

APTA KY Annual Conference
September 9, 2023

More than just for moms!

We have no disclosures.

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Objectives

1. Identify which patient populations can benefit from pelvic health services.
2. Review high level evidence for pelvic health physical therapy.
3. Provide case-based examples of pelvic health physical therapy.





When we say pelvic health physical therapy, who comes to mind?

Pelvic Health for New Moms

(Berg-Poppe 2022, Gluppe 2021, Gonzales 2021, Wu 2018)



Orthopedic Conditions

(Chia 2022, Foster 2021, Hartigan 2019, Dufour 2018, Stickler 2016)



The background features a dark teal gradient. Overlaid on this are several semi-transparent, light blue icons: a brain on the left, a question mark in the center, and a speech bubble on the right. The text 'Who else could benefit?' is written in a white, sans-serif font across the lower portion of the image.

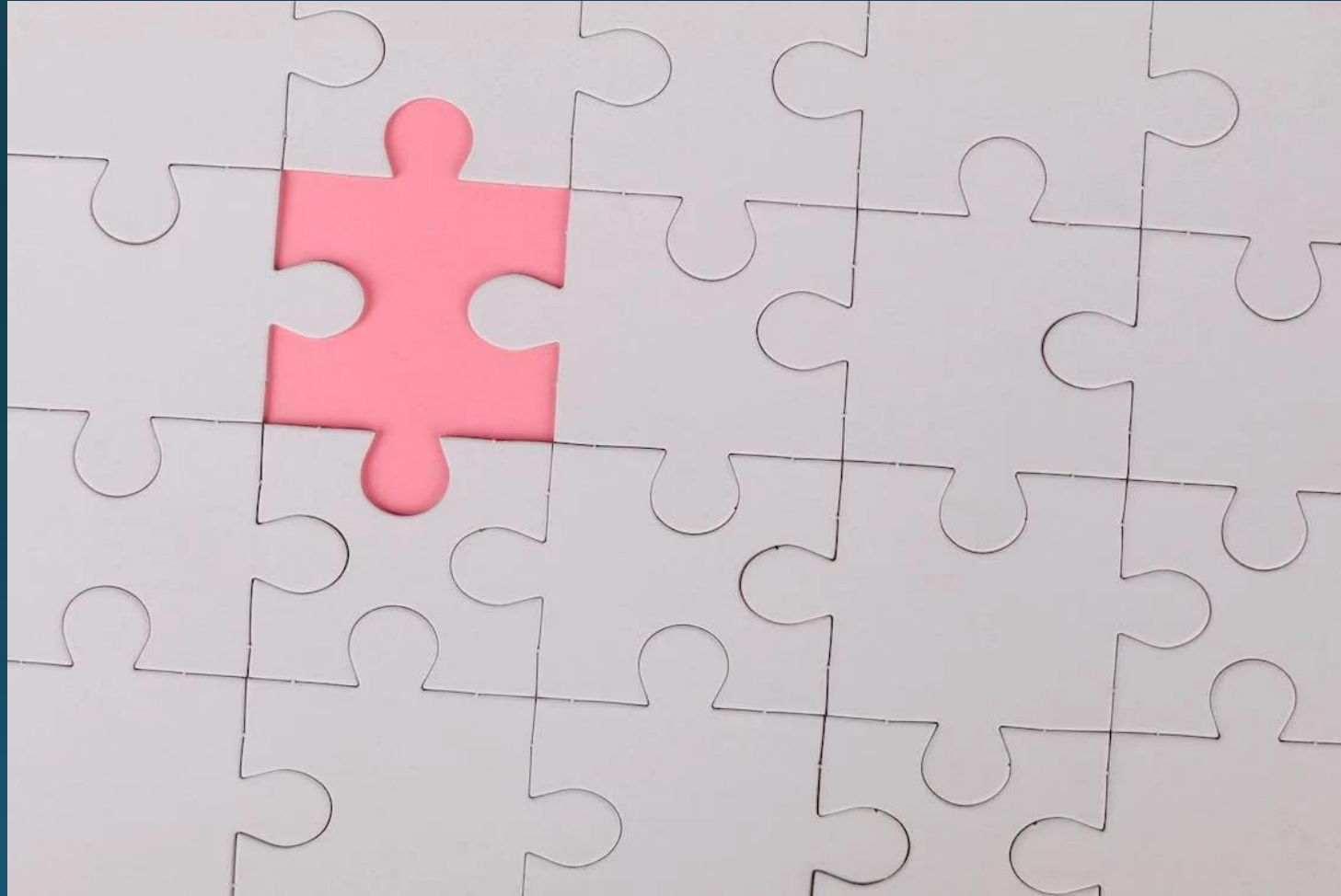
Who else could benefit?



