



UNDERSTANDING PELVIC HEALTH

Incontinence & Pelvic Pain

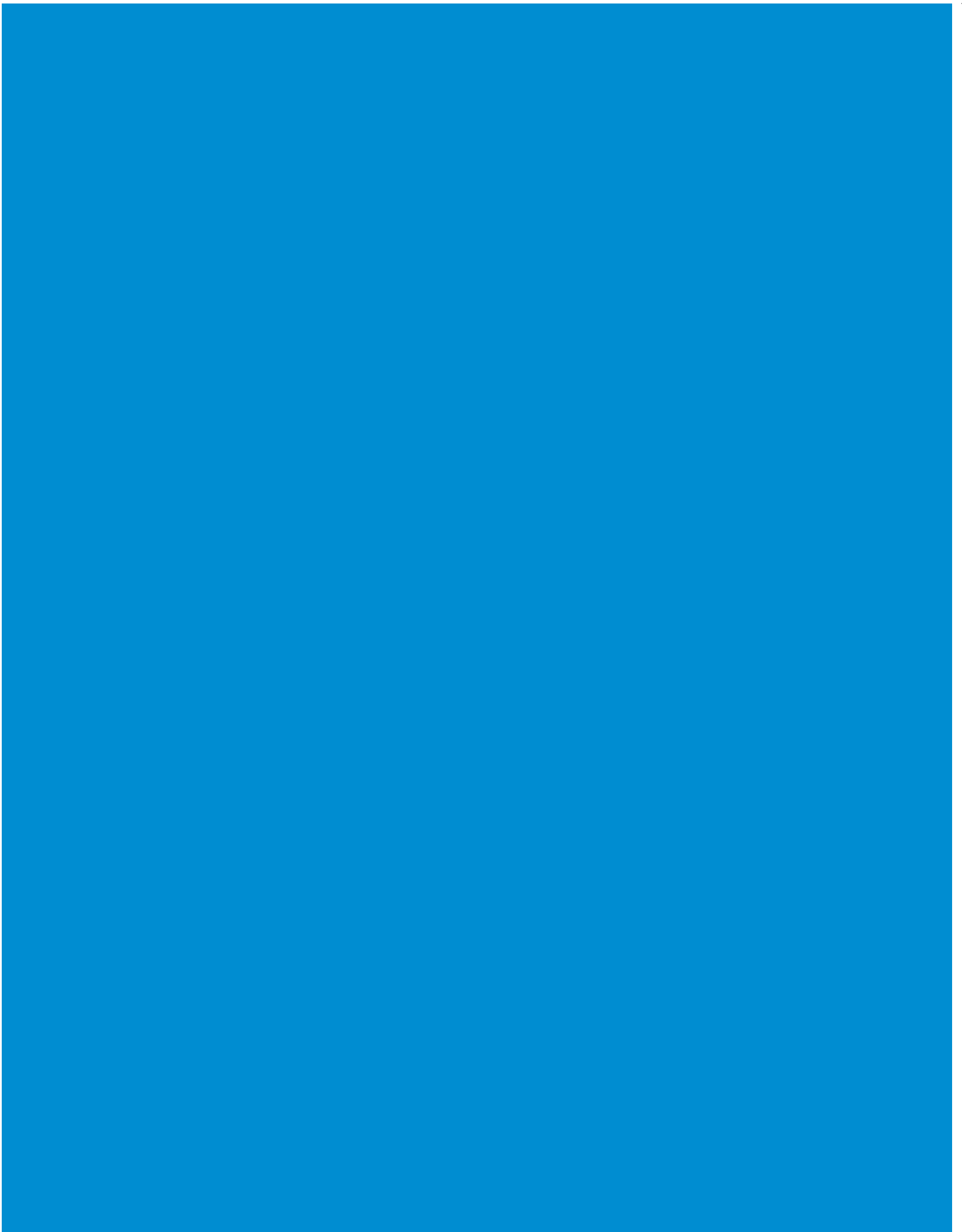


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by Dr. Cynthia (Cindy) Neville, PT, DPT, WCS

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FOREWORD



I believe that every person, male or female, young or old, deserves good pelvic health. What do I mean by that? I mean that you deserve to be free of pelvic pain, to have good bladder and bowel control, and to have healthy, painless sexual function.

