



WIDE RIBS

WHAT THEY MEAN
FOR YOUR PELVIC
FLOOR & CORE

BY CAROLINE PACKARD, DPT

W E L C O M E

Hi There!

I'm Caroline Packard, a Pelvic Floor Physical Therapist dedicated to helping YOU improve your pelvic floor dysfunction so you can get back to doing the things you LOVE.

As a mom of 3, I experienced pelvic floor issues that led me down the path of doctors' visits and my own pelvic floor physical therapy. As both a patient and professional, when I learned and put into practice some of the simple concepts related to improving the pelvic floor, I was stunned at the lack of mainstream availability in education and information on this topic. When put into practice these teachings can make a major impact on quality of life- BUT if only more women knew about it!

Living that experience, solving my own dysfunction and helping others in the clinic has fueled a passion to spread that message even further. I started my Instagram account to bring awareness to issues of pelvic floor dysfunction to teach women that we can exert control over those 'embarrassing things' like leaking, pelvic organ prolapse, pain with intercourse, a belly "pooch" and more. And also to let you know, that you're not alone in your struggles.

Caroline Packard, DPT

I am so grateful for the community I've created on Instagram and love to share videos, but short clips can only take you so far. So I wanted to create a way to compile the information for you in an easy to understand manner with these resources.



WHY WHAT YOU NOTICE ABOUT YOUR RIBCAGE CAN TELL US ABOUT YOUR PELVIC FLOOR

Maybe that annoying tight bra is your body actually giving you a clue? A clue about what is happening at your core and pelvic floor and how it can be related to:

Why Your Bra Never Fits Quite Right — And What It's Telling You About Your Core and Pelvic Floor

If you identify with your bras feeling tighter, maybe that annoying tight bra is actually your body giving you a clue.

A clue about what's really going on in your core and pelvic floor — and how it could be connected to:

- Stubborn lower belly area
- Difficulty improving diastasis recti
- Urinary leakage
- Prolapse
- Chronic back or hip pain

What's a Rib Flare — and Why Does It Matter?

A rib flare happens when the lower ribs stick out and angle upward — what therapists call an externally rotated position. Instead of your ribs expanding with an inhale and gently compressing with an exhale, they stay stuck in that expanded state. This can happen with someone with a more narrow ribcage OR a wide ribcage. (See images below)

This tells us the diaphragm is descended and stuck open, unable to recoil or compress on the exhale like it should.

And here's the key part:

☞ A descended diaphragm = a descended pelvic floor.

They mirror each other. When the diaphragm is stuck low and can't lift, the pelvic floor is often stuck low too — meaning it's in a lengthened, unsupported state and struggling to recoil upward. That directly impacts how your body manages pressure and support.

Why This Impacts Your Core and Pelvic Floor

When your diaphragm and pelvic floor are both stuck in a descended position, you lose the ability to coordinate pressure through your whole core system. This creates pressure that pushes forward and down, overloading the front of the body while leaving the back body and pelvic floor under-supported.

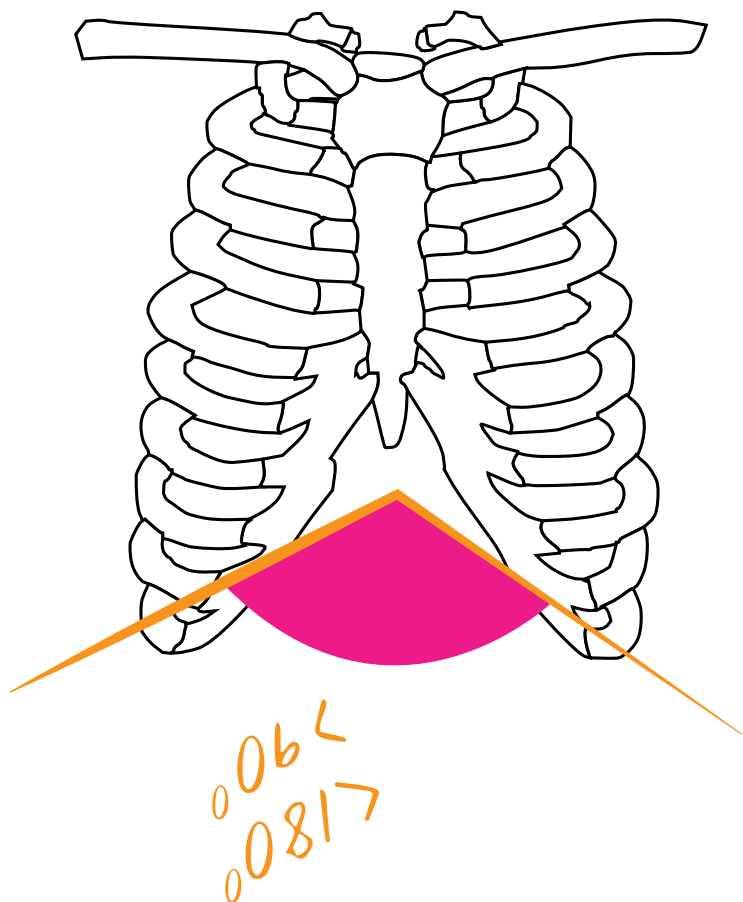
That imbalance shows up as:

- A lower belly “pooch” that won't go away
- Diastasis recti that stalls in healing
- Leaking with sneezing, jumping, or running
- Pelvic heaviness or prolapse
- Nagging back or hip pain

Wide Ribs

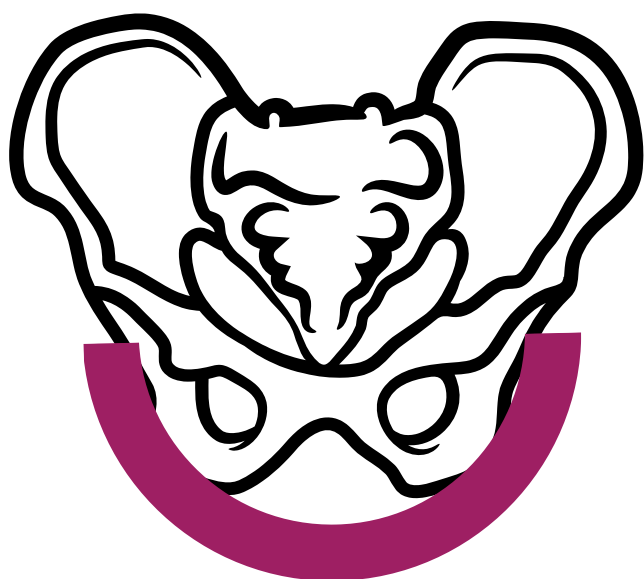
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What they mean for physiology for our pelvic floor & core and what we can do to improve that



Diaphragm is in a descended state or an “inhaled” state so you may have difficulty feeling like you can get a deep inhale because of this need to ascend the diaphragm first. This can happen if you have a more narrow ribcage (sternal angle 90-100 degrees OR wider ribcage, sternal angle 100+