Systems Review

- Gastrointestinal
- Urologic
- Reproductive
- Endocrine
- Connective tissue
- Cardiopulmonary
- Neurologic
- Autonomic nervous system

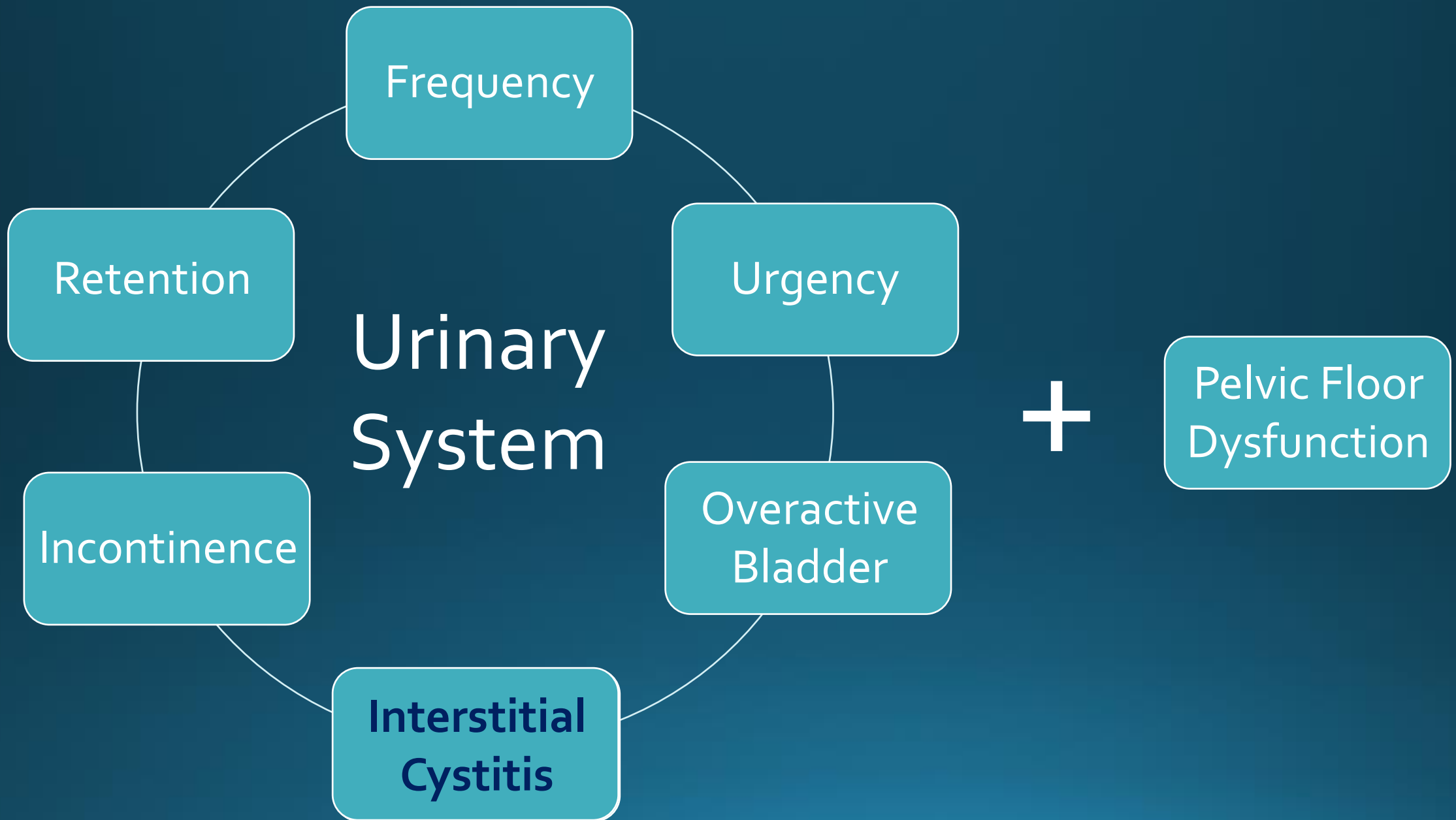
Missing piece?





