



Women's Vitality Summit - September 2016 – Dr. Keesha Ewers interviews Julie Tupler 1

**DR. KEESHA EWERS:** Welcome back to the Women's Vitality Summit: Caring for Yourself, Body and Soul. This is Dr. Keesha Ewers, your host, and I am very pleased to be interviewing Julie Tupler today for this session.

Julie Tupler is a registered nurse, a certified childbirth educator, and a certified personal trainer. She developed the maternal fitness program in 1990 and for over 20 years she's been teaching and developing the Tupler Technique® program for women during and after pregnancy.

In 2009 she opened Diastasis Rehab to specialize in the treatment of diastasis recti for women, men, and children. Dr. Oz calls Julie an expert on diastasis recti, and Elle Macpherson credits the Tupler Technique® for a 20 minute delivery and her fast recovery. The Tupler Technique® is the only research and evidence-based program to treat diastasis recti.

Since developing the Tupler Technique® program, which is now being licensed to medical and fitness professionals all over the world, Julie's written two bestselling books: *Maternal Fitness* and *Love Your Mummy Tummy*. Welcome to the Summit Julie. I'm really excited to talk about this subject. It's an important one.

**JULIE TUPLER:** Thank you for inviting me. I'm always very interested in bringing about diastasis recti awareness because it's a condition that has been ignored by the medical community.

**DR. KEESHA EWERS:** Well, let's define it, to begin with. A lot of people won't know that term, so why don't you go ahead and talk about what it is.

**JULIE TUPLER:** The word diastasis means 'separation' and recti is the 'rectus abdominus' - the outermost abdominal muscles, those six-pack muscles. It's a separation of those muscles.

Everybody is born with their muscles separated, and then usually around three years old, after the nervous system develops, the muscles come together, I don't say close. In this connective tissue that joins the two outermost muscles - it's called the linea alba, which means 'white line' – you have your bellybutton right in the middle of it.

That bellybutton is a weak spot in the connective tissue, so if you put any type of intra-abdominal force on it - and there are two types of force, forward force and sideways force, which I can talk about in a little bit - but if you put any type of force on it, what happens is it stretches the connective tissue and the muscles move sideways.

Now, the function of these outermost muscles is to support your back and to support your organs, so when the muscles separate, as I said, the connective tissue stretches sideways and becomes thinner. So now it's the weak connective tissue supporting your back - which is a factor in people

having back problems - and it doesn't support your organs effectively. That's why people will have bloating and constipation because your organs will move forward. They will go out of place when the muscles separate.

It also has an effect on the pelvic floor because there is a co-contraction and connection between the abdominals and the pelvic floor. Also, having the muscles separated can put a pregnant woman at risk for a C-section, because when the muscles separate, the top-heavy uterus will tilt forward. If the top tilts forward, then the cervix will be pointing sideways and not downwards, and in order for the baby to come out, the cervix has to be pointing downwards.

It's also very important to understand that if you do exercises and you have separated muscles, you can separate them even further. In order to work the recti muscles correctly, they have to be together.

When I first started working with pregnant women in 1990, I noticed this condition and all I could find was a definition. There was no treatment protocol at all. So I was thinking "Oh, wow! What am I going to do with this?"

So, through trial and error - I call myself a hands-on type of scientist - I created the Tupler Technique®. We're updating our statistics now - they go up to 2014 and they're on my website, we have about 1,200 clients - and they shows that in six weeks we can make the diastasis 55% smaller, which is really pretty terrific. That's what the Tupler Technique® is, and that's what diastasis recti is.

**DR. KEESHA EWERS:** What's the most common cause of that separating?

**JULIE TUPLER:** Well, as I said, everybody's born with it. It could be if a child is doing gymnastics, or told to do crunches in school. In New York, crunches are part of the fitness program. I don't let my daughter do them and I tell the school that she has this diastasis, and most of the kids probably have it from doing the crunches. Crunches are definitely a cause. It can create a diastasis, and if you have one, it will definitely make it worse.

