Pelvic Health and Physical Therapy

Lake City Physical Therapy
Pelvic Health Specialists
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How Common Is Pelvic Health Issues in the US?

- National Institute of Health Statistic-
- 1/3 of all women in the US will experience pelvic health dysfunction sometime in their lifetime.
- Men are at risk for pelvic health issues also it is not only a women's health issue-worldwide 2-16% men below 50 years old will experience pelvic health issues.

Common Presentation

- Bladder Incontinence-Mixed, stress or urge, IC
- Pelvic pain
- Hip pain
- Low back pain
- Sacral, coccyx, SI jt pain
- Lower abdominal pain
- Bowel-fecal incontinence, IBS

Pelvic Health Questions/Answers

- Do you have difficulty with your bladder, bowels or sexual health?
- The average women that is incontinent goes approx 8 years before reporting her condition to her MD.
- Post-Partum Women who are incontinent at 6 wks s/p ck will most likely be incontinent 3 years later.

Standard International Terminology Ongoing Development in Pelvic Health

- Released in 2016 Standard Terminology in Chronic Pelvic Pain Syndromes: A report from the Chronic Pelvic Pain Working Group of the International Continence Society
- 9 domains- lower urinary tract, female genital, male genital, GI, Musculoskeletal, Neurological, Psychological, Sexual, Co-morbidities
- Symptoms, signs and evaluation in male and female patients
- Insuring we are speaking the same language

International Urogynecological Association (IUGA) and International Continence Society(ICS) Joint Report on the Terminology for Female Anorectal Dysfunction

- Terminology Report Female Pelvic Floor Dysfunction
- 130 separate definitions clarity and user friendly
- Most common DX- symptoms, signs, examination, assessment tools, questionnaires,
- Investigations- be able to communicate between services: Biofeedback- sEMG, internal EMG,
- Imaging-order transvaginal US, manometry, MRI static, dynamic

What's Normal?

- It's not normal to have daily incontinence or pain with voiding.
- It's not normal to have pain during or after intercourse, sexual stimulation or orgasm for 3 days.
- It's not normal to have to strain, push or apply external pressure to have bowel movement or to have pain.
- It's not normal to have urgency, frequency under 2 hours hesitancy with bowel or bladder function.
- Its not normal to not have an orgasm-female whether external cliteral or internal "G" spot.
- It's not normal for you to have uncoordinated muscle spasms in your pelvic floor.

Not Normal

- This issues are not just part of aging, having kids, or stress and anxiety related. (Pelvic health has high correlation with anxiety and stress however).
- These issues are physically occurring and must be addressed and the brain does not like pain over a 5-6/10 on a daily basis.
- Physician- first person they feel safe to tell, but you must establish the relationship and start the conversation. Rape and incest, abuse,PTSD are common in this population.

Functional Tools for Assessment Questionnaires

- Pelvic Floor Distress Inventory –Urinary, Colorectal-Anal, Pelvic Organ Prolapse
- Pelvic Floor Impact Questionnaire
- Chronic Prostatitis Male
- Chronic Prostatitis Female- CPSI
- Female Sexual Functional Index

Pelvic Floor Muscle Function

- Support the pelvic floor organs-bladder, rectum, women vagina, tubes, ovaries.
- Relax and Elevate the pelvic floor with rhythmical breathing patterns-breath in floor goes inferior, breath out floor contracts in superior direction
- Aid in sexual performance-orgasm, contract relax of floor muscles- breathing directly affects ability to reach orgasm due to its relationship to the floor etc
- Assist in urinary and fecal continence
- Stabilize the bottom of the core trunk container- the floor sits at an angle it is not flat- urogenital triangle and posterior anal triangle
- Stabilizes the connecting joints: Sacro-iliac joints which tie into Lumbar 4-5,Sacral 1 and (B) hip joints.