Case Study 1

PT's Role in Urinary Dysfunction and Chronic Pelvic Pain



IC/PBS Definition

- "An unpleasant sensation (pain, pressure, discomfort) perceived to be related to the urinary bladder, associated with lower urinary tract symptoms of more than six weeks duration, in the absence of infection or other identifiable causes."
(Clemens 2022)

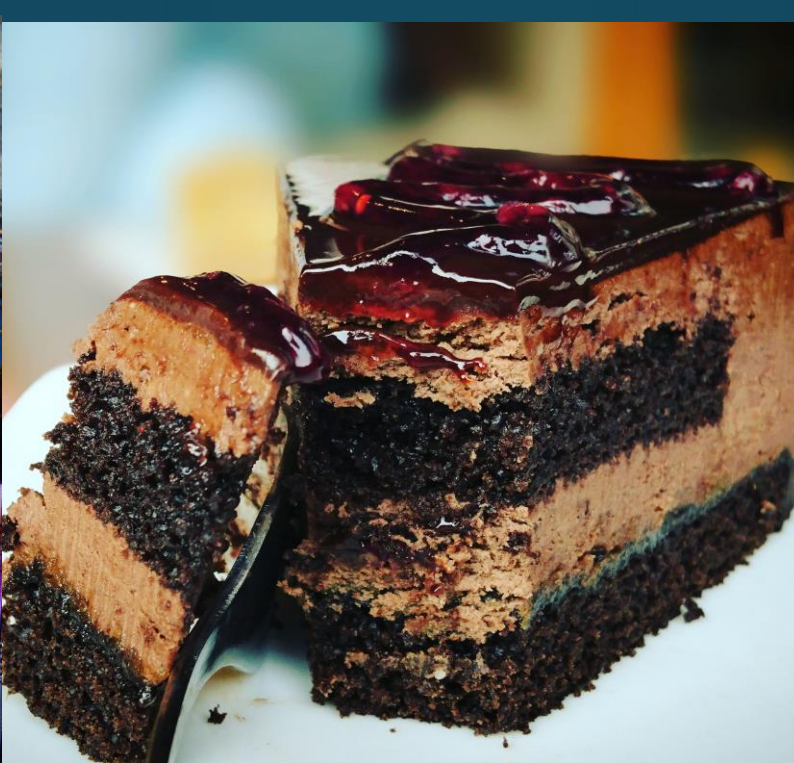
American Urological Association (Clemens 2022)

Appropriate manual physical therapy techniques should be offered to patients who present with pelvic floor tenderness. **Pelvic floor strengthening exercises (e.g., Kegel exercises) should be avoided.** *Standard (Evidence Strength: Grade A)*

Case Description

- Chronic pelvic and abdominal pain
- Recurrent yeast and UTI
- Urinary urgency, frequency, nocturia
- Constipation
- Pain aggravated by diet, strenuous activity, sitting, sex, new bath products, squatting/bending
- Pain, hypomobility at thoracolumbar junction and tenderness lumbopelvic muscles
- Trace pelvic floor muscle contraction