Here's the reason crunches do this, and I'm going to mention this because so many people do crunches: when we're working to strengthen a muscle, what we want to do is we want to make the muscle shorter. What happens is, when you do a crunch, and the shoulders come off the floor, it's physically impossible to engage the innermost transverse muscle, which is attached to the outermost muscle. So what happens is when the shoulders come off the floor, the two outermost muscles get longer. They get stretched out and force goes on the connective tissue.

Also, crunches are not good for the disc of the spine. Crunches, or any exercise like the Pilates 100, where you're in a back plank position and the shoulders are off the floor, it's impossible to bring your abdominals back towards your spine and hold it there. These are not good exercises.

**DR. KEESHA EWERS:** So a yoga plank is not a good thing either, for that.

**JULIE TUPLER:** Well the plank can be done after you've closed the diastasis, but during the process of closing it, we don't want any downward-facing abdominal positions. We would do planks in a standing position against the wall. Once the muscles come together and the connective tissue has been healed, yes, you can definitely do downward-facing abdominal activities.

**DR. KEESHA EWERS:** Hmm.

**JULIE TUPLER:** But other causes of diastasis besides crunches are swimming, where we can have flaring of the ribs which stretches the connective tissue sideways, tennis, golf, which is a crossover movement. Anybody having abdominal surgery, where they blow up the belly with air puts pressure on the muscles.

And, of course, pregnancy. Relaxin hits the body to fit the baby in the pelvis and then birth the baby. It's systemic, meaning it hits the cartilage in the blood vessels, and it hits this connective tissue between the abdominal muscles. That's why pregnancy is one of the biggest causes of the diastasis, because that relaxin does weaken the connective tissue, and then there's this continuous force of the growing uterus on the reconnective tissue.

Men have it too, men that have the big guy gut. I'm working with one of the top male fitness models in California and he has it from doing exercises incorrectly. He's totally toned, he has a six-pack, but it's a very separated six-pack.

**DR. KEESHA EWERS:** Alright Julie, you're depressing the hell out of me. I have had four pregnancies with vaginal births. I've done probably well over several million crunches in my lifetime as a result of getting back into shape. So how do you tell - undoubtedly I have this issue - how do you tell our listeners if they have this issue?

**JULIE TUPLER:** I would say, in my experience of working for over 20 years with pregnant women, that 98-99% of them will get a diastasis. Many of them, if they've done crunches before they go into the pregnancy, have it. Or if they've been a gymnast, if they play tennis, or swim, or they have it before even going in, and then it gets worse with each pregnancy.

Now, it's so important, once you find out and if you're going to get pregnant again, to work on it and get it as close as possible before you get pregnant again.

If you've had it for many, many years and just didn't know, thought it was your badge of honor, which many women are told, it's not a badge of honor.

I'm going to give you the big picture first. The Tupler Technique® is all about healing connective tissue, and my program does it three ways. The first way is by positioning. I always tell my clients, in the real estate business, it's location, location, location. I say in the diastasis business, it's the same: location, location, location. Location of the muscles and location of the connective tissue.

I have developed a splint called the Diastasis Rehab Splint®, and the purpose of the splint is to approximate, or bring together, the connective tissue and the muscles.

Let me start with the connective tissue first. When you bring the connective tissue, I compare it to wearing a cast. Wearing a cast ensures that the two ends of the bone are continuously held together. It's the same thing with the connective tissue. We want to continuously keep it in that narrow position. So we want people to wear this splint all the time, taking it off for just 15 minutes to bathe, and then putting it back on. It's very important to keep that connective tissue in the narrow position.

The other thing is, if you have a four finger diastasis or more - and a four finger diastasis is not big - and you engage your transverse, which is the innermost muscle, your core, which is connected to your outermost muscle, they move together. When you bring this transverse muscle back towards your spine, if you haven't splinted the muscles, then the outermost muscles are going to move sideways.

