Want to Enjoy the New Year?
*Find Your Feet.*

Historically, this time of year causes us to reflect on the happenings over the past year and ponder our goals over the next year.

Many times our goals may focus on dealing with unmet and unrealistic expectations from last year, or goals to exercise more, eat better, or finally deal with relationships. Maybe a better goal would be to find peace to improve our well-being. That is why I would encourage you to ‘find your feet’ as you embark on 2019.

Finding Your Feet is a brief mindfulness practice in which you literally just notice where your feet are. Usually our feet are on the floor, kicked back, or moving us through a space. Finding Your Feet is a grounding exercise that brings you into the present moment.

The next time you find your mind wandering or you feel uneasy, try this exercise:

1. Stop what you are doing.
2. Notice where your feet are.
3. Take two deep breaths.
4. Proceed mindfully.

Finding Your Feet grounds us in the present moment.

see *Find Your Feet* pg 4

Cognitive Therapy 101

1. Feelings usually come from *thoughts.*
2. Sometimes those thoughts are negative and seem to happen without much conscious awareness: AUTOMATIC THOUGHTS.
3. Recurring negative thought patterns can make us feel *anxious* and *depressed.*
4. Examining those automatic negative thoughts rationally can lead to less anxiety, more happiness.
5. Often, the way we feel is related more to the way we look at a situation, rather than the situation itself.
From the chairman

By now most of us have made and broken countless New Year’s resolutions. These range from working more to working less and playing more to playing less. Finding the sweet spot in the geometric center of those competing entities is a very difficult task indeed. The elusive work-life balance per se’ that we are all supposed to achieve is noble, yet seemingly impossible to achieve. I would submit to our readers the notion that work-life balance is NOT achievable. Instead, we should learn to manage the inevitable times where there is imbalance. Admittedly the difference is nuanced but we set ourselves up to fail when we cannot achieve the unachievable.

This newsletter contains information about physical therapy and women’s health. Most of us think of physical therapy as something to augment musculoskeletal injury and aid post-operative recovery. It is much more than that as Ms. Connor will point out. Prevention of injury, whether it is to our aging skeletal system or to the pelvic floor in conjunction with childbirth, is more about wellness and a good investment in disease prevention.

Finally, Dr. Sikorski’s article about mindfulness will allow us to explore and use our brains in different ways. Simply stated ‘mindfulness’ is being aware of what is happening in the present. It can be used as a form of meditation and as a means to assist in managing stress, anxiety and depression.

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Since 1950, the global fertility rate has decreased by nearly 50 percent. A study funded by the Bill & Melinda Gates Foundation, in the November issue of *The Lancet* reported data on population and fertility by age and sex for 195 countries and territories for the period 1950 – 2017. The findings show that the average number of children a woman would bear, if she survived through the end of reproductive age span, decreased from 4.7 livebirths to 2.4 livebirths. Although total fertility rates are decreasing, the global population has increased by nearly 200 percent since 1950, from 2.6 billion to 7.6 billion people in 2017. Much of this increase is due to growth in population in south Asia and sub-Saharan Africa. Many highly developed countries had negative population growth rates from 2010 to 2017. Globally the fertility rates of mothers aged 10-19 years decreased while the fertility rates of mothers over 30 increased.

Women in the United States are also having fewer babies and at older ages than in the past three decades, based on a report by the Centers for Disease Control (CDC). The total fertility rate fell by 18 percent from 2007 – 2017 in large metropolitan areas, 16 percent in smaller metro areas and 12 percent in rural areas. A similar downward trend holds for white, black and Hispanic women. The biggest recent drops in birthrate are among teenagers as well as people in their 20s. Factors influencing men may contribute to the decline in fertility rates in developing countries. Recent evidence in the journal *Human Reproduction Update* confirms that sperm counts in men are declining. Semen samples of 42,935 men provided in the years 1973 – 2011 revealed a 50-60 percent decline in sperm counts among men without identified fertility problems. Other research indicates that the decrease in motility and quantity of sperm are associated with multiple environmental influences, including endocrine disrupting chemicals, pesticides, health and lifestyle factors, including diet, stress, smoking and BMI. The declining sperm count may reflect the impacts of the modern environment on fertility and male health.

Cultural shifts, such as women getting married later and focusing on education or work, play a big role in the shift in fertility. But other factors contribute as infertility affects 10-15 percent of couples in the U.S. Fertility and birthrates are among the most closely monitored indicators of a country’s medical and economic health. Because the combined impacts of social, economic, scientific and environmental factors may contribute to declining fertility, integrated and multidisciplinary approaches are needed to address this important issue.
Beyond Finding Your Feet, here are a few other resources to help you through the new year.