Education (Garzon 2020, Clemens 2022)



BLADDER
IRRITANTS



CONSTIPATION

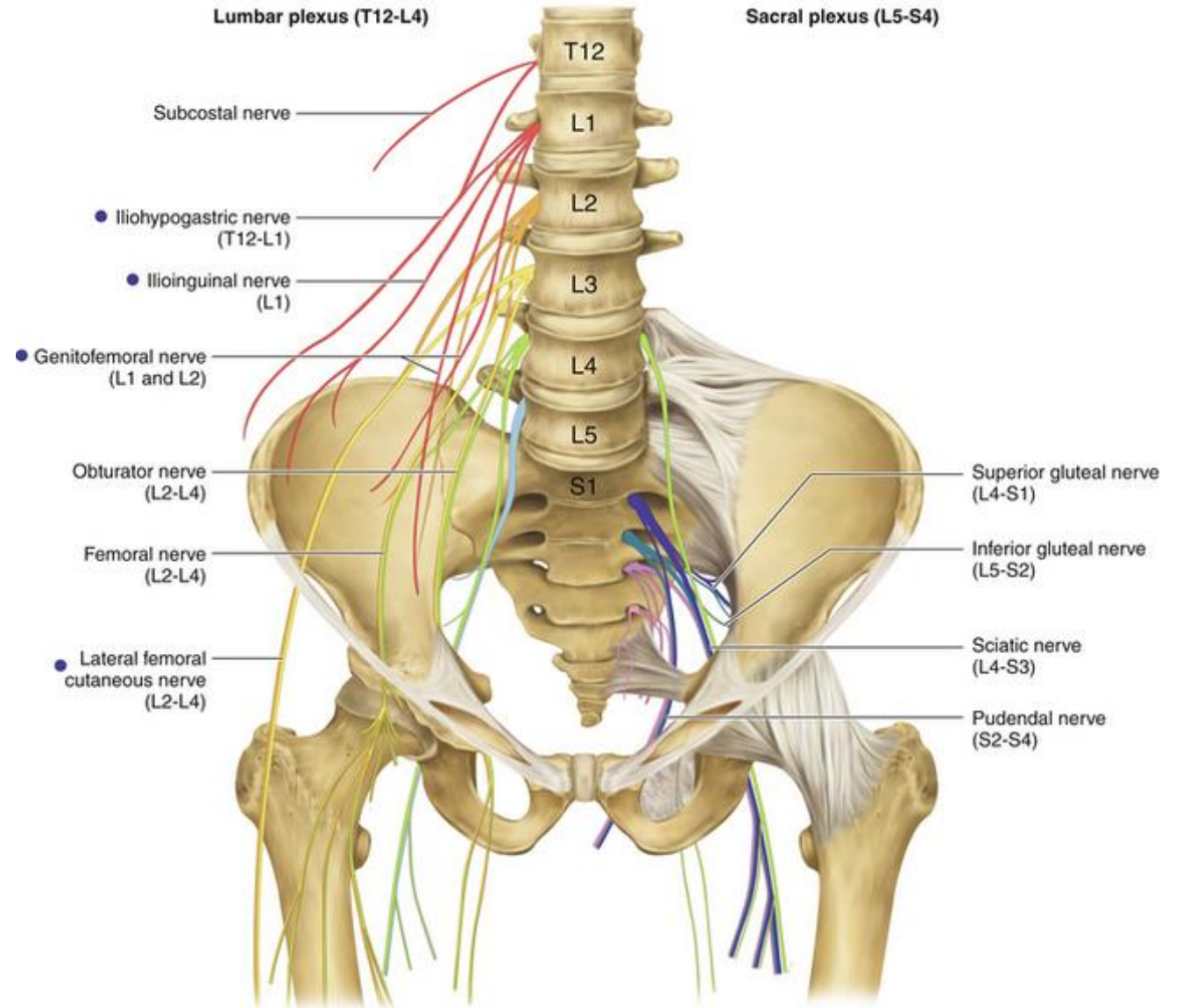


PAIN
EDUCATION



STRESS
REDUCTION

Lumbar Plexus



Garzon 2020



Images from Medbridge

Treatment

(Bandara 2022, Garzon 2020, Ghavidel-Sardsahra 2022, van Reijn-Baggen 2022)



