PT for Pelvic Floor Dysfunction

Core stabilization exercises are not just for seniors!

By Anne Federwisch

When Laura Fraser, MPT, first heard about physical therapy for pelvic floor dysfunction during a lecture in graduate school, she also got her first glimpse of the acute need in the area when several women in her small class approached the presenter with personal questions.

The field piqued her interest so much that pelvic floor dysfunction now comprises 100% of her private practice as a women's and men's health specialist in Los Altos, Calif. She comments that her patients are often thrilled to finally get relief from conditions causing pelvic pain, incontinence, dyspareunia (painful intercourse), urinary urgency, and urinary or fecal retention, to name a few.

But even she was surprised by the enthusiastic response of one patient. "I was hugged by a 67-year-old postmenopausal woman who thanked me for bringing back her orgasms, like the orgasms she had when she was in her 20s," Fraser recalls.

Although improved orgasmic response is not the effect or expected result of all treatment for pelvic floor dysfunction, other outcomes are equally significant to patients, including decreased pain, urinary and fecal continence, and pain-free intercourse.

Growing need

The sheer number of people with pelvic floor issues makes this a growing opportunity in physical therapy. The Interstitial Cystitis Association notes that 700,000 Americans have an inflammatory condition of the bladder. The International Pelvic Pain Society cites an estimate of 10 million people suffering from chronic pelvic pain. The National Association for Continence estimates that 25 million American adults experience transient or chronic urinary incontinence.

"In physical therapy, [treating pelvic floor dysfunction] has been around for quite a while; it's just becoming a lot more talked about now, mostly because baby boomers are aging and entering retirement age. And you're seeing a lot more of the aging population with these sort of urinary and pelvic floor problems. So more physicians are referring to physical therapy for this problem. [But] I think a lot of times it's overlooked," says Amy Hoover, PT, DPT, a women's health specialist with AthletiCo in Chicago.

Pelvic floor dysfunction is actually a collective term for a wide variety of complaints. "It can mean weakness. It can mean disuse. It can mean pain. It can mean incoordination of those muscles. It can mean that the muscles have hypertonicity," says Pamela Morrison, DPT, BCIA-PMDB, owner and director of Pamela Morrison Physical Therapy, in New York. She is certified by the Biofeedback Certification Institute of America in pelvic muscle dysfunction biofeedback.

TherapyAlthough Fraser treats patients with hypertonic or hypotonic complaints, most of her patients present with hypertonic musculature. "People whose muscles are short, tight, and weak, generally causing pain and dysfunction such as inability to void all the way, women who are unable to tolerate intercourse, difficulty defecating, sometimes irritable bowel type of symptoms, endometriosis, interstitial cystitis, vaginismus, vulvar pain, prostatitis, myofascial pain syndromes — I could go on," she says.

Although urologic complaints may prompt patients initially to seek treatment, often the problem is not urologic in origin, says Erica Fletcher, PT, MTC. She is the owner of Fletcher Physical Therapy in Bala Cynwyd, Penn., and director of physical therapy at the Pelvic and Sexual Health Institute at Graduate Hospital in Philadelphia. "So they might have frequency and urgency, but it's due to the mechanical situation, such as a high-tone pelvic floor and triggers in the rectus abdominis, pubo-rectalis, and pubo-coccygeus, malalignment of the pubic symphysis, high tone of the pectineus — they all can cause increased pressure on the urethral area." By doing manual therapy, she's able to relieve these mechanical problems, which in turn relieves the urologic problems.

The eclectic nature of pelvic floor dysfunction, its treatment, and the widespread range of patients from young to old makes it difficult to categorize PTs who work in the area. Some come from orthopedic or sports medicine backgrounds, some from other specialty areas. Many belong to the American Physical Therapy Association's Section on Women's Health, but even that is a bit of a misnomer, Morrison says. "We are actually treating a lot of male pelvic floor dysfunction as well, associated with prostatitis or prostatectomy, pudendal nerve entrapment or neuralgia."

Treatment options

Even PTs who don't specialize in treating pelvic floor dysfunction need to be aware that any of their patients may be experiencing problems. "The bottom line is that every PT should be screening patients for any possible pelvic floor issues. That's a simple thing to do by just asking a few questions about incontinence or pelvic pain," Hoover says.

Although any therapist can ask screening questions, evaluation and treatment generally requires special training, Morrison says. "It involves — most of the time, not all the time — performing intravaginal or intrarectal myofascial release and education on how to contract the pelvic floor." In addition to manual therapy, other common treatment techniques include biofeedback or internal electrical stimulation for muscle re-education.