I have worked with pelvic floor disorders in people of all ages. This includes pelvic pain, urinary incontinence, and constipation. I also specialize in physical therapy for women with problems related to pregnancy and childbearing, including pelvic girdle pain and painful intercourse after delivery.

With the right treatment and physical therapy approach, good pelvic health is possible for you!

—Dr. Cynthia (Cindy) Neville, PT, DPT, WCS

PELVIC HEALTH OVERVIEW

Your pelvis is a bowl-shaped, boney structure located beneath the belly button, at your hip bones. It helps support your spine and upper body, as well as your digestive, urinary, and reproductive organs.

What we call the “pelvic floor” helps stabilize many parts of your body, including your bladder, rectum, uterus, and other pelvic organs. The pelvic floor contains skin, muscles, ligaments, connective tissue, nerves, and blood vessels, as well as the internal organs located in the pelvis.

Pelvic pain or incontinence can be caused by numerous issues. One common cause is bacterial infections which are usually treated with antibiotics. Often, however, there is no single, obvious cause for incontinence or pelvic pain, and the musculoskeletal system may be a contributing factor.

Sometimes muscles in the pelvic floor are too tight, which creates irritation that leads to what is called myofascial pain. An article published in the *Journal of Obstetric, Gynecologic & Neonatal Nursing* in 2012 estimated that myofascial pelvic pain in women may cause 14 percent to 23 percent of cases of chronic pelvic pain, and may cause up to 78 percent of cases of interstitial cystitis, or unexplained bladder pain.

Although it is more common in women, many men also develop pelvic pain. Between 2 percent and 16 percent of men across the globe experience chronic non-bacterial prostatitis or chronic pelvic pain syndrome. It is the most common urologic disease in men under age 50. Some men have symptoms of pelvic pain for an average 87 months (more than 7 years!) before being diagnosed?



PELVIC FLOOR PAIN, INCONTINENCE, AND OTHER PROBLEMS

Because the pelvic floor is so important, weakness and other issues can cause many different problems. The four most common pelvic floor issues include:

- Pelvic pain
- Bladder control trouble
- Bowel control trouble
- Pregnancy-related problems

Pelvic floor disorders generally are more common in women, but significant numbers of men also experience many of these issues.

Different factors can lead to pain in the pelvic region for both men and women. These issues may include:

- Urinary and fecal incontinence, urgency and frequency, and constipation
- Bladder pain, including pain during or after urination, or interstitial cystitis (painful bladder syndrome)
- Pain with bowel movements
- Abdominal pain
- Painful abdominal scars, such as those created from cesarean delivery or gallbladder removal
- Painful or limited vaginal penetration in women, which may lead to painful intercourse, difficulty with gynecological exams, or post-radiation narrowing of the vaginal canal
- Postpartum perineal pain, often due to perineal injury or episiotomy during childbirth
- Coccydynia, or tailbone pain
- Vulvar pain conditions
- Post-surgical rehabilitation after hysterectomy or reconstruction
- Male pelvic pain conditions including Type 3 non-bacterial prostatitis
- Post-prostatectomy
- Post-radiation rehabilitation

If you experience any of these pelvic-health issues, you may feel embarrassed and unwilling to talk about them. Some people suffer from issues such as incontinence and painful intercourse for years before seeking help.

YOU ARE NOT ALONE

Pain, incontinence, difficult intercourse, and other pelvic-health problems affect many different people. Unfortunately, it can feel awkward or embarrassing to talk about these issues. Rest assured, these problems are more common than you may think.

Back and pelvic girdle pain affect 50 percent of women during pregnancy and 30–50 percent of women postpartum.³

Urinary incontinence affects as many as 25–33 percent of men and women in the United States alone. About 33 million have overactive bladder. This rate may actually be higher, since many people may not want to discuss the problem, even with their doctor.⁴

The good news?

You don't have to live with pain and incontinence—help is available!

BETTER PELVIC HEALTH WITH PHYSICAL THERAPY

Physical therapy can provide enormous relief for pelvic floor disorders.

In fact, the American College of Physicians, the American Medical Society, and the International Continence Society support pelvic floor rehabilitation.⁵ Scientific research strongly shows that physical therapy is effective as the first line of treatment for stress, urge, and mixed urinary incontinence.

