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Hurricane Sandy, a divisive election—we don't know about you, but we're ready for a break from all of this heavy stuff. That's why we're highlighting an exercise that is pure fun. It's called Full Tilt, and it involves balancing your knees on your arms. It might sound silly, but performed well, it looks badass. And if you can't do it right away, it's wickedly addictive trying to learn it. "The first time you try to do it, you might not be able to hold the balance, you might rock back out of it. Then your brain has got to recalculate," says David Jack, director of Teamworks Fitness in Acton, Massachusetts, and creator of the High-Intensity Body-Weight Workout. "To me it's those environments that ultimately create the most benefit in the human body and the nervous system." Can't do it right away? Start working on the movement slowly, holding each step as long as you can. "Progressively learn the skill, and one day—boom—you can do it right on demand," Jack says. Watch the video below to see David Jack's step-by-step Full Tilt tutorial. The moment has come. You've decided to end the diaper subscription, stock up on treats (get some for yourself!), and go shopping for some big kid underwear. It's potty training time. But wait, is your child really ready? Do you have a plan in place? Are you going to have to convince a stubborn toddler to cooperate every 20 minutes? Before you decide to give away all the diapers and recycle your diaper bag, read on to make sure that you've done the prep to set yourself up for a (mostly) painless potty training experience. Before you start planning out your potty training schedule, it's important to take a second to consider if your child is really ready to be potty trained. Indicators that your child might be ready to give up diapers include: Expressing an interest in using the toilet. (Is your child talking about going to the bathroom and wanting to go to the bathroom with you?) Wanting a clean diaper when soiled. (Does your child notify you when they've gone to the bathroom in their diaper?) Ability to hold bladder for longer periods. (Is your child's diaper staying dry for a long period and then going from dry to full in a brief window?) Ability to pull their pants up and down without assistance. Ability to follow multi-step directions. Most children are ready to start working on potty training between 18 months and 24 months of age, while others aren't ready until 3 years old. The average age of potty training is 27 months. If you do decide to start potty training your child sooner rather than later, it's important that you're seeing some readiness signs. You'll save a lot of frustration if you're sure that it's the right time for everyone — including your little one. Once you're confident that you and your child are physically and emotionally ready to begin the potty training process, it's time to pick a method. Some of the more common methods include the three-day method, a time-based method, or a schedule-based method. There isn't evidence to suggest that one method is better than another, so it's best to choose the style that fits your child and your lifestyle. The three-day method Though there are various ways to do this, the three-day method necessitates that you abandon your normal schedule for three days to focus entirely on your child's potty training. You'll spend the three days right next to your child as you learn to watch for all the cues that they may need to use the bathroom. You'll need to get your child to a toilet immediately if they have not already asked to go when they begin peeing, so you can never be far away. Diapers are exchanged for underwear at the beginning of the three days, so a fair share of accidents during the training time is to be expected during this speedy potty training method. Time-based method Some parents choose to potty train over a slightly longer period than the three-day method. This allows the family to maintain a more regular schedule of activities while potty training. To use a time interval based approach to potty training have your child sit down on the toilet for at least a few minutes every hour or two from the time they wake up until the time they go to sleep. Consider setting a timer for regular reminders. You can abandon diapers or go for an in-between option, like pull-up training pants. Schedule-based method A third alternative some parents choose is a schedule-based approach to potty training. Instead of scheduling bathroom breaks around a timer, a child's bathroom visits are based on their usual daily routine. This might include an attempt to use the bathroom upon waking, before/after meals, before/after being outside, and in between different playtime activities. Parents may also arrange for trips to the bathroom during windows of time their child frequently pees or poops in their diaper. Since the goal is for a child to learn to recognize their body's signals, a child should always be praised and brought to the bathroom if they request to do so under any of these potty training methods. Once you've decided that your child is ready to begin potty training and you have an idea of the process that makes the most sense for you and your child, it's time to get started. To help encourage your child and start potty training on a positive note: Stop by the local library or bookstore to pick up a few books about potty training to read together. Take a trip to the store with your child to go shopping for a kid potty or underwear that they're excited to wear. If you plan to use rewards, talk with your child about things that they may like to try to earn in the potty training process. Supplies To keep things easy for you and your potty trainee, make sure that you have all the equipment you'll need. Consider whether you would like to use a toilet ring or a mini potty for your child, and if using a step stool or timer makes sense. Stock up on plenty of underwear, so that you'll have enough for accidents. If you intend to use a reward system, you may want to also invest in a chart and some stickers/small prizes. If you are using one of the long-term methods, it may help to have a visual reminder of their schedule. Being able to mark off successful potty visits can help them see their goals and celebrate their wins. You can read up on some suggestions for creating a behavior chart. First days Regardless of the potty training method you decide upon, you can expect to plan for frequent bathroom breaks in the beginning. Though you've judged potty-training readiness based on your child's cues, resistance to giving up diapers may appear. If the pushback is great, and either one of you is getting frustrated, back off and try again a few weeks — or even months — later. It's important to remain calm and make potty training a pleasant experience for your child. At first, any praise or rewards should be for sitting on the potty