

PELVIC FLOOR DYSFUNCTION AND PT

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THE SPEAKER HAS NO RELEVANT FINANCIAL RELATIONSHIPS TO DISCLOSE

Molly's Knob

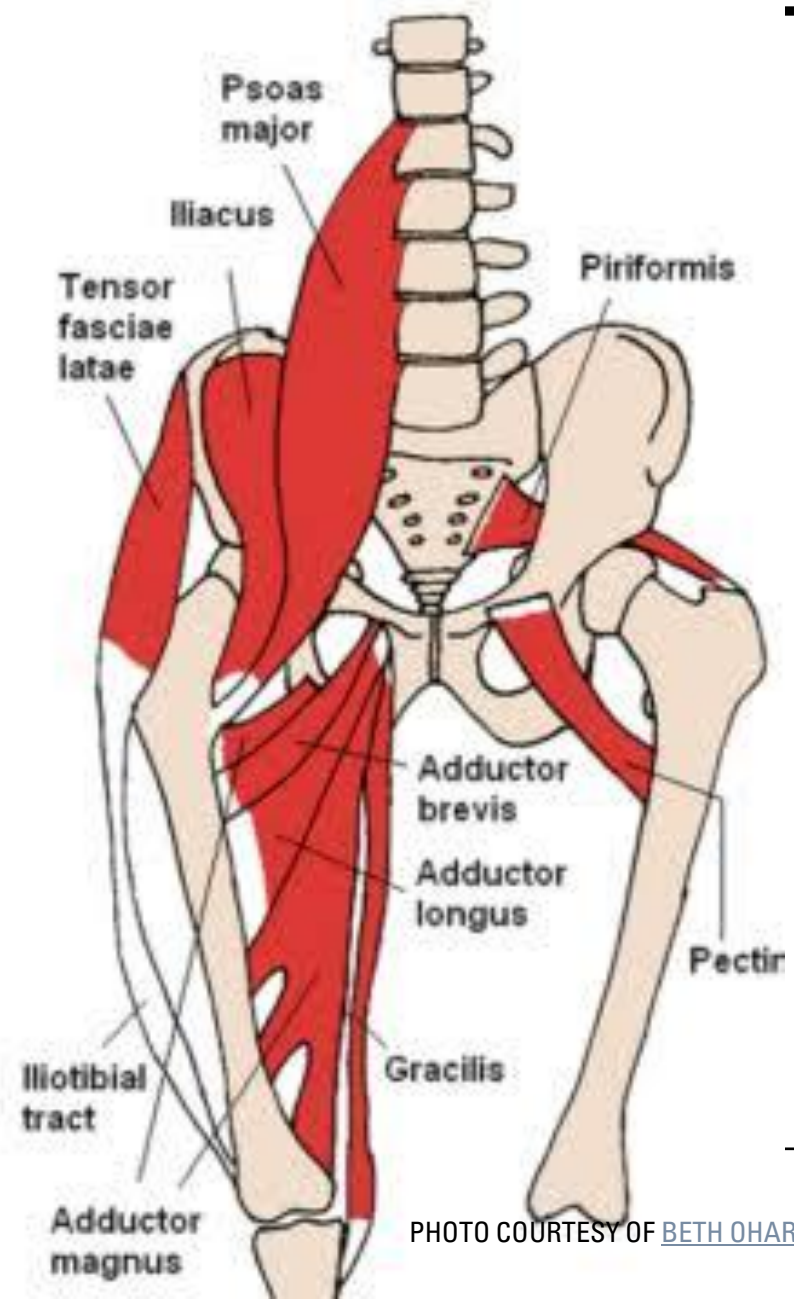


OBJECTIVES

Following this presentation, participants will be able to:

1) **Evaluate when to refer a patient to Pelvic Physical Therapy**
2) **Describe to patients the importance of pelvic floor muscle coordination vs over strengthening**
3) **Identify 3 exercises that improve pelvic floor muscle function**

EXTERNAL ANATOMY

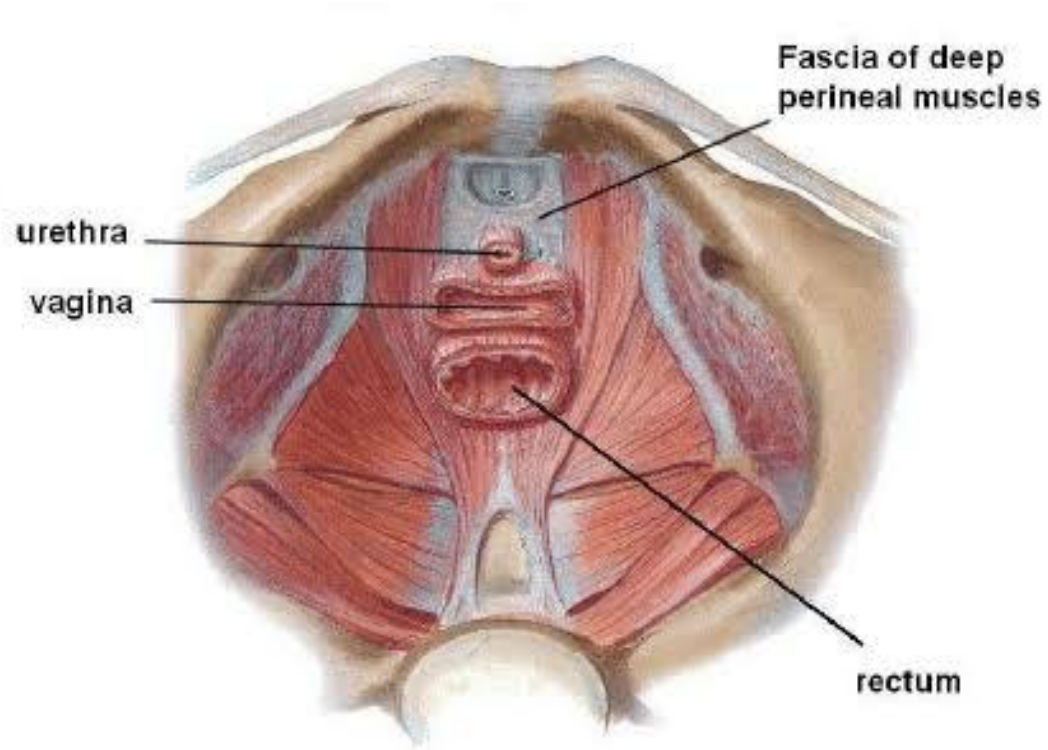


- Hip and Abdominal muscles, tissues and fascia contribute to pelvic floor function and disorders.