A sideways position doesn't strengthen them. A sideways position only stretches the connective tissue sideways, and the whole point is to take the stretch off the stretched out connective tissue. We want to position both the muscles, so when we bring the muscles together, then they move front to back. They're shortening. So that's the positioning.

The second thing we do is we want to protect the connective tissue. The first six weeks of the program, we're just doing cardio. We're walking, no running. Walking outside, walking on a treadmill, elliptical machine, upright stationary bike. No trainers, no sports, no weights, no classes.

**DR. KEESHA EWERS:** No bouncing?

**JULIE TUPLER:** No, no jumping. It's too hard on the connective tissue. This program is all about healing the connective tissue. So the first six weeks, no rebounding. We really want to

protect the connective tissue from getting stretched. That's the second thing we want to do. We don't want it to stretch forward, and we don't want to stretch it sideways.

To protect it from getting stretched forward, we want this innermost muscle - our transverse muscle - to be our best friend. We want transverse awareness. We want to know with activities of daily living, such as when I stand up, I want to be able to bring my belly back to the spine, because you use this innermost transverse muscle with every breath you take, and with every move you make.

If I stand up and I don't engage my transverse, bringing it back towards my spine and then holding it there and then standing up, then that's 135 pounds - that's how much I weigh - of force going on the connective tissue. The first six weeks is about getting that awareness.

When you sneeze, when you cough, when you stand up, when you sit down. I always tell my clients how much job satisfaction I get when they're thinking about me when they're going to the bathroom, because when they're going to the bathroom, they need to be able to be holding their transverse muscle in. We want to really protect it. We don't want to do any crossover, no abdominal facing down, with the belly hanging down, that's too much weight on the connective tissue, and it's very difficult to hold the transverse in.

So that's the second thing, protecting the connective tissue. And then when we stand and we put our hand on our belly to get that awareness that we're using our transverse. It becomes our best friend. Now that Star Wars is coming out, my favorite expression is "The force be without you." We don't want any force on that connective tissue.

So, we've brought them together, we know how to protect them. The third thing is that we want to strengthen both the connective tissue and the muscles. I have three exercises. I have two seated: one is called the elevator and one is called the contracting. These exercises can be done when you're driving in your automobile, when you're watching TV, sitting on a plane, so there's no excuse for not to do these.

We want to do these exercises three times a day. I'm going to go into a little bit of detail about these so that your listeners can take away something about how to do these.

When we're doing these exercises, the muscles are together, because they're splinted, and then in week four of the program, we double-splint, which is wearing a splint, or wearing two splints if you have a long torso, and then holding another splint, holding a scarf or something.

The closer you bring the muscles and the connective tissue, the faster we're going to heal it. We want to do these so we bring in the connective tissue in this narrow position, and then with these

exercises, we're thinking about our bellybutton going from our inner spine to our outer spine. It's like a little isometric exercise.

So we're putting tension going backwards on the connective tissue, and that backwards tension is helping it heal. We're also strengthening the transverse, because it brings blood flow to the connective tissue, and we want the transverse muscle to be really strong, so that in week six of the program, we can teach you how to incorporate the tougher technique into an exercise routine.

**DR. KEESHA EWERS:** Now, this is kind of sounding like the ladies of earlier eras that had to wear corsets had it right?

**JULIE TUPLER:** They had the right idea, yes, they did. They didn't know why they were doing it, but they did it.

**DR. KEESHA EWERS:** Hmm. Interesting.

**JULIE TUPLER:** This is sort of like a corset. The difference with the splint is that it's bringing it together. With the corset, when you put it on, you were actually moving the muscle. With the arm of the splint, we're attaching it. And then we move the muscle towards the middle, so that's what we're doing. A lot of these things out there are compression, which means bringing the belly back towards the spine, and that's the job of the transverse muscle.

