

BAMC Women's Health Clinic

Pelvic Floor Physical Therapy (PFPT)

Pelvic floor is the base of abdominal cavity. It is hammock like set of muscles and soft tissues. Like any other part of the body, this area can get injured. Pelvic floor conditions can exist in any gender and at any age. Because of anatomical differences, the effect of pregnancy/childbirth, and the effect of decrease in estrogen/menopause- women leak more often than men. Urinary leakage is not normal part of getting old.

The functions of pelvic floor muscles are:

1. Sphincter control for bladder and bowel
2. To support pelvic organs
3. To enhance sexual response
4. To stabilize trunk during activity

What to expect during PFPT visit?

A thorough evaluation, followed by a musculoskeletal and neurological assessment including joint, range, strength, sensation, balance, soft tissue mobility, posture and more. An intra vaginal or rectal examination may be done to assess pelvic floor muscle strength, trigger points, tone, and over all tissue integrity. Your findings will be discussed with you so you can be part of development of treatment plan. We work closely with your medical team to provide comprehensive treatment.

Pelvic floor physical therapists at our clinic have advanced training at the doctorate level in treating PF dysfunction. They help with following diagnoses.

Common Diagnoses:

- Urinary incontinence
- Voiding dysfunction
- Constipation (of muscular cause)
- Fecal incontinence
- Pelvic organ prolapse
- Pelvic/perineal/low back/hip/tail bone pain
- Pain with sexual activity
- Bladder and anal spasms
- Pregnancy and post-partum related pain, weakness & dysfunction
- Diastasis rectus abdominis
- Post-surgical/oncology rehabilitation of the genitourinary system
- Interstitial cystitis

Treatments offered:

- Good posture proper body mechanics & functional movement pattern awareness
- Education on factors influencing, bladder/bowel irritants
- Bladder retraining to improve bladder function
- Pelvic floor exercises (Kegels) to improve strength and coordination
- Pelvic floor relaxation training

- Biofeedback training
- Therapeutic exercise for core and pelvic girdle stability
- Manual techniques to improve tissue / joint mobility and improve alignment
- Scar massage / mobilization
- Electrical stimulation
- Pain modalities as indicated
- Maternity binder fit/instruct

The goal is to improve mind body awareness so you can learn how to take care of you.

Diet, Drugs, and Urinary Incontinence Symptoms:

- Too much fluid- can cause too many trips to the bathroom and affect electrolytes. Drink no more than 2 liters (about 2 quarts) of fluids a day. Drink this during the daytime, minimal an hour or 2 before bedtime
- Too little fluid- can irritate the bladder or promote an infection along with general dehydration symptoms such as constipation
- Alcoholic beverage-beer, wine or liquor is dehydrating by causing increased urine output-causing increased trips to the bathroom. They can also be irritating to the bladder
- Caffeine sources- stimulate the bladder, producing more urine. Reducing or eliminating caffeine could help control an overactive bladder. Decaf coffee or tea may help but there is no decaf chocolate. It is often acid in coffee and tea that irritate the bladder
- Carbonated drinks- “fizzy” drinks can irritate the bladder
- Spicy foods- trial and error to determine how much spice you can take before bladder gets irritated
- Sweeteners- sugar, honey, and artificial sweeteners can irritate the bladder. Trial and error to find your tolerance
- Medications- some blood pressure drugs, such as diuretics or calcium channel blockers relax the bladder and boost urine output. Some antidepressants make it hard for the bladder to contract. Muscle relaxants relax the bladder muscles, and sleeping pills curb the awareness that your bladder is still full. If you have or recently developed a bladder problem, esp. with medication change, check with your provider or pharmacist to see if the medication could be a problem
- Smoking/nicotine- it can increase bladder contraction, increase urge and overactive bladder. It can decrease estrogen level and hence can increase vaginal dryness. It can cause frequent and violent coughing- increasing chances of urine leakage and organ prolapse

Bowel Regiment: Things to do to keep bowels moving

1. Diaphragmatic breathing often
2. Drink a glass of warm water first thing in morning after you empty your bladder.
3. Find the balance of good fiber, eat healthy- fruits/veggies
4. Try a fiber supplement and a stool softener together if hard stools are a problem
5. Massage your belly, up on the right, across the top(under the ribs) and down on the left.
6. Think about relaxing your belly throughout the day; don't try to keep it 'sucked in'.
7. Focus on tall posturing which keeps the belly long and open

Self-help tools for pelvic pain:

Avoid irritants- wear loose fitting clothing (no thongs)

- avoid fabric softeners, dyes, feminine sprays, douches
- use white unscented paper/white panties/liner
- use all cotton sanitary products or correct type

Proactive care for intimacy:

- use a personal lubricant- water based or vegetable oil. Vaseline can be used on the outer tissue as a barrier, not for intercourse
- use lidocaine on you- let it dry first. Do not use with open sores/lesions

Most women avoid talking about pain with intercourse. If you continue to have pain with intercourse, your body will protect itself and cause increased pain/guarding and spasm. Communication with your partner and your medical provider is essential.

Daily Exercises for Pelvic Health:

- **Beautiful posture**- Chest high, shoulders relaxed, stomach long but not tightened. Think LONG and TALL!
- **Kegels**- Try to lift your vaginal opening up and in. Practice 3 quick squeezes with relax between and squeeze/hold up to 10 seconds, then complete relax. Don't forget to relax completely between squeezes.
- **Diaphragmatic breathing**- with your hands on lower rib cage, blow out all your air, feeling your rib cage close in. Then, breath in, feeling your lower rib cage open. Do not push down in your pelvis.
- **Sit to stand/stand to sit**- Scoot to edge of your chair. Chest high, shoulders relaxed, stomach long. Picture someone lifting your rib cage off your hips as you go into standing, USE YOUR LEGS, NO ARMS. Try not to lean too forward. Think up. Slowly sit down-using your legs-No CRASH landings!
- **KNACK maneuver**-coughing up, not down. Squeeze up in your vagina, tighten your lower abdominals (not suck-in), and tighten your buttocks all at the same time you cough. AVOID BEARING DOWN before or during the cough.
- **Transverse abdominal lift**- In standing, place your fingers just above your pubic bone. Try to lift the tissue under your fingers away from your hand. You may feel some pull into the vagina-that is OK. If you cannot get them to activate that way, blow out all your air, keep blowing until you feel those deep muscles kick in. Once you find these muscles, try to activate them while you are walking. They should be used anytime you lift, carry & cough.