

Pelvic Floor Health — Workbook

This workbook accompanies the Pelvic Floor Health course and gives you a structured space to track exercises, reflect on symptoms, and build lasting habits. Work through each section alongside the corresponding module, and bring completed pages to any appointment with your pelvic health physiotherapist. All content is general education — consult a qualified professional for personalised clinical assessment.

Anatomy and Function — Know What You Are Training

Anchor the anatomical concepts from Module 1 by drawing, writing, and locating key landmarks in your own body.

Exercise: Pelvic Floor Mapping

Read Lesson 1.1 first. Then attempt the following body-awareness exercises before completing the prompts. There are no right or wrong answers — the goal is to build your internal map.

- After the 360-degree breathing practice (Lesson 1.3), describe in your own words what you noticed happening at the base of your pelvis on the inhale and on the exhale.

- Using the bony landmark check (Lesson 1.2), describe the position of your neutral pelvis in standing. Did finding neutral require effort? Where did you notice tension or restriction?

- Before beginning any exercise, rate your pelvic floor body awareness on a scale of 0 (cannot locate it) to 10 (very clear internal sense). What number are you at, and what information helped you get there?

Worksheet: Pelvic Floor Function Profile

Complete this profile honestly before starting Module 2. It is for your own reference — or to share with your pelvic health physiotherapist.

Current primary concern (e.g. leakage, pressure, pain, prevention, post-partum recovery)

How long have you been aware of this concern?

Activities or situations that trigger or worsen symptoms

Activities or situations that relieve symptoms

Have you previously seen a pelvic health physiotherapist? (Yes / No / Not yet)

Any diagnosed conditions relevant to pelvic floor (e.g. prolapse grade, incontinence type, endometriosis, etc.)

Current medications that may affect bladder or bowel function

Checklist: Module 1 Foundations Checklist

- I can describe the three openings the pelvic floor must control
- I have practised the two-minute neutral pelvis standing check
- I have completed at least three sessions of 360-degree breathing (8 cycles each)
- I understand the difference between the diaphragm descending on inhale and pelvic floor descending (piston movement)
- I have identified whether my natural resting breath pattern includes lateral rib expansion
- I have noted whether breath-holding during effort is a current habit I need to address

Assessment — Is Your Pelvic Floor Tight, Weak, or Both?

Use the symptom profiles and self-observation tools from Module 2 to develop a working hypothesis about your current pelvic floor presentation.

Worksheet: Symptom Pattern Worksheet

Review the hypertonia and hypotonia symptom clusters from Lesson 2.1. For each symptom listed, mark whether you experience it: Never / Sometimes / Often / Always. Use the space at the bottom to record your overall pattern.

Leakage with cough, sneeze, jump, or lift (stress incontinence): Never / Sometimes / Often / Always

Strong, sudden urge to urinate that is difficult to defer (urgency): Never / Sometimes / Often / Always

Pelvic heaviness or dragging sensation after prolonged standing: Never / Sometimes / Often / Always

Pelvic, tailbone, or perineal pain at rest or with sitting: Never / Sometimes / Often / Always

Painful intercourse or difficulty with penetration: Never / Sometimes / Often / Always

Incomplete bladder emptying or hesitancy: Never / Sometimes / Often / Always

Constipation or pain with bowel movements: Never / Sometimes / Often / Always

My overall pattern suggests (circle): primarily hypotonia / primarily hypertonia / mixed / unclear

Based on this worksheet, my priority is (circle): strengthening / relaxation / both equally / I need a professional assessment first

Exercise: Self-Observation Log (1 Week)

Over 7 days, perform the four self-observations from Lesson 2.2 and record your findings each time. Use this data to inform your training focus.

- After the supine breath scan: describe what you notice at your pelvic floor. Does it feel responsive, rigid, or absent from your awareness?
- After the relaxation gap test (contract then fully release): how long does it take to feel a full return to resting tone? Do you notice any difficulty releasing?
- After the sitting load test (20–30 minutes on a hard chair): any pelvic pain, tailbone discomfort, or

heaviness? After 30 minutes of standing: any dragging or pressure sensation?

- What is your one key finding from this week of self-observation, and how will it influence your training approach in Modules 3–4?

Checklist: Professional Referral Indicators

- I have reviewed all six professional referral indicators from Lesson 2.1
- I have noted any symptoms that meet referral criteria and plan to book an assessment
- I understand the difference between prolapse stages 1–2 (conservative management appropriate) and stages 3–4 (specialist review required)
- I have identified whether my incontinence pattern is stress, urgency, or mixed
- I have noted whether my symptoms are consistent for diagnosis purposes (occur in the same contexts each time)
- I will bring my completed symptom worksheet to my pelvic health physiotherapist appointment

Training — Activation, Relaxation, and Progressive Loading

Track your 8-week progressive training program and develop the habit of pairing every activation session with a relaxation component.

Exercise: Elevator Cue Practice Journal

During your first two weeks of elevator lift practice (Lesson 3.1), complete these prompts after each session. Aim for at least 5 sessions total before moving to Week 3 standing progressions.