People say if you wear this splint, it's going to weaken your muscles. Well, if you wear a compression binder, that takes the job of the transverse away. You need to strengthen the transverse, as I said, and we want it to be really strong so that in week six we can incorporate it into an exercise routine.

For example, if I'm doing a squat, I'll hold my transverse in. It's strong enough because I've been doing all these exercises for six weeks. Then I go down, and then as I go up, I do that little isometric squeeze. So with every repetition, you're going to be doing that little isometric squeeze. All the power comes from your now strengthened transverse muscle.

Initially it's like patting your head and rubbing your belly, but it's really a more effective workout, because all the power is coming from your abdominals, which you have now strengthened. You now have transverse strength and transverse awareness, and you can work out. If you haven't closed your diastasis, there's no downward-facing abdominals.

Basically, those are the three ways. The program is four steps. We have the three exercises: the elevator, the contracting, and we have the head lifts, which you start in week four of the program. Head lifts start in a back-lying position and we start in week four of the program

because the transverse is very difficult to feel in a back-lying position. So we want to strengthen in a seated position first.

The second step of the program is the splinting: wearing the splint all the time. Then in week four, we double-splint, which is wearing one or two, and then holding another one. The third step of the program is strengthening the transverse, having transverse strength and awareness. And then the last step is getting up and down correctly. I could've put this in with the third step, but I decided to make it a step on it's own because on a forward-forceful movement scale.

If I go from a seated to standing position, that's the force of my whole body weight. I want to make sure that people get up and down correctly, from seated to standing, standing to seated and from seated to back-lying, so there are no rollbacks anymore. You don't go straight back, there's none of that anymore, because it's physically impossible to engage the transverse, and it puts a tremendous amount of force on that connective tissue.

No jackknives, which is coming straight up. You hear the baby screaming in the middle of the night, and you jackknife up, it's just coming straight up. We don't want to do that. When we get down, we want to do a sexy slide from the side. First thing we do, bellybutton to the spine, and then we go on the side, we slide ourself down. Once the head touches, then we go into a back-lying position.

Getting up is the same. First thing you do, if you're in a back-lying position, you hold your transverse in, bellybutton to the spine, bend one leg, bend the other, roll to the side keeping the head on the bed or the floor, or wherever you are, and then use your arms - triceps - to get to a seated position.

When you get up from seated to standing, you have your hand on your belly to protect your connective tissue, of course your bellybutton is all the way at your spine, you hold it there, come forward with a flat back, lift your butt off, and then come straight up. You get down the same way. Coming forward with a flat back, and then you're using your legs, so it's good. You're getting a nice use of your legs, not your back.

So, those are the four steps. I don't know how much time we have, but do you want me to teach you one of the two seated exercises?

**DR. KEESHA EWERS:** Absolutely.

**JULIE TUPLER:** Or do you have any other questions that you wanted to ask me.

**DR. KEESHA EWERS:** Oh, I'll ask you some more questions, but go ahead and teach the exercises.



**JULIE TUPLER:** Okay. I call them seated exercise because you need to be seated. Later on, if you wanted to do them standing, you could do them standing, but that would have to wait until after six weeks if you wanted to do that.

The first thing that I want to mention is that you need to be seated in a position where your shoulders are lined up with your hips, and your hips are lined up with your knees. You need to be in that position at 90 degrees.

What I want people to do is put a pillow or two behind your back and if you draw a line from your hips to their knees and you see your knees are way lower than your hips, then you need to put something under your feet. If you see that your knees are way higher than your hips, wherever you're sitting, then you need to put something under your butt so that you have a straight line from your hips to your knees. Then your shoulders should be lined up with that. We want a neutral spine.

When you're doing the exercises, don't look down, because that rounds the spine, and don't arch your back, because that flares your ribs and stretches your connective tissue. We want it right in the middle. We want your back resting.

Now you don't have transverse strength and you don't have transverse awareness, so all I want you working is your transverse muscle. This muscle is the innermost abdominal muscle, and it attaches to each side of your spine and goes from your bottom ribs to the top of the pelvis. It comes around and if you cut the muscle in half, the top of the transverse would go behind the recti, and the bottom would come in front.