Outcomes



10 points improvement on
PFIQ



Decreased pain and
nocturia



New tools to manage flare
ups

Case Study 2

PT's Role in GI Dysfunction







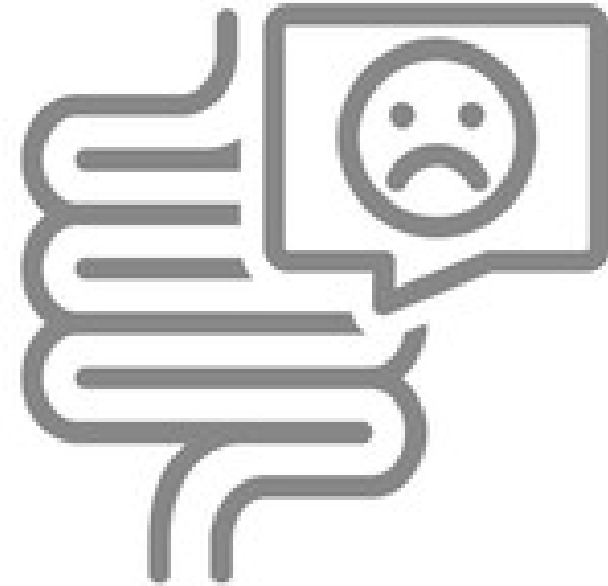
Functional Constipation in Adults

- 63million in North America
- \$1.1 million in hospitalizations per year
- \$178 million in Rx costs (\$2527/pp per year)

- Risk factors: increased age, female gender, race, lower socioeconomic status, lower parental education rates, increased stressful events in life, decreased physical activity, h/o depression, h/o sexual abuse

Rome IV Diagnostic Criteria

- Straining (25% or greater)
- Hard lumpy stool (Bristol stool scale 1-3)
- Sensation of incomplete evacuation (25% or greater)
- Sensation of anorectal obstruction (25% or greater)
- Manual maneuvers to facilitate BM (25% or greater)
- <3 BM/week
- Rarely having loose stool (without laxative assistance)
- Insufficient evidence for IBS



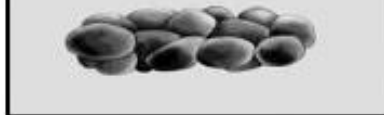
Bristol Stool Scale

Type 1



Separate hard lumps, like nuts (hard to pass)

Type 2



Sausage-shaped but lumpy

Type 3



Like a sausage but with cracks on the surface

Type 4



Like a sausage or snake, smooth and soft

Type 5



Soft blobs with clear-cut edges

Type 6



Fluffy pieces with ragged edges, a mushy stool

Type 7



Watery, no solid pieces, entirely liquid



In the Clinic...

- 38 yo fm self referred d/t chronic constipation
 - Pt is 5 years s/p umbilical hernia repair and 2 years s/p hysterectomy.
 - Other remarkable abdominal surgeries: appe/chole/cesareanx2
 - Onset: 5 years prior, after umbilical hernia repair
 - Significant h/o attempted pharmaceutical management
 - BM 1 day/week after enema
- Current pharmaceutical “management”: Weekend laxatives + enema
- Significant h/o of attempted pharmaceutical management
- CSS: 23/30

Agachan F, Chen T, Pfeifer J, Reissman P, Wexner SD. A constipation scoring system to simplify evaluation and management of constipated patients. *Dis Colon Rectum*. 1996 Jun;39(6):681-5. doi: 10.1007/BF02056950. PMID: 8646957.

Picture: Adobe stock. Accessed September 1, 2023.

