

Strong

FROM THE FLOOR UP

A physical therapist's guide to staying dry during running (and every other time too)

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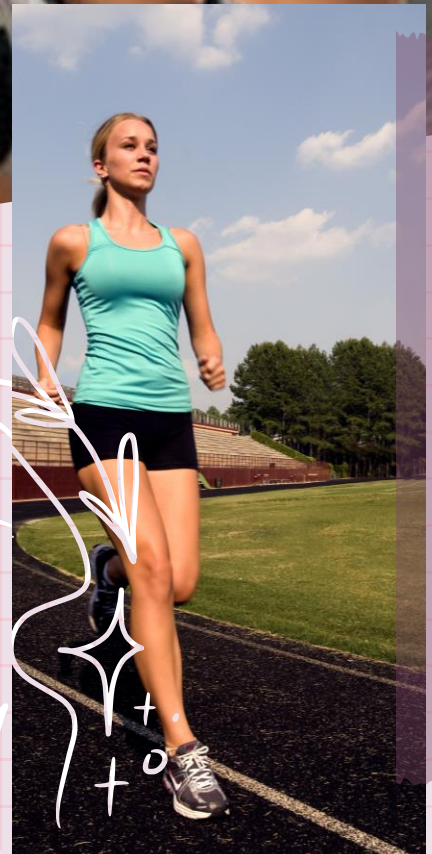
Affecting 1 IN 3

3x Higher Likelihood: Female athletes vs. sedentary women experiencing urinary incontinence. Affects all ages.

1 in 3 female runners experience urinary leakage during runs

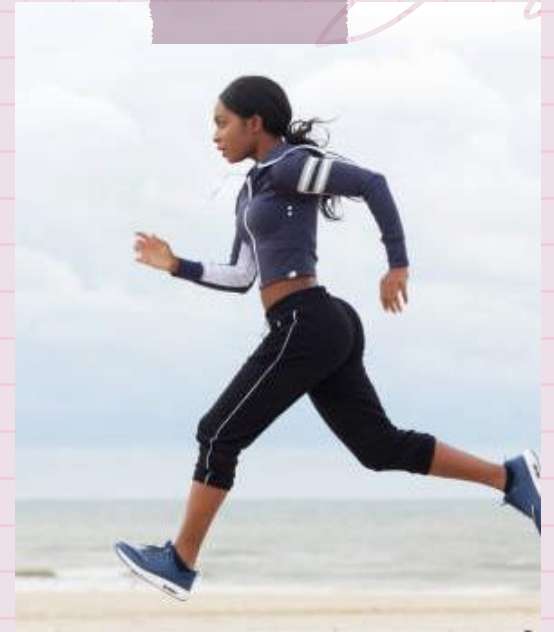
1 in 4 report pelvic heaviness or bulging during/after exercise

1 in 5 report pain during sexual activity

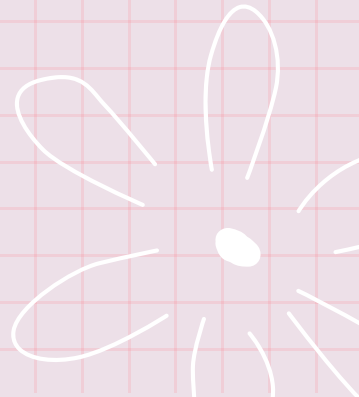




What is SUI?



Stress Urinary Incontinence is involuntary urine leakage with physical activity such as coughing, laughing, sneezing, lifting or exercise.





Risk FACTORS

- Pregnancy
- Vaginal Delivery (twice the risk of C-section)
- Obesity
- Post Menopausal Age

Risk FACTORS



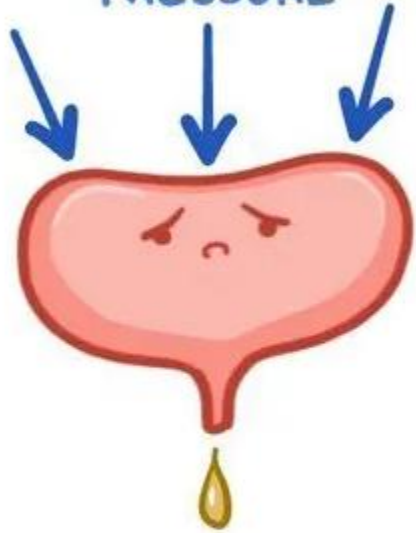
- Chronic cough
- Hysterectomy or Prostatectomy
- Smoking
- Constipation

**Isn't this
normal?**

Nope.

