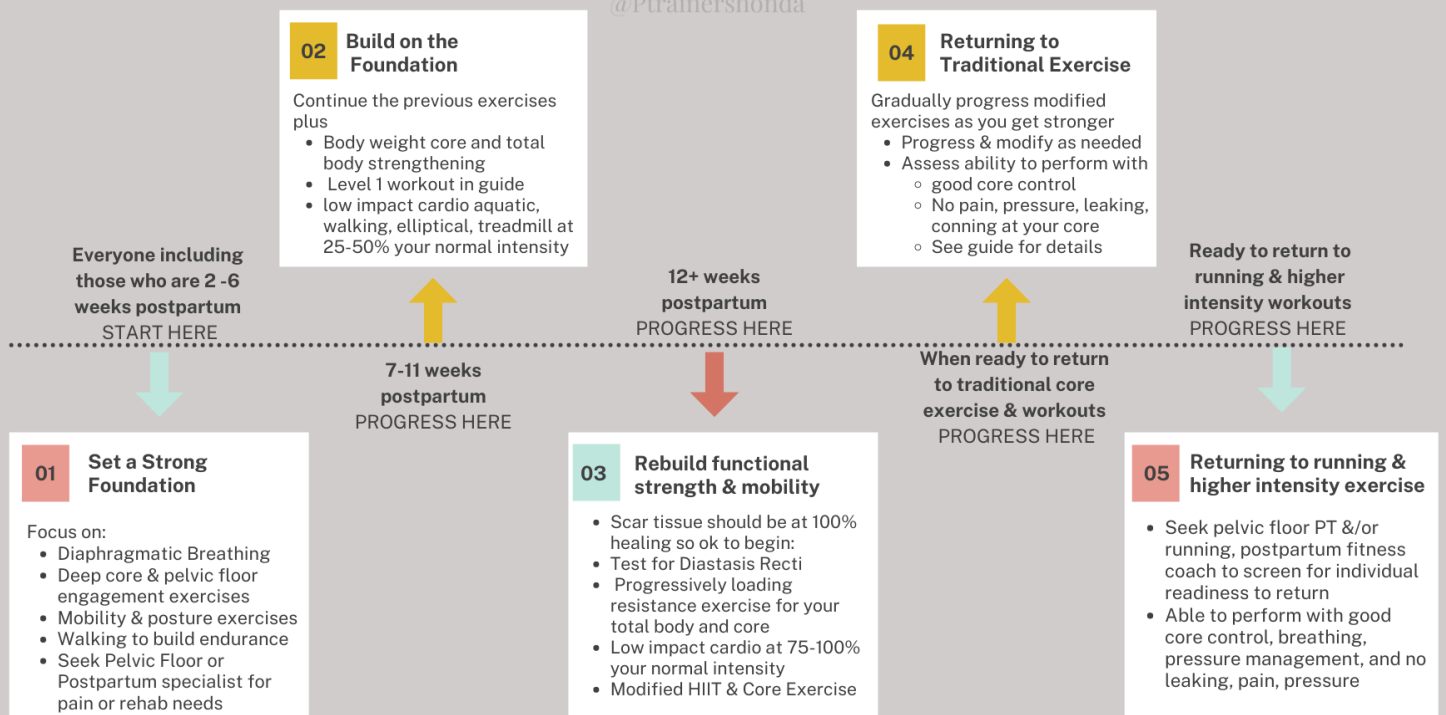
## Everyone Start Here

There is no magical set of exercises that work for everyone because everyone's body, prior level of fitness, and recoveries are different. Therefore, I will be guiding you through what you should do, look for and feel so that you feel empowered on how to safely return to back to exercise with some important guidelines.

The key is to start with a strong foundation by reconnecting with your body, core, and pelvic floor. Do this by following the progression below.

### Return to Exercise Guide Chart

@Ptrainershonda



## Diaphragmatic Breathing Exercises

1. Diaphragmatic Breathing
2. Active Core Breathing: Diaphragmatic + active pelvic floor and deep abdominal contraction on the exhale

### WHY Do It (Benefits):

- Help restore your posture, mobility, core and pelvic floor coordination and strength
- Indirect mobility to your incision before direct mobility
- Improve ribcage mobility after pregnancy
- Help reduce back pain and tightness
- Connect to your abdominals in a gentle way earlier postpartum



[Click Here to Watch](#)