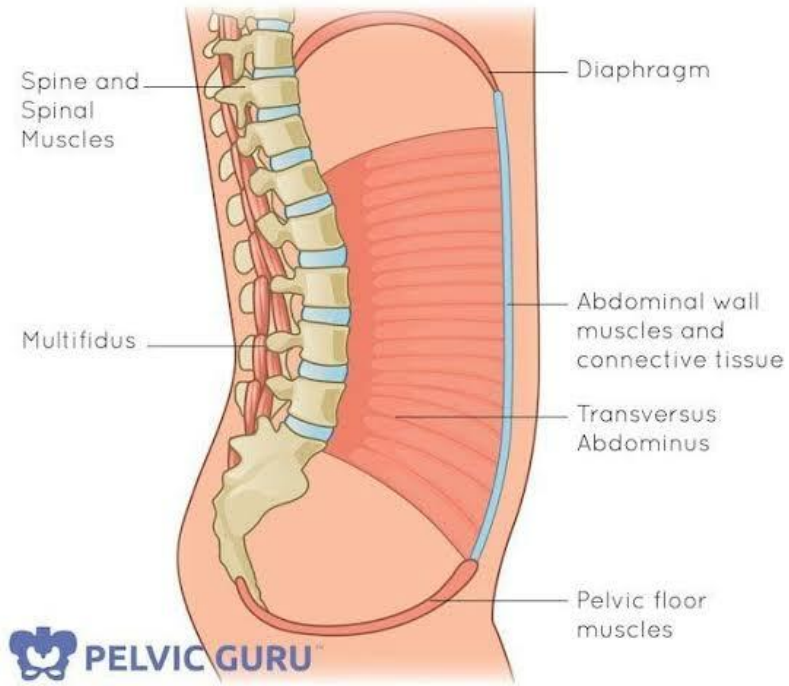
PHOTO COURTESY OF BETH OHARA

PELVIC FLOOR MUSCULATURE

- Layers 1 & 2 provide sphincteric and sexual function
- Layer 3 Levator Ani provides support to our Core Canister System
- Important for Lymphatic circulation



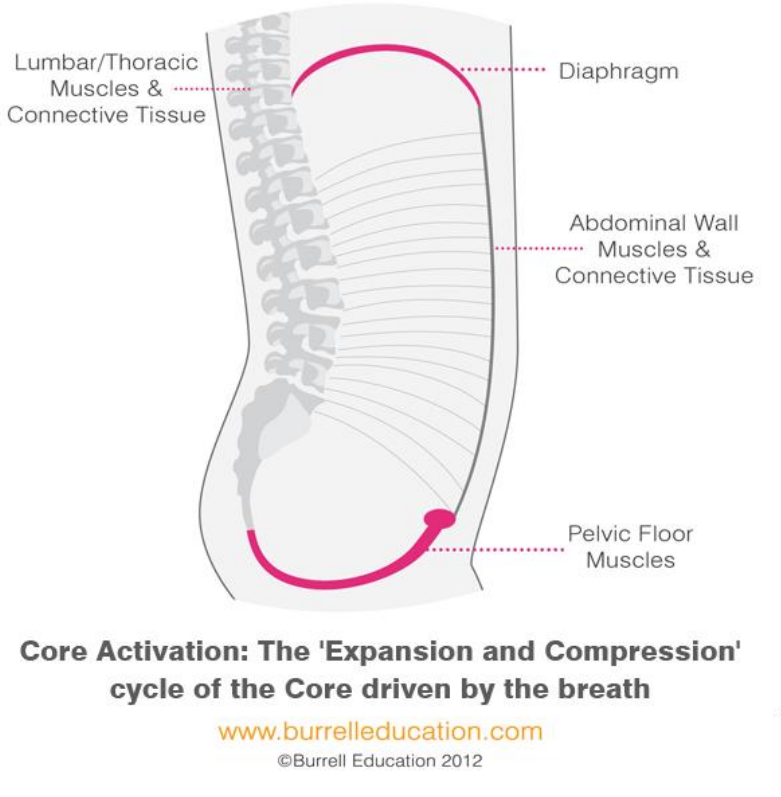
FLOOR OF THE CORE



- Poor coordination of Diaphragm, Abdominals, Multifidi and Pelvic Floor musculature can impact Bowel, Bladder, Prolapse and Pain conditions.

CORE CANISTER FUNCTION

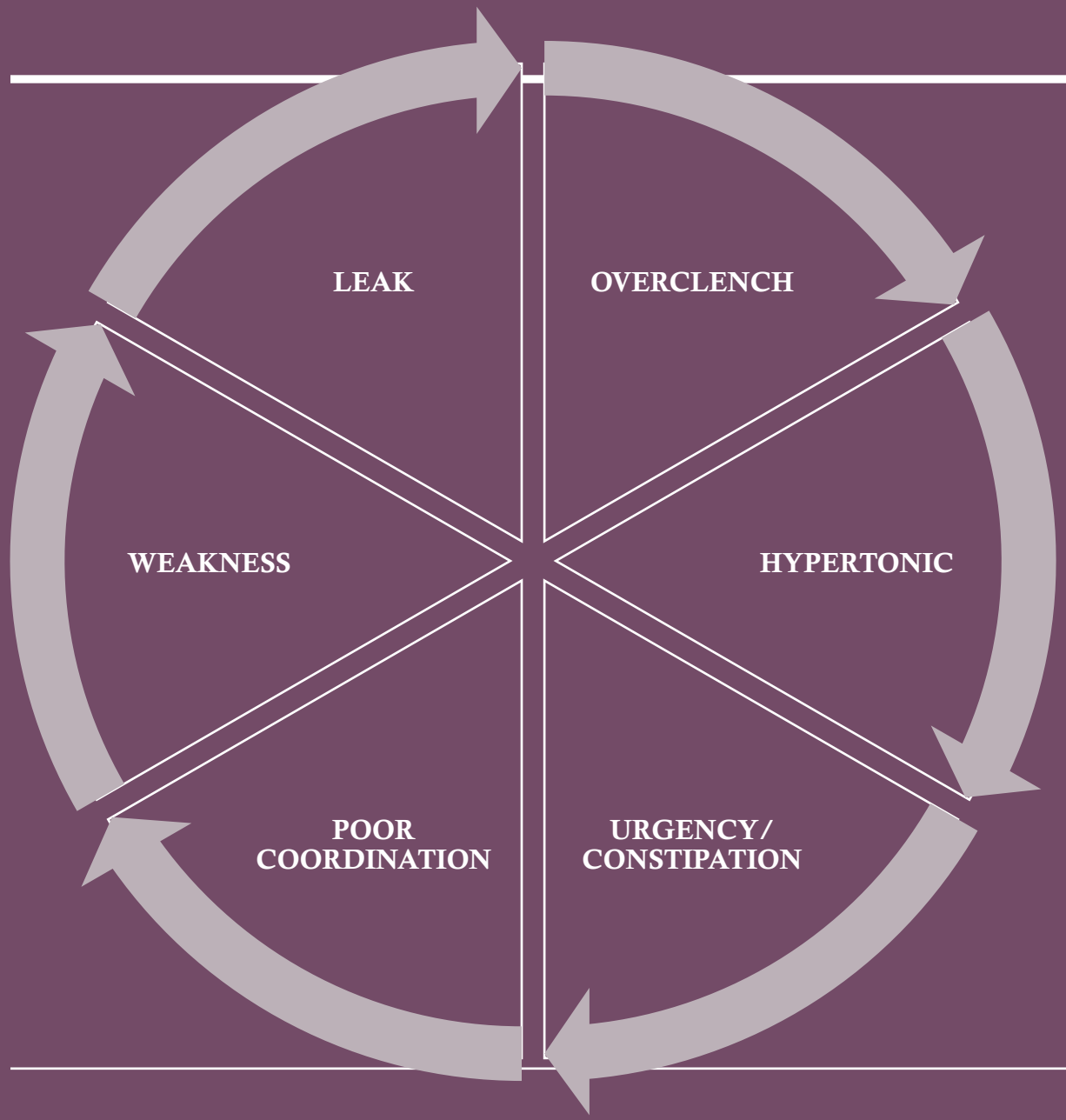
- Inhale = PF descent/ lengthening
- Exhale = PF ascent/ contraction
- All walls of the canister must work synergistically for proper function
- Low back injuries or DRA can cause pelvic floor dysfunction



NORMAL PELVIC FLOOR MUSCLE FUNCTION

PF Muscles can voluntarily contract to normal or strong range AND relax completely with good coordination

- **Overactive**: Do not relax fully, or may contract when full relaxation is required causing difficulty voiding urine, urinary urgency, obstructed defecation, dyspareunia, and contribute to Pelvic Organ Prolapse
- **Underactive**: Cannot voluntarily contract to degree required causing urinary or fecal incontinence or Pelvic Organ Prolapse
- **Nonfunctioning**: No palpable contraction or relaxation



UNDERACTIVE/ HYPOTONIC VS OVERACTIVE/ HYPERTONIC

IS IT OVERACTIVE OR UNDERACTIVE?

