GUIDE 02

PELVIC-FLOOR CONFIDENCE

A practical guide to symptoms, lifting and getting the right help.

Leaking or heaviness is something to discuss, not something you must quietly tolerate.

Practical examples. Clear boundaries. Space for your experience.
General adult education, not diagnosis or medical clearance.

Support, not constant squeezing

What the pelvic floor does [1]

These muscles help support pelvic organs and contribute to bladder and bowel control. They need both contraction and relaxation. Symptoms can occur in women who have never been pregnant, as well as after birth or around menopause.

Not every symptom means weakness [2]

An overactive, poorly relaxing pelvic floor can also be associated with pain, bladder symptoms or difficulty emptying. More squeezing is not automatically the answer. The correct approach depends on assessment.

Your first useful step

Write down the symptom, the movement and when it occurs. For example: "Leakage on the final jumps" or "Heaviness later that evening after lifting". This helps a clinician understand your experience.

What Neon can do

A coach can change the session and help you access appropriate support. A pelvic-health physiotherapist assesses and treats pelvic-floor problems. Do not assume every general physiotherapist has that specialist training.

Choose the right next step

Leakage, urgency or discomfort

Book a GP or pelvic-health physiotherapy appointment. You do not need to wait until symptoms become severe. Pads can help you participate comfortably while you seek care, but they are not treatment.

Heaviness or a vaginal bulge [3]

These can be prolapse symptoms and should be assessed. Do not self-diagnose from a description or try to push through worsening pressure. Temporarily avoid the activities that trigger symptoms while you obtain guidance.

Urgent symptoms

New inability to pass urine, severe pelvic pain or fever needs urgent medical advice. New loss of bladder/bowel control with saddle numbness, leg weakness or severe back pain needs emergency assessment. Call 999 for a life-threatening emergency; otherwise NHS 24 on 111 can advise.

You remain in control

Tell the clinician what you are comfortable discussing. An examination requires consent; you can ask questions, request a chaperone and ask to stop.

A symptom-led gym system

1. Check in before training

Notice your baseline comfort. Tell the coach privately if symptoms have changed. A session does not need to become a test of how much pressure you can tolerate.

2. Change one variable

Try a lighter load, fewer repetitions, more rest or a less demanding position. For jumping symptoms, choose walking or another comfortable low-impact option. These are temporary coaching experiments, not a prolapse rehabilitation plan.

3. Check during and afterwards

If symptoms appear, stop that movement. If a comfortable alternative exists, use it; otherwise finish the session. Note how you feel later that day and the next morning.

4. Progress with a plan

After symptoms settle and any assessment, agree a progression with your clinician and coach. Increase one factor at a time. Do not repeatedly recreate symptoms simply to check whether they are still there.

Breathing and coordination

A gentle awareness drill [2]

Sit supported. Breathe easily and allow the lower ribs and tummy to move; soften the jaw and avoid forcing the breath. Spend about a minute noticing whether you are gripping. Do not push down or strain to make the pelvic floor relax.

During a comfortable lift

At a light load, try breathing out through the effort rather than holding a prolonged breath. For example, exhale as you stand from a chair. This cue may help some people; it is not a cure or a rule for every lift.

If strengthening is suitable [1]

A clinician may prescribe slow holds and quick contractions, with full relaxation between each. Dose depends on your ability. Do not practise by repeatedly stopping urine flow. If squeezing causes pain, stop and seek specialist advice.

Avoid the all-day squeeze

Constantly tightening the pelvic floor or sucking in your stomach is not the goal. Strength, relaxation and coordination need to match the task.

Make everyday life easier

Toileting comfort

Try giving yourself time rather than straining or rushing. Discuss constipation with a clinician if it persists. Ask about an appropriate fibre and fluid approach for you, especially if you have a bowel condition.

Plan, without shrinking your life

Knowing where toilets are or bringing spare clothing can reduce anxiety while you obtain help. Avoid deciding that exercise, travel or social plans are permanently off limits.

Your weekly note

Activity: _____
Symptoms during: _____
Symptoms later: _____
Change that helped: _____
Question for clinician: _____

A message you can use

"I have been getting leakage/heaviness with exercise. I would like to keep training, but I need an assessment and a plan for which activities to modify. Can you help me access pelvic-health physiotherapy?"

Your next fortnight

Days 1-3

Arrange assessment if symptomatic. Tell your coach what is happening; share only what you want to. Choose two comfortable activities you would like to retain.

Days 4-7

Keep exercise within current comfort and note triggers. Do not add an internet Kegel programme if the cause of symptoms is unclear, particularly with pain or difficulty relaxing.

Week 2

Review whether the modifications helped and take your notes to the appointment. Follow the individual exercise prescription if one is given.

Think longer term

Improvement is not necessarily immediate. Do not interpret a slow response as failure; seek review if symptoms worsen or the plan is not helping. A strong pelvic floor is not a guarantee against every symptom, and there are treatment options beyond exercise.[3]

Sources & how to use this guide

[1] POGP: The pelvic floor muscles - a guide for women

Open source

[2] Torbay and South Devon NHS: Breathing and pelvic-floor relaxation

Open source

[3] NHS: Pelvic organ prolapse

Open source

Evidence and practical examples

Sources checked 12 September 2026. Numbered references support the clinical summaries; the meal ideas, checklists and example routines are Neon coaching suggestions, not validated treatment protocols. Advice must be adapted to you.

Using this guide

This guide is general education for adults, not individual medical advice. It has not been independently clinically reviewed. Discuss pelvic-floor exercises with an appropriately qualified clinician; obtain individual advice for symptoms, medical conditions, medicines, pregnancy or disordered eating. Do not change prescribed treatment using this booklet.