### How to Perform:

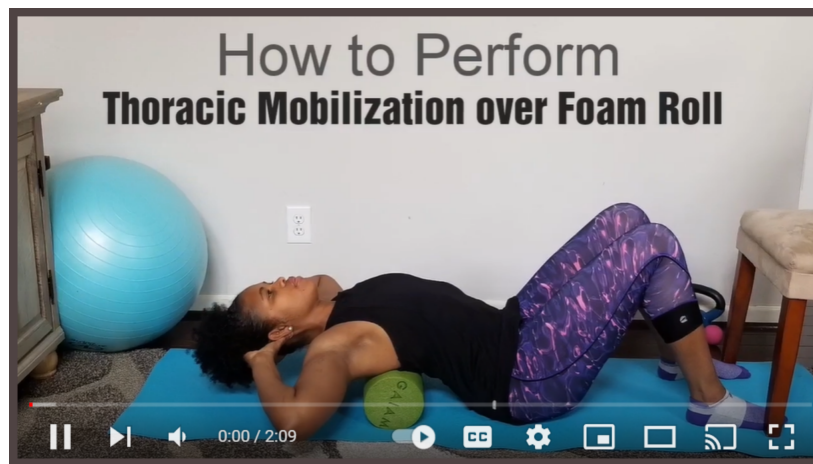
1. Lie on your back, close your eyes, and relax.
2. Place one hand around your ribcage and another hand on your stomach for feedback
3. Inhale through your nose as your chest, rib cage and belly all rise and your pelvic floor relaxes. Focus on filling your lungs and ribcage up with air and the overflow of air going into your chest and belly.
4. Exhale out your mouth and everything comes back to its starting point.

## Mobility and Posture Restoration Exercises

### These Exercises Help:

- Improve posture
- Reduce neck and back pain and tightness
- Improve mobility and diaphragmatic breathing

### Thoracic Mobilization



[Click Here to Watch](#)

### Posture Correction Exercises



[Click Here to Watch](#)

**I encourage you to perform the above exercises in front of a mirror for feedback.**

This can also be an opportunity to connect with your scar and your changing body and slowly process what you see. Look at where you birthed your baby. Look at the amazing thing your body did, and come to an empowering place while connecting to your breath.

**How Often Should I Do These?** Practice this daily for at least 1-2 week to establish a good habit of diaphragmatic breathing. As you improve progress into the deep core activation exercises next.

**Not sure if you're doing it right?** If unsure if you are performing any of the exercises correctly, reach out to me at [lashonda@coreelevationfitness.com](mailto:lashonda@coreelevationfitness.com) to set up a one-on-one online consultation or to join my Core Rehabilitation Program for guidance and feedback.

## Deep Core and Pelvic Floor Engagement Exercises

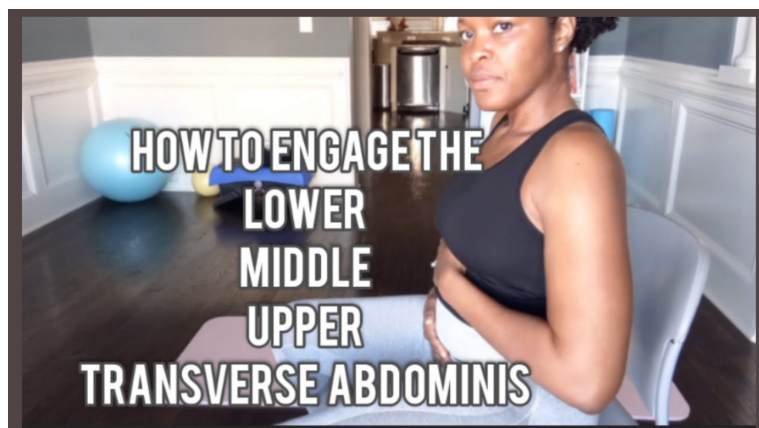
Now that you're working on breathing, let's build on top of that, learning how to engage and strengthen your deep core muscles. This can help strengthen your core, improve your diastasis and flatten your tummy.

You will hear me referencing Diastasis Recti throughout some of these exercise videos. Why? Because the same principles of deep core strengthening apply to both C-section and Diastasis Recti recovery. Remember, your linea alba tissue (that holds your abdominal muscles together) was cut and or pulled apart during surgery and needs proper rehab after your C-section. So if you hear references to Diastasis Recti this is why.

### **How Often Should I Do These?**

Aim to do these core specific engagement and strengthening exercises at least 4-5 days a week with rest days in between. Continue until ready to incorporate into exercise with the core exercises below.

### Lower Middle and Upper TA Muscles Engagement



[Click Here to Watch](#)

The goal is to connect with these deep abdominal muscles so that you can better strengthen them through proper exercise progressions.

