Pelvic floor muscle training: pelvic organ prolapse

**Intervention**

Pelvic floor muscle training (PFMT).

PFMT involves the contraction of the pelvic floor muscles to improve strength, endurance and timing of contractions and ultimately to better support the pelvic organs.

**Indication**

Symptoms of pelvic organ prolapse (POP) in women.

The 2013 International Consultation on Incontinence recommend (grade A) PFMT to reduce the severity and improve prolapse symptoms.

POP symptoms include pelvic heaviness; dragging sensation in the vagina; bulge, lump or protrusion coming down from the vagina; backache; bladder and bowel symptoms; and sexual dysfunction.

Women most suited to conservative management are those with a mild-moderate degree of prolapse, those who wish to have more children, and the frail or those unwilling to undergo surgery.

PFMT is also used in the treatment of urinary incontinence not related to POP.


Regular and frequent (e.g. weekly) appointments are most effective for both indications.

**Availability**

A physiotherapist with a special interest in the pelvic floor can be found by going to the Australian Physiotherapy Association website, select ‘Find a physio’ and then under treatment, select ‘Continence and women’s health’.

www.physiotherapy.asn.au

**Description**

PFMT involves a pelvic floor muscle assessment, pelvic floor muscle exercises and pelvic floor muscle bracing (the Knack).

**Pelvic floor muscle exercises**

- Exercise sets are performed one – three times a day
- Each set consists of 8–12 repetitions of a 6- to 8-second contraction followed by a few seconds rest.
- Contractions should be near maximal.
- Sets are performed in lying, sitting and standing positions.
- Over time, women begin to lengthen contractions, increase repetitions and reduce rest periods.
**Description**

**Pelvic floor muscle bracing – ‘The Knack’**

Pelvic floor muscle bracing against increased intra-abdominal pressure (e.g. lifting, coughing) is commonly called ‘The Knack’ manoeuvre. This is performed by consciously contracting the pelvic floor muscles prior to a physical stress and then maintaining the contraction during the stress.

Supervised training typically lasts 3 – 6 months, with weekly sessions for 3 months then extending to fortnightly.

Regular and frequent (e.g. weekly) appointments are most effective.

**Tips and challenges**

Results may be further improved with the addition of lifestyle interventions such as weight loss, reducing exacerbating activities (e.g. lifting, coughing) and treating constipation.

**Grading**

NHMRC Level 1 evidence

**References**


**Consumer resources**

The Australian Government’s Bladder and Bowel initiative has produced a Pelvic floor muscle training for women fact sheet.

www.bladderbowel.gov.au
www.bladderbowel.gov.au/assets/doc/Factsheets/English/06PelvicFloorWomenEnglish.pdf

Pelvic floor first (an initiative of the Continence Foundation of Australia) provides a range of information about pelvic floor exercises (including an app).

www.pelvicfloorfirst.org.au
www.continence.org.au

Physiotherapist can be found via the Australian Physiotherapy Association website.

www.physiotherapy.asn.au

Acknowledgement: The HANDI group would like to thank Associate Professor Helena Frawley, for reviewing this intervention.

First published: November 2014