



# ICA UPDATE

*Putting the pieces together*

Spring 2008



## **Meet Barbara Gordon**

ICA Welcomes New Executive Director, Honors Founder & President Emeritus Vicki Ratner, MD

## **New Approaches, New Devices for Pelvic Floor Therapy**

WHAT'S NEW IN NEUROSTIMULATION?

## **IC Patients Get Help When They Need It at Tulsa Practice**

THREE INSPIRING PROFILES OF PEOPLE WITH IC and MUCH, MUCH more

# Physical Therapy for IC Goes Mainstream with More Techniques, More Education

Four years ago, physical therapy was just beginning to be seen as a viable treatment for IC. Few physical therapists (PTs) were trained to take care of the kind of pelvic floor muscle dysfunction that IC patients often have.

But today, many more PTs are trained to help you, they are adding more therapies to their repertoire, and they are doing the research to establish what goes wrong and what really helps.

Just as IC doctors talk about multimodal therapy—using a number of different medications, for example—pelvic physical therapy itself is going “multimodal.” Not only that, it’s becoming a specialization, Pamela Morrison, DPT, told the *ICA Update*.

## More Modalities

Multimodal physical therapy care, she explained, includes the more traditional hands-on approaches and exercises as well as many other pain treatments using various devices. Dr. Morrison uses electrical stimulation, (including TENS and interferential therapy), ultrasound, and cold laser.

Many people with IC who go to PTs are familiar with TENS and electrical stimulation. Interferential therapy, another type of electrical stimulation, is becoming more popular. Therapeutic ultrasound and, more recently, cold laser, are other additions to the physical therapy repertoire.

Cold laser is a light therapy that has been shown to reduce pain and inflammation. There have been studies showing that it effectively treats carpal tunnel syndrome,

and Dr. Morrison has found that applying it externally in the pelvic area can help reduce symptoms of IC and vulvodynia.



Pamela Morrison, DPT

Therapeutic ultrasound, Dr. Morrison explained, is a deep heating treatment especially useful for muscle pain or trigger points

associated with IC. It can be applied to the external pelvic floor muscles, hip adductors, over the sacrum, and the lower abdominal muscles right over the bladder area.

Surface electromyography (EMG) technology is being used as biofeedback that can help people with pelvic floor muscle dysfunction learn to control their pelvic floor muscles. Those who have had biofeedback in physical therapy are familiar with electrodes placed on the skin or vaginal/rectal probes that read electrical activity in the muscles and show when they are relaxing or contracting. But with advanced technology such as real-time ultrasound you and your physical therapist can see exactly how your pelvic floor and bladder muscles move and work together.

“With real-time ultrasound, I teach patients how to uptrain or downtrain their pelvic floor muscles by letting them see the action occurring on the screen. I can also use it a little bit diagnostically to see whether they’re bearing down and pushing down on their bladder, which can be a source of pain or leaking. I’m using that as a form of biofeedback to help retrain their deep abdominal muscles and their sacroiliac joint-stabilizing muscles, to re-educate them so they can get more support of their entire pelvis,” said Dr. Morrison.

Manual techniques, which are the mainstay of pelvic floor physical therapy, are undergoing evolution, too, she noted. Today, Dr. Morrison focuses much more on the sacrum. Even though the sacrum is a fused bone, she finds that it is important to release any restrictions in and around it. She focuses on the sacroiliac and sacrococcygeal joints and looks to see if there is a correlation between dysfunction of those joints and bladder pain. The pubic symphysis joint, which the bladder attaches to, may also be a factor in IC pain when malalignment is present, she noted.

She is also focusing more on “organ-specific fascial mobility,” also known as “visceral manipulation,” which involves getting the internal organs to glide and function freely and releasing adhesions. Although large adhesions can require surgery, physical therapists, using hands-on myofascial release techniques, can release smaller ones, which can also be a source of pain. Manual techniques can also release tension around pelvic nerves, such as the pudendal nerve, which can be a source of pelvic pain. These methods, called “nerve tissue tension releases” help to resolve restrictions or compression of the nerve.

Physical therapists are also integrating more “alternative” therapies into their practices. Relaxation techniques, diaphragmatic breathing, craniosacral therapy, integrative manual therapy (IMT), meditation, or yoga can help calm an upregulated sympathetic nervous system, she said.

You can learn more about the techniques Dr. Morrison uses at her website, [www.pamelamorrisonpt.com](http://www.pamelamorrisonpt.com).

### Education on the Fast Track

When the *ICA Update* published its first feature on physical therapy for IC patients in 2004, PTs had to take courses after their formal training from their pioneering colleagues. But now, treatment of pelvic pain and pelvic floor muscle dysfunction is part of academic physical therapy programs, PTs like Dr. Morrison are even doing PhD work in the field, more research on techniques is being done, treatment guidelines are being developed, and the word is getting out to the medical community that physical therapy can help their IC and pelvic pain patients.

The American Physical Therapy Association (APTA) now has a comprehensive training program called the Certificate of Achievement in Pelvic Physical Therapy or CAPP, which was introduced in 2006. The training includes, not just therapy aimed at incontinence, but also at vulvodynia, prostatodynia, pudendal neuralgia, vaginismus, defecation disorders, and painful bladder syndrome, including IC. To earn their certificate, therapists must not only complete courses but also pass tests demonstrating their skills in effectively treating their patients with pelvic pain.

The APTA is also developing evaluation and treatment guidelines. Dr. Morrison has worked on developing the vulvar pain guidelines so PTs can make more consistent evaluations “so that we’re all looking at the same things.” Some physical therapists who specialize in treating pelvic pain are also going on to earn doctor of physical therapy (DPT) degrees and perform research, like Dr. Morrison. She was inspired by the research done by Kristene Whitmore, MD, and her colleagues detailing the physical therapy findings common in IC, which were sacroiliac joint dysfunction and high-tone pelvic floor muscles.

Dr. Morrison did similar research on women with vulvar pain. She reviewed the charts of 25 women with vulvar pain and found that a portion of them had malalignment of the pubic symphysis—the area where the left and right pubic bones join. Many had a sacroiliac joint or coccyx dysfunction. Also, she found that the major trigger points were in the puborectalis muscle, although many other muscles were involved, “so I thought that perhaps the rectal area might have been an overlooked structure with some of these women.”

Dr. Morrison also works at educating other physical therapists and doctors. She has lectured physicians, women’s health professionals, and her fellow physical therapists at numerous institutions and conferences, including Johns Hopkins, the International Society for the Study of Vulvovaginal Diseases, the International Society for the Study of Women’s Sexual Health, and the American Physical Therapy Association. In addition, she sends relevant articles to physicians locally.

All of this educational activity means that there are more and better trained physical therapists available to help you, that doctors are much more aware of the value of physical therapy for those with pelvic pain, including IC, and that more insurance companies are reimbursing for treatment as the value of physical therapy for pelvic pain conditions becomes established. ✨