**Things to Avoid:**

- Sucking your tummy in
- Gripping and over contracting
- Holding your breath
- Compensating using other muscles

**Lower TA (Lower Belly Muscles) Engagement**

Due to the several layers of tissue, muscle, nerves being cut in your lower abdomen, this area is often the most challenging to reconnect with, and strengthen after a C-section.

BE PATIENT with yourself. This may take some time, and a combination of scar tissue massage, desensitization and exercise to improve.

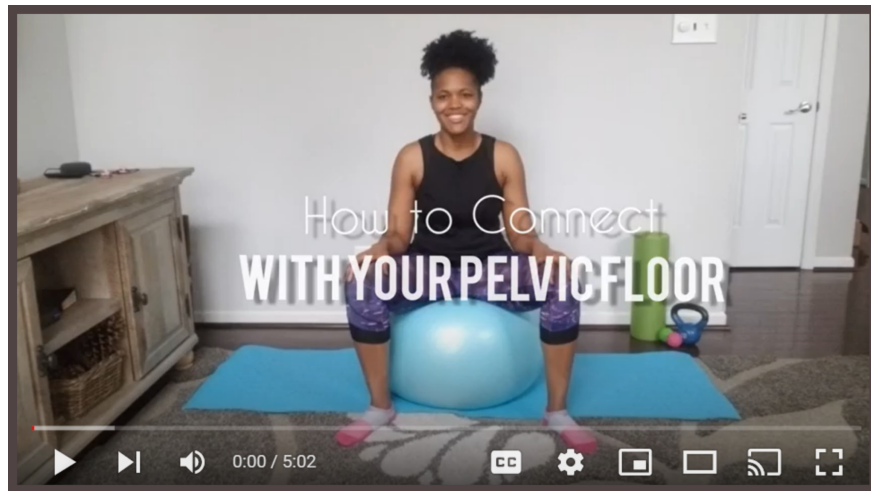


[Click Here to Watch](#)

## Pelvic Floor Exercises

### How to find your pelvic floor muscles

If you struggle with activating or feeling your pelvic floor contract and or relax, please watch the video below. Your lower ab muscles and pelvic floor work together so it helps to know how to activate it, contract and relax these muscles. If you have specific pelvic floor issues, see a pelvic PT.



[Click Here to Watch](#)

The goal is to be able to contract and fully relax your core and pelvic floor with diaphragmatic breathing and exercises included below and as you return to exercise

## 7-11+ Weeks Postpartum and Beginner

### Core Strengthening Workouts

Once you've gotten better connected with your Diaphragm (breathing), and Core and Pelvic floor, here are two workouts to get you started.

You will want to apply everything you have learned like diaphragmatic breathing and engaging your deep core and pelvic floor. Now put it altogether with these targeted strengthening moves.

#### **How Often Should I Do These?**

Aim to do these core specific engagement and strengthening exercises at least 4-5 days a week with rest days in between. Continue until ready to progress into more challenging core exercises noted below

#### **Beginner Core Strengthening Workout**



Beginner Core  
Strengthening Exercises

Longer step by step version

[Click Here to Watch](#)

Shorter exercises only version

[Click Here to Watch](#)

## **12+ Weeks Postpartum**

### **Core Strengthening Workouts**

At this point, your incision should be healed 100% as long as you have not had any infections or complications. So therefore it should be ok to begin loading and strengthening your core. I suggest starting with your body weight and then progressively trying more challenging exercises over time.

The expectation is NOT that you will magically be able to perform all these at 12 weeks postpartum or even if your C-section was performed years ago. Just like with any muscle your core muscles have to be gradually strengthened over time.

Therefore, be patient with your body and with consistency you should start to notice your core getting stronger with time. **REMEMBER:** You should only perform the exercises below gradually and with no pain.

Just like before, you will want to apply everything you have learned like diaphragmatic breathing and engaging your deep core and pelvic floor. Continue putting it all together with these targeted strengthening moves.

#### **How Often Should I Do These?**

Aim to do these core strengthening exercises at least 4-5 days a week with rest days in between. Continue until ready to progress into more challenging core exercises noted below

### Deep Core & Abs Strengthening



[Click Here to Watch](#)

### Lower Ab Strengthening Progression



[Click Here to Watch](#)

## How to Modify and Progress your Core Exercises

Signs you're ready to progress:

Can you exercise **WITH**

- Good form and core control
- Good core breathing and muscle engagement

**WITHOUT** no new or increase in

- Pain (especially in abdomen, along incision, and pelvic region)
- Pressure (heaviness in your vaginal, anal, or abdomen area)
- Leaking (from anus or vagina) with activities/exercise, sneezing
- Excessive coning or doming at your abdominis and linea alba (see illustrations above)

**Signs you may need to modify:**

If you ARE experiencing the above symptoms with exercise

ALSO, If experiencing issues with any of the above, I highly recommend seeing a women's health physical therapist (with core and pelvic floor specific issue) or postpartum fitness expert (to help safely progress back into exercises).

