



Pelvic Floor and Physical Activity in Women



1 IN 2

women suffer from at least 2

PELVIC FLOOR DISORDERS

including women who have never had babies

Symptoms can create a

BARRIER TO EXERCISE

or women may be advised to avoid certain activities



COMMON TYPES OF PELVIC FLOOR DISORDERS



Incontinence



Prolapse



Pelvic pain

Incontinence - involuntary leaking from the bladder or bowel

Pelvic organ prolapse - abnormal descent of the bladder, uterus or rectum

Pelvic pain - pain in the genital area, often associated with pain during sex

RISK FACTORS



Vaginal birth is the strongest risk factor for incontinence and prolapse



Developing any pelvic floor dysfunction is associated with obesity.

Also linked to developing or worsening of pelvic floor problems:



Genetic factors and family history.



Hormonal changes during pregnancy, breastfeeding & menopause



Healing stage after having a baby or pelvic surgery

HIGH IMPACT

Urinary incontinence is most prevalent in high impact activities

44%

of athletes and dancers reported leaking during sport



HEAVY LIFTING

Symptoms may worsen with lifting heavy weights

Women required to repetitively lift heavy weight for work are

7x more likely

to have severe prolapse than other jobs

AVOIDING EXERCISE WILL NOT FIX A PROBLEM

and may contribute to more pelvic floor problems



PHYSIOTHERAPISTS

specialising in the pelvic floor play a **crucial role** in assessing and managing pelvic floor disorders in relation to physical activity



PELVIC FLOOR MUSCLES

may be part of treatment through:

Strengthening weak muscles
Coordinating function with exercise
Balancing overly tense muscles

TOOLS



Silicone devices called pessaries may be used to help support the bladder and other pelvic organs so women can exercise without symptoms