- Damage to endopelvic fascia or pelvic floor muscles → Pelvic Organ Prolapse
- Overactivity of pelvic floor muscles to compensate → POP pressure symptoms and new urinary symptoms



illustration from: womenshealthfoundation.org

TO KEGEL OR NOT TO KEGEL?

Best practice is to manually assess for baseline tone, strength, endurance, ability to lengthen, and coordination.

Treatment should be bespoke

PELVIC THERAPIST EDUCATION

PRPC- **P**elvic **R**ehabilitation **P**ractitioner **C**ertification

WCS- **W**omen's health **C**linical **S**pecialist

Recently renamed

PWCS –**P**elvic and **W**omen's health **C**linical **S**pecialist



PELVIC THERAPIST SPECIALIZATIONS



Gender Based

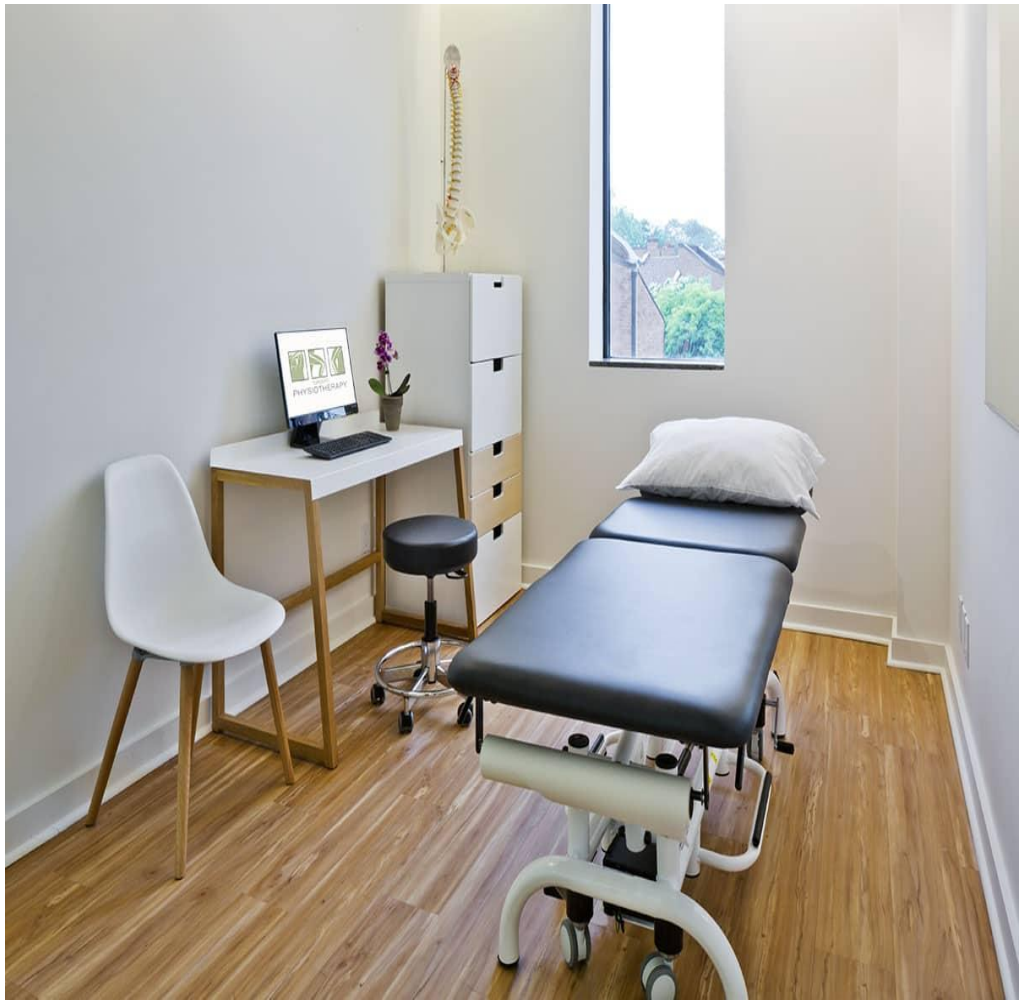
Oncology

Pediatrics

Bowel

Peripartum

POTS/ Dysautonomia/ Ehlers-Danlos Syndrome



PELVIC PT/ OT SETTINGS

Acute Care Hospital

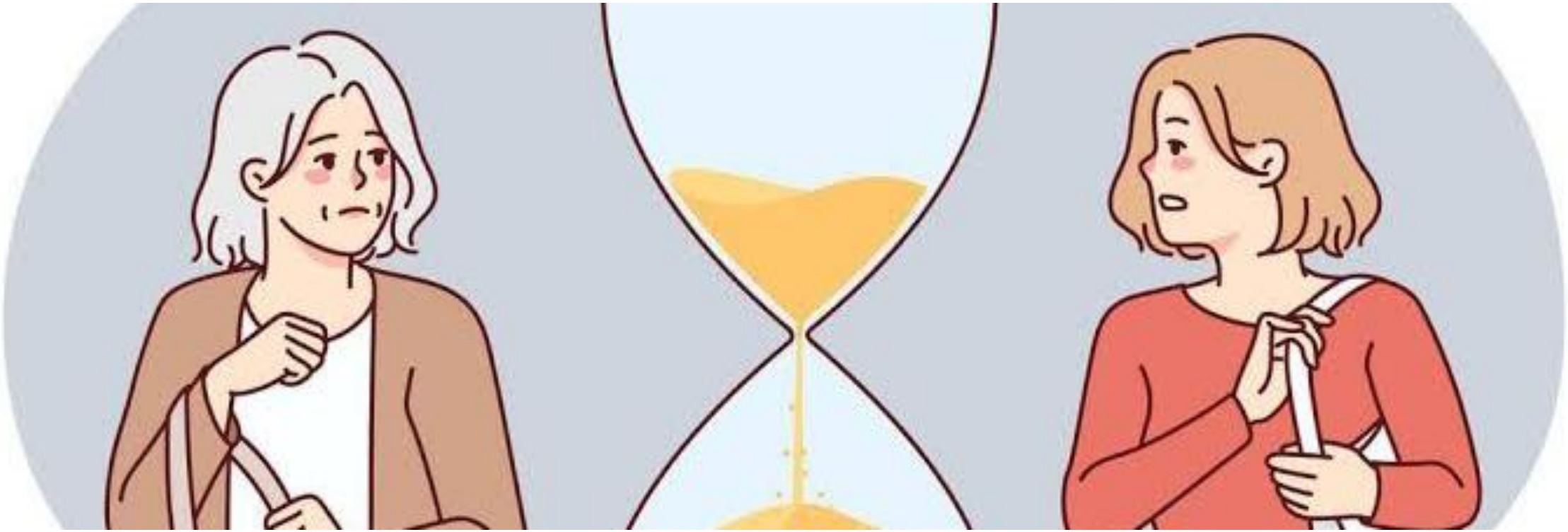
Hospital Outpatient

Outpatient Office

Mobile or Concierge

Specialty Office

LATENCY TO REFERRAL



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Bladder?

