

PELVIC FLOOR THERAPY

WHAT IS PELVIC FLOOR THERAPY?....

AND WHY YOU'RE NOT "WEIRD" FOR NEEDING IT.

Pelvic floor therapy (PFT) is a specialized form of physical (or occupational) therapy that focuses on the muscles and connective tissue that support your bladder, bowels, and pelvic organs. These muscles also play a key role in sexual function, core stability, and childbirth recovery.

PFT helps people of all genders and ages improve strength, coordination, relaxation, and control of the pelvic floor. And it's not just for "serious" issues—it's for quality of life.

WHAT CAN PFT HELP WITH?

- Leaking urine or needing to go too often
- Pain with sex or tampon use
- Pelvic heaviness or pressure (prolapse)
- Bowel issues (constipation, incontinence, urgency)
- Pregnancy or postpartum recovery
- C-section, perineal tear, or episiotomy healing
- Endometriosis, chronic pelvic pain, tailbone pain
- Abdominal separation (diastasis recti)

DID YOU KNOW?

- 📌 1 in 4 women and 1 in 6 men have pelvic floor dysfunction.
- 📌 The pelvic floor is part of your core.
- 📌 People are eight times more likely to report being cured when they received pelvic floor muscle training compared to no treatment.
- 📌 Less than 50% of those studied can do "kegel" correctly by verbal instruction alone.
- 📌 The most common comment PFT therapists hear is "Why didn't I do this sooner?"



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Consider This:

You go to PT after a knee injury—why not after birth, surgery, or years of discomfort and frustration? You're not being dramatic for wanting help. In many parts of the world, this is just basic care.



"THIS SEEMS WEIRD... IS IT?"

Actually, no. In **France**, postpartum women are routinely prescribed pelvic floor PT—10+ visits, no stigma. In the **UK**, pelvic floor therapy is required before trying medications for bladder control. In many countries, this is just what you do to take care of your body. In the U.S., we're just catching up.



FAQ'S

Q: What happens at a PFT visit?

A: Sessions are one-on-one in a private room. We start with conversation and education, then assess how your pelvic floor is working—this may include external and internal evaluation (but doesn't have to!), movement screening, and exercises techniques.

Q: Don't I have to get undressed or have an internal exam?

A: Only if you're comfortable and it's clinically warranted. We always start with education and trust. No surprises, ever. **Q: Isn't this something I should just deal with?** **A:** Absolutely not. Pain, leaking, or pelvic pressure may be common—but they are not normal! And they are treatable.

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