

PelvicPro

Guided pelvic floor PT for postpartum women + women with pelvic floor dysfunction. Affects ~30% of women across lifetime; embarrassment keeps it under-treated; in-person PT costs \$200+/session. \$19/month replaces.

Category	Set 6 · Consumer & Family
Customer	Postpartum women (first 18 months after childbirth), perimenopausal + menopausal women with pelvic floor concerns, women with stress urinary incontinence or pelvic organ prolapse
Monetisation	\$19/mo Standard · \$39/mo Premium (with weekly PT-coach video review) · \$99/yr annual prepay
Build effort	Med
Plan version	v1.0 — 2026-05

Executive Summary

PelvicPro is a guided pelvic floor physical therapy app for the ~30% of women across lifetime affected by pelvic floor dysfunction (postpartum recovery, stress urinary incontinence, pelvic organ prolapse, sexual dysfunction, menopausal-onset pelvic concerns). The condition is widely under-treated due to embarrassment + lack of awareness + cost of in-person PT (\$150-300/session, 12-20 sessions for typical treatment course).

PelvicPro: structured pelvic floor PT exercises with progress tracking + condition-specific protocols (postpartum recovery vs. SUI vs. prolapse) + weekly progress assessments + guidance on when to escalate to in-person PT. Premium tier adds weekly video review by licensed pelvic floor PT.

Year-1 target: 8,500 paying subscribers generating ■3.2 crore annual revenue against ■52 lakh costs. Cash-positive month 3. The wedge: in-person PT is gold standard but is expensive + inaccessible; PelvicPro serves the patients who would benefit from PT but cannot access it.

The Problem

Pelvic floor dysfunction affects ~30% of women across their lifetime: postpartum recovery (essentially universal for vaginal delivery + significant for C-section), stress urinary incontinence (~25% of women over 40), pelvic organ prolapse (~15% of women over 50), sexual dysfunction, perimenopausal-related concerns. Functional impact is significant — affects exercise + sleep + sexual function + work + social activities — yet under-treated due to embarrassment + lack of awareness + access barriers.

In-person pelvic floor PT is the gold standard. Effective + evidence-based + cures most cases of stress urinary incontinence + materially improves prolapse + transforms postpartum recovery. But: \$150-300 per session, 12-20 sessions for typical course, plus accessibility (few pelvic floor PTs especially outside metros + 6-12 week wait lists), plus the embarrassment of the in-person consultation deterring many women from initiating.

Generic Kegel apps exist (Squeezy, Kegel Trainer) but most are simplistic + lack condition-specific protocols + lack progress validation. Result: women either skip pelvic floor treatment entirely (most common) or do unguided Kegels with minimal benefit + occasionally counter-productive results (some pelvic floor dysfunction worsens with simple Kegel approach).

The Solution

PelvicPro provides structured pelvic floor PT with condition-specific protocols + progress tracking + escalation guidance.

Onboarding: structured assessment to identify condition type + severity + appropriate protocol. Postpartum protocol (first 18 months after childbirth with age-of-baby-aware progression). Stress urinary incontinence protocol (with leak-tracking + progressive strengthening). Pelvic organ prolapse protocol (with adjusted technique to avoid worsening). Perimenopausal protocol.

Daily exercise sessions: 8-15 minutes, structured progression, exercise variety to maintain engagement. Audio + visual guidance. Breath-coordination cues (critical for proper pelvic floor activation).

Progress tracking: weekly self-assessment + symptom tracking + strength progression milestones.

Escalation guidance: clear flags when progress is not happening as expected → recommend in-person PT consultation + integrated booking with partner-PT network.

Premium tier (\$39/mo) adds: weekly video review by licensed pelvic floor PT (user submits 2-minute video showing exercise execution; PT reviews + provides personalised feedback). This addresses the major failure mode of unguided PT apps (incorrect technique that produces minimal benefit).

Three structural differences from generic Kegel apps. First, condition-specific protocols (postpartum is fundamentally different from SUI is fundamentally different from prolapse). Second, evidence-based progression (not generic 'do more reps'). Third, escalation pathway when DIY isn't sufficient.

Market Opportunity

Global women affected by pelvic floor dysfunction at any time: hundreds of millions. Willingness-to-pay segment for app-based PT: ~30-50M globally.

At blended ARPU of \$200/year, SAM is \$6-10B globally. Realistic 4-year capture: 0.04-0.12% = \$2.4-12M ARR.

Adjacent expansion. Year 2: men's pelvic floor (smaller market but underserved, especially post-prostatectomy). Pelvic-pain-specific protocol (chronic pelvic pain syndrome). Pelvic-PT partner-tier (white-label for in-person PT clinics to extend their patient relationship between visits).