- Leaking
- Hesitation/ Interruption

Bowel?

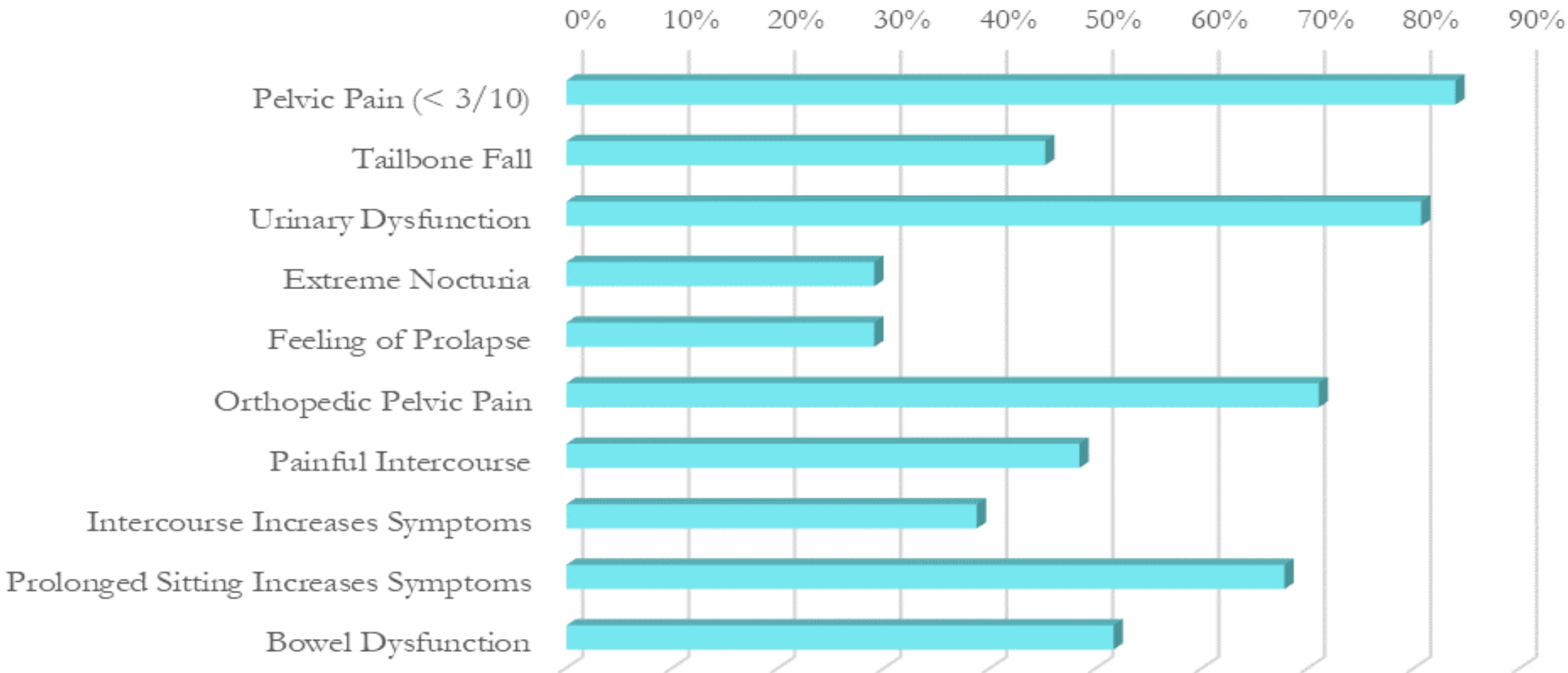
- Constipation
- Fecal Incontinence or Smearing

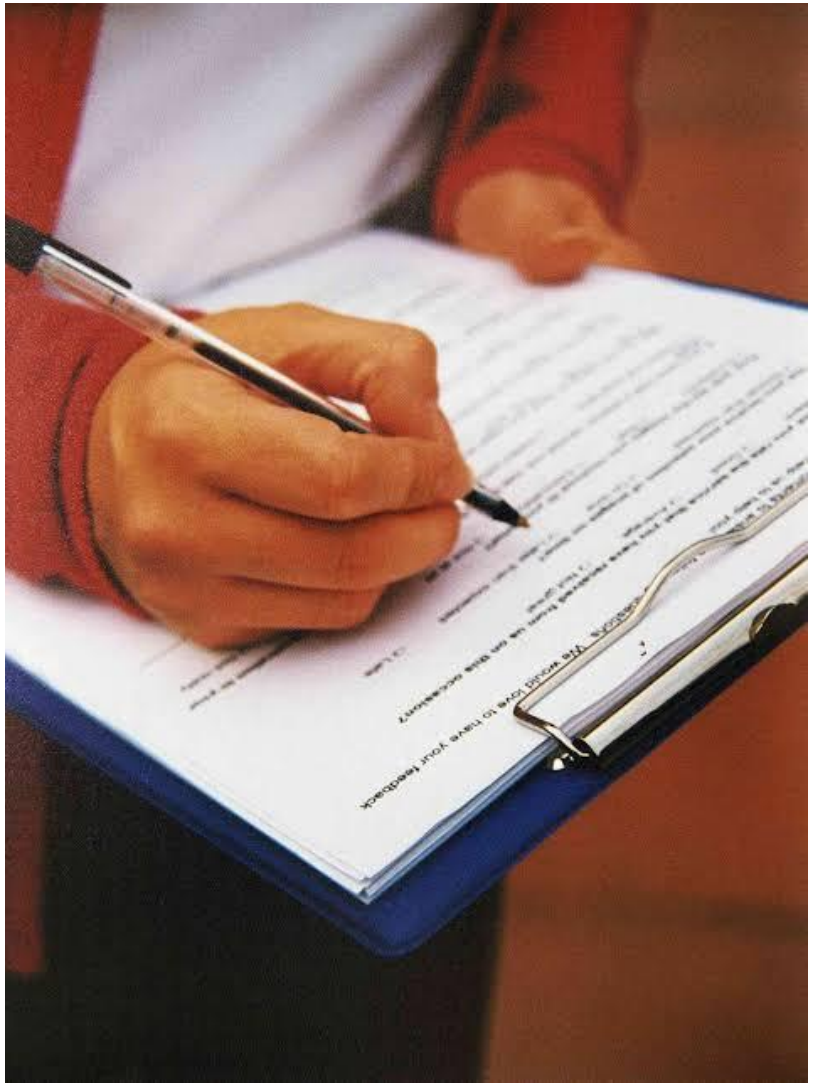
Pain?