Types of incontinence

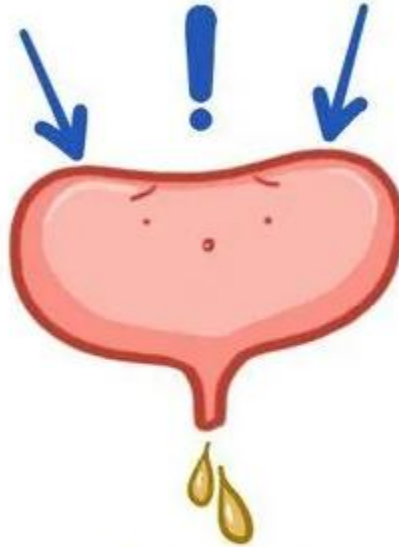
HIGH ABDOMINAL
PRESSURE



**STRESS
INCONTINENCE**



**URGENCY
INCONTINENCE**



**MIXED
INCONTINENCE**

BLADDER
DOESN'T EMPTY
COMPLETELY



**OVERFLOW
INCONTINENCE**

The Pelvic floor is the "BASE"

Base of the Deep Core Canister:

- Diaphragm (top), Transversus Abdominis (sides), Multifidus (back), Pelvic Floor (base).

Force Absorber:

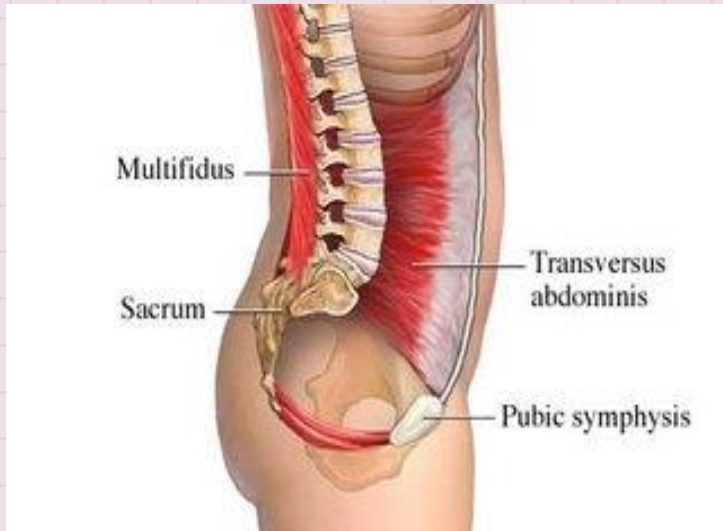
- Transmits ground reaction forces up to 3x body weight with every stride.

Injury Prevention:

- Targeted hip & core programs reduce running overuse injuries by 39%.

Multi-Planar Stability:

- Essential for controlling motion in the frontal and transverse planes.



It's all about

PRESSURE



Imagine your core as a pressure canister, with the diaphragm as the top, the deep abdominal and spinal muscles as the sides, and the pelvic floor as the bottom.