Target Customer

Primary persona: a 32-year-old mother of 6-month-old experiencing postpartum stress urinary incontinence + diastasis recti. Her OB-GYN mentioned pelvic floor PT but it costs \$250/session + 6-week wait. Will pay \$19/mo Standard after free trial.

Secondary persona: a 51-year-old perimenopausal woman noticing SUI symptoms + mild prolapse symptoms. Embarrassed to bring up with doctor. Will pay \$39/mo Premium tier for the weekly PT-coach feedback.

Tertiary persona: a 28-year-old new mother of 3-month-old with pre-existing pelvic floor weakness. Will start with Standard, may upgrade to Premium for technique feedback.

Product

Onboarding assessment: condition identification + severity + relevant medical history + protocol selection.

Daily exercise sessions: 8-15 min structured sessions with audio + visual guidance + breath cues.

Progressive program: weekly progression based on adherence + self-reported progress.

Symptom tracking: leak tracking (for SUI) + prolapse symptom scoring + postpartum recovery milestones.

Progress visualisation: weekly + monthly progress dashboards.

Educational content: condition-specific explainer content + answers to common questions + when-to-see-in-person-care framework.

Partner PT network for escalation: integrated booking with pelvic floor PT clinics at preferential rates.

Premium tier additions: weekly user-submitted exercise video + PT-coach feedback within 48 hours.

Technical Architecture

Frontend: Next.js + React Native mobile (mobile-primary).

Backend: Python on Hetzner cloud, Postgres.

Video content: pre-recorded exercise content + Mux for delivery.

Premium tier PT-coach workflow: video upload by user + structured feedback workflow + PT contractor team (~\$25/review at scale).

Payments: Stripe + Razorpay.

Compliance: HIPAA-aligned + DPDP + medical-data sensitivity practices.

Business Model & Unit Economics

Two tiers. Standard (\$19/mo or \$189/yr): structured exercise program + condition-specific protocol + progress tracking. Premium (\$39/mo or \$389/yr): Standard + weekly PT-coach video review.

Conversion: 14-day free trial converts at 22% (high — clear value demonstration). Distribution: 70% Standard, 30% Premium. Annual prepay reduces churn.

Gross margin: Standard 88%; Premium 56% (PT-coach labour). Blended ~78%.

LTV: \$228 × 16 mo avg = \$365 (Standard); \$468 × 22 mo = \$1,030 (Premium). Strong for chronic conditions.

Unit Economics (Year-1 base case)

Year-1 paying subscribers (target)	8,500
Blended ARPU	\$270/year
Year-1 revenue	\$385,000 (~₹3.2 crore)
Gross margin	78%
CAC	\$40
Payback	1.8 months
Year-1 all-in costs	~₹52 lakh
Year-1 net contribution	~₹2.0 crore

Go-to-Market

Channel 1 — Postpartum + women's-health community (40%): postpartum FB groups, motherhood communities, perimenopause-focused creators.

Channel 2 — OB-GYN + women's-health doctor partnerships (25%): OB-GYNs recommend to postpartum patients + perimenopausal patients.

Channel 3 — Content + SEO (20%): substantive women's-health content on pelvic floor dysfunction + postpartum recovery.

Channel 4 — Paid acquisition (15%).

Roadmap (first 12 months)

- Month 1-3: MVP with postpartum + SUI protocols + Standard tier. 500 subscribers.
- Month 4-5: Prolapse + perimenopausal protocols, 1,500 subscribers, ₹8 lakh MRR.
- Month 6-8: Premium tier with PT-coach review launched, 3,500 subscribers, ₹18 lakh MRR.
- Month 9-10: Partner PT network for in-person escalation, 6,000 subscribers.
- Month 11-12: 8,500 subscribers, ₹3.2 crore annualised.

Key Risks

- Medical-liability: pelvic floor exercises performed incorrectly can worsen prolapse. Mitigated by condition-specific protocols + technique-feedback at Premium tier + clear escalation guidance.
- PT-coach scaling at Premium tier: requires licensed PT contractor team. Mitigated by structured-review templates + remote-PT contractor network.

- Embarrassment-driven low search volume: SEO is challenging for embarrassment-laden conditions. Mitigated by community + influencer + doctor-referral channels.
- Quality variance across user adherence: results require consistent practice. Mitigated by habit-formation features + gentle reminders + progress visualisation that reinforces.
- Cultural sensitivity in international markets: pelvic floor topics taboo in some cultures. Mitigated by careful market-specific messaging.