



Pelvic Floor Considerations in ONERO Training

Historically, exercise prescriptions for bone health and pelvic floor function have been considered to be incompatible. Bone-building programs require heavy resistance and impact, while pelvic floor care has traditionally focused on caution, low loads, and minimising pressure. As osteoporosis and pelvic floor dysfunction often coexist, understanding how to manage them simultaneously, particularly when symptoms like incontinence or prolapse are present, is essential for safety and efficacy.

We now know that both systems benefit from progressive loading - when delivered with appropriate coaching and symptom monitoring. Avoiding effortful movement can lead to deconditioning of both the musculoskeletal and pelvic support systems, limiting long-term function and quality of life.

What the evidence suggests

Recent evidence has overturned many longstanding assumptions about exercise for osteoporosis and pelvic floor dysfunction:

- Heavy resistance and impact loading are essential for improving bone strength in older adults and are safe when introduced progressively with sound technique.
- Pelvic floor symptoms do not worsen with strength training when intra-abdominal pressure is well managed, and exercises are appropriately coached.
- Clients with prolapse or incontinence can improve symptoms through progressive loading, rather than avoiding load altogether.
- Avoidance of high-effort tasks may contribute to deconditioning of both systems, reducing resilience and independence over time.

Alignment and pressure management

Maintaining upright, stacked alignment - where the ribcage is positioned over the pelvis, and the pelvis over the ankles - helps distribute intra-abdominal pressure (IAP) most evenly. This alignment allows the diaphragm, deep abdominal muscles, and pelvic floor to coordinate effectively as a pressure-management system.

Common misalignments that can increase pelvic floor pressure include:

- Rib flaring or leaning back through the upper trunk
- Posterior pelvic tilt
- A sway-back posture, where the pelvis is shifted forward relative to the ankles and ribcage, often creating excessive lumbar extension or gluteal gripping

Coaching clients to “grow tall,” “stay long through the spine,” or “keep the ribcage and pelvis stacked over the feet” can support both pelvic floor control and lifting efficiency.

Breath strategies

Most exercise professionals are familiar with the “exhale with effort” approach, which is effective for many people. However, for clients with pelvic floor dysfunction, the “blow before you go” strategy—beginning the exhalation just before initiating movement—can provide additional support by better regulating intra-abdominal pressure.

Encourage natural, well-coordinated breathing throughout each set. Breath holding is not inherently problematic but should be applied intentionally and only when appropriate for the individual. Avoid habitual straining or bearing down under load.

Monitor for pelvic floor symptoms (e.g. heaviness, leaking), and adjust stance, load, or range as needed. Aim for 2 - 3 reps in reserve, building strength progressively without maximal strain.

Coaching ONERO

Deadlift

- Use “blow before you go” before lifting
- Use a coordinated bracing strategy - e.g. “prepare for someone to gently poke you in the tummy”
- Keep the bar close to the body
- Avoid deep lumbar flexion or excessive pelvic tilt
- Start from elevated positions (e.g. blocks) if needed
- Monitor for heaviness or leaking during or after the lift

Overhead press

- Cue “blow before you go” before pressing
- Maintain stacked upright alignment - avoid leaning back or flaring the ribs
- Keep feet grounded, gluteals gently engaged
- Watch for spine overextension
- Regress to a dumbbell press if symptoms arise
- Emphasise control over weight

Drop chin

- Start with stomps then heel drops to build tolerance
- Maintain stacked alignment on landing - avoid collapsing into flexion
- Cue soft, quiet landings to reduce pelvic floor strain
- Monitor for symptoms during and up to 24 hours post-exercise
- Regress or reduce volume if symptoms occur
- Start with 3 reps per set if symptomatic, and progress slowly

Squat

- Begin with goblet squats to establish control
- Maintain stacked posture - avoid excessive forward lean or rib flaring
- Start with a full inhale that lets the pelvic floor *lengthen* and the abdominal wall *expand*
- Cue “blow before you go” at the bottom of the lift. Begin to exhale through pursed lips a split-second *before* you drive up, letting the pelvic floor recoil and lift with the breath.
- Limit depth initially if symptoms occur
- Use box squats to build confidence and control
- Progress to barbell squats once breathing, posture, and symptom response are stable