I mention that because if the transverse goes behind the recti and it's attached to it, it's pulling it back, and that range of movement is going to be very small because it's behind it. The transverse on the bottom goes in front, it's pushing it back and that range is bigger. That's why when we're doing the exercises, we put one hand on top and one hand on the bottom, so that we can feel both of them going in a backwards position. Does that make sense? Keesha, you with me?

**DR. KEESHA EWERS:** I am. Makes total sense.

**JULIE TUPLER:** Good. So that's the first thing. The second thing is people breathe in opposition, so I need to teach you how to breathe correctly, and what I teach is belly breathing. The image that I use is that your lungs are like little balloons and your little lung balloons are in a paper bag. If we blow the balloons up, the bag gets bigger. If we take the air out of the balloons, the bag gets smaller.



So we're going to think about our lungs like little balloons, and our belly, which is the bag. We take the air in through our nose, we blow the balloons up and the belly gets bigger. Nothing moves except the belly, and then we exhale through the mouth.

We use our transverse muscle because the action is forwards and backwards. We bring our transverse back to take the air out of the lungs. We put our hands on our belly, we take air in through the nose as we expand the belly with air, and then we exhale through the mouth, and we bring that belly all the way back to the spine.

When people breathe in opposition, they hear that word 'inhale' and they bring their abdominals back. Then they exhale and they bring their abdominals forward and then that puts force on the connective tissue. When you take a belly breath, it's going forward passively, with no force on the connecting tissue. We always start and end all exercises with the belly breath.

Now onto the exercises. The first exercise is the elevator. If you imagine my hand vertically is my back, and then my other hand, facing horizontally, is my transverse muscle. The action of the transverse is forwards and backwards. We're going to think about this exercise like an elevator with six floors.

First floor - because it's a sideways movement - is in a relaxed position. Fifth floor is your inner spine and sixth floor is your outer spine. Your bellybutton is the focal point. We're going to expand the belly with air, and it goes to first floor. We exhale through the mouth and we bring our bellybutton - our transverse - all the way back to the inner spine. We hold it there.

Now, visualize our ribs coming closer in together so that there's no flaring of the ribs here. We bring the ribs in, one hand is on top, one hand's on bottom, we're in the proper posture. We stay there at this fifth floor - our inner spine - and we count out loud for 30.

It's important to count out loud because if you don't count out loud, you're not breathing. If you're not breathing and you are holding your breath, there's force on the connective tissue, and force on your pelvic floor. So count out loud for 30 counts.

Then after 30, we're going to stay there at fifth floor, and we're going to see our bellybutton - that little squeeze - going from the fifth floor to the sixth floor. It's like a little isometric squeeze, and after we squeeze, we stay in fifth. We do 10 little squeezes. We do out the back one, and then we stay in fifth, out the back two. Out the back is fifth to sixth. We do 10 of those, and then we end with a belly breath. We expand the belly to first floor, then we exhale and we go to fifth floor. That's the elevator. We do 10 of them three times a day; three in the morning, four in the afternoon and three in the evening. If you want to do four, three, three, I don't care. Whatever you want to do, you just want to do 10.

The other exercise is the contracting exercise. Again, if my hand, facing vertically, is my back, and my other hand is my transverse muscle, it's facing horizontally, the action of the transverse muscle is forwards and backwards. This is what I said earlier, why you use your transverse with every move you make, and with every breath you take. That is why it's so important to have transverse awareness.

So we expand the belly to first. Then we bring the transverse back to third floor. The third floor is our starting position, and then we're going to go third to fifth. Just release it just a little, and third to fifth. That range of movement is smaller. Think about at fifth floor, we have a piece of Velcro, or glue, or something, so when we get to fifth floor, we're going to squeeze and hold it there and then release it just a little.