The often-intimate treatment techniques coupled with a vulnerable population who may have endured sexual trauma or multiple misdiagnoses requires competent, sensitive treatment, Fraser stresses. "A lot of physical therapists will try it, but it's obvious to the patient that they're not really comfortable putting a finger in the patient's vagina. They don't really feel like they know what they're searching for. And it puts the patient on guard — that's the last thing you want to do."

Not just Kegels

Improper evaluation can lead to improper treatment. "Often people don't know how to evaluate a pelvic floor, so they will treat a high-tone patient with low-tone protocols, and exacerbate their symptoms," Fletcher, who's worked in the field for 15 years, says. "For example, I have a patient who comes here from Albany, New York, because she couldn't find anyone to treat her. When she did go to a physical therapist who specialized in so-called pelvic dysfunction, she was given a biofeedback with strengthening program, which increased her symptoms tremendously. So it's important to be able to evaluate the clinical findings of your patients, and then treat them appropriately."

Kegel exercises, the well-known pelvic floor contractions, often play a role in treating people with hypotonicity, but they should not be a blanket prescription for all complaints, nor should they be done without proper instruction, therapists note.

"There was one study done that showed that 30% of women performing a Kegel, on an initial OB/GYN visit without instruction, performed it incorrectly. So it is really important that they are properly instructed in order for them to really get the benefit of that exercise," Morrison says. "Some pain syndromes create pelvic floor hypertonicity, which is a high-tone pelvic floor. The treatment for that is more of a down training, trying to get those pelvic floor muscles to relax more. So sometimes telling them to Kegel can actually feed into their pain problem."

Whether patients present with hypertonic or hypotonic musculature, improving overall physical fitness is a common treatment goal. People with painful, hypertonic muscles often "don't want to move because they hurt and they think that movement can make them worse," Fraser says. "Hypotonic people a lot of times are just very inactive." Hence, improved physical fitness often helps relieve symptoms of many types of pelvic floor dysfunction.

Duration and frequency of treatment naturally varies by condition and severity of symptoms, but "if it's generally just a strength issue, it will probably be four to eight weeks of therapy. If it's more of a tightness or a pelvic pain issue, those tend to be more involved, [requiring] several months of treatment," Hoover says.

Emerging trends

PTs are beginning to use real-time ultrasound to treat patients with pelvic floor issues as well. "The use of real-time ultrasound is becoming more widely used and accepted as a modality, as a biofeedback for the patient. We're looking at how the pelvic floor lifts up and in and actually causes the bladder to migrate up," Morrison, explains. Patients and therapists can view the ultrasound image as the patient contracts pertinent muscles to see how their actions affect the internal musculature and organs.

Taking a more holistic approach to pelvic floor issues is another trend whose time has come, Fletcher says. "I think some of the physical therapists who've been doing pelvic floor dysfunction work haven't been really addressing the structural dysfunction. And then physical therapists who address structural dysfunction haven't been addressing pelvic floor. So I think the next trend is to integrate the orthopedic with what we know about motor control and function of the pelvic floor, for optimal improvement in function."

Other issues factor in as well. "There's also a big connection between visceral inflammation and pelvic floor dysfunction. So if you have an inflammation of your bladder lining, which is called interstitial cystitis, then you're going to get reflexive tightening of your pelvic floor," Fletcher says. Similarly, a poor diet can lead to an inflamed digestive tract, which can lead to tightening and pain in the pelvic floor.

"Part of the treatment too is improving people's diets. And getting their lifestyle better, so they're eating better, or may be taking medication to help restore their bladder lining. So it's a combination of medicine with the doctors, proper nutrition, and holistic eating, in conjunction with exercise, and then manual therapy. It's multifactoral," Fletcher says.

Need to inform physicians and patients

The personal nature of pelvic floor dysfunction dissuades many patients from seeking any kind of treatment. Those who do often don't realize physical therapy is an option. Ads for adult diapers, medication for overactive bladders, and talk of surgical interventions may be commonplace, but PT for pelvic floor is not well-known by patients or physicians.

"I just wish patients could get to the right resources sooner, because it seems that most of the people I'd treat have had symptoms for years. A lot of people come to me, and they've seen 20 doctors and nobody's been able to figure this out, when all along it was just a muscle issue," Fraser says.

"It is important to get people to understand that you don't have to do that invasive [surgical] procedure. Why don't you send them to physical therapy first? Have the muscles evaluated before you do a cystoscopy on somebody's bladder, or before you do a colonoscopy on them, if there doesn't seem to be any strong indication for it. Most of the urologists out there do not have any awareness of [PT for pelvic floor dysfunction]. It's getting better, but very slowly," she says. "Embarrassingly slowly."

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