



Explaining How the Pelvic Floor Works and How to Activate and Strengthen Your Pelvic Floor Muscles

Tina Allen: So what is normal for the bladder? So what's normal? Which a lot of us maybe never thought we were normal or we didn't know what was normal. But what's common out in the community for bladders that are problematic is in 24 hours, we go to the bathroom about five to eight times during the day. Okay. That means we go to the bathroom about every two to four hours and we arise at most one time a night to go to the bathroom. So zero to one times in the middle of the night, we get up and go to the bathroom and then we normally don't have to go to the bathroom just in case. Just in case.

What we mean by that is, "I went out to dinner with my family and I got to the restaurant and I went to the bathroom and we stayed in the restaurant for 45 minutes or an hour. And then I was like, Ooh, I better go just in case, before the ride home." Or during any kind of movie or intermission, we're taking every opportunity we can to go the bathroom. That's just in case, we shouldn't need to do that. So that normal bladder health is you can control when you go, as long as it's within reason and that's that two to four hour window. We shouldn't need to push or strain in any way to go to the bathroom. We should be able to sit down on the toilet and relax and then our bladder starts working.

We shouldn't have to force it at all. We'll talk about some instances where you might do that and some options for that. But in general, it's a passive event. Just to realize there's always a little urine left in the

Norms of Bladder Health

- Voids per 24 hours = 5 - 8
- Intervals: 2-4 hours
- 0-1 voids after bedtime
- No "just in case" voiding
- No need for pushing/straining to empty
- There is always a little urine left in the bladder after voiding (<50ml)
- Average void is 300ml (about a tall starbucks drink)

VIDEO: https://commons.wikimedia.org/wiki/Category:Urinary_incontinence

bladder after we go to the bathroom. If you've ever been to your doctor and you go to the bathroom and then they take a little scan of your bladder, what they're looking for is that you have less than 50 milliliters of volume left in your bladder and that's considered normal. Some folks think that, that's like, "Why would there be something left?" Well, just to realize there's always a little blood left in your heart when it's pumping. There's always a little air left in your lungs when you're breathing. That's the same thing with your bladder. You never empty your stomach fully. There's always a little something there still. So, don't be concerned if there's a little there.

Then usually when we go to the bathroom, we go a good amount. It's about 300 milliliters and for those of us who don't know the middle ear system very well, which is me, what we think of is that a tall Starbucks cup, and I know that we all don't go to Starbucks, but think about that tall coffee size that's about 300 milliliter. So when we go to the bathroom, that's a reasonable amount to go. If you're going significantly less than that, you're probably going too frequently and if you're going significantly more than that, you're likely delaying too much, which can be a problem also.

Tina Allen: So there's this little sweet spot and this slide gives us an idea of that. Then about doing Kegels or doing pelvic floor muscle contractions.

What we know, and this research has been repeated, and I see it in my clinical practice all the time, which is what's most important to me is what I see clinically, which is that if we just give somebody a handout on how to do pelvic floor muscle contractions, at least 40% of them will not do it correctly. They'll do something

else. And for most of us it means we're bearing down. So we're pushing down which results in leakage. That doesn't mean don't try doing pelvic floor muscle contractions, but what it means is give it a try. If you're not sure that you're doing it right or things don't improve, then you want some help and that's where you start looking for a pelvic rehab provider. Okay.

This other part of this about talking about men, it's just this repeat that they went back and they looked at this study again and then in 2013 and they found that using men, they were only able to do the exercises, the pelvic floor contraction in certain positions. That's not just men, it's true for women also, it just happened to be that this study was looking at men. We know that for women too, that different positions are easier to find your pelvic floor muscles. So that's a great place to start and then we'll address what you should do as you go forward in the next couple slides. So stay tuned.



Instructing in Correct Muscle Activation and Relaxation

Following verbal instruction in pelvic muscle contraction:

- 40% of women have demonstrated ineffective effort, with 25% of them displaying incontinence-promoting technique (Bump et al., 1991)
- A significant number of healthy young men were found to be unable to perform a contraction in standing or sidelying (Scott et al., 2013)

So now, how do we do pelvic floor muscle contractions? We want to do more than squeeze. A lot of people teach us to say lift and hold and squeeze. That's a great start. But what we know too is that this muscle group has to work in varying ways. That means that it needs to squeeze in a little bit when your brain goes, "Oh, I'm going to sneeze." So it squeezes in a little. And then when you actually sneeze, it squeezes in a little harder and then there's a little bit left in case you trip. While you're sneezing, you can squeeze in a little bit harder if all you do when you say, "Oh, I'm going to sneeze." And you squeeze your muscle as hard as you can all at once when you actually sneeze. Or if something else happens, while you're sneezing, you're more likely to leak.



Pelvic Floor Muscle Contraction

- More than just a "Squeeze"
- Elevator image (Close then lift)
- Wink the anus/Hold back gas/Stop the flow of urine
- Move the clitoris/penis/Draw the genitals upward
- Pull the underwear inward
- Bring your "sits bones" together, lift your perineum off the chair



Tina Allen: What we want to do is have you start learning to vary this contraction, and some of that can be that you think of an elevator and so you think of the doors closing as winking shut or gradually shutting or shutting off the hose of the urethra. That's the closing of the doors. Then you go up each floor, so you squeeze in a little and then a little more and a little more. So close, lift, lift. You could think of it as holding back gas or stopping the urine flow and then pulling in a little harder. You could think about closing the urethra and then pulling the genitals inward, lifting your pelvic floor muscles or the genitalia from your underwear. So pulling inward. And then some of us just really have a hard time getting to that zone and we just don't know where this area is of our body. So, if we sit here and I'm going to sit here right now, even though you can't see me and I'm sitting on my chair and I rock from side to side, and I notice those two bones that are in my bum.