Pelvic Floor Muscles Structure

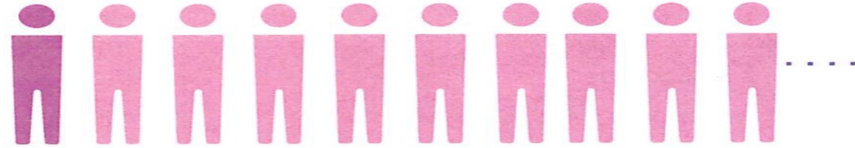
- Layers of striated muscles with openings that run through them for key function- urethra, rectum, vagina in female
- Superficial layers – 2 of them- sphincters and attachments to boney structures
- Deep layers- sling sophisticated bowl with attachment to obturator internus - hip muscle prime mover hip ER and abduction with bent knee, retrofascial peritoneal
- Palpation of this muscles reveal slow and fast twitch muscles
- Retro peritoneal fascia attached to abdominal muscles through fascial component
- Nerve innervation Sacral nerves- S2-4
- Innervation –pudendal nerve- puborectalis and external anal sphincter (fecal incontinence) and deep muscles- pubo, ileo and coccygeneus direct sacral branches S3,S4

Pelvic Floor Muscles

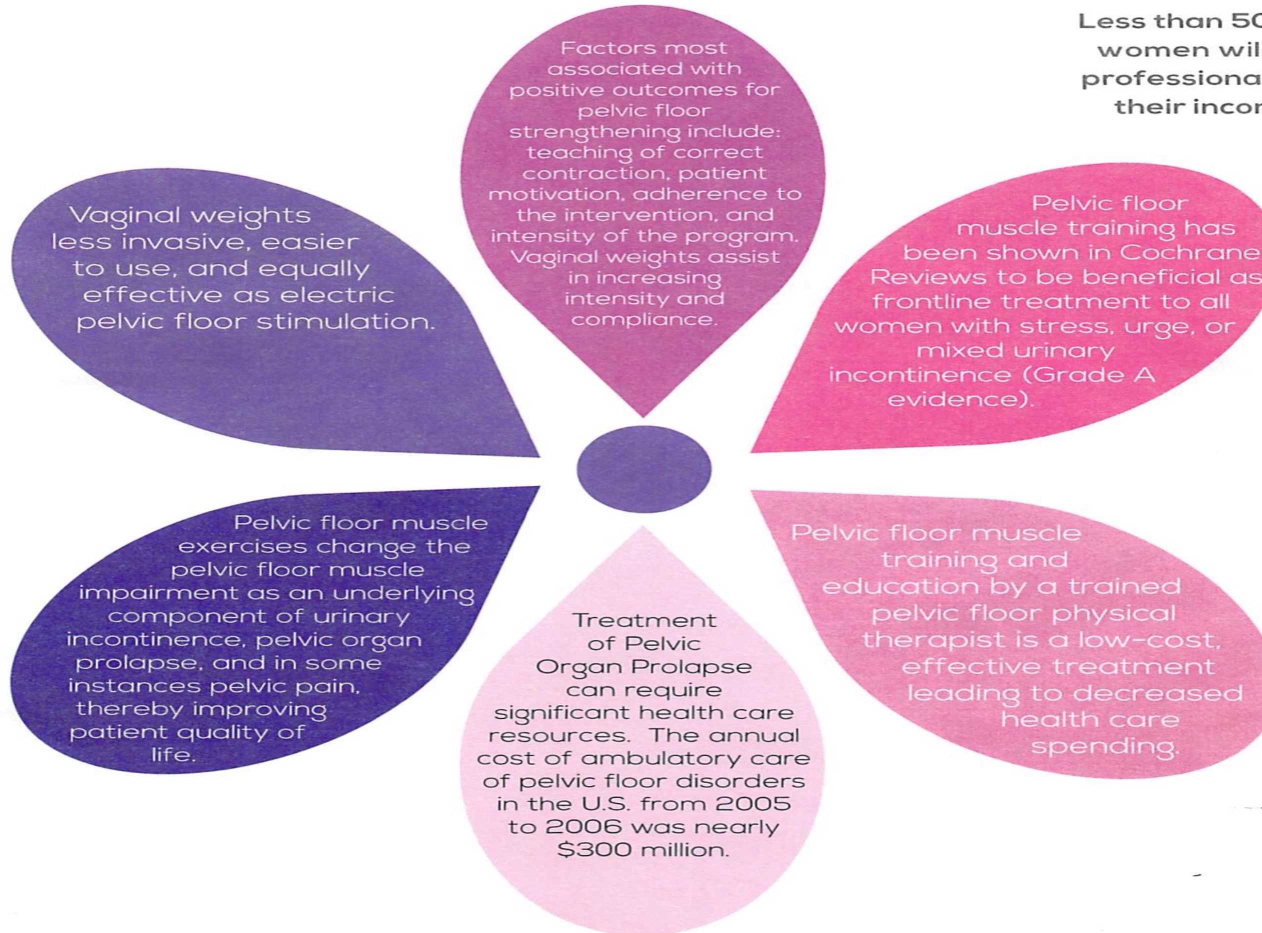
- Layers of Pelvic Floor Muscles- pictures, model
- Slow twitch fibers 70%- marathon muscles work all day- support, endurance, fatigue
- Fast Twitch fibers 30%-quick movements, jump, run, sneeze, cough
- Must train both types of muscles

