



Expert Care

Pamela Morrison Physical Therapy, P.C.

An Established Group Practice Serving the New York City Metropolitan Area

THE NEWS LETTER

WINTER/SPRING 2018

Featured articles:

Osteitis Pubis

Retraining the Pelvic Floor in a Pilates Instructor

Hip Impingement Can Cause Pelvic Floor Muscle Pain

New satellite location opening in Merrick, NY (Long Island) in April 2018.

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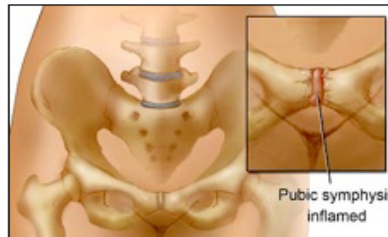
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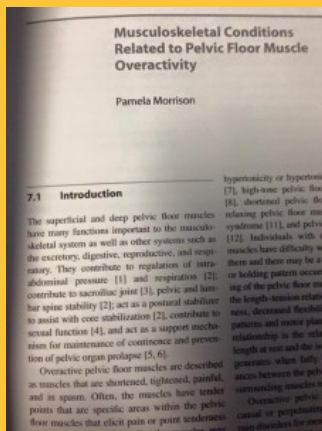
OSTEITIS PUBIS



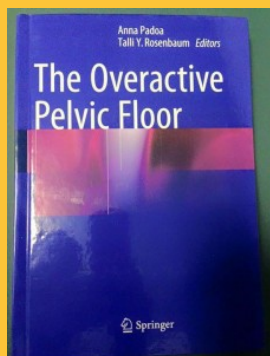
THE COVER STORY

Osteitis pubis is a disorder of the pubic symphysis joint characterized by pain and inflammation of the joint and surrounding muscles such as the hip adductor group. Symptoms can include pain in the groin, lower abdomen, hip, perineum, bladder, clitoris, vagina, scrotum or testicles, and painful intercourse. It is most often caused by repetitive trauma or abnormal shearing forces to the pubic symphysis joint. Abnormal shearing forces can be caused by muscle imbalances, impaired flexibility, sacroiliac joint dysfunction, or a malalignment at the joint. When aggravating motions occur at the joint, microtrauma causes inflammation and muscle spasms can result. Other causes of osteitis pubis can be trauma from urogynecologic surgery, a motor vehicle accident or fall, sudden increase in exercise intensity, a leg length discrepancy, poor foot biomechanics, or poorly fitting shoes. This disorder is commonly seen in athletes. Those athletes whose movements involve constant hip abduction (the leg is moved outwards from the body) may suffer from pubic joint trauma. This is commonly seen in gymnasts, dancers, soccer players, cheerleading, and ice skating sports. The pain in the pubis increases upon kicking, performing splits, changing directions or pivoting on one leg, jumping, and running. Sneezing or coughing, transferring from sitting to standing positions, and lying on one side can also exacerbate the pain. Clicking or popping may also occur at the joint upon walking or strenuous movements. Osteitis pubis can occur during pregnancy due to excessive pressure on the joint and release of the hormone called relaxin. Relaxin softens the ligaments at the pubic symphysis in preparation for childbirth perhaps leaving the joint susceptible to injury. Trauma from childbirth can worsen or bring on symptoms of pubic symphyseal dysfunction (SPD) and progress to osteitis pubis if not addressed. Osteitis pubis can be a cause of pelvic floor muscle dysfunction if left untreated. An X-ray or CT scan can help with a proper diagnosis.

An expert therapist at Pamela Morrison Physical Therapy, P.C. performs a complete evaluation including history and a full physical exam. A therapist will examine spinal, pelvic, and lower extremity biomechanics and muscle function thoroughly to identify any malalignments, movement disorders, and muscle impairments. The most important aspect of evaluating and treating this disorder is differentiating it from other disorders of the pubic symphysis such as a pubic symphysis separation, hernia, or groin strain. Treatment will consist of joint mobilization to realign the pubic symphysis and sacroiliac joints, modalities to decrease pain and inflammation such as therapeutic ultrasound, TENS, cryotherapy, iontophoresis, interferential electrical stimulation, cold laser; joint mobilization to realign, stability exercises, core and pelvic floor muscle rehab, soft tissue mobilization, cross-friction massage to the pubic ligaments, muscle rebalancing around the pubic symphysis, and correction of faulty movement patterns. (Continued middle column p. 3.)



