



QR code — Ivy Collaborative

IVY COLLABORATIVE HEALTHCARE

We help people **Feel Good, Look Good & Function Well**

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www.IvyCollaborative.com



IDENTIFYING & MANAGING PELVIC FLOOR WEAKNESS

Self-Help, Traditional Approaches & Ivy Collaborative Support

1. What Pelvic Floor Weakness Can Feel Like

The pelvic floor is a hammock of muscle from pubic bone to tailbone. It supports bladder, uterus or prostate, and rectum; it also helps continence, intimacy, and core stability. When those muscles stretch, thin, or lose coordination, leaks, urgency, a heavy or “bulging” feeling, incomplete emptying, pain with sex, or low-back ache can appear—sometimes slowly, years after childbirth, surgery, chronic cough, extra weight, or menopause. Weakness is not always obvious until a jump, a long standing day, or intimacy makes it clear. This is a musculoskeletal and medical issue, not a personal failing. Early care can improve function and may reduce the chance of later complications such as worsening incontinence or prolapse.

2. Self-Help Strategies

- Learn a correct pelvic-floor lift—squeeze up and in; do not bear down or clench the buttocks only
- Exhale and brace the floor before a cough, sneeze, or lift (“the knack”)
- Treat constipation; avoid habitual straining on the toilet
- Manage chronic cough and aim for a healthy weight
- Change positions during long standing or sitting if pressure builds
- Track leaks, heaviness, emptying, and intimacy symptoms—not only “good/bad days”
- Know the myth: endless unsupervised Kegels can fail—or worsen tightness if the problem is coordination, not only weakness
- See a clinician if leaks, bulge, pain, or emptying problems limit life
- Seek prompt care for fever, blood in urine or stool, or a bulge you cannot reduce

3. Traditional Medicine Options

- Primary-care, urogynecology, urology, or pelvic-PT evaluation of strength and coordination
- Rule out infection, neurologic disease, and significant pelvic organ prolapse
- Supervised pelvic-floor physical therapy—assessment beats guessing at home Kegels
- Lifestyle care: weight, cough, constipation, smoking cessation
- Discuss vaginal estrogen after menopause when appropriate
- Pessary fitting when support of pelvic organs is needed
- Surgery for selected prolapse or severe incontinence after shared decision-making
- Understand limits: home exercise helps many people—and leaves others with residual leaks, pressure, or a long wait for strength
- Ask about non-surgical, FDA-cleared electromagnetic strengthening

4. How Ivy Collaborative Can Help

- Emsella (BTL) — FDA-cleared HIFEM chair that reconditions pelvic-floor muscle in women and men
- About 11,200 supramaximal contractions in a 28-minute, fully clothed session
- Typical course: 6 visits over about 3 weeks (often twice weekly); no downtime*
- Used when weakness shows up as stress, urge, or mixed incontinence; may also support postpartum recovery and intimate comfort*
- Clinical studies report better continence scores, less pad use, and high satisfaction*
- Complements—not replaces—pelvic PT, hormone care, and specialist follow-up

5. Helpful Links

Self-Help	Traditional Medicine	Ivy Collaborative
niddk.nih.gov / pelvic floor voicesforpfd.org Form • Pressure • Bowel habits • Tracking	mayoclinic.org (pelvic floor) augs.org / patients Evaluation • Pelvic PT • Prolapse care	ivycollaborative.com — Emsella Emsella • Schedule your consultation Physician-directed care with Dr. Jocelyn Bayliss, MD dual board-certified psychiatrist

6. Contact Ivy Collaborative Healthcare

2100 Central Ave, Ste 6, Augusta, GA 30904 | 706.364.3461

Complimentary consultations available • Non-invasive pelvic-floor reconditioning

You do not have to live around leaks, pressure, or a weak core—support is available.



*Emsella (BTL) is FDA-cleared for urinary incontinence, not as a stand-alone treatment for pelvic organ prolapse. Strengthening the pelvic floor may improve weakness-related symptoms; individual results vary. Published HIFEM / Emsella studies report better continence scores, less pad use, and high satisfaction. A typical course is six 28-minute sessions and may be individualized; maintenance every 6–12 months is often discussed. Not a substitute for evaluation of infection, irreducible bulge, blood in urine or stool, or neurologic disease. Pacemakers, defibrillators, metal in the pelvis/hips, pregnancy, and certain implanted electronic devices are common contraindications—eligibility is determined after physician screening. Serving Augusta, Evans, Grovetown, Martinez, North Augusta, Harlem, and Richmond, Columbia, and Burke Counties.