- With Sexual Activity
- Tampon or product/ device insertion
- Scrotal or Vulvar Pain



Symptom Prevalence in Patients with Confirmed PFD





COZEAN PELVIC DYSFUNCTION SCREENING TOOL

Pelvic pain

Dysuria

History of Falls onto the Pelvis or Back

Urinary Symptoms

Low Back or Pelvic Pain

Bowel Symptoms

Pain with Sexual Activity

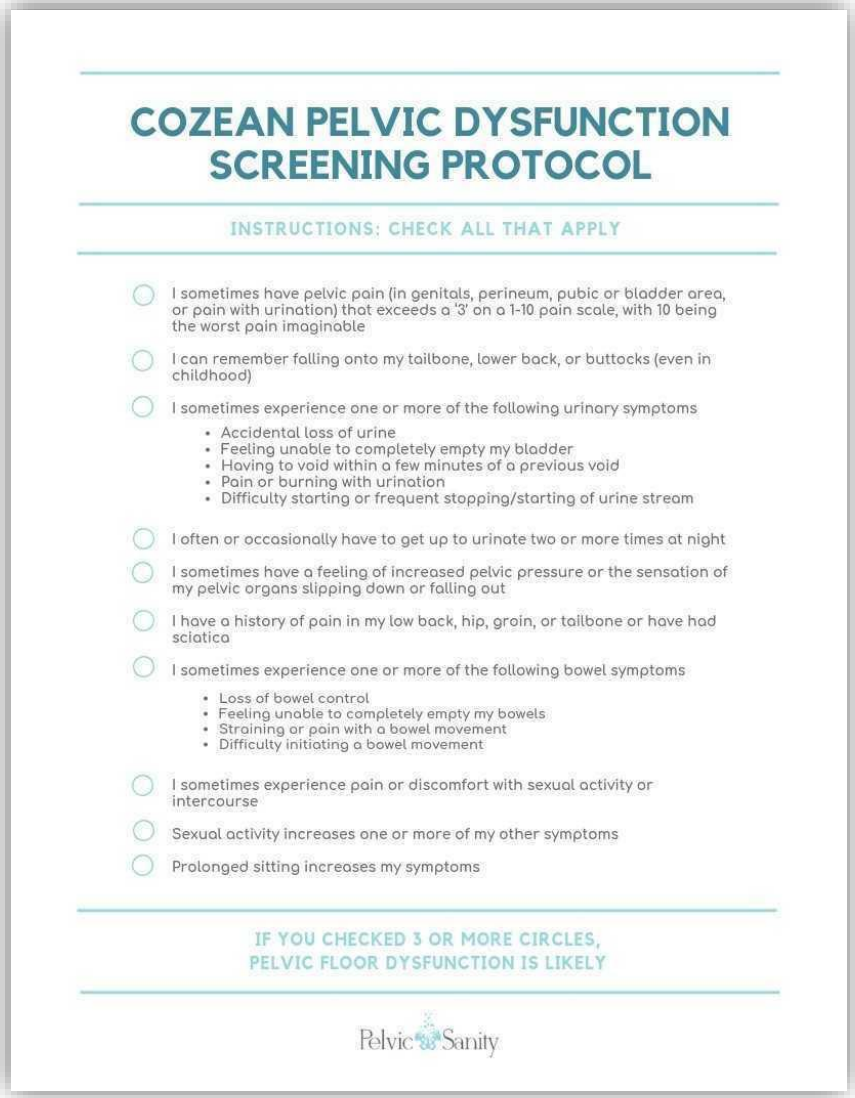
Increased Bowel or Bladder Problems with Sexual activity

Increased Symptoms with Sitting

COZEAN SCREENING TOOL

- 3 Items indicates Pelvic Floor Dysfunction is 91% Likely
- Free printable version available:

https://www.pelvicptrising.com/screen



COZEAN PELVIC DYSFUNCTION SCREENING PROTOCOL

INSTRUCTIONS: CHECK ALL THAT APPLY

- I sometimes have pelvic pain (in genitals, perineum, pubic or bladder area, or pain with urination) that exceeds a '3' on a 1-10 pain scale, with 10 being the worst pain imaginable
- I can remember falling onto my tailbone, lower back, or buttocks (even in childhood)
- I sometimes experience one or more of the following urinary symptoms
  - Accidental loss of urine
  - Feeling unable to completely empty my bladder
  - Having to void within a few minutes of a previous void
  - Pain or burning with urination
  - Difficulty starting or frequent stopping/starting of urine stream
- I often or occasionally have to get up to urinate two or more times at night
- I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out
- I have a history of pain in my low back, hip, groin, or tailbone or have had sciatica
- I sometimes experience one or more of the following bowel symptoms
  - Loss of bowel control
  - Feeling unable to completely empty my bowels
  - Straining or pain with a bowel movement
  - Difficulty initiating a bowel movement
- I sometimes experience pain or discomfort with sexual activity or intercourse
- Sexual activity increases one or more of my other symptoms
- Prolonged sitting increases my symptoms

IF YOU CHECKED 3 OR MORE CIRCLES,
PELVIC FLOOR DYSFUNCTION IS LIKELY

Pelvic Sanity



FIND A PELVIC THERAPIST

https://pelvicrehab.com/

https://www.aptapelvichealth.org/ptlocator

https://pelvicglobal.com/directory/

https://www.pelvicptrising.com/map

WORKING WITH PELVIC THERAPISTS



INSURANCE COVERAGE



- Use separate and distinct diagnoses to receive PT from another provider on another body part concurrently.
- Treatments from different PTs on a different day.
- Home health patients may not receive PT from a separate outpatient facility.

ICD CODES FOR PELVIC PT

Pelvic Pain

R10.20 - Pelvic and perineal pain, unspecified side *(Avoid using unless laterality cannot be clinically determined- may be denied)*

R10.21 - Pelvic and perineal pain, right side

R10.22 - Pelvic and perineal pain, left side

R10.23 - Bilateral pelvic and perineal pain

R10.24 - Suprapubic pain

Musculoskeletal & Muscle Dysfunction

M62.89 - Other specified disorders of muscle *(Commonly applied to pelvic floor muscle overactivity/hypertonicity)*

M62.838 - Other muscle spasm *(Commonly used for pelvic floor spasms)*

N81.84 - Pelvic muscle wasting *(Disuse atrophy of pelvic muscles and anal sphincter/hypotonicity)*

M53.3 - Sacrococcygeal disorders, not elsewhere classified (Coccygodynia)

ICD CODES FOR PELVIC PT

Bladder & Bowel Dysfunction

N39.3 - Stress incontinence

N39.41 - Urge incontinence

N39.46 - Mixed incontinence

R35.0 - Frequency of micturition (Urinary frequency)

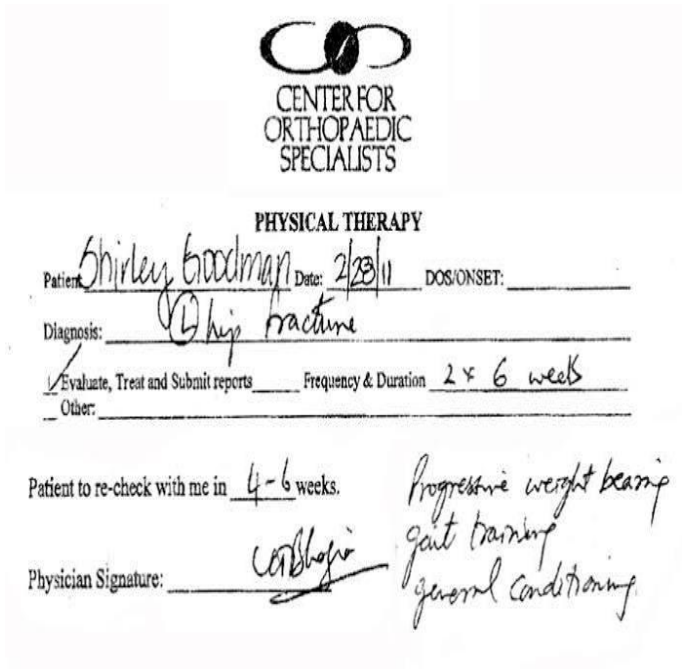
K59.01 - Slow transit constipation

R15.9 - Full incontinence of feces (Fecal incontinence)

Other

M62.81 - Muscle weakness

R26.2 - Difficulty in walking, not elsewhere classified



CENTER FOR ORTHOPAEDIC SPECIALISTS

PHYSICAL THERAPY

Patient Shirley Goodman Date: 2/23/11 DOS/ONSET: _____

Diagnosis: (L) hip fracture

✓ Evaluate, Treat and Submit reports ____ Frequency & Duration 2 x 6 weeks

__ Other: _____

Patient to re-check with me in 4-6 weeks.