**Exercises to consider modifying until able to perform with good core control**

- Planks
- Push up
- Sit-ups and crunches
- Mountain climbers
- Burpees
- Leg lifts
- Pull Ups

## General Rules of Thumb for Modifying and Progressing

1. Avoid a lot of front loading (sit-ups, crunches, leg lifts) early postpartum. See exercise videos below on how to safely progress back into them over time.
2. Exercises that you would normally do on the ground in a plank or push up position, modify and do them on a raised surface like the wall, counter top, park or exercise bench, or chair.
3. Focus on maintaining good breathing and core control as you progress. Excessive coning with inability to improve is a sign of modification needed.
4. Eventually work your way back down to the floor or traditional positions maintaining good core control.
5. Listen and look at your body for feedback. If you have pain or see excessive coning in the middle of your belly, like in the picture below, while exercising then that is a sign that you are either not managing pressure well and/or the exercise is too hard for you at this time.
6. If ever in doubt email me [lashonda@coreelevationfitness.com](mailto:lashonda@coreelevationfitness.com) to set up a one-on-one consultation to go over any specific exercises together or seek a local postpartum fitness specialist for guidance.

*Example of coning at midline of belly with exercise*

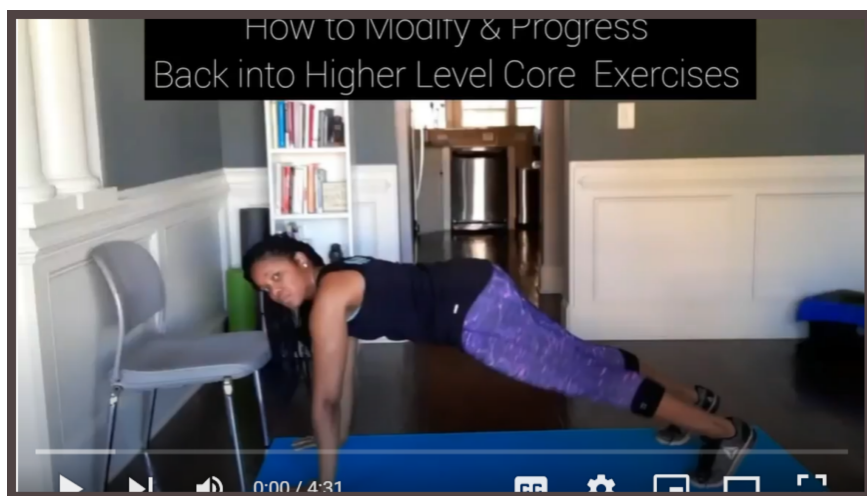


## How to Return to Planks, Sit-ups & HIIT Exercises

I don't suggest doing these until you've at least 10 months postpartum and/or learned good pressure management, diaphragmatic breathing, and engagement of your deep core muscles. You should be able to perform these without any pain or excessive coning at your belly otherwise, choose other core strengthening exercises to build-up to these.



[Click Here to Watch](#)



[Click Here to Watch](#)

## How to Return Back to Running & Sports

### When should I return?

It will depend on several things, such as your previous fitness/sport level, any delivery or postpartum complications, how many months or years postpartum you are (most high level activities like running are not recommended before 12 months postpartum) and your level of readiness now. Your “athlete brain” will often try to push you back to higher level exercises before you’re ready BUT don’t let it. It’s always better to go back in a smart and gradual manner after any major surgery. A c-section is no exception. Take your time to regain your strength, endurance, and stability so that you can return back stronger than before.

### What is the safest way to return?

I recommend having a thorough assessment by a Pelvic Floor Physical Therapist to assess your core, pelvic floor, and pelvic stability, balance, and strength as well as a postpartum running or fitness coach to help you safely return back to your individual sport. You want to consider the physical requirements of your individual sport activity and perform those same activities in training in a progressive manner.

### What should I focus on?

No matter the sport or activity you’re returning to you will always need the basics covered under “Everyone Start Here” including diaphragmatic breathing, deep core, pelvic floor and total body strengthening, mobility, posture and alignment work which are all covered in this guide. Then as you get stronger begin incorporating single sided strengthening, balance and endurance training work letting your body and coach guide you. Remember to avoid and address the reasons behind any pain, leaking, pressure down in your vaginal area, and coning at the midline of your belly.