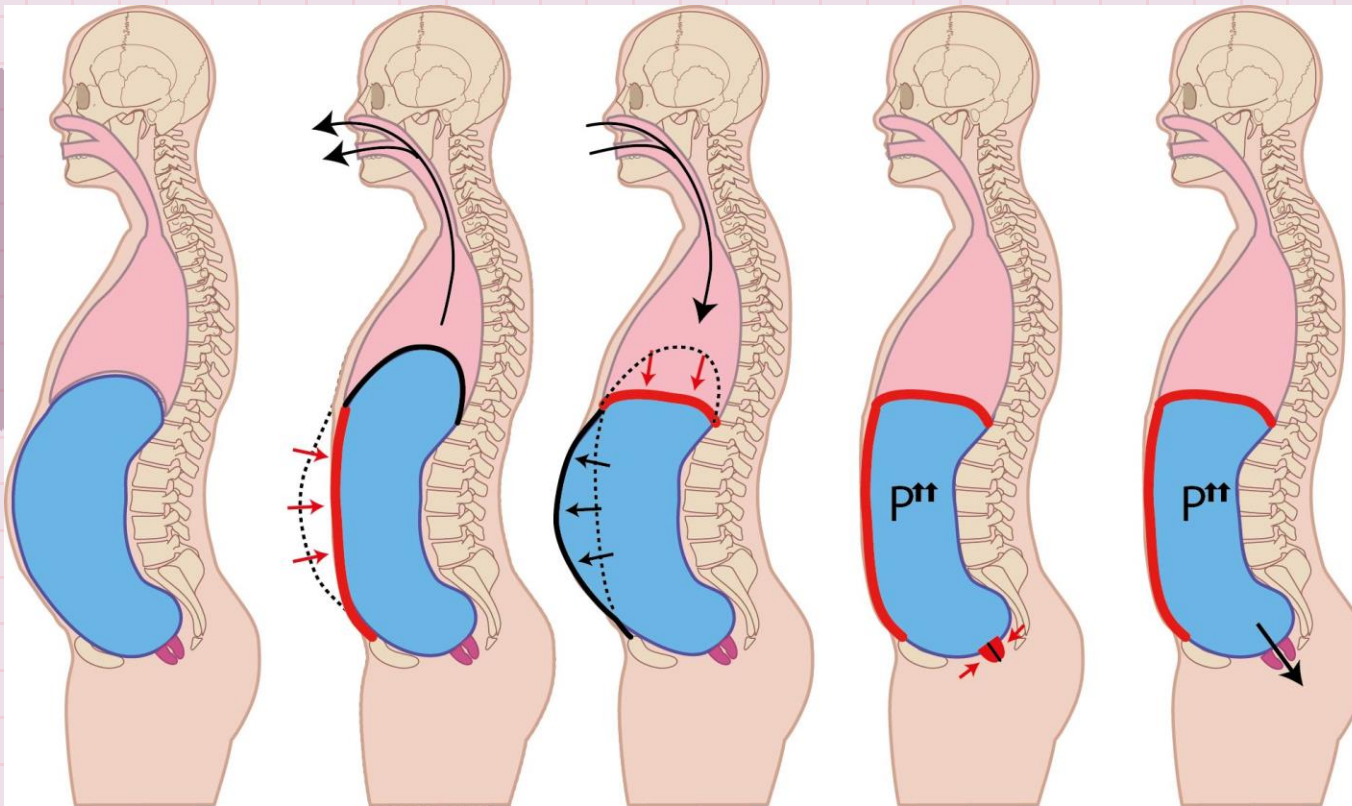
When you breathe, laugh, or lift, the pressure inside this canister increases.

In a healthy system, the pelvic floor muscles contract to close the urethra.

With SUI, weakened pelvic floor muscles and nerves are unable to adequately close the urethra when IAP rises, leading to urine leakage.

What is

INTRA-ABDOMINAL PRESSURE?



