

Urinary incontinence



What is urinary incontinence (UI)?

Urinary incontinence (UI) - or the involuntary leakage of urine - is common in women. There are some things that can cause it, or make it worse: pregnancy and childbirth, menopause, prolapse, chronic respiratory conditions, ageing, obesity, smoking, constipation, diabetes, and depression.

How does exercise help with urinary incontinence (UI)?

Exercise has many important benefits, including:

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

Regular exercise (most days of the week) is important because not exercising is linked with obesity, diabetes, lower back pain and depression. These problems can make UI worse.

What type of exercise is best for urinary incontinence (UI)?

Aim to achieve activity levels recommended in the Australian National Physical Guidelines. Choose forms of exercise that are enjoyable and comfortable. If you would like to begin or continue an exercise routine that includes high impact or lifting heavy weights, but experience UI symptoms during these movements, it is recommended that you see your GP for a referral to a suitably trained Accredited Exercise Physiologist.

In addition to regular exercise, it is recommended that you start a pelvic floor muscle training program (PFMT) to improve pelvic floor strength, endurance, power, and relaxation - all of which can help to improve symptoms of UI.

Things to remember

- Relax the pelvic floor muscles as you breathe in and squeeze the pelvic floor muscles in and up as you breathe out. It may also be helpful to breathe out and squeeze the muscles in and up before certain movements (e.g., standing up, lifting something heavy, jumping). This is known as 'the Knack'.
- If you find it hard to feel what the pelvic floor muscles are doing, you can try sitting on an exercise ball while doing your exercises as this will give you some physical feedback. As you squeeze in and up, you should feel the perineum gently lift away from the ball, and vice versa as you relax.
- Pelvic floor muscle training is best supported by a healthcare practitioner, such as an Accredited Exercise Physiologist, especially if you do not think you have the correct technique or don't notice any improvement after 12 weeks of pelvic floor muscle training (PFMT).

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Always seek professional advice from an Accredited Exercise Physiologist. Find one here: www.essa.org.au/find-aep