## Frequently Asked Questions

**Q:** Can you use scar mobilization on any other incision that's healed?

**A:** Yes! You can use the same desensitization, mobilization, silicone sheets, cupping, etc on other incisions on your body no matter how old they are.

**Q:** Is it possible to avoid keloiding, or anything I can do to improve it?

**A:** There are so many factors that can impact keloiding, with one of them being genetics. Research shows that use of silicone gel or sheets can reduce the chances of keloiding for some. If you know you have the tendency to keloid let your doctor know in advance and they can perform specific closure techniques and/or use steroid injections to minimize the recurrence of the keloid. There may also be topical steroids the doctor can prescribe so ask what options are available to you. If the keloiding is old, excision of the keloid may be the best route then using the above to reduce the chances of recurrence.

**Q:** Is it common for one side of the incision to be tighter, or more sensitive?

**A:** Yes, it is common. Some common reasons could be how the incision tissue is laid, if you favor one side of your body vs the other, or how you were sewn up by your doctor.

**Q:** What are some of the things I should ask my doctor about during my 6 week (or any postpartum) visit?

**A:**

- How is your incision healing?
- Is it ok to start massaging around or on your incision? If not, when can you start?
- Do you have any keloiding? If so, anything that can be applied, worn or done to improve it?
- Can you apply silicone strips to your incision? If so, how long is recommended?
- Are there any restrictions on you returning back to particular exercises you have questions about?
- Do you have diastasis recti (some doctors are not trained to do this but some are, so doesn't hurt to ask)
- Address any pelvic floor issues you maybe having (leaking, painful sex, chronic constipation, pelvic girdle pain, etc). Request a referral to see a Pelvic floor PT. If for any reason your request is dismissed you can directly access one in most states without a referral.

**Q:** Does care and rehabilitation differ after 1 c-section vs. multiple?

**A:** It depends on the individual person, the type of c-section and recovery you had, as well as if you have any unresolved pain, numbness, pelvic floor issue, scar tissue that was not addressed. If you are currently expecting and have residual pain, core weakness, scar tissue that is causing incision related pain, I suggest seeking a pelvic PT now to help you manage those issues as well as help you better prepare and recover for your next delivery.

**Q:** Can I massage my old c-section scar while currently pregnant?

**A:** It depends. If it's been less than 18 months since your last C-section I would use caution and only massage superficial (not deep) and waiting until the 2nd trimester to do so to decrease risk of uterine dehiscence (the opening of the uterus incision line after cesarean section which is a rare condition).

If it's been well over 18 months and more time for your body to recover after pregnancy you should be fine to massage your scar. Steer on the more gentle superficial side and always stop if you experience pain or if something doesn't feel right. If you do, always check with your OB or Midwife to be on the safe side.

**Q:** Any tips for caring for a toddler while trying to recover after c-section?

**A:** I wish I had a perfect answer here but I get it, that can be tough, especially if you don't have support at home. As much as you can, try to avoid lifting them for at least 1st 2 weeks if you can. If you can sit and let your toddler climb in your lap and spend time with you vs carrying them to assist them that too can be an option. This may be a good time to make sure you have that extra support with a binder or compression garment for extra protection. If you have to carry them, exhale and don't hold your breath before lifting them. If what you're doing does not cause an increase in pain then you may be ok. Just use wisdom and good mechanics when you can.

**Q:** I still have numbness months and even years later, is that normal?

**A:** It is normal for it to take up to a year for the numbness to greatly reduce and or go away. Nerve damage is a possibility during surgery to where sensation never returns in certain areas for some people. The best thing to do is perform desensitization over the areas of numbness for several weeks to try and wake those nerves up. If no improvement is made then it is possible nerve damage may have occurred.

## Final Thoughts



I hope you are just as proud of yourself as I am for you investing in your health. If anything in this guide helped you, I would LOVE for you to email me a quick review or testimonial at [lashonda@coreelevationfitness.com](mailto:lashonda@coreelevationfitness.com).

Remember, healing (physically, mentally and emotionally) takes time so please come back and reference this guide as needed. Mothering while healing at the same time is not easy. Take it one day, one breath at a time.

This is a resource I wish I had 4 years ago after my c-section, so providing this much needed resource for moms and birthing parents like yourself has been a vital part of my own healing journey. So again, THANK YOU for supporting me and helping me educate others by sharing my website and guide purchasing information.

Blessings,

Lashonda

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