Remember, because the transverse inserts behind the recti on top and in front on the bottom, we want to make sure that the top and the bottom are both going back, so one hand on the top, one hand on the bottom. We want to make sure that we visualize that our ribs are coming closer together, and then with each time we go back, we say the number: One, little release, squeeze and hold; Two, little release, squeeze and hold. I'm counting out loud.

We do 100 of these. It takes two and a half minutes to do one set of 100. In week one of the program, you're going to be doing five sets of 100. If one set is two and a half minutes, two sets is five minutes. So it only takes you five minutes to get so much benefit.

When you do these little exercises, not only are you working your transverse, you're working your recti because it's attached. You're working obliques, you get a whole contraction with pelvic floor, and you also get lumbar multifidus because it inserts in between the segments of your lumbar and spine. This is a great little exercise to do whether you have a diastasis or not.

Again, the exercise is one set of 100. It takes two and a half minutes and in week one, you're going to be doing five sets of 100, from third to fifth floor. That's two sets in the morning, two sets in the afternoon, and one set in the evening. So that's week one.

Week two, you're going to be doing the elevator - the same 10, but this week, the contracting exercises changes. Instead of third to fifth floor, you're going to be going fourth to fifth floor. You're going to be making that range of movement smaller. It's still five sets of 100.

Then in week three, you don't need to do the elevator anymore because the contracting has now gone to fifth to sixth floor, like in the elevator. Because in the elevator, we held it at fifth floor for 30 counts, our inner spine, and then did 10 little squeezes fifth to sixth, or as I say, out the back. So now the contracting in week one was third to fifth, week two was fourth to fifth, and now it's fifth to sixth, so we don't need to do the elevator. Still five sets of 100.

In week four, the program changes. We up the contracting exercise from five sets of 100 to 10 sets of 100. So three sets, if my math is right, will be seven and a half minutes. Four sets is 10 minutes. You can set your phone to 10 minutes and you know you've done it.

You do these little exercises for 10 minutes, or seven and a half minutes, and then you know that you've done them.

Then in week four, we start the head lifts. Now that we have transverse strength and transverse awareness, we start the double splinting. So that is what we do through weeks four, five, and six.

Then we teach people how to incorporate the Tupler Technique® into an exercise routine in week six. But the contracting exercises keep on progressing. So from weeks four to six, you're doing 10 sets of 100, then from week seven, eight, nine, you're doing 12 sets of 100 – four in the morning, four in the afternoon and four in the evening, or 10 minutes, 10 minutes, 10 minutes. That's 10, 20, 30 minutes a day of doing these little exercises - these little contracting exercises.

So by week 18 you're going to be doing 20 sets of 100 a day, double splinted, as much as you can do with a double splint. If you have an opportunity to do it and you can't double splint, still do the exercises, and you will not believe how your abdominals will look.

If you want, you can go to my website and you can see the before and after pictures. One lady in 15 weeks reversed her umbilical hernia. Her belly button went from an outie to an innie, and she tells her story of how she didn't need surgery after that. You can look at the pictures of the women and the men and you'll see. If your clients want to do it, they should always take before pictures because it motivates them - from the front and from the side - to continue the program.

When you see yourself every day, it's not as startling as when you look at the photos, so it's very important when doing this program to take the photos before.

**DR. KEESHA EWERS:** You know, it's pretty interesting, because as you've been talking, I've been thinking about my husband. He's 64 and he has been a meditation master for his whole life. He practiced yoga and lived in India for years.

If you look at the eight limbs of yoga, it's not just Asana at work, or the postures. There's also meditation, and Pranayama and focus. With the Pranayama, or the conscious breathing that's involved with that, there are several different breathing techniques that he credits for - over the years - causing the yogi tummy, which is just this pooched out tummy. It's pretty fascinating to listen to you, because I think "Oh, yeah, that's why."