Physical Therapy Management of Functional Constipation in Adults - CPG

Anorectal Manometry

Evidence Quality: **A**

Recommendation Strength: **Strong**

”Anorectal manometry biofeedback training allows a safe treatment alternative and may be a good option to avoid more invasive medical and surgical interventions”.



Physical Therapy Management of Functional Constipation in Adults - CPG

Manual Therapy – Abdominal Massage

Evidence Quality: **A**

Recommendation Strength: **Strong**

“Clinicians should consider manual therapy including abdominal massage for short-term effects...”

15 to 30 minutes

4 to 8 weeks

30 to 60 minutes after a meal

5 to 7 days per week

“Statistically significant improvements in all measures except for laxative consumption were demonstrated with no adverse effects”.



Behavioral Modifications



Activity mods

ADLs
Purposeful movement
Exercise



Dietary mods

Fiber
Water/Fluids
Caloric Intake



Bowel Schedule

Sitting after meal(s)
Consistent
Mechanics

Bowel Movement Biomechanics

Proper angles and controlled utilization of IAP



Back in the Clinic...



Treatment Interventions:



Behavioral
modifications

Bowel schedule
Water intake ↓ soda intake
Increased caloric intake
Positioning for BM



Manual Therapy

Bowel massage
Abdominal Scar Mobilization
Family member training to
assist between sessions



Synergy of
Diaphragm and PF

With intrarectal sensory
feedback



Outcomes



13 points improvement
on CSS



BM every other day



Up to 50 oz water per day
and down to 2 cokes per
day

Case Study 3

PT's Role in Holistic Treatment of Connective Tissue
Disease in various PT settings

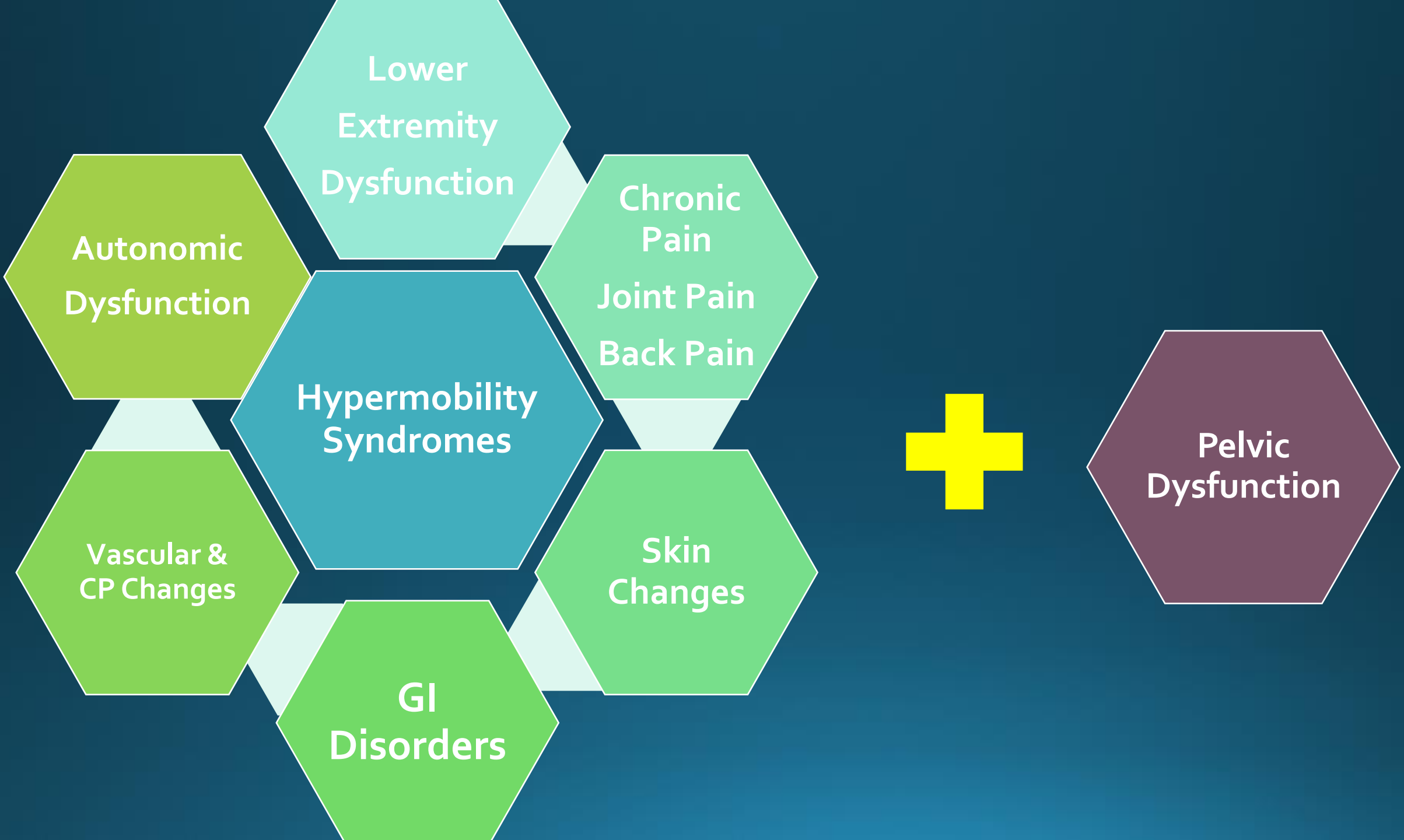
Heritable Disorders of Connective Tissue (HDCT)