- Describe the sensation you experienced on the lift: inward and upward, a squeeze, a clench, or something else entirely. Is it changing session to session?
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- How clearly could you sense the full release (descending back to ground floor)? Rate the quality of your relaxation out of 10 and describe what helped.
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- Did you notice any of the five substitution patterns (glute gripping, inner thigh gripping, breath-holding, abdominal bracing, facial tension)? Which, if any, are you working to eliminate?

Worksheet: 8-Week Progressive Training Log

Log each training session in the table below. Record position (supine/sitting/standing/dynamic), reps, hold duration, any symptoms during or after, and a quality rating (1–5). This log is also provided as a downloadable spreadsheet template.

Date

Week number (1–8)

Position / exercise

Reps completed

Hold duration (seconds)

Relaxation technique used

Symptoms during session (none / minor / significant)

Symptoms after session (none / minor / significant)

Quality rating 1–5

Notes / adjustments for next session

Checklist: Load Management and Progression Checklist

- I have practised the Knack technique before coughing, sneezing, or lifting at least once today
- I apply the exhale-on-effort rule during all resistance training and heavy lifting
- I have completed at least one relaxation session (constructive rest or deep squat) this week
- I have not progressed to the next week of training without 5 symptom-free sessions at the current level
- I have reviewed the red-flag symptoms list and can identify situations requiring me to reduce load
- My bladder diary shows no increase in urgency or leakage frequency compared to baseline
- I have avoided loaded sit-ups and crunches if I have active prolapse symptoms

Exercise: Relaxation Practice Reflection

After completing a full week of relaxation exercises (constructive rest, deep squat, and balloon breathing from Lesson 3.3), answer these prompts.

- Which relaxation exercise had the most noticeable effect on your pelvic floor resting tone? Describe what you felt.
- Has prioritising relaxation before strengthening changed the quality of your activation (elevator lift)? How?
- Are there moments in your day when you notice habitual pelvic floor gripping (e.g. at a computer, driving, when anxious)? List them.

Lifestyle, Habits, and Long-Term Pelvic Floor Health

Apply the bowel health, load management, and lifespan strategies from Module 4 to your daily routine and long-term self-care plan.

Worksheet: Bladder and Bowel Habits Audit

Complete this audit over a 3-day period. Accurate data here directly informs your symptom management strategy.

Average number of urinations per 24 hours (normal range: 6–8)

Average time between urinations during waking hours (normal: 2–4 hours)

Daily water intake in mL (target: 2000–2500 mL)

Daily caffeine servings (coffee, tea, energy drinks — target: reduce if urgency present)

Bristol Stool Chart type of typical bowel movement (target: Type 3–4)

Frequency of bowel movements per week (normal: 3x/day to 3x/week)

Do you use a footstool during toileting? (Yes / No / Will start)

Do you strain or hold your breath during bowel movements? (Yes / No / Sometimes)

Primary dietary change you will make to support pelvic floor health

Checklist: Lifestyle Integration Checklist

- I have a footstool (or equivalent) available at my primary toilet
- I have reviewed the five bowel emptying technique steps and applied them for at least 3 consecutive days
- I have reduced caffeine by at least one serving per day if urgency is a symptom
- I apply the Knack and exhale-on-effort technique during all lifting and high-impact activity
- I have read the return-to-running guidelines and know whether I meet the single-leg balance benchmarks
- I have identified at least one hormone-related change relevant to my current life stage (pregnancy, postpartum, perimenopause, menopause)
- I have discussed or plan to discuss topical oestrogen options with my GP if postmenopausal GSM symptoms are present
- I have scheduled or intend to schedule an annual pelvic health physiotherapy check-in

Exercise: Support Team Planner

Review the support team list from Lesson 4.3. Use these prompts to map the professional support that is relevant to you now and in the future.

- Which professional do you most need to consult based on your current symptoms? What specific questions will you bring to that appointment?

- List any symptoms or concerns you have been tolerating without seeking help. What has prevented you from seeking care sooner?

- Write a brief statement of your long-term pelvic floor goal — what does success look like in 6 months and in 5 years?

Your Action Plan

1. Complete the Pelvic Floor Function Profile worksheet (Section 2) and Symptom Pattern Worksheet (Section 3) before beginning any exercises
2. Practise 360-degree breathing for 5 minutes daily for the first two weeks — this is the foundation of all subsequent training
3. Begin the elevator lift protocol in supine: 10 reps, 3–5 second holds, once daily, focusing entirely on quality of isolation and full relaxation between reps
4. Add the constructive rest posture (10 minutes) every evening for the first 4 weeks, especially on days when stress, prolonged sitting, or physical load has been high
5. Apply the Knack technique starting today — pre-contract before every anticipated cough, sneeze, or lift
6. Complete the bladder and bowel habits audit over a 3-day baseline period and make one concrete change (footstool, hydration, caffeine reduction) in week 1
7. Track every pelvic floor training session in the 8-week log template — do not progress a week until you have 5 symptom-free sessions at the current level
8. If any red-flag symptoms are present (pelvic pain, visible prolapse, leakage significantly affecting quality of life), book a pelvic health physiotherapy appointment before or alongside starting the training program
9. At week 4, review your symptom worksheet and quality log — compare to your baseline and adjust training emphasis (more relaxation if hypertonic signs; progress loading if hypotonic signs improving)
10. At week 8, book or plan a professional review to confirm progress, reassess technique, and

receive a personalised plan for the next phase of training

