2026 Women's Health Report

The State of Pelvic Health

Origin is a leading national provider of pelvic floor physical therapy and whole-body musculoskeletal care for women. We specialize in incontinence, pregnancy, postpartum, menopause, and sexual health. Trusted by more than 10,000 doctors, Origin offers virtual care nationwide and in-person PT sessions across 20+ clinics in 7 states, supported by proprietary digital programs, educational content, and community experiences. One of the few pelvic health specialists to take insurance, Origin is in-network for over 50 million people.

Each year, we publish our State of Pelvic Health Report to track where the field stands: clinically, systemically, and in the lived experience of patients. This year's report lands at a moment when the conversation around women's health is finally breaking into the mainstream, even as the system itself still lags far behind.

Pelvic health conditions affect 25% to 50% of women, with prevalence rising substantially with age[1–4], and it's just one piece of a much larger pattern: women's health has long been under-researched, underfunded, and routinely dismissed.

White Paper

Comparing outcomes across virtual, hybrid, and in-person pelvic health physical therapy in **4,662 patients.**

Patient Impact Survey

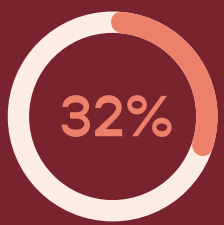
Independent survey conducted by 60 Decibels surveying **298 Origin patients**.

This year's report draws on two new publications: a white paper[5] comparing outcomes across virtual, hybrid, and in-person pelvic health physical therapy in 4,662 patients, and an independent patient impact survey[6] of 298 Origin patients conducted by 60 Decibels, a global social impact measurement firm.

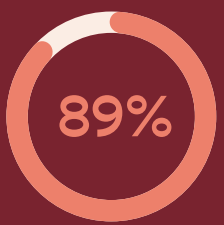
Together, they make the case that pelvic floor physical therapy can meaningfully improve a person's health and quality of life, and that virtual and hybrid care offer effective, efficient solutions to the access barriers that still prevent many from receiving it.

25-50%

of women experience pelvic floor dysfunction[1]



of Origin patients had symptoms for 3+ years before receiving care[6]



reported quality of life improvements after treatment[6]

Virtual patients achieved comparable clinical outcomes to in-person and hybrid care[5]

Virtual patients reached clinical improvement in fewer visits when compared to in-person patients[5]

The chasm between need and care in pelvic health

Patients come to pelvic floor physical therapy for a range of reasons: symptom and pain management, pregnancy and postpartum recovery, menopause support, and more. Many share a common backstory: a long road to finding care that actually works.

> **Nearly half of Origin patients had come to believe their symptoms were simply untreatable before starting care, and 32% had lived with those symptoms for 3 or more years[6].**

Pelvic floor physical therapy is well-established, with strong evidence behind it for a wide range of conditions that disproportionately affect women. Yet 40% of patients still reported a significant barrier to getting it, most often cost, lack of information, or time.[6]

Part of the problem is structural: insurance coverage remains inconsistent and reimbursement rates often don't match the specialized care this treatment requires. Left untreated, these conditions drive billions in downstream healthcare spending, from unnecessary imaging and specialist visits to surgeries that earlier, conservative care could often have prevented.

Barriers to Getting Care

60% cost concerns[6]

47% lack of information[6]

38% time constraints[6]

"I was desperate to find help, but I couldn't find it anywhere."

Leslie, pelvic pain patient

What happens when patients get the care they need

When patients with pelvic health conditions get the right care, their health improves substantially and quickly. For patients like Mary, whose prolapse had made her feel like she was losing her sense of self, the shift wasn't just physical. Within 3 sessions, the change had already carried into how she showed up at work and in her own life.

72% noticed improvement within 2 to 6 sessions[6]

89% reported quality of life improvements[6]

73% reported improvements in their mental wellbeing[6]

"I was able to carry my son again. I don't feel like I'm the only one in the world with my problems anymore."

Mary, pelvic organ prolapse patient

Read more patient stories in the full Impact Report

The Case for Virtual Care

Since the pandemic, virtual care has expanded access to pelvic health treatment significantly, but large-scale evidence comparing it directly to in-person care has been limited, until now. This white paper examines outcomes from 4,662 Origin patients and found that virtual care achieves outcomes on par with in-person treatment, and gets patients there in fewer than half the visits[5].

Clinical Efficiency of Virtual Care at Origin

Virtual, in-person, and hybrid care all achieved comparable clinical outcomes (MCID)[5]

6.7 average virtual visits to reach meaningful improvement[5]

Nearly 50% fewer visits than in-person care[5]

Virtual care is a legitimate first-line option, not a fallback. Without hands-on techniques, virtual providers focus more on what patients can do independently, promoting autonomy and self-efficacy. It also removes the logistical barriers that keep many women from getting care in the first place.

These findings carry direct implications for insurance coverage: the data support reimbursement parity between virtual and in-person delivery, and given that virtual patients reached clinical improvement in fewer visits than their in-person peers, virtual care may also represent meaningful cost savings.

Pelvic floor therapy is the standard of care. For too many women, it still isn't within reach.

The need is vast and the gap is real. We know what works. Now we need to make sure every woman can access it.

Read the full research

Patient Impact Report

Outcomes White Paper

Sources

[1] Nygaard I, Barber MD, Burgio KL, Kenton K, Meikle S, Schaffer J, et al. Prevalence of symptomatic pelvic floor disorders in US women. JAMA. 2008;300(11):1311–6. doi:10.1001/jama.300.11.1311

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[3] Kenne KA, Wendt L, Brooks Jackson J. Prevalence of pelvic floor disorders in adult women being seen in a primary care setting and associated risk factors. Sci Rep. 2022 Jun 14;12(1):9878. doi:10.1038/s41598-022-13501-w

[4] Alperin M, Abramowitch S, Alarab M, Bortolini M, Brown B, Cartwright R, et al. Foundational science and mechanistic insights for a shared disease model: an expert consensus. Int Urogynecology J. 2022;33(6):1387–92. doi:10.1007/s00192-022-05142-4

[5] Link, Alissa, et al. "Expanding Access, Maintaining Outcomes: Virtual, In-Person, and Hybrid Pelvic Health Care in a Retrospective Cohort of 4,662 Patients Treated at Origin." Origin, 2026. https://www.theoriginway.com/2026-outcomes-white-paper

[6] The Origin Way Impact Report. 60 Decibels, 2026, www.theoriginway.com/2026-patient-impact-report