The Schulte Intravaginal Protocol for Better Pelvic Floor Muscle Strength

The Discovery…

I had been doing intravaginal work as I was taught for over 10 years when I discovered something quite remarkable. I was working on a postpartum client and had evaluated her pelvic floor muscles for strength and tone when a thought popped into my head- turn your finger toward the bladder. I got curious and evaluated it and realized it wasn't sitting evenly in the pelvic space. When I figured out how to make it more centered, I went back to the pelvic floor muscles and was surprised to find out they were so much better.
There was much less tone and the muscles were stronger.
That's when I realized the importance of the bladder for pelvic floor muscles function. I call it the kingpin of the pelvis. If the bladder is not happy the muscles won't be happy either. Even if I find the bladder to be positioned normally, giving it some attention helps make the pelvic floor muscles better.
My practice is primarily focused on pregnancy and postpartum care. I have learned a lot about the postpartum body and what it goes through for birth. In working with the thousands of clients in my practice I've discovered that the pelvis can be left in a widened and open birthing pattern. There is also a common pattern the pelvis goes into to allow a baby's passage. When you think about how the pelvic floor muscles attach to the pelvis and how birth forces the bones apart for the baby to come through then the pelvic floor muscles are left lengthened afterwards if the bones don't come back to their pre-labor position. Plus, when the baby's head rotates to come on out that rotational strain is felt in the pelvic floor muscles as well.
Birth creates a lot of stresses and strain on the bones of the pelvis and the pelvic floor muscles. Working with both of them together allows for better function of the muscles.
With all these realizations I found that over the years I started doing the same steps in doing intravaginal work with all my postpartum clients. I was getting really good results too. I started teaching this protocol to my students and they too were noticing they were able to get major improvements in the pelvic floor muscles in the first session. Some report a 30-50% improvement in the muscle function.

What is the protocol?
When you work with the vaginal tissues in the order of the protocol, you find that when you get to the pelvic floor muscles there is much less work needed to get them to release and function better.
There is a hierarchy to working with the tissues of the body. The nervous system is top priority, then the organs, bones, fascia and then muscles. When you work in this order by the time you get to the muscles there is very little left for you to release.
The Schulte Intravaginal protocol assumes you've already worked on the nervous system first and that your client is open and willing to receive the intravaginal work on all levels, not just the mind saying yes this is what I want. Sometimes the mind might be saying yes but the body and tissues are saying, "hell no!" We need to learn to read the signals of the body to determine if intravaginal work is appropriate or not. If your client has a history of abuse and hasn't done any work around healing it, the body may be completely against intravaginal work. Doing so may retraumatize your clients or cause them to disassociate more. That's not our goal. Sometimes I have to do several sessions external work only to get their body willing and open to doing internal work.
Once you've gotten the A-OK from the body you start with an assessment of the tissues of the vaginal space and pelvic floor muscle function. Check out how the muscles contract and relax and the state of tone in the tissues. Once you have a baseline of function your first order of treatment is to make sure the bladder is midline and the bladder tissues are soft and saggy. Some bladders are like hard rubber and that is not a normal, healthy bladder. Once you release a rubbery bladder it becomes soft and saggy. After birth I find the bladder off to the left a lot and the tissues need release work to come back to the midline.

After the bladder is settled then the next step is to focus on the cervix. The cervix can be found anywhere in the vaginal space after birth. Ideally, it is nice and centered and you have to reach slightly up into the canal to find it. If it's held off to one side, there is usually a restriction that needs to be released. This is best done with the outside hand on the uterus and the internal finger on the cervix righting it back to its midline position. The cervix should have 360-degree freedom of movement. Any restriction in the movement is a spot that needs attention and some release work.

After the cervix is fully released and hopefully midline again, then you bring your focus back down to the pelvic floor muscles. You should notice a significant difference in the muscles after working with the bladder and cervix but they most likely still need some attention. When trying to get the pelvic floor muscles to relax and release it really helps to have your outside hand on the pelvic bones. Compression of the bones helps to approximate the muscles and they release so much easier when on slack versus when they are lengthened.

The last step of the protocol is to assess and release the perineal body, any scar tissue and the external anal sphincter muscle, EAS. The EAS is critical for optimal function of the pelvic floor muscles. Since the EAS is attached to the coccyx by the anococcygeal ligament, contact to the coccyx by your outside hand is critical for the muscles release. Also, coccyx mobility is another vital part of good pelvic floor muscle strength.

When you follow this protocol and learn all the key components, you will find your clients will have a stronger activation of the pelvic floor muscles and it happens more automatically and effortlessly too.