

Exercise for bladder, sexual and urologic health: where to start

Exercise improves circulation, metabolism, muscle strength, balance, mood, sleep and the independence on which urinary and sexual health depend. The right starting dose is the one you can perform safely and repeat; leakage, pelvic pain, a recent procedure, frailty or cancer treatment may change the form of exercise without removing it from the plan.



Figure 37.1. The Urologist's Movement Prescription. A complete movement plan combines aerobic activity, resistance exercise, balance, mobility, and condition-specific pelvic-floor care.

Key points

- A complete plan combines aerobic activity, strength, balance and mobility, plus pelvic-floor care when indicated.
- Public-health targets are destinations, not entry requirements; short, repeated sessions can be the right start.
- Pelvic-floor exercises should follow assessment, because excess tension needs relaxation, not more squeezing.
- Leakage with running or jumping does not mean exercise must stop for good.
- Exercise does not remove an obstruction or replace treatment for cancer or infection.
- Measure function, such as chair rises, stairs and walking speed, not just minutes.

Get prompt care if you notice

- Stone pain or fever
- Visible blood in the urine
- Sudden inability to urinate
- Unstable heart symptoms or severe dehydration

Questions to ask your urologist

- Which activities are safe for my current condition or stage of recovery?
- Do I need pelvic-floor, cardiac, cancer or rehabilitation guidance before starting?
- Should my pelvic-floor work focus on strengthening or relaxation?
- How should I adjust exercise if I leak during impact activities?
- Which strength or function measure should we use to see whether the plan is helping?

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