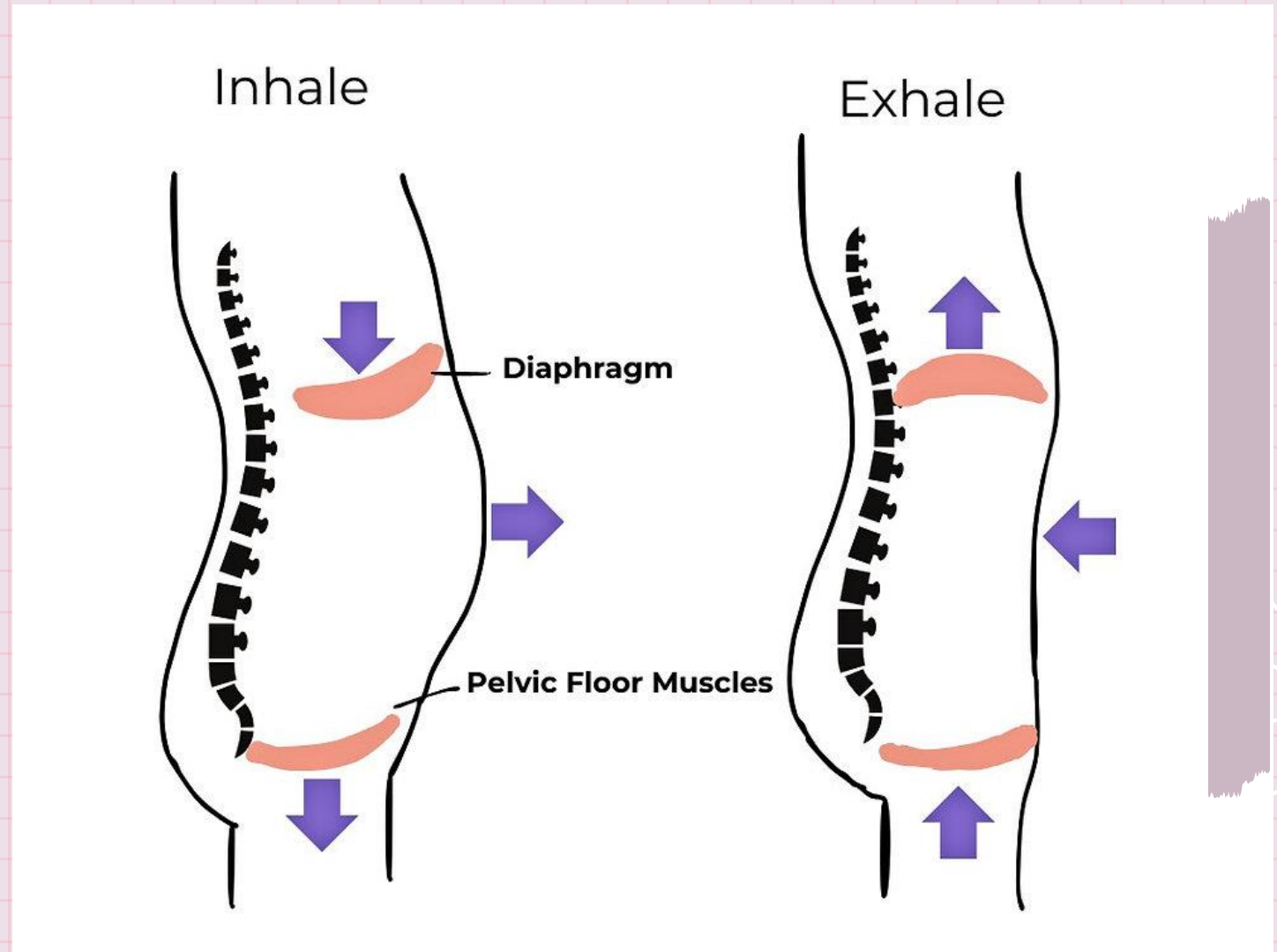
IAP is the pressure exerted by the contents of the abdominal cavity on the surrounding organs and structures.