Progressive weight bearing
gait training
general conditioning

Physician Signature: [signature]

PELVIC PT ORDER

Please include:

PT/ OT "Evaluate and Treat" (need the specific discipline)

Patient Name

Diagnosis/ ICD code

Frequency (2x 12 weeks)

Your Signature and Date

Precautions or Special Instructions

Patient Demographic Sheet

WHAT DO PELVIC PHYSICAL THERAPISTS TREAT?

Urinary Incontinence and Poor Emptying

Fecal Incontinence

Constipation

Pelvic Organ Prolapse

Diastasis Rectus Abdominus

Pelvic Girdle Pain

Back Pain

Pudendal Neuralgia

Dyspareunia

Interstitial Cystitis/ BPS

Vestibulodynia

Vulvodynia/ Scrotal pain

Abdominal Pain

Post Surgical Recovery – Scars, Sensitization

Coccydynia

Pelvic Neuralgias

Defecatory Dyssynergia

Dysuria not associated with infection

Hip Pain

Endometriosis

UNDERSTANDING PELVIC FLOOR PHYSICAL THERAPY DIAGNOSES



URINARY INCONTINENCE

Bladder Leakage with Cough/Sneeze (Stress) or Urgency (Urge)

PELVIC PAIN SYNDROMES

Chronic Pelvic Pain, Vulvodynia, Levator Ani Syndrome

SEXUAL DYSFUNCTION

Dyspareunia (Painful Intercourse), Vaginismus, Erectile Dysfunction

PELVIC ORGAN PROLAPSE (POP)

Descent of Bladder, Uterus, or Rectum into Vagina

PRENATAL & POSTPARTUM CONDITIONS

Diastasis Recti, Tailbone Pain (Coccydynia) Birth Recovery

PELVIC FLOOR COMPLEX

(MUSCLES, LIGAMENTS, NERVES)

BOWEL DYSFUNCTION

Constipation, Fecal Incontinence, Straining

PELVIC PT ADDRESSES MUSCLE DYSFUNCTION, WEAKNESS, TENSION, & COORDINATION.

WHAT HAPPENS IN A PELVIC PT APPOINTMENT?

Evaluation Visit

- About an hour
- Bring Completed History Form
- Office notes are helpful
- Discuss medical history and current symptoms
- Use Trauma Informed Practices
- https://www.aafp.org/cme-and-events/topics/practice-management-leadership/trauma-informed-approach





EXTERNAL EVALUATION



EXTERNAL EVALUATION

WHAT'S HAPPENING IN A VISIT

- Internal vaginal/ rectal mobility exam IF indicated, WHEN agreed
- Comfort and safety are paramount



PRIVACY AND CHAPERONES

The right to have a chaperone during sessions is offered by therapists verbally and in writing with patient signature as part of medical record.



INTERNAL VAGINAL AND RECTAL TREATMENTS

PRECAUTIONS

- Avoiding internal in first trimester
- No work on the pregnant cervix or uterus
- Follow restrictions from pregnancy provider
- Usually wait 6 weeks post surgically or delivery for internal pelvic therapy

PURPOSE

Assess:

- Pain Reproduction
- Strength
- Resting tone
- Coordination of PF
- Coordination of PF with the Core

INTERNAL PELVIC EVALUATION

- Standing and movement-based internal vaginal assessment can be helpful for the full functional picture.

- Pelvic floors don't operate in supine all day long.

- We may initiate treatment before all evaluation testing is performed when it will benefit the patient.

FOLLOW UP TREATMENT SESSION

- Follow up visits usually 1-4x/ month, averaging around 5-10 sessions
- Treatment is primarily mobility training, core canister coordination, strengthening, and manual therapy.
- Great success with downtraining techniques and interoception regulation especially in pain conditions like Endo, IC and Prostatitis.

FOLLOW UP TREATMENT SESSION



- Modalities Include:
  - Surface EMG Biofeedback
    - External stickers, or Internal Vaginal or Rectal sensors for Neuromuscular ReEducation
  - RUSI Rehabilitative Ultrasound Imaging
    - Transabdominal or Transperineal for Pelvic Floor Muscle retraining



MANUAL THERAPY

- **External Manual Therapy**
  - **Hip adductors** contributing to Pubic Symphysis Dysfunction, Urinary Urgency, hesitation, neural entrapment, incontinence, dyspareunia
  - **Abdominal muscle and fascia** contributing to vulvovaginal and scrotal pain, urinary urgency, DRA, and endometriosis/ IC pain
  - **Diaphragm and visceral fascia** contribute to movement dysfunction and pain
- **Internal Vaginal or Rectal Manual Therapy**
  - **Obturator Internus** contributing to referred pain into the coccyx and deep pelvis
  - **Levator Ani Syndrome** contributing to vaginal and rectal pain, especially with sitting, dyspareunia, constipation, urgency
  - **Pelvic Ligament** mobilizations
  - **Bladder/ Urethral attachment** mobilization for urinary symptoms and pain
  - **Layer 3** hypertonicity contributing to POP



PATIENT EDUCATION AND HOME PROGRAM

- Skin Health
- Bowel and Bladder Training
- Fluid and Fiber Recommendations
- Safe Lifting for DRA and POP
- Safe Exercise Advancement
- Possible benefits of Hormonal Support



HOME PROGRAM TOOLS

- Pelvic wands are rigid, angled to reach pelvic floor muscles.
- Great for self mobilization of the Levator Ani and the Obturator Internus.
- Caution patients to avoid uncomfortable pressing on the urethra or rectum, but great to gently mobilize adjacent tissues causing issues like urgency or constipation.



