

# Whole Woman Center

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# Why Kegels Don't Work

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The concept that prolapse and incontinence can be improved by doing 'reps' of pelvic floor contractions is anatomically false.

Arnold Kegel, a gynecologist practicing in the middle of the 20th century, was the first to place women on their backs and instruct them to contract their pubococcygeus muscles around his fingers. Kegel also developed the perineometer to measure the strength of pelvic floor contractions.

Today there is a virtual army of physical therapists who specialize in women's pelvic floor 'strength training'. The basis of this therapy is placing women on their backs and inserting fingers into their vagina to measure pubococcygeous muscle strength, a measurement often quantified by a modern version of Kegel's perineometer.

Many PTs have added "core strengthening" exercises to their regimen, all of which have been borrowed from yoga and Pilates. These exercise systems compliment each other, because contracting the abdominal muscles leads to a coinciding contraction of the pelvic floor. Women on their backs pulling navel to spine while maximizing pelvic floor contractions constitute the core of most physical therapy programs.

One would think that the massive population of women who are onto their third or fourth or fifth surgeries for prolapse might get a little edgy when told by their doctor or PT to just "Do your Kegels" to avoid further problems. Sadly, they don't get angry, but ever more resigned to the fact that they must be defective and pelvic floor dysfunction hard-wired into their genes. If Kegels worked to prevent or reverse even a small percentage of prolapse we would know about it after all these decades of women Kegeling themselves silly. The reality is they don't work at all.

The reason Kegels are useless is because the concept of strengthening a "hole" at the bottom of a "floor" is anatomically inaccurate. There is no hole and there is no floor. There is only a flattened tube at the back of the body that is slowly turned inside out over

time because of postural and lifestyle factors that compromise the natural pelvic organ support system.

“Kegeling” pulls the tailbone under and disrupts the natural pelvic organ support and urinary continence systems. “Kegel” is a concept that was based on an erroneous model of female anatomy, which viewed the pelvis as a “bowl” with a “floor” that must be “strengthened”. Not only is the entire anatomical concept wrong, but what has flowed from such profound error in judgment has cost women immeasurably in terms of time, expense, and suffering.

Each time we breathe in, the muscular diaphragm underneath our lungs pushes all our abdominal and pelvic organs down and forward. This means that the bladder and uterus are pushed into the rounded lower belly where they are pinned into position by the forces of intraabdominal pressure. The bladder, uterus, and sigmoid colon, which is contiguous with the rectum, are positioned right behind the lower abdominal wall and at right angles to the pelvic outlet at the back of the body. In this way they are protected from the forces of internal pressure.

The only role the thin, sinewy pelvic diaphragm plays in keeping the organs well-positioned is by stabilizing intraabdominal pressure. The pelvic “floor” functions like a trampoline or drum skin to rebound pressure. Therefore, tautness of the muscles is a much more appropriate concept than “strength”.

That tautness is obtained by stretching the pelvic diaphragm to its greatest dimensions, which is accomplished when the body is held in natural, upright, weight-bearing posture - whether seated or standing. If the abdominal wall is not pulled in, the breath can work to push the organs into the hollow of the lower belly where they are safe from the forces of intraabdominal pressure. When the pelvic diaphragm is elongated in this way, the urinary continence system is also supported. Sitting with the lumbar curve fully in place and then contracting the pelvic diaphragm strengthens the tiny musculature surrounding the urethra. However, there is plenty of “tonic” action happening in those structures even without consciously tightening them. I would argue that working and living in natural female postures supplies the urinary tract with enough muscular activity that the concept of “Kegeling” is made obsolete.

Strengthening the vaginal sphincter muscles does enhance sexual intercourse and orgasm. Therefore, this is one logical reason for engaging in this exercise. How better to “practice” than during actual sexual activity?

Sadly, the commonly held misconception of female anatomy has given rise to an entire industry of vaginal weights and exercisers, which women continue to buy. It has also resulted in a ubiquitous medical practice that amounts to little more than a waste of time for women. A realignment of posture and strengthening the true female core returns women to their natural pelvic organ support system and helps them avoid dangerous and debilitating surgery. It is time the concept of “Kegel” becomes known for what it truly is: exercise to enhance human sexuality.