Breathing and the Pelvic Floor

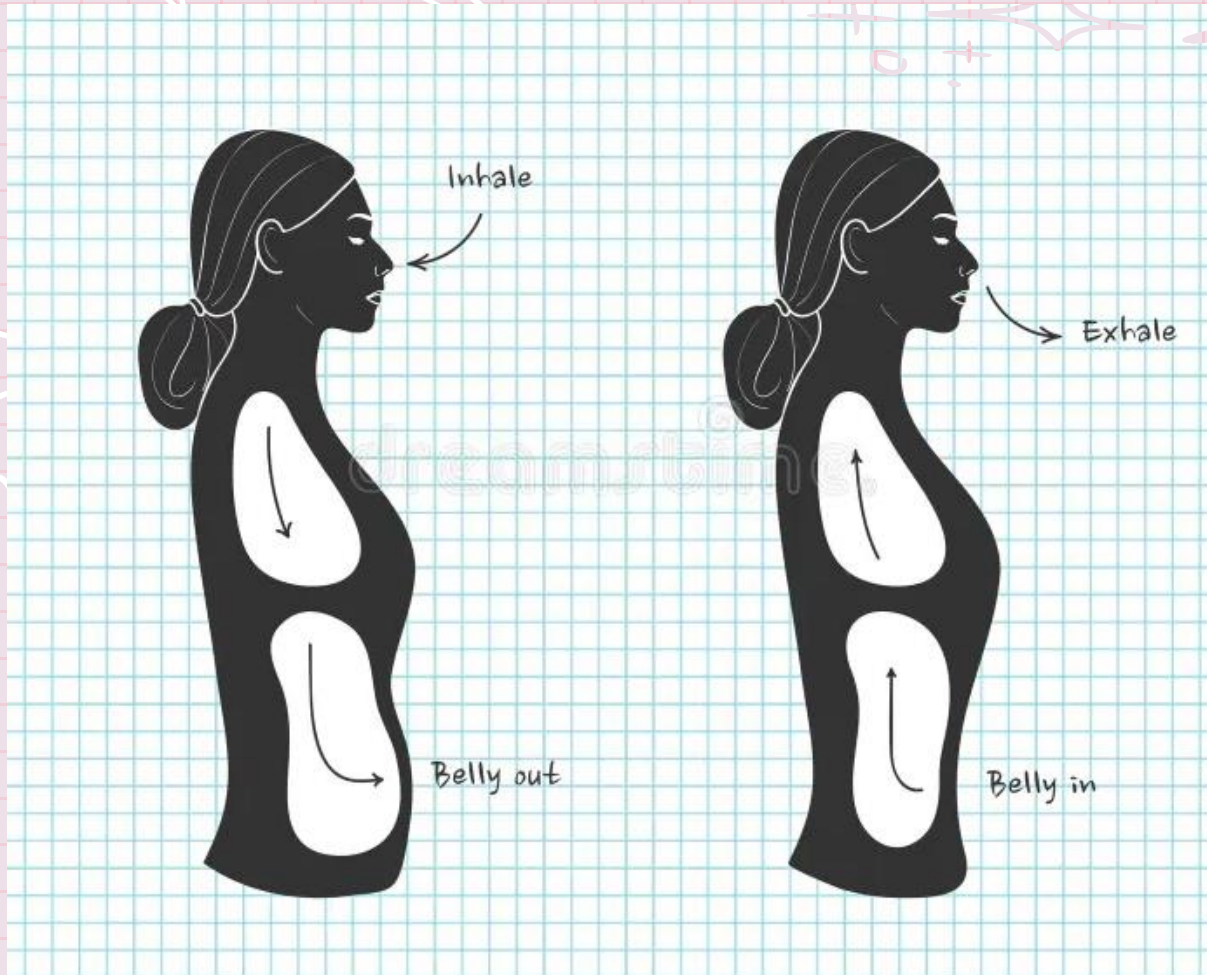
The diaphragm and pelvic floor muscles work as a coordinated unit.

On the inhale, the diaphragm moves down and the pelvic floor relaxes.

On the exhale, the diaphragm rises to help lift and engage the pelvic floor.

