

Pelvic floor muscle exercises - more than just stopping your pee

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The pelvic floor muscle is a skeletal muscle just like your leg muscle and it responds to the same training techniques. Some physical therapists have developed special skills in training the pelvic floor muscles.

If you want to strengthen your biceps arm muscle you first need to learn the correct exercise. Then, you perform that exercise with the correct difficulty (not too hard, not too easy) for the correct duration of time (it takes 4 to 6 months to increase the size of a muscle). Pelvic floor muscle training is the same. First, you need to learn the correct exercise. This is challenging as it is an inside muscle and sometimes hard to find. In fact, 40% of people are doing the exercise wrong. The best way to tell if you are doing the exercise correctly is by palpating inside the vagina or rectum. A trained physical therapist can measure the muscle by palpating just inside the vagina or rectum and asking you to squeeze. This usually not painful but gives a lot of information about the muscle

- How big is the muscle?
- Can you feel the muscle?
- Is the muscle painful and tense? – it is very important to relax and this may be the primary reason exercises do not work.
- Can the muscle elevate and support the organs – especially important when the organs are sagging?
- Can the muscle squeeze tight – to stop urine leakage?
- Can you hold the contract – long enough to get to the bathroom?
- Does the belly muscle work with (or against) the pelvic muscle?
- Does the breathing work with the pelvic floor muscle?

All these things are helpful in developing the correct exercise program. In many cases, the exercises are difficult to learn and additional information is needed. EMG [biofeedback](#) can help. This device allows you to see the muscle contraction just like the EKG allows you to see the heart contraction. To monitor the pelvic floor muscle a sensor is placed inside the rectum / vagina or stuck to the outside of the rectum. If the contraction is strong the line goes up (and stays up). If the contraction is weak the line does not go up very high and fall quickly. Seeing this can help you to activate the correct muscles and keep them activated increasing the effect of the exercises.

A proper exercise program includes the answers these questions:

- How long to hold the contraction?
- How long to rest between? – rest is as important as hold
- How many to do at a time and how many times to do them in a day? – studies tell us that you must do more than 45 per day to get results
- What position should the exercises be done in?
- How do you breathe during the exercises?
- What are the abdominals and the legs supposed to do during the exercises?
- Can the muscle be activated at the correct time during daily activities?

- How will you advance the exercises and how long will you do them? – therapy is often done once per week for about 4 weeks then every other week for another 4 week. Some patients need more sessions some need less.

As you can see strengthening the pelvic floor muscles is more than “stop your pee”. AND stopping urine flow is not a good exercise. Physical therapy can be extremely helpful in training the pelvic floor and reducing urinary and fecal incontinence, and pelvic organ prolapse. The most reliable measurements are done inside the vagina or rectum but there are some measurements that can be taken outside the body. Ask your doctor for a referral to a skilled physical therapist for advance pelvic floor muscle training.