The pelvic health physical therapists at FYZICAL are qualified to provide you with discreet personal evaluations and private treatment sessions.

WHAT HAPPENS IN PELVIC PHYSICAL THERAPY?

There are many options for pelvic floor rehabilitation and physical therapy. The best choice for you will depend on your specific symptoms, concerns, age, gender, and overall health.

- **Examination:** Our FYZICAL therapists provide comprehensive physical examination of your pelvic girdle, abdominal wall, and pelvic floor muscles, including an internal vaginal and/or rectal muscle examination of the pelvic floor muscles.
- **Patient Centered Plan of Care:** Your FYZICAL physical therapist will work with you to create treatment goals and a plan of care for achieving those goals. This plan will be shared with your referring medical provider to help create a full, collaborative approach for your care.
- **Pelvic Floor Muscle Training:** You will learn and practice specific, progressive exercises of your pelvic floor muscles. These exercises may focus on correct contraction, motor control, timing, coordination, isolation, endurance, and strength.
- **Manual Therapy:** Your therapist will show you manual and massage techniques to restore musculoskeletal function, such as myofascial and trigger point release and joint mobilization.

- Behavioral and Cognitive Strategies and Interventions: Your therapist may ask about your fluid and food intake to learn how it influences your bladder and bowel patterns and habits. Interventions may include fluid management strategies, bladder training, timed voiding, habit training, urgency inhibition strategies, and cognitive strategies to manage pain.
- Biofeedback: With surface perineal EMG biofeedback to the pelvic floor muscles and abdominal muscles, you can improve your awareness, proprioception, and muscle control to perform correct muscle contraction and relaxation. This may include wearing external, vaginal, or rectal sensors.
- Electrical stimulation: This is the first line of treatment for mixed and urge incontinence and nocturia (frequent nighttime urination). Options include internal vaginal or rectal or external neuromuscular electrical stimulation (NMES). NMES can inhibit or calm an overactive bladder, and may even help improve contraction of weak pelvic floor muscles. Transcutaneous electrical stimulation (TENS) may help with pain. Patients may benefit from the use of a stimulation unit to use at home.
- Laser Treatment: This approach stimulates tissue healing and repair, and may help reduce pain.
- Core Muscle Strengthening: Your therapist will help you learn and practice exercises to optimize core muscle strength and function.
- Functional training: With help from your therapist, you will develop correct positions for urination and defecation. By adding active pelvic floor muscle contraction into your daily activities, you may experience better, long-term pelvic floor muscle training. This training may include progressive vaginal dilation for painful intercourse.

DOES PHYSICAL THERAPY REALLY WORK FOR PELVIC FLOOR ISSUES?

Many people have experienced reduced symptoms and relief from physical therapy for pelvic floor pain, incontinence, and other concerns.

“Physical therapy reestablishes proper body neuromuscular function, body mechanics, and movement, which in turn improves blood flow and reduces pain,” says Dr. Neville.⁶

Treatments at FYZICAL are not just about strengthening your pelvic floor. Physical therapy treatments help to restore motor control, coordination, and timing of the pelvic floor muscles. You can learn how to relax muscles that are too tight. With biofeedback, you can see on a computer screen when muscles are contracted or relaxed. This is helpful because many people with urinary incontinence problems lose the ability to feel these muscles and need to re-train their awareness of them.