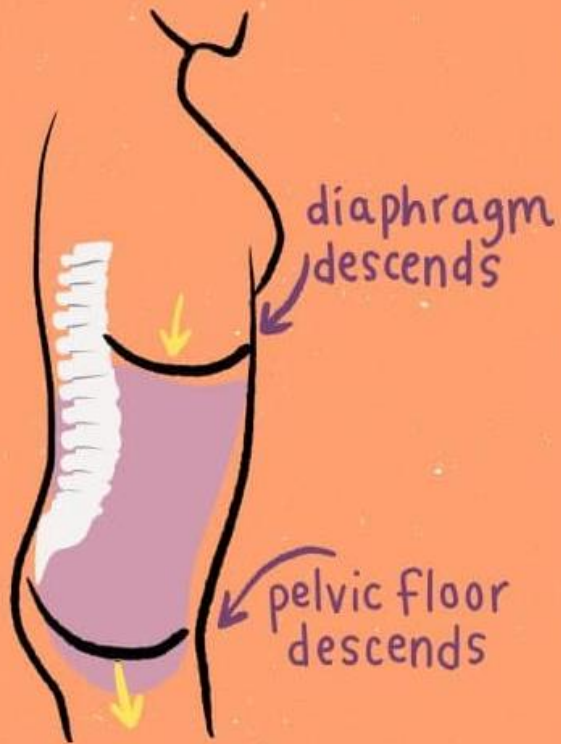


Lets PRACTICE

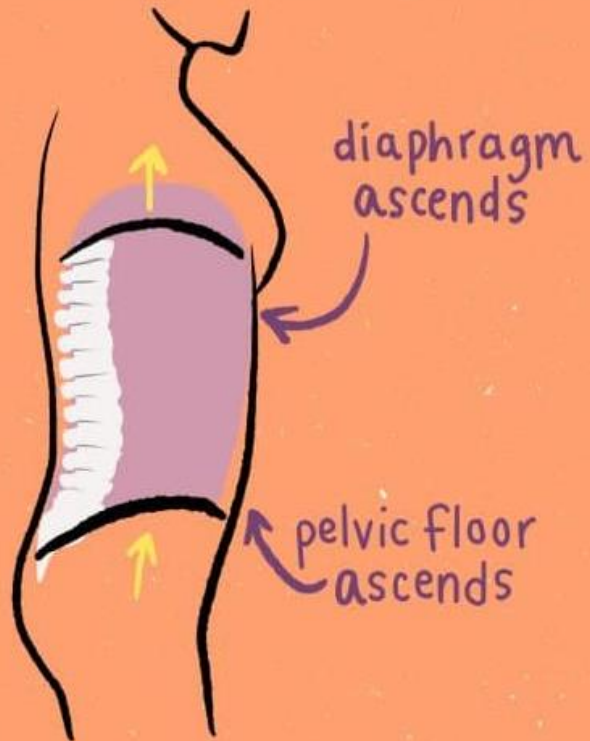


Hand on
chest and
hand on
belly

INHALE



EXHALE



Exhale
WITH
EFFORT

How to KEGEL

Contraction: Gently squeeze your pelvic floor muscles in and up (SQUEEZE + LIFT)

Relaxation: Let your muscles fully release, back to their resting position

Cues:

"squeeze your anus"

"stop the flow of urine"

"lift & squeeze"

"lift a blueberry"

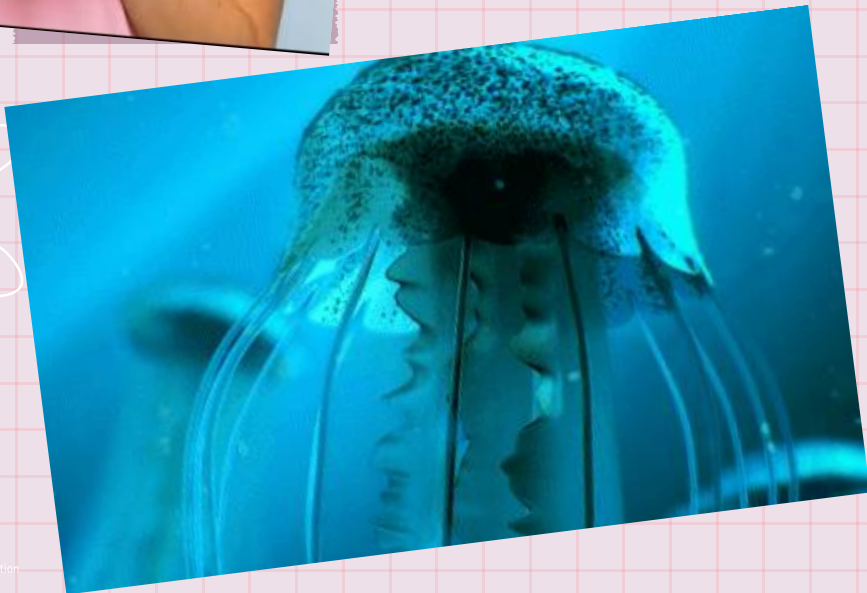
"drink a smoothie"

"lift the elevator"

"hold a toot"



Visual CUES



Quick vs. Long

There are two different types of Kegels and it's important to practice both!

Quick Flicks = 1-3 seconds

Long Holds = 5-10 seconds



Dosage

At least 8 to 15 contractions, performed three times daily, with each contraction held for 6 to 10 seconds, followed by an equal period of relaxation. (or 3x10, 10s holds)

This regimen should be continued for at least 3 months.

SIGNS THE PELVIC FLOOR NEEDS ATTENTION

During the Run:

- Leaking urine during running, downhill impact, or sprinting
- Pelvic heaviness, pressure, or bulging sensation
- Pain that worsens as mileage or intensity increases

Post-Run & Recovery:

- Persistent low back, SI joint, or hip pain unresponsive to standard rehab
- Urinary urgency or increased frequency post-run
- Involuntary loss of gas or bowel control



STRATEGIES

Pelvic Floor Muscle Training

- ~76% report cure with PFMT versus ~9% with no treatment

Supervised and progressive training

- About 50% of women are doing a PF contraction incorrectly. Its best to see a professional.

The "Knack"

- Pelvic floor contraction immediately before and during a rise in intra-abdominal pressure (footstrike, cough) counteracts urethral descent and reduces leakage.