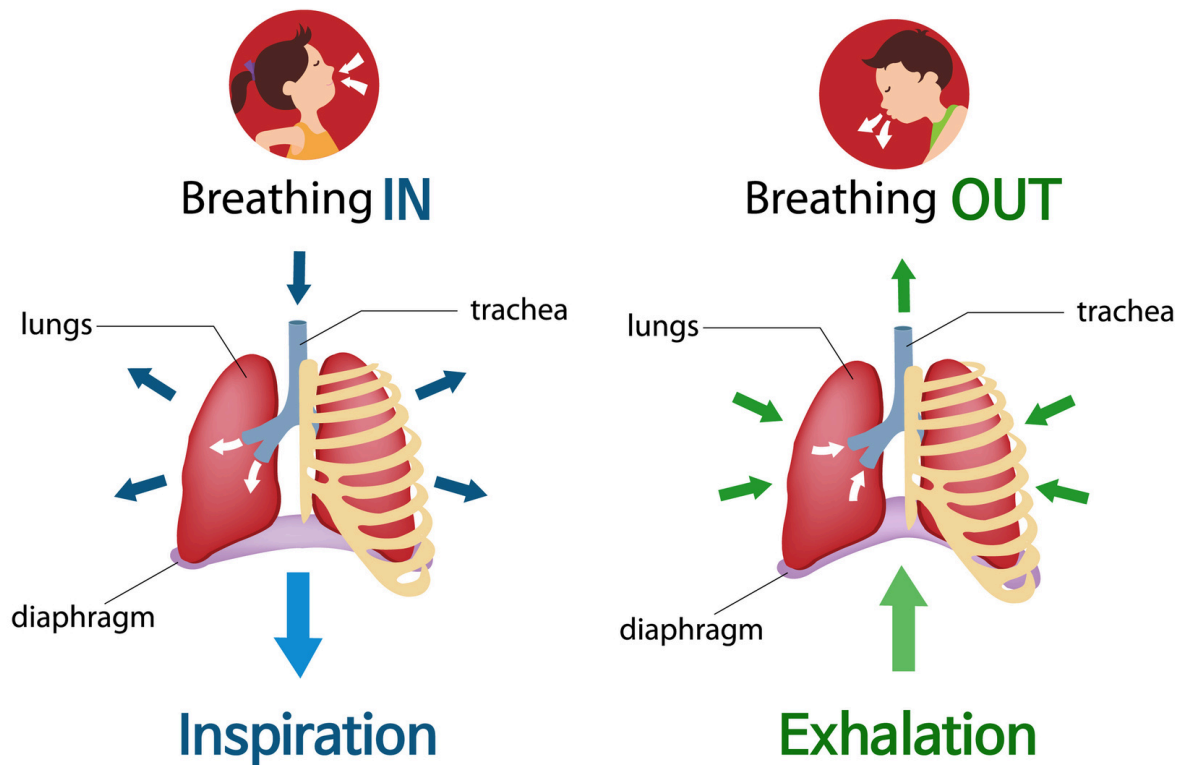
- A tight compressed back
- **Pressure is dispersed to the belly:** issues with diastasis recti healing, prolapse, urinary leakage, unresolving belly pooch



- Pelvis will be more anterior
- Front of the pelvic floor is long and turned off (like the springs on a trampoline are stretched out)
- Difficulty activating the pelvic floor
- Weak core
- Chronic hip flexor issues

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Breathing



Ideal scenario

Diaphragm descends and flattens on an inhale. On exhale diaphragm ascends and becomes a dome shape again this is repeated for every breath

If we are not ascending the diaphragm on an exhale, the diaphragm stays descended and flattened within the ribcage. We can influence the ribcage if we influence the diaphragm

What Can You Do About It?

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You need a new strategy:

- Improve ribcage mobility and breathing mechanics
- Reconnect your breath with pelvic floor movement
- Reposition your ribcage over your pelvis ("The Stack")
- Train your core and pelvic floor to coordinate, not just contract

When you restore diaphragm and pelvic floor mobility, your breathing improves, your core engages more effectively, and your symptoms start to resolve.

1. Improve ribcage mobility: positional breathing that creates expansion in one area of the ribcage to improve the lost mobility. 5 breaths in each position



Influence pelvic & rib position: Finding the rib to pelvis stack to align diaphragms .

>90-90 Hip Lift

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90-90 HIP LIFT credit: Postural Restoration Institute

- 1 FEET ON THE WALL, FEEL THE BASE OF BIG TOE, BASE OF PINKIE TOE, INNER EDGE OF ARCH TO WALL
- 2 ISOMETRIC DRAG OF HEELS TO ACTIVATE HAMSTRING AT INSERTION TO PELVIS, PELVIS SLIGHTLY LIFTS 1-2 INCHES
- 3 GENTLE BALL SQUEEZE
- 4 RIGHT ARM OVERHEAD
- 5 TONGUE TO THE ROOF OF THE MOUTH JAW GENTLY TOUCHING OR SLIGHTLY APART, SOFT INHALE THROUGH THE NOSE
- 6 WITH PURSED LIPS LONG SLOW EXHALE ALL THE AIR OUT WHILE MAINTAINING THIS POSITION WHICH SHOULD MAKE FINDING A FULL EXHALE EASIER
- 7 REPEAT FOR 5 BREATHS

It's not JUST about the ribcage though. We need to create space in the posterior pelvis which is often tight and compressed from a rib flare and then connect the ribcage and pelvis in all movement to see the benefits and decreased symptoms. These are just a few examples of what a total body approach with this concept means.

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Ready to Take the Next Step?

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