

What is 'pelvic floor safe exercising for athletes'?

Words by Sue Croft, Physiotherapist - Australian Physiotherapy Association Member



In Issue 12 of Multisport Magazine we followed the inspiring story about Michelle, a wife and mother, passionate about pole fitness and all forms of exercise, who had to make dramatic changes to her previous exercise regimes due to significant gynecological surgery and its impact on her pelvic floor.

As Michelle's continence and women's health physiotherapist, once I had given her all the important education about prolapse management and good bladder and bowel habits, much of my role was convincing Michelle that those significant changes to her exercise programme had to be made – but most importantly adopted for life! She was devastated to give up the pole fitness- the exercise 'love of her life' but has now embraced triathlons with her usual vigor and tenacity.

Research is telling us that sitting too much is shortening our lifespan and is the cause of significant disease profile. In both Australia and the UK there is a push for exercise to become prescribed as a treatment for patients, just as writing a

script for medications would be. Luckily due to our exceptional weather, Aussies enjoy and excel at a range of sports and outdoor pursuits but the critical concept for any woman undertaking any exercise regime, especially vigorous exercise, is the concept of 'pelvic floor safe exercising'- that the exercise undertaken is not increasing the risk for that woman to develop pelvic floor dysfunction such as urinary incontinence, vaginal prolapse, faecal incontinence, rectal and vaginal prolapse. There is nothing more devastating for a woman undertaking an exercise regime 'to get fit', than finding after a period of time that she has developed prolapse because of a lack of awareness of the damage certain exercises can do.

Vaginal prolapse occurs when there is either muscle damage (levator avulsion) or a relaxation of the fascial walls and other ligamentous supports of the vagina causing the organs – the bladder, uterus and bowel to descend. It is usually related to childbirth (vaginal deliveries) but can be caused by straining with passing a bowel motion, lifting excessively heavy weights particularly at the gym, having a chronic cough (due to smoking, bronchiectasis, asthma etc) and doing high volumes of certain exercises such as sit-ups, curl ups, crunches and double leg lifts at the gym, in yoga or pilates.

Prolapse is very common with up to 50% of women who have had a vaginal delivery, suffering some sort of prolapse in their lifetime. 10% of these women will require repair surgery and up to 30% of those operations will fail and have to be redone. Urinary incontinence is also very common with 1 in 3 women suffering incontinence (stress and urge incontinence); with approximately 4.2 million men, women and children across all ages having some form of incontinence in their lifetime and the cost to the Australian economy is huge (\$40 billion per year).

Understanding 'pelvic floor safe' concepts is especially important for those women who have had a vaginal delivery or had gynecological repair surgery, if undertaking high intensity sports and activities. Adapting and modifying your sport or activity is critical to ensure longevity with your desired pursuit and helps prevent damage to your pelvic floor which ultimately may require surgical repair.

So what are 'pelvic floor safe' exercises? They allow you to specifically strengthen your abdominal muscles with decreased downward forces and are generally those of lower impact. So always perform safe abdominal exercises: avoid sit-ups, the full plank and double leg lifts; lift lighter weights, with more repetitions until you

fatigue; avoid deep squats with a wide stance (and especially weighted vests) and cycling is pelvic floor safe because of the seated support (but be careful of the effort required on hills).

But I understand running is an important part of many sports like triathlons. There are treatment strategies and devices such as pessaries, which can help prevent both incontinence and prolapse by giving vaginal support, allowing you to run and so it is important to consult with a pelvic floor physiotherapist to be assessed and treated.

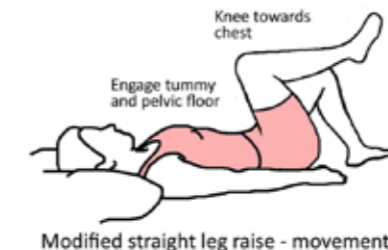
Some safe abdominal exercises:

On all fours, hands under your shoulders, knees under your hips, maintain your lumbar curve. With your head in a neutral position, gently contract your low tummy and pelvic floor, lift your right arm out and left leg together, hold for 3 to 5 seconds and repeat with left arm and right leg. You can make this harder by placing a soft ball in the middle of your back and trying to balance it there.



Abdominal and balance exercise

Lie on your back, knees bent up, gently contract your low tummy and pelvic floor while continuing to breathe. Keeping your pelvis steady, draw your right leg to the chest and then straighten your leg out, holding the straight leg about 8cms (3 inches) off the bed/floor for a count of 3 and then go back to starting position.



Modified straight leg raise - movement 1



Modified straight leg raise - movement 2

Repeat 5 to 10 times. To make it harder you can add a straight leg raise.

General advice

Other important strategies are regular pelvic floor muscle training; bracing your deep abdominal and pelvic floor muscles with increased intra-abdominal pressure, minimizing your caffeine and always using the correct position and dynamics for defaecation (see diagrams) which is protective of the pelvic floor.

But we all know exercise is far more than about getting fit. We know that when we exercise, endorphins are released and stress, anxiety and depression can be alleviated and as a physiotherapist treating many pelvic pain conditions including sexual dysfunction, physical exercise is one of the mainstays of the new psycho-social approach to managing persistent pelvic pain.

So to conclude, the evidence is compelling that if we sit all day we are likely to live a shorter life; and the evidence is compelling that due to computers,

Facebook, Twitter, blogging and iPhones we are sitting more and more for longer and longer; and the evidence is compelling that exercise releases endorphins and can be important in the management of anxiety, depression and chronic pain conditions. So when I found this quote, I felt compelled to share it with you...

"Every morning in Africa a gazelle wakes up. It knows it must move faster than the lion or it will not survive.

Every morning a lion wakes up and it knows it must move faster than the slowest gazelle or it will starve.

It doesn't matter if you are the lion or the gazelle, when the sun comes up, you better get moving."

Maurice Greene



BIO

Sue Croft is an APA private pelvic floor physiotherapist at Highgate Hill, Brisbane. She has written two books: Pelvic Floor Recovery: Physiotherapy for Gynecological Repair Surgery and Pelvic Floor Essentials. She is a passionate advocate for Women's Health and continence promotion and is active on social media (follow her on Twitter @scroftpf and Facebook). She writes a blog dedicated to educating women about their pelvic floors- simply google Sue Croft blog and click follow.

Pelvic Floor Recovery Books

By Sue Croft B.Phty.(UQ) – Physiotherapist with a special interest in Continence Promotion and Women's Health.

Bladder, bowel and prolapse problems are common in women. These two books outline simple strategies to improve your bladder and bowel, teach you how to correctly exercise your pelvic floor muscles, educate to prevent damage to surgical repairs and overall, assist with improving self esteem.

Buy books online for \$20 each + postage.

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