STRATEGIES

Intravaginal support devices

- on-demand urethral support

Weight loss / addressing obesity

- strongest modifiable causal risk factors for stress incontinence

Fluid timing and volume management

- Stay under 2L/day and void prior to running



STRATEGIES

Reducing caffeine (and alcohol/carbonated) intake

- Limit pre-run caffeine

Treating constipation and avoiding straining

- Chronic constipation and repetitive straining raise intra-abdominal pressure and contribute to stress incontinence

Smoking cessation

- Smoking initiation is a significant causal risk factor for stress urinary incontinence (chronic cough and other mechanisms)



STRATEGIES

Modulating training load and impact

- Higher training intensity/volume and high-impact loading increase leakage risk, with symptoms often appearing mid- or late-session due to pelvic floor fatigue.



PRACTICAL TAKEAWAYS & PERFORMANCE HACKS

Both Strength AND Relaxation Matter:

- Hypertonic (tight) muscles cause issues. Use "Sniff, Flop, and Drop" to relax during cool-down.

Exhale on Effort:

- Coordinate breath with hills, sprints, and heavy force production.

Hydration is Essential:

- Restricting fluids irritates the bladder and increases leakage risks.

On-Demand Support Devices:

- Over-the-counter intravaginal supports (Cntrl+, Revive, Uresta) offer immediate structural support.

THE 5-MINUTE PELVIC FLOOR WARM-UP



1. Quadruped Diaphragmatic Breathing (1 min)
 - On hands/knees; inhale/relax down, exhale/draw up ("pick up a blueberry"). 8-10 breaths.



2. Single-Leg Balance + Pelvic Floor Hold (1 min)
 - Exhale & contract pelvic floor for 5s while balancing. 5 reps/side.

THE 5-MINUTE PELVIC FLOOR WARM-UP



3. "The Knack" Mini-Hops (1 min)

- Quick pelvic floor contraction right before landing to train reflexive activation.



4. Walking Lunges with Exhale-Squeeze (2 min)

- Exhale & engage pelvic floor during lowering phase.
10 steps.

Be Careful

KEGELS AREN'T
FOR EVERYONE

DON'T do kegels if:

- You have an overactive pelvic floor
- You have pelvic pain (tailbone, hips, back or PF) at rest or during kegels
- Urinary urgency and frequency without leaking
- Sex is painful

*You may need to focus on relaxing and relaxation exercises instead.





Azo products that turn urine orange contain the medication phenazopyridine, which functions as a urinary tract analgesic.

Common products include Azo Urinary Pain Relief and Azo Maximum Strength.



This orange or red-orange discoloration of the urine is a known and expected side effect of the organic dye in the product, not a sign of infection or a medical problem itself.

"IS IT
REALLY
PEE?"

WHEN TO SEE A PELVIC FLOOR PT

Clinical Indicators:

- Symptoms persisting despite general core/hip strengthening
- Issues scaling up when training volume or mileage increases
- Pregnancy or postpartum return-to-running transitions

Evidence-Based Outcomes:

- 74% report cure or significant improvement with structured PFMT (vs. 11% untreated).
- Combined Pessary + PFMT: >2x higher perception of symptom improvement for prolapse/heaviness.





Time for QUESTIONS

Digital Screening Form (QR Code)

- Complete the 2-minute check-in on your phone right now

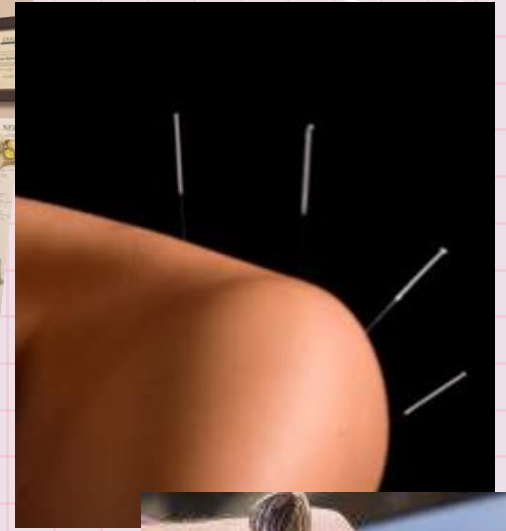


RECOVER WITH BODY ONE

Let us help you recover before, during, and after training or a big race.

Sessions can include

- Stretching
- Graston
- Dry Needling
- Cupping
- Taping
- Normatec Boots



Congrats TO YOU



If you would like to schedule an evaluation, please call
our North Meridian office at 317-581-1890


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