Who Benefits From Kegel Exercises?

Approximately 1 in 10 women will experience urinary incontinence that is **severe enough to soak their clothing.**



Less than 50% of these women will consult a professional regarding their incontinence.



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Why Physical Therapy?

- Physical Therapists are specialist in the study of movement-Kinesiology.
- They know how the musculo-skeletal system should function in all the joints of the body.
- They understand the relationship between the ability to contract and relax a muscle and how a muscle should generate its forces on a joint
- They understand a muscle might be strong but not know how to integrate correctly in the motor planning needed for successful movement patterns.
- They understand that a muscle that is too short may be inhibiting correct function for basic activities in the floor related to bowel, bladder and sexual activity.

Physical Therapy: Intake, Questionnaires, Diaries, Specialized Examinations and Testing

- Examination of muscle function with coordination of muscle activity
- Pelvic floor muscle: Hypertonicity vs hypotonicity-palpation internal exam
- Overactive vs underactive, symmetry, asymmetrical, odd pattern of contract
- Source of pain on palpation: contractile vs non-contractile tissue pain
- Contractile detectable by sEMG rest 2mv and below, contract alone, syneries
- Non-contractile-short pelvic floor, increase in fibrous thickening within the muscle, tight connective tissue around a muscle
- Contractile sources of restriction but not registered upon sEMG activity-endogenous issues
- Integration of core trunk together (B) LE’s with upright, supine, sitting and dynamic activities
- Vaginal or anal Internal examination

Endopelvic Fascia

- Passive support system
- Sophisticated fascial structure that ties the pelvic floor muscles to the boney pelvis, and the pelvic sidewalls through the arcus tendineus fascia of pelvis.
- Levator ani- fused posteriorly to rectum and attach to coccyx
- Genital hiatus perforation of the pelvic floor where urethra, rectum and vagina pass.

DRA-Diastasis Recti Abdominus

- 2013 Study of third trimester pregacnies revealed 100% of women had a DRA
- Male- ”pot” belly- hernias common directly affects floor
- Split of linea alba- raphe tear greater than 2 fingers in width
- Directly affects health of pelvic floor and ability to contract and relax
- Extra load, rapid weight gain, lifting heavy weight bearing down over pulling pelvic floor up and in
- Rectus Abd contraction- lift head, lift legs
- C-sections also affect pelvic muscle function
- Contraction to midline avoid belly “pooch” look

Pelvic Organ Prolapse

- Pelvic floor defects occur during vaginal birth- stretching and tearing of endopelvic fascia, levator ani, perineal body
- Study by Handa-vaginal and operative birth increase risk of incontinence and pelvic organ prolapse 5-10 years after L&D
- Symptoms- Vaginal fullness, pressure,sacral back pain with standing, vaginal spotting from ulceration of protruding cervix or vagina, coital difficulty, lower abdominal discomfort, voiding or defecating issues.
- Must address incontinence prior to surgery-30% will still have it after cystocele. Urethrea ”unkinked” after repair
- Surgical intervention 11%- in 2014 over 200,000 in patient procedures were performed

How to Order Physical Therapy

- Electronically and or fax
- Face sheets
- DX codes: ICD-10 Pelvic and perineal pain,Incontinence-stress,urge mixed,fecal, low back pain, prolapse, etc
- Check Evaluate and Treat
- Interaction with multiple services due to Dx and complexities and co-morbidities
- Referral to clinical psychologists-anxiety or depression

Questions and Answers

- Specialized training and care for a better quality of life!!!
- Time to spend with patient
- Coordination of services
- Thank-you!
- Lake City Physical Therapy