SELF TREATMENT WITH DILATORS



- Dilators, pelvic wands and massagers are great for home programs. (Check V-Well, Soul Source and Intimate Rose for a free demo set)
- Have patients start small, incorporating slow diaphragmatic breathing and pelvic floor lengthening, just having it in place for up to 15 min.
- https://www.intimaterose.com/pages/dilator-training-guide?srsltid=AfmBOorVQWBD-Xvm9uUx-L5XM2ncevvyVS9HKCMB4VQNpShJSkfzdHd4

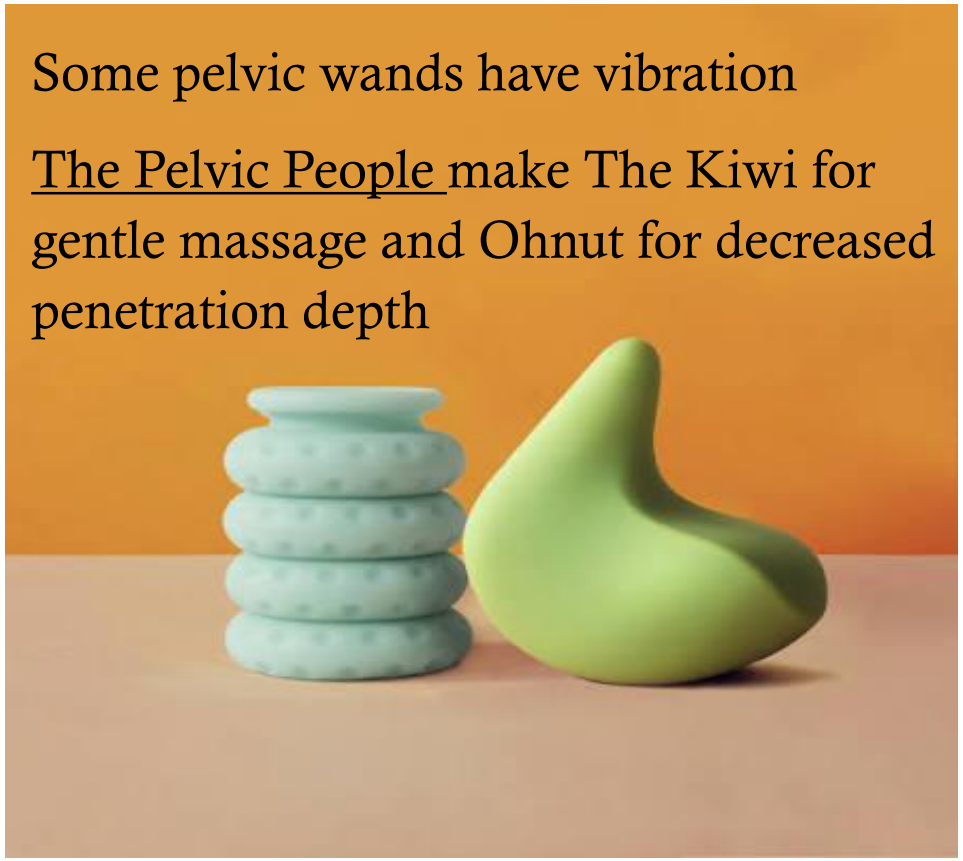
Rectal Dilators

- Graduated sizing, use water based lubricant
- Always use a flared base!!



Pelvic Floor Massagers and Tools

- Some pelvic wands have vibration
- The Pelvic People make The Kiwi for gentle massage and Ohnut for decreased penetration depth



COMMON PELVIC FLOOR CONDITIONS AND PROVIDER INITIAL CARE

UTI-LIKE SYMPTOMS

- Urethral area pain, Urgency/ Frequency and Dysuria
- Over recruited, shortened, poorly coordinated muscles that could benefit from Pelvic Floor assessment
- Consider hormonally mediated Vulvar/ Urethral irritation – Could topical Estrogen help?



OAB Symptoms

*Urgency/ Frequency and Nocturia

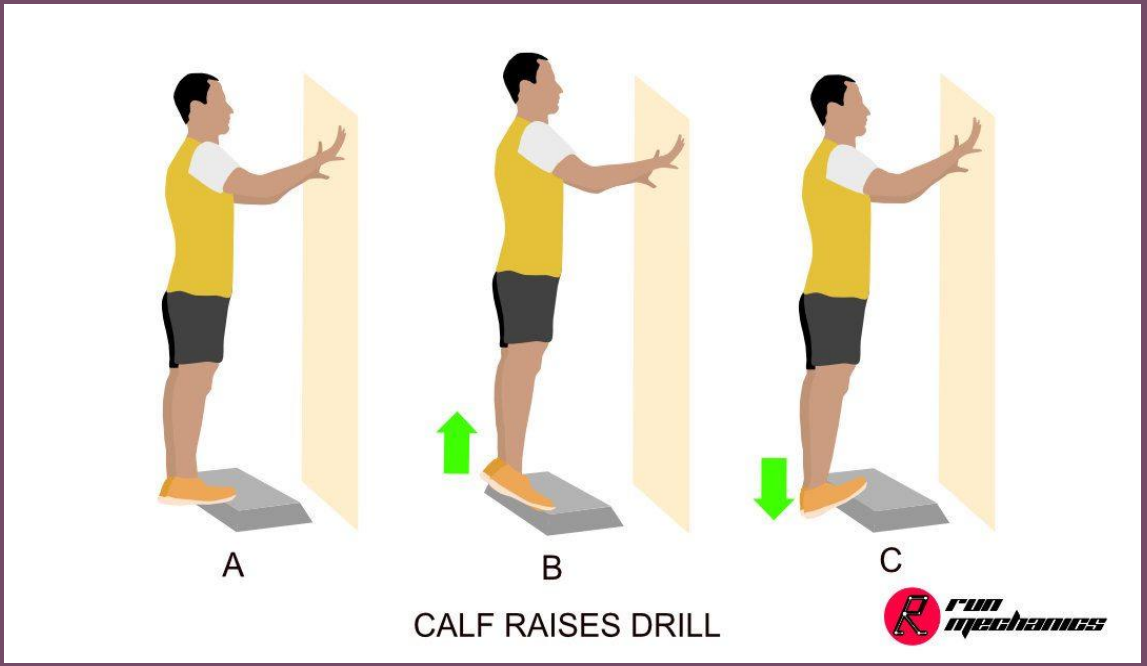
*Over recruited, shortened PF muscles and fascia

*Consider initiating pelvic PT prior to medication intervention in rehab-willing patients



TIPS AND TRICKS

Try calf strengthening/ lengthening exercises for OAB symptoms to modulate S2-S4



TISSUE RESTRICTION → URGENCY/ FREQUENCY

- Rectus Abdominus
- Urachus
- Pubovesical Ligaments
- Adhesions/ Scars
- Nerve restrictions

- Thoracolumbar Junction
  - Sympathetic innervation to bladder for urinary storage and bladder filling
  - Innervation to prostate

Home program of Cat/ Cow with Pelvic Tilt

CAT/ COW HTTPS://WWW.UMMHEALTH.ORG/HEALTH-LIBRARY/BOOST-YOUR-BACK-FLEXIBILITY-WITH-THE-CAT-COW







- Kneel on a mat (exercise, yoga) or floor on your hands and knees. Keep your knees under your hips and your wrists under your shoulders. Keep your back straight and your neck in its natural position.
- Press your back upward by tightening the muscles of your belly and buttocks. The top of your back will be rounded and your belly area will be tight. (Imagine a cat with its back arched "up.") Hold this cat position for 10 to 15 seconds.
- Slowly relax and let your belly fall toward the floor (cow position). This will increase the arch of your lower back. Next, allow your shoulder blades to fall together toward your spine. Hold this position for 10 to 15 seconds. Return to starting position. Repeat the exercise 5 times.

HIP ADDUCTOR STRETCH

https://ahc.aurorahealthcare.org/fywb/x08082.pdf

Sit on the floor. Put the soles of your feet together so your knees are pointed outward.

Pull your heels in toward your groin, as close as is comfortable.

Put your hands on your knees, and gently push them closer to the floor. For a deeper stretch, gently lean forward as you push on your knees.