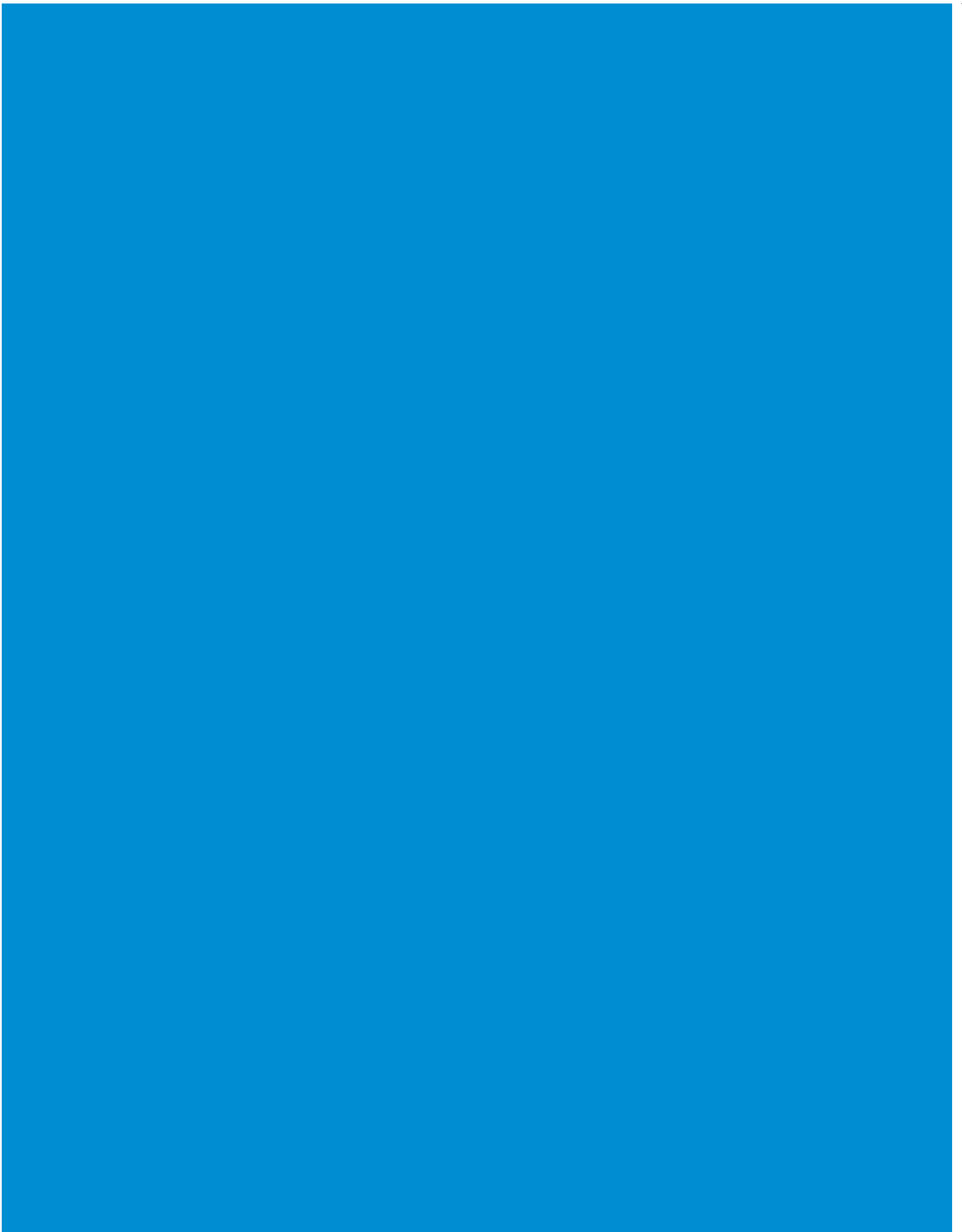
FYZICAL includes cognitive and behavioral strategies in many therapy sessions because these can be a key factor in resolving pelvic pain. For example, a woman who experiences pain during intercourse may become anxious about sex because she learns to expect pain. By working with a knowledgeable physical therapist who teaches pain management strategies, the same woman can learn stress-reduction exercises that help minimize pain and make sex more enjoyable.

Since I have received treatment, I don't pee my pants anymore, which was the whole point! I also find that, as a teacher, I don't run out of the classroom anymore, desperately trying to get to the bathroom. I have techniques to avoid that. ... My sex life has improved dramatically. ... Get help, talk to your friends, talk to your doctors.

—Kim, FYZICAL patient ⁷

By addressing the underlying physical issues with physical therapy and cognitive strategies, many patients have been able to return to a pain-free life, without worrying about medication side effects or surgical complications.

It can be difficult to talk about pelvic pain or incontinence issues, and even to have your pelvic health diagnosed and treated. But there is help! If you are suffering from pelvic pain, bowel trouble, or bladder issues, talk to your doctor about physical therapy. It could be just the right solution for you!



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FYZICAL eBook Series