Ehlers-Danlos Syndrome

Marfan's Syndrome

Loeys-Dietz Syndrome

Congenital Hypermobility Syndrome(s)



29-year-old Trans Male

- PMHx:
 - Mentioned later/ in passing that he had EDS
- Medications: local vaginal estrogen, gabapentin, HRT, asthma medication and inhaler
- Primary Complaints: Neck pain with radiculopathy, Groin & Hip pain, Increased nighttime urination/leakage, increased UI
- PT Goal: decrease hip pain with standing, walking, working; decreased nocturia and nocturnal enuresis; improve ability to walk for exercise

Evaluation Components

- PT Evaluation of PFM and bilateral hips:
 - General: BMI >50
 - Observation: Decreased rib to pelvis distance
 - ROM: excessive all directions
 - Strength: General 4/5 with quick fatiguability and increased compensatory strategies. Noted increased lumbar tone with hip muscle testing
 - Neuro Screen: WNL for LE
 - Joint Mobility: L and R hip excessive joint play
 - Balance: Poor ankle strategy with SL balance, Poor pelvic control with SL balance
 - Palpation: generalized decreased tone in muscles with increased trigger points present

Physical Therapy Interventions

- PFM: Internal manual therapy to hypertonic PFM and relaxation techniques
- Manual Therapy: Addressed increased tone in adductors, iliopsoas and Quadratus Lumborum (light pressure with use of reciprocal inhibition techniques)
- Focused Exercise Program: Core re-training, Pelvic Stability, PFM re-education
- Strength Training: Gym Program and generalized strength training with PFM function
- Balance & Proprioception Training: Single Limb Balance, Joint Proprioception Training

Other Interventions & Education

- Education on self management of EDS
- Education for probiotic for chronic BV
- Education on osteoporosis risk factors
- Encouraged to discuss local estrogen use with primary care
- Weight Management Program
- Education on bladder irritants

Outcomes



27 points improvement
on PFDI



Decreased pain,
incontinence and nocturia



Walking & Strength
Training



10 points improvement on PFIQ



Weight Management

Key Points

Who else could benefit from your pelvic health knowledge?

Everyone has a pelvis!

Assess them as a whole person

Know your resources

Thank you!



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The background is a solid dark teal color. It features several large, semi-transparent question marks scattered across the upper and middle portions of the frame. The question marks are rendered in a lighter shade of teal, creating a subtle pattern. In the lower right quadrant, the word "Questions?" is written in a clean, white, sans-serif font.

Questions?

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