Hold for 30 to 60 seconds.

Relax and repeat 2 to 3 times.

Repeat this exercise 3 times a day.



TIPS AND TRICKS

Use distraction techniques to suppress OAB urgency/ frequency

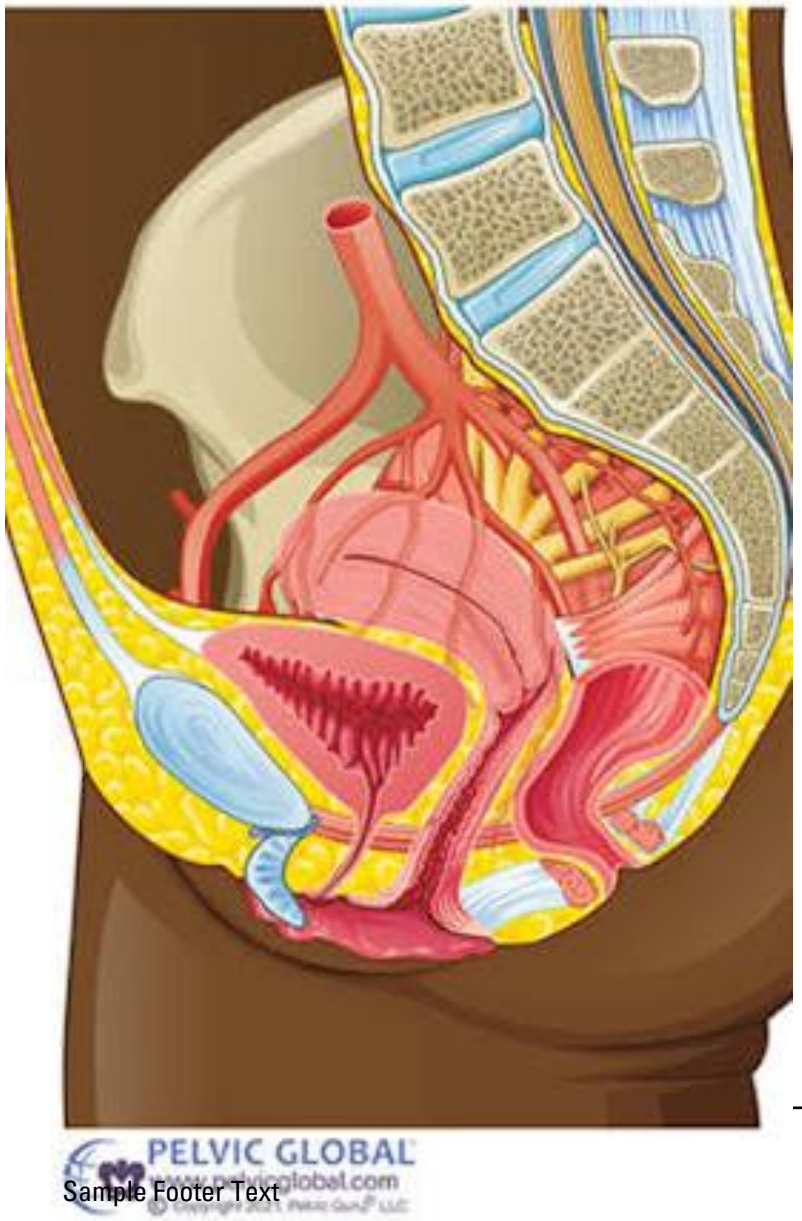
Make the toilet inconvenient



OAB/ URGENCY TREATMENT



- **Transcutaneous Tibial Nerve Stimulation**
- Fiona Rodgers TTNS link pelvicfloorexercise.com.au https://www.pelvicfloorexercise.com.au/blogs/resources/how-to-set-up-ttns-transcutaneous-tibial-nerve-stimulation
- ***Be aware of contraindications and precautions of TENS***
- TENS 7000 basic unit ~ $40



BOWEL INFLUENCE UPON BLADDER SYMPTOMS

Improve bowel emptying to decrease:

- Urinary Urgency/ Frequency
- UUI/ SUI
- Pelvic heaviness

ASSUME CONSTIPATION WITHOUT A GOOD DAILY BM WHEN URINARY SYMPTOMS ARE PRESENT





BOWEL DYSFUNCTION

- **Dyssynergic defecation** – consider over recruited Pelvic Floor Muscles, tight hips and abdominal tissues
- Offer Cat/Cow exercise and foot stool at toilet
- Consider diaphragmatic pumping ability

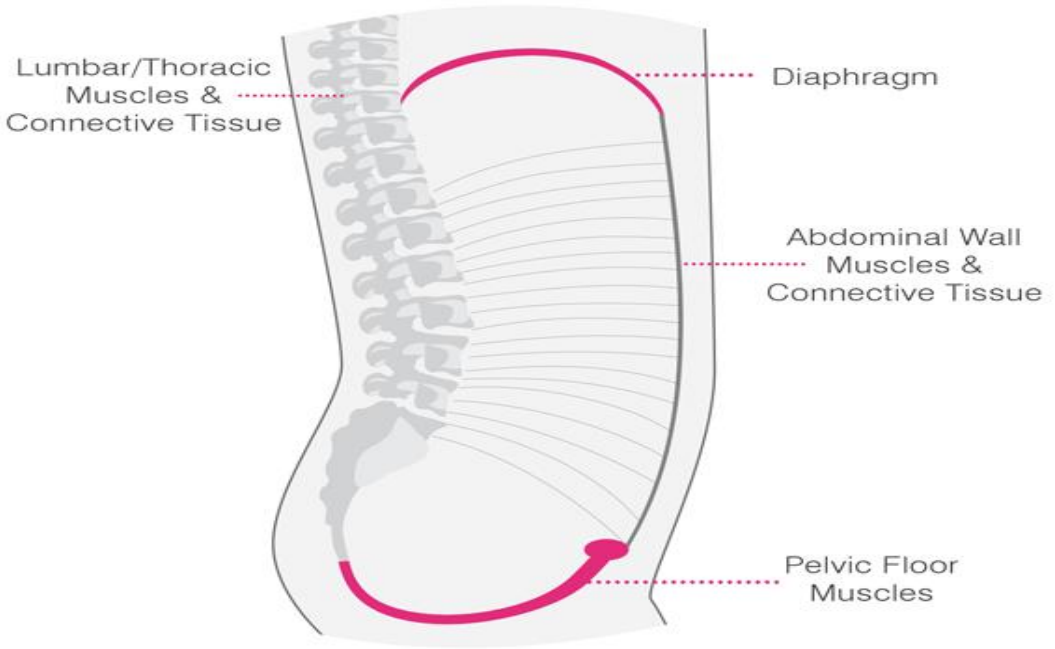
WHAT'S WITH ALL THE BREATHING?



Diaphragm is Key for Pelvic Floor Function

- Important for Rehab of:
- Bowel
- Bladder
- Pelvic Organ Prolapse
- Endometriosis
- IC/ PBS

GET THEM STARTED ON DIAPHRAGMATIC BREATHING



Resources for Patients:

Cleveland Clinic DB Handout

https://my.clevelandclinic.org/-/scassets/files/org/canada/ehp/stress-diaphragmatic-breathing

National Association for Continence -> Healthcare Providers Section -> Pelvic Floor Exercises

https://nafc.org/pelvic-floor-exercise-videos/

THANK YOU VERY MUCH



PELVIS PRESLEY