Dr. Pamela Morrison contributed a chapter entitled "Musculoskeletal Conditions Related to Pelvic Floor Muscle Overactivity" to this published book on Overactive Pelvic Floor Muscles. Overactive pelvic floor muscle dysfunction was previously termed pelvic floor muscle hypertonicity. It is a major cause of pelvic pain and can be related to or caused by other musculoskeletal issues.

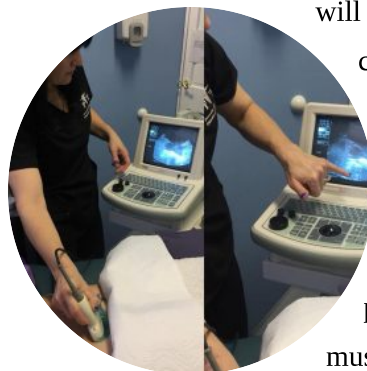


RETRAINING THE PELVIC FLOOR IN A PILATES INSTRUCTOR

Here we are using Rehabilitative Ultrasound Imaging to help our postpartum patient who is a pilates instructor downtrain the dominant use of her oblique abdominal muscles and transversus abdominis muscle (a lower abdominal muscle). Many people who perform Pilates learn to overuse their oblique abdominal muscles and lower abdominals instead of also utilizing their pelvic floor muscles for core strengthening. The overuse of abdominal muscles during an attempted pelvic floor contraction can create a downward force on the bladder. This is counterproductive because pelvic floor muscle strengthening is to gain support of the bladder and other pelvic organs in an elevation pattern. The

'INSTRUCT THE PATIENT TO CONTRACT THE PELVIC FLOOR UPWARDS OR CRANIALY IN ALL THREE LAYERS LIKE AN ELEVATOR'

pelvic floor needs to contract in an "elevator fashion" upwards or cranially or towards the head. The pelvic floor muscles have three layers and each layer should contract upwards sequentially. The bladder then is lifted and the patient



will see using Rehabilitative Ultrasound an indent or concavity at the bottom of the bladder (the dark black hemicircle at the top of the field) in an upwards fashion. This is important to understand when pelvic organ prolapse and bladder leaking or urinary incontinence is an issue in the postpartum patient. A patient can view their bladder and how a pelvic floor muscle contraction effects its position. This is ideal

biofeedback for the patient. Patients can better understand their abilities while viewing the actual anatomy being tested and assessed. Patients can view their muscle function related to lumbar, pelvic, and bladder functioning using Rehabilitative Ultrasound Imaging.



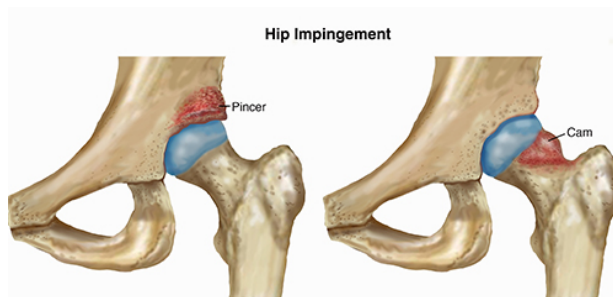
Dr. Pamela Morrison, DPT, MS, IMTC, BCB-PMD, IF has been practicing for 27 years and has had an established practice for 18 years. She has expertise in integrative manual orthopedic physical therapy, pelvic health, prenatal and postpartum care.

OSTEITIS PUBIS

(CONTINUED from p. 1.)

Internal (transvaginal or transrectal) soft tissue mobilization of the pelvic floor muscles which can augment standard care for osteitis pubis is a very effective for pubic symphysis pain because of the attachment sites onto either sides of the pubis internally. Myofascial trigger points in the pelvic floor muscles can refer pain to the pubic or suprapubic regions. Our pelvic floor physical therapists hold advanced degrees and have been practicing in the field for 27 years and are specifically trained in this intervention.