So those are my sit bones, is what those are called, the bones that you sit on. You could think about drawing those two sit bones together and lifting the perineum or the tissues in between those two bones off the chair. Here, I don't mean that to be overwhelming, but I want to give you some ideas of things you could try, to try to localize these muscles. The reason why we want to localize these muscles is we figured out how to use these muscles at a much earlier age and they just did their job and then suddenly they stopped doing their jobs. So now you have to give them a little bit of attention to help you find those muscles and then help build them up so you're connected to them and then we carry them over to function, which we'll talk about coming up. So just some things to think about.

Where people often cheat is they will hold their breath. If I held my breath right now, so I'm going to make a noise like I'm holding my breath. I sat there and I suddenly grabbed my breath. To do that I pushed my abdomen down. Well my bladder lives in that area that I just pushed down. So when I hold my breath, I'm increasing the pressure on my bladder area, which could result in leakage. That's why we want you to hold your breath, not hold your breath, "Oh goodness, goodness." We want you to not hold your breath while you're doing your Kegels. Try to do a nice gentle breathing with it. We don't want you to bulge your abdomen or bear down like you're trying to have a bowel movement that could result in some leakage.

If you cheat and use your thigh muscles or your glute muscles, they're kind of the big strong siblings who keep compensating for the weaker pelvic floor muscles. If our big strong siblings keep taking over our thighs and our glutes, then our pelvic floor never has a chance to catch up. So we really want to try to isolate those pelvic floor muscles before we start using other muscles with it. Then some people tend to curl their toes or they tighten their upper chest as they're doing their Kegels and we want to... Initially, maybe that's what needs to happen, but then be aware of those and get rid of them as you get more and more connected to your pelvic floor.

Activating and Strengthening Your Pelvic Floor Muscles

Tina Allen: Then if you can't find your pelvic floor muscles, there are ways to activate them using some other

muscles. These two pictures show that. So the first picture is this one here, the one on the left. The gentleman is sitting in a chair and he has a ball between his knees. You could use a kid's ball or you could use a throw pillow or you could roll up a towel and place that between

your knees and give it a gentle squeeze. When you give it a gentle squeeze, very gentle, maybe a pound



Typical Cheats

- Holding of the breath
- Bulging of the abdomen, bearing down through pelvic floor
- Use of thighs and gluteals
- Use of toes, upper chest






If Unable to Locate Pelvic Floor Muscles

Can utilize co-contraction of the inner thigh (adductor) or hip rotators (obturator internus) along with attempting pelvic floor muscle contraction




of pressure, it activates those muscles. Then you could try your Kegel. You could try that tightening. Close off the water, close off the hose and then relax. That act of squeezing together the knees ever so gently helps your brain find your pelvic floor muscles.

Now this one over here, the one on the right, the gentleman has a band around his knees and placing the band around his knees. This is an elastic band called TheraBand. Placing that around his knees and then pressing out into it a little bit. So externally pressing outward. So if his hands were on the sides of his knees, he would press out into his hands very gently that one or two pounds of pressure again and perform. Once you've done that, activate your pelvic floor muscles. When we're not feeling our pelvic floor muscles very well, this exercise, one of the two of these may be really helpful for you to localize those muscles. So that's worth a try if it's hard to find the muscles.

Now, once you found the muscles, it's great to do your contractions in positions that you're really comfortable in such as sitting or laying down. But here's the wrap. We don't tend to leak sitting or laying down per se. Some of us do, but not all of us. When we leak, is on the way to the bathroom. I've read all the things that say, "Oh, do Kegels at stoplights." My challenge to that is if you only do cables at stoplights, you're only doing cables when you're sitting.

Tina Allen: So my joke is if you only

do Kegels at stoplights, you will only be continent when you're at stoplights. What I want to push you to do is actually do some Kegels once you feel like you've got it.

Tina Allen: I want you to try doing Kegels when these pictures over here show when you're climbing a step, can you in this position that this person's in go ahead and try doing some Kegels. This person here on the left is standing on one leg, she's very supported and let's have a wall behind her in case she loses her balance. She could hold onto something, but can she do a Kegel with standing on one foot? So this is going to start mimicking what it's like to actually do a functional activity. And that's really what we're looking for because most of us leak when we're on the way to the bathroom, when we're going for a walk, when we cough, laugh or sneeze.

I really think once you feel like, "Oh yeah, I've got this." Your next group of exercises that you do should be in standing or standing in varied positions. Now, we've often read way back in the day that you should do 300 cables a day. That is the elephant in the room, because that's what people were told. Well, guess what? You're not supposed to do 300 Kegels a day. You wouldn't do 300 bicep curls a day. You don't need to do 300 Kegels a day. Most of us need to do 20 to 30 but if we're rehabbing, if we're having a lot of problems, maybe 40 a day at different sessions. So you break it up in different ways and you do it throughout the day in varied positions. So the days of doing 300 Kegels a day should be over.



Progress to perform in daily activity positions

- Supine to sit
- Sit to stand
- Standing
- Cough/Sneeze
- Reaching
- Partial Squat
- Squat with resistance
- Stairs
- Walking level, uphill and downhill
- Jog/ Run



What that tends to do is fatigue our muscle so much and then we leak. So let's not fatigue our muscles so much that we leak. Let's strengthen it, so it has time to get stronger and more active.

BCAN would like to thank our
Patient Insight Webinar sponsors



for their support.