1. **Name It to Tame It.** Acknowledge and validate the emotions you are feeling. Often times we have feelings of loss and loneliness. Take a moment and observe those feelings without judgement. For example, if you lost a loved one and are feeling sad or irritable, tell yourself, “I am feeling sad. It is perfectly appropriate to feel sad when I miss someone.” Often times, we try to mask or hide our emotions and this leads to suffering. Once you acknowledge your feelings, try to find an activity to distract yourself that aligns with your values.

2. **Reach Out.** If you are feeling overwhelmed, depressed, or anxious, reach out to a loved one or licensed professional. No one needs to suffer in silence.

3. **Find Your Feet.** Take a few moments each day to ground yourself in the present moment. This will give others the gift of your presence.
Physical Therapy in Women’s Healthcare

As women, we often assume that some of the difficulties we struggle with after childbirth, surgery, or as we age are unavoidable or even normal. That annoying urinary leakage when we cough or sneeze, back pain during pregnancy, the pain that you’ve just “learned to deal with” during intercourse, are common experiences among women but shouldn’t be considered normal. Did you know there are physical therapists at the Olson Center for Women’s Health who specialize in the treatment of these common conditions?

When you think of physical therapy, maybe the image of an injured athlete receiving knee rehabilitation comes to mind, or you recall the physical therapist who prescribed exercises to your family member after their hip joint replacement. Yes, we absolutely do those things... and so much more! Women’s Health has been a specialty area of physical therapy for decades, but many people still don’t know that this type of help is available. As physical therapists, we are trained in the evaluation and treatment of the musculoskeletal system: the muscles and joints of the body. Our focus is on improving how your body functions through improving muscle strength, tone, coordination and flexibility. This includes, but isn’t limited to, your posture, the way you walk and the way you use your muscles when you move. Applying our evaluation and treatment skills to the muscles of the abdomen and pelvis allows physical therapists to effectively partner with your healthcare provider in the treatment of conditions such as urinary and fecal incontinence, constipation, pain with intercourse, pelvic organ prolapse, back pain during pregnancy, and post-partum abdominal and pelvic muscle weakness. And while the name ‘women’s health’ implies we treat women, many of our patients are also men struggling with bowel, bladder and pain issues that can be effectively treated with the same techniques.

One specific group of muscles that women’s health physical therapists are specially trained to evaluate are the pelvic floor muscles. The pelvic floor is the group of muscles located at the bottom of the pelvis. These muscles control the openings to the urethra, vagina and rectum as well as providing support to our pelvic organs. A physical therapist will perform a vaginal examination to check the function of these muscles. Based on the strength and tone of these muscles, your physical therapist will design an exercise program to improve their function. For urinary and fecal incontinence, often a strengthening program, known as Kegel exercises, markedly improves symptoms and reduces leakage. For pain conditions, the physical therapist will examine for spasm and points of tension in the pelvic floor muscles and teach you techniques to relax your muscles to reduce pain. Because physical therapists are interested in the biomechanics of the body as a whole, your physical therapist will also examine how the strength and tone in your pelvic muscles affect movement in the pelvis and how the pelvis moves in relationship to other parts of the body. Our pelvic floor muscles and abdominal muscles work most effectively when they are coordinated with one another. Your physical therapist can instruct you in exercises to improve the coordination between muscles of the pelvis and abdomen, one of the keys to post-partum rehabilitation and treatment of bowel and bladder dysfunction.

With all of the different ways in which a physical therapist is able to assist in the treatment of common pelvic health issues, don’t be surprised if your healthcare provider recommends physical therapy. You’ll be glad they did!

Contributed by Adrienne Connor, PT
Nebraska Medicine Pain Management Program

Women’s Health Physical Therapists at the Olson Center

Adrienne Connor, PT
Elizabeth Hopkins, PT

**The Olson Center will welcome a third physical therapist, Amber Cobia, DPT on January 21.**
Olson Center meets the educational needs of nurses

For many years, rural nurses in Nebraska have asked the Olson Center to stream the presentations provided at their Omaha women’s health and breastfeeding conferences. When this was determined to be unaffordable, the Olson Center collaborated with the UNMC College of Nursing to provide one-hour webinar presentations.

In 2018, a pilot webinar on resiliency, followed by four additional one-hour webinars (on preconception counseling, urinary incontinence, post-partum depression, and women’s health screenings), were provided to nurses throughout Omaha and Iowa, and even as far away as Arizona. The webinars are free of charge and provide 1.0 contact hour nursing credit. While the webinars were designed for nurses, anyone is welcome to attend. If you missed the webinars, you can still ‘attend’ with or without requesting credit – visit www.unmc.edu/cne/education and click on “Online Activities”.

New webinars are planned for 2019! Call the Olson Center at 402-559-6345 to receive more information.