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? What's Your Kegel IQ?

Are you doing your pelvic floor–muscle exercises, also known as Kegels, correctly? Take this quick and easy quiz to find out.

1. True or false: The biggest mistake people make when doing Kegels is to contract their abdominal muscles instead of their pelvic-floor muscles.

True False

The answer is true, according to Dr. Pamela Morrison, a pelvic-floor specialist with Pamela Morrison Physical Therapy in New York City. "Many people bear down and perform what's called a valsalva maneuver, which means they increase their intrabdominal pressure, similar to bearing down to make a bowel movement or holding their breath," she says. "The other big mistakes that people make are to clench their buttock muscles, tighten their inner thighs, or try to squeeze everything. A Kegel done correctly is more of a subtle, isolated contraction than an overexertion."

2. True or false: There are several ways to gauge whether someone is doing a Kegel correctly.

True False

The answer is true. "The best way to assess whether a person is performing Kegels correctly is through internal vaginal or rectal palpation by a trained physical therapist," says Morrison. But there are several methods for assessing proper Kegel technique that can be done at home, she notes. These include conducting a urine stop test and using a mirror. With a urine stop test, the person performs only one Kegel while urinating with the goal of shutting off the urine flow. "This is one way to learn what the sensation feels like," she says. The problem with this technique, however, is that "a correct Kegel involves the closure of muscles as well as the pelvic-floor muscles lifting up and in. You have to understand both," she says. "The pelvic-floor muscles sit like a hammock or a sling, and when you contract the pelvic-floor muscles you elevate the hammock or sling."

The second method for assessing proper Kegel technique can help demonstrate this concept, Morrison says. The person sits, spread eagle, and uses a mirror to check for three things in the genitalia area between the legs as she performs a Kegel. "Is the rectal sphincter closing and going up and in? Is the clitoral area coming down? And is the peroneal body, or the area of muscle tissue between the vagina and the rectum, moving up and inward?"

3. True or false: There is no "one size fits all" approach to doing Kegels.

True False

The answer is true, because every patient suffering from bladder leakage or incontinence is different, and their symptoms may include stress or urge incontinence, overactive bladder, rectal incontinence, a combination of these problems, and/or other symptoms. For this reason, Morrison believes that the number of Kegels each person should do every day varies considerably, depending on their symptoms, their diagnosis, and the baseline strength of their pelvic-floor muscles. If a patient has not or cannot be assessed, however, she recommends two types of contractions: "a quick contraction that you hold for 2 seconds, then rest for 5 seconds, and a long, sustained contraction where you hold for 10 seconds and rest for 10 seconds. A combination of both these exercises, starting twice a day, would cover all the bases," she says. "But don't overdo it. It's easy to overfatigue the muscles, especially if they're very weak to begin with."

Morrison also suggests that people start practicing their Kegels while laying down, face up, with their knees bent. "If the pelvic-floor muscles are very weak, you can lay supine and prop the pelvis on a pillow so it is gravity assisted," she says. "Then progress to laying down with knees bent, followed by positioning the head more upright than the pelvis, then move on to doing Kegels while sitting, standing, and finally during functional activities, such as lifting."