rather than actually going in the potty — baby steps! If your child does have an accident, they should be encouraged to keep trying and not punished. Keeping things positive and upbeat is key. Heading out and about If you intend to head around town while potty training, try to start with short outings (with known bathrooms along your route!) Keep in mind that your child may not feel the most comfortable in public restrooms and auto-flush toilets can scare some children. Make sure to still bring a diaper bag with you fully stocked with several sets of spare clothing, wipes, diapers, and even spare shoes if possible. Other considerations Now that you have a potty training plan in mind, it's important to consider a few other things. First, you may not want to get rid of those overnight diapers just yet. Many children will need to continue wearing a diaper at night long after they stop having accidents during the day. Continuing to use a nighttime diaper can help to minimize the wet bedsheets you end up washing and allow your child to get a good night's sleep free from worrying about getting to the bathroom in time. Several nights in a row of dry nighttime diapers is a good indicator that your child may be ready for this final step. Your child will have the best chance of success if you encourage them to go to the bathroom right before going to bed and minimize liquids right before bedtime. It's not uncommon to experience regressions or refusals to go to the bathroom even after you think you have completed the potty training process. When this occurs, it's important to remain calm. Potty training shouldn't be a punitive process, so avoid scolding or disciplining your child. Instead, encourage your child and remain consistent in offering the opportunity to use the bathroom. Don't forget the potty training also provides a great opportunity to teach proper hygiene skills. Once they are agreeable to sitting on the potty, incorporating hand washing into the steps taught and as a requirement for any potty training rewards will help to ensure that your child grows up with healthy habits. You've considered how ready for potty training your child is, chosen a potty training method, and stocked the house with the appropriate supplies. You're set for success and ready to help your child master this important life skill. Now, the moment has really arrived. You've got this! Reviewed by Dan Brennan, MD on March 09, 2021 Typically, your uterus tips forward at the cervix (a cylinder-shaped neck of tissue that connects the vagina and uterus). A tilted or tipped uterus tips backward instead of forward. It's considered a normal anatomical variation. The position of a uterus can vary from one woman to another. Most commonly, the uterus lies horizontally over the bladder, pointing toward your belly. A tilted uterus, however, angles back toward your rectum. About one-quarter of women have a tilted uterus. While a tilted uterus usually isn't problematic, some women can experience the following symptoms: Pain during sex. Due to the position of your tilted uterus, your partner can easily bump your uterus and even your ovaries during sex, causing discomfort. This can be especially painful in woman-on-top sex positions. Tearing. During vigorous sex, it is possible to tear ligaments surrounding the uterus, which may require medical care. Menstrual Pain. If you have a tilted uterus you might experience more menstrual pain than usual, especially if you have a related condition such as endometriosis. Some of the causes of a tilted uterus include: Menopause. As you age, the ligaments holding your uterus can weaken, resulting in a backward tilt. Adhesions. Pelvic surgery can cause a band of scar tissue to form, which can pull the uterus into a tilted position. Endometriosis. Endometriosis is a medical condition where cells that usually grow inside the uterus are found growing outside the uterus. The cells can "glue" the uterus to other organs, causing it to

tilt.Fibroids. Fibroids are noncancerous tumors that can cause your uterus to tilt backward.Genetics. Tilted uteruses might run in your family.Some common symptoms of a tilted uterus include:Pain during sexPain during your monthly menstrual cycle Involuntary urine leakage Urinary tract infectionPain or discomfort while wearing tamponsSome women worry that having a tilted uterus will hurt their chances of becoming pregnant. Luckily, the position of the uterus has nothing to do with your ability to carry a child. In fact, pregnancy might even cause your uterus to tilt backward.To determine if you have a tilted uterus, your doctor will complete a pelvic exam. Your doctor will examine your reproductive organs during this exam, including your vulva, vagina, cervix, ovaries, uterus, rectum, and pelvis.The doctor will insert two fingers into your vagina and push the cervix. With their other hand, they will press down on your abdomen to gently capture your uterus in both hands. This way they can check the size and position of your uterus and check for abnormal growths.Your doctor may also complete a pap test (also known as a pap smear) to determine if another underlying condition, such as endometriosis or fibroids, is causing your uterus to tilt.During a pap test, your doctor will place a tool called a spectrum inside your vagina to allow them to see your cervix. They use a soft brush to collect cells from your cervix and send those cell samples to a lab for evaluation.Each woman's body is unique. Your doctor can help you determine the best treatment option for you. Some of the most common options include:Hormone therapy. Hormone therapy reduces the estrogen hormones in your body. Reducing estrogen hormones helps reduce pain and treat symptoms of underlying conditions (namely endometriosis). The most common form of hormone therapy is birth control in the form of patches, pills, or rings.Exercises. In some cases, a doctor may be able to reposition the uterus during a pelvic exam manually, and practicing pelvic exercises might keep it in place. There are mixed reviews from medical professionals about the effectiveness of these exercises. In many cases, even after the uterus is repositioned, it eventually tips backward again.Pessary. To help the uterus stay propped forward, your doctor may insert a plastic device. This could be done temporarily or permanently. The drawback of using a pessary is that there may be a risk of infection or inflammation. With a pessary you may still experience pain during sex, and the plastic device may cause your partner discomfort during sex as well.Surgery. During surgery, the uterus can be repositioned to sit above the bladder. In some cases, your doctor may recommend complete removal of your uterus (known as a hysterectomy). Surgery is straightforward and usually very successful. © 2020 WebMD, LLC. All rights reserved. View privacy policy and trust info

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