A home exercise program is given to all patients to facilitate a faster recovery. It may be recommended that a patient discontinue any exacerbating activity until symptoms improve. Support garments such as a pubic symphyseal or serola belt may also be recommended. Prescriptive therapeutic stretching and strengthening exercises will be instructed as part of a comprehensive program to prevent future injury.



HIP IMPINGEMENT CAN CAUSE PELVIC FLOOR MUSCLE PAIN

Femoroacetabular Impingement (FAI), also known as Hip Impingement, occurs when there is abnormal contact between the femoral head and acetabulum during motion. FAI and the muscle imbalances around the joint can alter hip and pelvic biomechanics during gait. A compensatory increased posterior pelvic rotation during active end range hip flexion occurs causing a repeated tensioning of the pelvic floor muscles (PFM). As the pelvic innominate rotates posteriorly there is an anterior tensioning of the PFM. Repeatedly this pulling causes constant tension on the PFM leading to overactivity formerly known as hypertonicity and/or high-tone pelvic floor. Also, because there is shared connective tissue between the obturator internus muscle and the PFM hip disorders frequently cause shortening or tensioning of the obturators which can create tensioning in the PFM by way of attachment and line of pull.

Luba Starostiak, PT, OCS, has been practicing for 27 years. She has expertise in orthopedic physical therapy, men's and women's pelvic health, yoga, and prenatal and postpartum care.





Marie Montulli is our office manager and has been with us for over 6 years. She is always smiling, working hard, and making sure our patients are well taken care of for all administrative needs.

Pamela Morrison Physical Therapy, P.C.

Our excellent team of highly experienced, certified physical therapists, with advanced degrees and manual therapy and pelvic biofeedback certifications, are leaders in the field of treating pelvic pain/dysfunction, female and male pelvic health issues, prenatal/postpartum, and all orthopedic issues. At our fully equipped office in Manhattan our expert team uses a range of treatment approaches to provide expert care for all your physical therapy needs.

The diagnoses we treat include:

- Abdomino Phrenic Dyssynergia
- Anismus
- Bladder Problems
- Breast Issues
- Bowel Disorders
- Chronic Pelvic Pain Syndrome (CPPS / Prostatodynia)
- Coccydynia (Coccygodynia)
- Colorectal Issues
- Gastrointestinal Disorders
- Diastasis Recti
- Endometriosis
- Hip Labral Tears
- Imperforate Anus
- Incontinence
- Infertility Issues
- Interstitial Cystitis (IC) or Painful Bladder Syndrome
- Low Back Pain
- Musculoskeletal Disorders
- Myofascial Pain Syndrome
- Osteitis Pubis
- Osteoporosis
- Pelvic Congestion Syndrome (PCS)
- Pediatric Incontinence
- Pelvic Floor Muscle Dysfunction
- Pelvic Organ Prolapse
- Pelvic Pain
- Persistent Genital Arousal Disorder
- Prenatal and Postpartum Care
- Prostate Problems
- Pubic Symphysis Separation
- Pudendal Nerve Entrapment
- Pudendal Neuralgia
- Sports Injuries
- Stress Related Disorders
- TMD/TMJ Dysfunction
- Torticollis
- Vaginismus
- Vestibulodynia/Vulvar Vestibulitis
- Vulvodynia

ONE TO ONE INDIVIDUALIZED CARE

Some of our services:

- Abdominal Massage
- Biofeedback
- Counseling
- Craniosacral Therapy
- DC (Direct Current) Stimulation
- Electrical Stimulation
- Integrative Manual Therapy
- Internal Electrical Stimulation
- Iontophoresis
- Low-Level Laser Therapy
- Manual Therapy
- Mechanical Traction
- Pre and Post Surgical Rehabilitation
- Prenatal Physical Therapy and Massage
- Real-Time Ultrasound
- Running Sneaker Assessment
- Skin Rolling Techniques
- Therapeutic Ultrasound
- Visceral Manipulation

Danna Gonzalez, our compassionate physical therapy aide, has been with us since 2015. She helps patients in their exercise routines, sets up modalities, and assists in administration.



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