W4: ICS CORE CURRICCULUM (FREE) Pelvic Floor Exercises: How Many Repetitions Did You Say?

Workshop Chair: Inge Geraerts, Belgium
17 September 2025 11:00 - 12:30

Start	End	Topic	Speakers
11:00	11:05	Introduction and opening remarks	Inge Geraerts
11:05	11:25	Exercise Physiology	Linda Mclean
11:25	11:45	PFMT for Urinary Incontinence	Chantale Dumoulin
11:45	12:05	PFMT for Anal Incontinence	Inge Geraerts
12:05	12:25	PFMT for Pelvic Organ Prolapse	
12:25	12:30	Questions	All

Description

Recent studies have highlighted that pelvic floor disorders, such as urinary and anal incontinence and pelvic organ prolapse (POP), significantly diminish health-related quality of life in women. These conditions not only impact physical well-being but also have profound negative effects on psychological, sexual, and social health. The consequences include social isolation, reduced professional and personal performance, strained intimate relationships, and limited engagement in leisure activities. Together, these factors create a cascading impact on overall well-being, underscoring the urgent need for effective management and intervention.2

Pelvic floor muscle training (PFMT) is robustly supported by Level 1 evidence and holds a Grade A recommendation (ICI) as the first-line treatment for female stress urinary incontinence, mixed urinary incontinence, and pelvic organ prolapse (POP). For anal incontinence, PFMT is supported by Level 1-2 evidence and is awarded a Grade A-B recommendation (ICI).1

In the management of pelvic floor dysfunction, the foundation of physiotherapy includes education about the condition, guidance on lifestyle modifications, manual techniques, and pelvic floor muscle training (PFMT).3 PFMT involves several essential components, including teaching correct muscle contraction, enhancing body and muscle awareness, improving coordination and motor control, building muscle strength and endurance, and promoting relaxation.4 This training can incorporate various approaches or different doses of the same approach, with supervision tailored to individual or group needs. Supervision methods may range from one-on-one or group sessions led by a clinician to remote delivery via the internet, mobile apps, or informational leaflets.5

Clinicians have utilised PFMT as a behavioural intervention for over 80 years, with various training protocols tested and refined over time. Understanding exercise physiology is critical for achieving and maintaining successful outcomes, ensuring that interventions are both effective and sustainable.6

Moreover, the physiotherapist must possess the ability to adapt current evidence and PFMT protocols to the individual patient. This includes considering factors such as patient adherence, coexisting medical conditions, cognitive challenges, language barriers, prior exercise experience, and the current loading and functional demands placed on the pelvic floor muscles. This tailored approach ensures that therapy is not only evidence-based but also personalised, optimising patient engagement and outcomes.

While substantial evidence supports PFMT, the best results are achieved when clinical practice integrates scientific research with a deep understanding of the patient's unique needs, circumstances, and capabilities. This patient-centered methodology empowers physiotherapists to deliver effective and compassionate care for pelvic floor dysfunction.

The key learning objectives of this workshop are:

- Strengthen understanding of the principles of exercise physiology with a specific focus on the pelvic floor.
- Examine strategies to align the dose-response factors of PFMT—including exercise mode, frequency, supervision, intensity, and duration—with both scientific evidence and clinical practice. This includes adapting interventions to the diverse medical histories and individual needs of patients.

This workshop aims to bridge the gap between theoretical knowledge and practical application, by providing an overview of the evidence related to PFMT for urinary and anal incontinence and POP, as well as the critical interpretation in the light of the specific patient in front of the clinician. This will empower participants to deliver tailored, evidence-informed care for pelvic floor dysfunction.

Take home messages:

Dose-response considerations address the amount and type of exercise required to achieve a measurable training effect.4,7 Key aspects of dosage include the mode of exercise, frequency, intensity, volume, delivery and duration of training. Scientific research has demonstrated the effectiveness of various PFMT regimens in managing urinary incontinence, anal incontinence, and pelvic organ prolapse.

However, while the insights gained from scientific literature provide a robust foundation, they must be applied within the context of clinical practice. The success of PFMT relies on tailoring these regimens to the individual capacities and circumstances of each patient. This patient-centered approach ensures that treatment is not only evidence-based but also practical and adaptable to real-world challenges, maximizing the potential for meaningful outcomes.