**JULIE TUPLER:** There it is, there's the 'Aha' moment. Speaking of meditation, when we're going from 10 to 12 to 15, I tell my clients "I want you to look forward to doing this. I want you

to have this be your muscle meditation and have it be a fusion between visualizing what's going on because when you meditate, you're in the moment." So this is their muscle meditation.

When you do a visualization, it's a three-part visualization: you see the blood flowing to the connective tissue, you see the connective tissue becoming shallower, and the muscles coming together. When they put people up on machines and they say "Visualize yourself running" their heart rate goes up. They put them up to measure all their vital signs, and their heart rate goes up.

I am a big believer in visualization. I think that it's important to see the process in your mind of what's going on. Also, it's sort of like people get their runner's high. I want them to have their transverse high with doing these exercises.

**DR. KEESHA EWERS:** This is great. What a great thing for so many people, I would probably say.

My 26 year old son has Asperger's and a couple of decades ago I listened to the world's expert on Asperger's syndrome. His name is Dr. Tony Attwood, he's from Australia, and he was saying "You go into a place like MIT or any technology place - Oxford, with the absent-minded professor - and you play the game of spotting who doesn't have Asperger's instead of who has Asperger's." As you've been talking, I've been thinking about that.

In our current society and how we are with our posture - bending over computers - we don't have corsets anymore, we're not doing a lot of the kinds of things to keep those muscles together.

**JULIE TUPLER:** Right

**DR. KEESHA EWERS:** It's like, who wouldn't have diastasis recti?

**JULIE TUPLER:** Right. It does affect your posture. Once people bring the muscles together, it helps their posture and it helps their back pain.

The other thing that I forgot to mention is children with Down Syndrome, who have low muscle tone, they all have this separation also. I do have a DVD for children called Belly Button Boogie®.

**DR. KEESHA EWERS:** Cute.

**JULIE TUPLER:** I have one for men called Say Good-Bye to Your Gut, Guy® and then I have the Lose Your Mummy Tummy. I have the Perfect Pushing® for the pregnant women, and then I have one called Ab Rehab for people before abdominal surgery to prepare so they're able

to maintain the integrity of the sutures after the surgery. Incisional hernias are the number one surgery that people have, because nobody prepares for abdominal surgery.

People prepare for shoulder surgery and knee surgery, but nobody ever prepares for abdominal surgery, and doctors tell patients after having abdominal surgery "Don't lift anything heavy. Not anything over five pounds." But when you go from a seated position to a standing position, that's your whole body weight of force on those stitches. It's really important, before you have any type of abdominal surgery, to have that transverse strength and awareness for the recovery process.

**DR. KEESHA EWERS:** The exercises that you taught during this call for the Summit are really, really important. For your bonus material, for our listeners, we have uploaded an illustrated guide for those so that they can look at that.

**JULIE TUPLER:** That's our Tupler Technique® guidebook. They can get that, it's not free because it's a little bound book, but it comes with the Women's Package 1 or the Women's Package 2 that they can get. That's sort of the Cliff's Notes of the Tupler Technique®.

**DR. KEESHA EWERS:** Alright.

**JULIE TUPLER:** Because once you watch the DVD, the DVD is like two and a half hours, like the Lose Your Mummy Tummy® and the Say Good-Bye to Your Gut, Guy®. People ask how they can organize this so we do that.

We also have a corrective connective tissue cream that we use the first four weeks of the program to prepare the skin, because we have a Together Tape that we use also, to help speed up the process of bringing the muscles together, and the connective tissue. It sort of works like a butterfly Band-Aid. We do it above and below the belly button.

The cream also nourishes the connective tissue and prepares the skin. We have a whole chart on healing connective tissue. If people want to do it with foods, we have a whole chart on our website that can be downloaded with that also.

**DR. KEESHA EWERS:** Alright. Well, Julie, thank you so much for joining the Summit and talking about this great information. Information about how to find Julie will be on her speaker's page on the website. So, remember to continue to live, love, laugh, learn, and be the most fantastic version of yourself, until next time.