



To Kegel or Not to Kegel?

Deeksha Singh*

OBGYN Therapist, Lactation and Birth Counselor, PFM Licensed Educator and Therapist, Pre/Postnatal Specialist (Bellies Inc), Core Confidence Specialist (Bellies Inc), Owner and Founder of Hormonal Wings, Member of PCOS Society of India and AWID, India

***Corresponding Author:** Deeksha Singh, OBGYN Therapist, Lactation and Birth Counselor, PFM Licensed Educator and Therapist, Pre/Postnatal Specialist (Bellies Inc), Core Confidence Specialist (Bellies Inc), Owner and Founder of Hormonal Wings, Member of PCOS Society of India and AWID, India.

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Abstract

I hear it all the time, 'my doctor, friend, mom, aunt told me to just do more Kegels'. I guess because it's the only exercise most people are aware of for their pelvic floor, they just do it for everything and if it doesn't work, they try more of them. I can't tell you how many women I treat that are doing 100's of Kegels per day and are no better! It's crazy to me.

Arnold Level, MD, never designed his eponymous pelvic floor exercises as a one-way street; in fact he instructed his patient to release their pelvic floor muscles as well as they squeeze them. The contraction should be a gentle lift- not a vice grips. And also the exercise should engage more than just a urethra muscle. So the advice many doctors give to their patient like stopping and then restarting the flow of urine- is incorrect. I agreed on appoint that these exercises can benefit women, especially those who have hypotonic or loose muscles and stress incontinence.

Keywords: Kegels; Incontinence; Women; Pelvic Floor Muscles; Pelvic Floor Rehab; Physiotherapy

Kegel exercises were first discussed in literature in 1948 by a male gynecologist Dr. Kegel. Kegel exercises are meant to close the openings in the pelvic floor (urethra, vagina [if present] and anus) and lift them up. Kegel exercises are commonly thought to only benefit women but men have pelvic floor muscles and can be benefited by kegeling as well. Kegel exercises are often thought of as a cure all too any and all pelvic floor dysfunction. In my opinion Kegels are OVER prescribed, usually without any actual muscle evaluation.

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Figure 1

if it doesn't work, they try more of them. I can't tell you how many women I treat that are doing 100's of Kegels per day and are no better! It's crazy to me. If I give someone a shoulder exercise and it's not helping them 90% of my patients stop that exercise but something about Kegels has some patients VERY compliant.

What I see when evaluating patients is that around 50% of women are doing Kegels incorrectly. This is validated by research; some studies show as many as 2/3 of women perform Kegel exercises incorrectly. Most commonly patients squeeze but do not lift their pelvic floor or have dyssynergia meaning they don't know pelvic floor lifting from dropping so when I ask them to lower or bulge their pelvic floor, they lift it up. Performing the exercise incorrectly may make your symptoms worse and it won't be effective. This is especially true for women with dyssynergia, this means they are contracting or closing their anus when they are trying to bulge it down and open to have a bowel movement. This makes having a bowel movement very difficult and often leads to straining and constipation.

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According to research women need flexible strength in the pelvis nm- not too tight, not too loose. When the muscles are too tight and weak, they don't stretch very well and can trauma to the muscle tissue- and a great deal of pain for the mother. Low- tone muscle on the other hand, may be too losses to support the baby as he moves into the correct position for birth and also cause prolapse to organs.

Here are some steps how you can explore Pelvis:

- Stand with your feet about hip- width apart or slightly wider.
- With your points toes pointed forward, bend your knees.

- Place one hand on the front of your pelvis at the pubic bone and one hand on the back of your sacrum with middle finger reaching toward the tip of your coccyx.
- When you tilt your pelvis forward and stick your bottom bout, feel your sacrum move away from your pubic bone, your sitting bones spread, and your pelvic outlet widen. In this position, your lower back flattens out and your sitting bones draw slightly closer together.
- Tilt your pelvis forward and back a few times to see how the movement affect the space at the outlet.
- Notice how the Pelvic outlet is more spacious when you're Pelvis in a forward tilt.

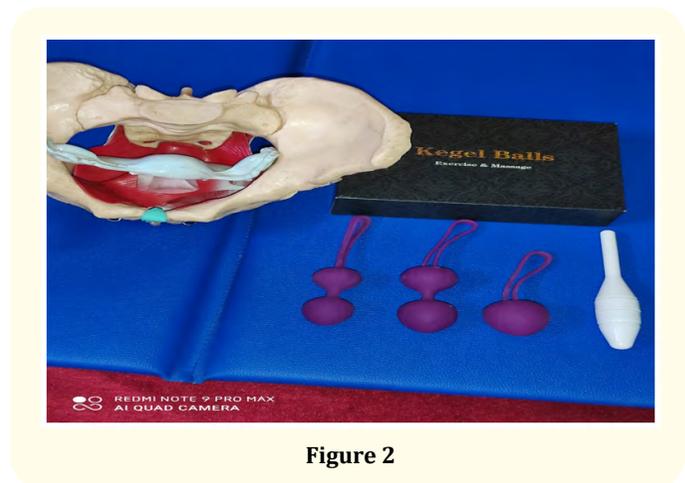


Figure 2

How to Kegels?

During each exercise movement, recognize where the most exertion or effort is required, and start by timing your exhale there to optimize the pressure in your body. Example: If I was doing a lifting motion overhead (usually the lifting-up part is the hardest for me), I would blow out as I lift overhead. Depending on the length of your movement, you might breathe out for the whole movement or exhale for one part and inhale for the other. Then as you get the timing of the breath down, add in your pelvic floor contraction to the exhale and your pelvic floor relaxation to the inhale.

Here's the sequence (one after the other within microseconds to transform into a nice, smooth movement): Take a breath in and relax the pelvic floor, then... Breathe out + contract "gently pick up the bean" + movement. Then inhale and relax "let the bean go"



Figure 3

between reps. No holding your breath and no clenching that pelvic floor nonstop throughout your entire exercise routine. Adding quicks and longs in just a few times per week can be a great way to train your pelvic floor in a different way. Because these don't necessarily come as natural with your daily movements, add them occasionally to habits such as brushing your teeth, taking your vitamins, checking emails, taking phone calls, or commercials during your favorite TV show or podcast.

Kegels are a strengthening exercise. Kegel exercises are not usually indicated in initial treatment of tightened muscles just as shoulder shrugs are not normally the first exercise given to someone with neck tightness. Of course, there are exceptions but when we are speaking broadly about Kegels, I would NOT suggest doing them if you are having signs of a tightened pelvic floor: pain with sex/penetration, tailbone pain, constipation or straining to have a bowel movement, urgency to pee or poop, difficult initiating or maintaining a stream of pee, pee spraying to one side and/or pelvic floor spasms [1-7].

Conclusion

If you have been doing Kegels without symptom relief, think you should start kegeling regularly or have any pelvic floor symptoms I highly recommend an evaluation with a pelvic floor physical therapist (PFPT) so that you are doing exercises that will benefit you and you are doing them correctly. Kegels and Other Exercises: Kegels should not take all the blame for women's locked-up pelvis.

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