Additional References

1. Cardozo, L, Rovner, E, Wagg, A, Wein, A, Abrams, P. (Eds) Incontinence 7th Edition (2023). ICI-ICS. International Continence Society, Bristol UK, ISBN: 978-0-9569607-4-0.
2. Peinado Molina, R.A., Hernandez Martinez S, Martinez Galiano J.M. et al. (2023) Influence of pelvic floor disorders on quality of life in women. Front Public Health, 11: 1180907.
3. Bo, K.; Frawley, H.C., Haylen, B.T.et al. (2017) An international Urogynecological Association (IUGA)/ International Continence Society (ICS) joint report on the terminology for the conservative and nonpharmacological management of female pelvic floor dysfunction. Neurology and Urodynamics, 36, 221-244.
4. Bo et al (editor), Evidence-based physical therapy for the pelvic floor- Bridging Science and Clinical Practice- Elsevier-Third Edition-2024 (p. 1-9)
5. Hay-Smith EJC, Starzec-Proserpio M, Moller B, Aldabe D, Cacciari L, Pitangui ACR, Vesentini G, Woodley SJ, Dumoulin C, Frawley HC, Jorge CH, Morin M, Wallace SA, Weatherall M. Comparisons of approaches to pelvic floor muscle training for urinary incontinence in women. Cochrane Database of Systematic Reviews 2024, Issue 12. Art. No.: CD009508. DOI: 10.1002/14651858.CD009508.pub2. Accessed 02 January 2025.
6. VY Johnson et al. How the prinicples of exercise physiology influence pelvic floor muscle training. J Wound Ostomy Continence Nurs. 2001 May;28(3):150-5.
7. Bouchard, C. Physical activity and health: introduction to the dose-response symposium. Medicine and Science in Sports and Exercise, 33, 347-350.

Aims of Workshop

Pelvic floor muscle training (PFMT) has level 1 evidence and recommendation A to be first-line treatment for female stress and mixed urinary incontinence and pelvic organ prolapse (POP). For anal incontinence, PFMT is backed by Level 1-2 evidence and earns a Grade A-B recommendation.1 However, it is difficult for the clinician to see the forest for the trees. In particular, an evidence-based update is needed to address the ongoing debate regarding the how, when, where, how many and how often one should focus on PFMT. This workshop aims to provide a bridge between scientific evidence and clinical practice.

Educational Objectives

This workshop offers significant educational value by providing a comprehensive, evidence-based exploration of pelvic floor muscle training (PFMT) as a Level 1 evidence intervention for managing pelvic floor dysfunction (PFD).

Guided by a panel of international speakers with both academic and clinical experience, attendees will deepen their understanding of PFMT's role in improving patient outcomes. The workshop integrates current research and evidence-based practices, offering a solid foundation for clinical application.

Key topics include an in-depth exploration of the dose-response relationship in PFMT, its practical applications, and the impact of alternative approaches—encompassing exercise type, dosage, and delivery methods—in managing urinary incontinence, anal incontinence, and pelvic organ prolapse in women. This critical discussion will enable clinicians to tailor programs for optimal results across diverse patient populations. By bridging theory and practice, participants will gain actionable strategies that can be immediately applied in clinical settings.

Furthermore, the interactive format of the workshop encourages collaboration and dialogue among participants and experts, fostering a rich learning environment. By addressing the latest advancements and challenges in PFMT, the session ensures attendees are equipped with cutting-edge knowledge and improve patient care.

Learning Objectives

1. An international panel of experts has been assembled to explore this topic in depth. During the workshop, participants will be guided through the most current evidence to accomplish the following learning objectives:
1. Gain a comprehensive understanding of the principles of muscle physiology and the fundamentals of rehabilitation.
2. Understand the role of pelvic floor muscle training (PFMT) in the management of urinary and anal incontinence and pelvic organ prolapse.
3. To explore the impact of alternative approaches—encompassing exercise type, dosage, and delivery methods—to pelvic floor muscle training (PFMT) in managing urinary and anal incontinence, and pelvic organ prolapse in women.

Target Audience
Urology, Urogynaecology and Female & Functional Urology, Bowel Dysfunction, Conservative Management

Advanced/Basic
Intermediate

Suggested Learning before Workshop Attendance
Hay-Smith EJC, Starzec-Proserpio M, Moller B, Aldabe D, Pazzoto Cacciari L, Pitangui ACR, Vesentini G, Woodley SJ, Dumoulin C, Frawley HC, Jorge CH, Morin M, Wallace S, Weatherall M. Comparisons of approaches to pelvic floor muscle training for urinary incontinence in women. Cochrane Database Syst Rev 12(12):CD009508.

Cardozo, L, Rovner, E, Wagg, A, Wein, A, Abrams, P. (Eds) Incontinence 7th Edition (2023). ICI-ICS. International Continence Society, Bristol UK, ISBN: 978-0-9569607-4-0.