

URINARY INCONTINENCE & EXERCISE

PROFESSIONAL

WHAT IS URINARY INCONTINENCE?

Urinary incontinence (UI) – or the involuntary leakage of urine – is a common condition in young to middle-aged women. Some important associated risk factors for UI include pregnancy and childbirth, menopause, ageing, chronic respiratory conditions, prolapse, obesity, smoking, constipation, diabetes, lower back pain and depression.

The main types of UI are: 1) stress UI – the complaint of involuntary leakage on effort or exertion, or on sneezing or coughing; and 2) urge UI – the complaint of involuntary leakage accompanied by or immediately preceded by urgency (1). Women often experience a combination of the two types (mixed UI). Although the condition is not life-threatening, living with UI can significantly negatively impact quality of life.

WHY IS EXERCISE IMPORTANT FOR WOMEN WHO EXPERIENCE URINARY INCONTINENCE? HOW DOES EXERCISE HELP?

Exercise has many important benefits, including:

- Increasing cardiovascular fitness, muscular strength and endurance
- Maintaining healthy weight
- Improving mental health and quality of life

A Physiotherapist or Accredited Exercise Physiologist will be able to assist with designing an exercise program to achieve these goals. A suitably trained pelvic health physiotherapist can assess and instruct women on correct pelvic floor muscle activation.



Regular exercise (most days of the week) is especially important for women with UI because inactivity is linked with obesity, diabetes, lower back pain and depression. These problems can make UI worse.

WHAT TYPE OF EXERCISE IS BEST AND HOW TO DO IT?

Women with UI should aim to achieve activity levels recommended in the Australian National Physical Guidelines (2), and exercise in ways that they enjoy and feel comfortable with. There is some evidence to suggest that high impact (e.g., jumping, running) and high loading (e.g., weightlifting) exercises are risk factors for stress UI (3). However, there are important benefits of these types of exercise for women, including maintaining and improving bone health. Therefore, if women want to begin or continue an exercise routine that includes high impact or lifting heavy weights, but experience UI symptoms during these movements, modifications and progressions should be provided. Women can be supported to participate in their chosen exercise routine without experiencing UI symptoms.

In addition to regular exercise, current evidence suggests that women with urinary incontinence should engage in pelvic floor muscle training (PFMT) to improve pelvic floor muscle strength, endurance, power, and relaxation – all of which can help to improve symptoms of UI (4). Benefits are most likely to occur following at least 12 weeks of PFMT (3 series of 8-12 exercises on most days of the week (minimum of 2 days)) (5). Recent evidence has shown that women can achieve similar improvements in urinary incontinence symptoms whether they attend individualised appointments or group exercise classes over a 12 week period (6).

During each pelvic floor exercise, there should be a verbal instruction to “squeeze the anus” – this technique was found to more likely achieve a correct contraction of the pelvic floor muscles than “stop the flow of urine” (7). Women should also be instructed to feel a noticeable “letting go” of the muscles on relaxation (8). The PFMT protocol should have a combination of gentle, longer contractions (working up to 10-15 seconds), maximal squeezes (as hard as possible for 5-10 seconds), and ‘quick fire’ squeezes. It is important to fully relax in between contractions.

HELPFUL TIPS:

- It can be useful to try these exercises in different lying positions or during functional movements, but patients/clients should start pelvic floor exercises in the crook lying position or seated position first.
- Good posture can help to engage the pelvic floor muscles during pelvic floor muscle exercises (9). If sitting or standing, then maintaining a neutral spine and ensuring that the pelvis is not ‘tucked’ under or tilted forward can help.

- Relaxing the pelvic floor muscles on inhalation and drawing the pelvic floor muscles in and up on exhalation may help with engagement. This is because during inhalation, the diaphragm moves downwards and naturally helps the pelvic floor muscles to relax, and vice versa during exhalation, the diaphragm moves upwards which allows more room for the pelvic floor muscles to also move upwards and contract (10). Because of this, it can be helpful to exhale and draw the PFM in and up before initiating certain movements (i.e., standing up, lifting something heavy, jumping). This is known as ‘the Knack’.
- If patients/clients find it difficult to feel what the pelvic floor muscles are doing, tactile feedback can help. For example, sitting on an exercise ball while doing PFMT exercises – during contraction, the perineum should gently lift away from the ball, and vice versa during relaxation.

Important note: A pelvic floor exercise program is best supported by a suitably trained pelvic health physiotherapist; especially if the patient has a history of urinary incontinence or prolapse, or reports “bearing down” or pain with PFMT. This can also be an important step in ensuring that pelvic floor exercises are being performed correctly.

BARRIERS/CONTRAINDICATIONS TO EXERCISE

If the patient/client reports experiencing pressure, heaviness or a bulge in the vagina and/or rectum, back pain, or pelvic pain during exercise, then refer on to a suitably trained pelvic floor practitioner (e.g., women’s health physiotherapist; urogynaecologist).



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RELATED INFORMATION AND REFERENCES

Exercise is Medicine Australia www.exerciseismedicine.org.au
 Exercise Right www.exerciseright.com.au
 Find a Physiotherapist www.choose.physio
 Find an Accredited Exercise Physiologist www.essa.org.au

If you have any concerns about the safety of your patient in commencing an exercise program, please consider referral to a Sport and Exercise Physician.

Find a Sport and Exercise Physician www.acsep.org.au/

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