



Expert Care

Pamela Morrison Physical Therapy, P.C.

An Established Group Practice Serving the New York City Metropolitan Area

THE NEWS LETTER

SPRING/SUMMER 2020

Featured articles:

Evaluating the Sacrococcygeal Joint to Treat Coccydynia

Superficial Pelvic Floor Muscles and Vulvar Pain

Supportive Abdominopelvic Taping for the Postpartum Patient

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Evaluating the Sacrococcygeal Joint Alignment to Treat Coccydynia

THE COVER STORY

Coccyx pain can result from a direct fall or trauma but pregnancy and childbirth can be causes. Coccyx pain can also result from trigger points in the pelvic floor muscles, constipation, lumbar spine or sacroiliac joint issues, or hypermobility syndrome. One of the first orthopedic tests we do helps determine the alignment of the coccyx in relation to the sacrum (the fused bone directly above it). The joint is called the sacrococcygeal joint. By palpating along the joint line with our thumbs we can determine if there is misalignment. Misalignment can be a primary cause of coccyx pain. Upon palpation, one side may feel more prominent or rotated posterior and the other side may feel deeper or more anterior. Identifying a misalignment is a key in treating for the right dysfunction. A rotation dysfunction can cause pain along the joint line, refer pain down the body of the coccyx, create tension to the intraarticular disc, coccygeal nerve plexus, and pelvic floor muscles. Other orthopedic static and mobility tests occur during the assessment to be as specific as possible to determine an efficient treatment plan. The coccyx can dysfunctionally be sidebent, hyperflexed, extended, inferior, superior (compressed), and/or rotated. Treatment approaches to correct the alignment can be external, transvaginal or transrectal. The goal is to improve spinal and coccyx alignment, resolve soft tissue dysfunction, and resume all activities, especially sitting.



SUPERFICIAL PELVIC FLOOR MUSCLES: LAYER I

There is an entire superficial layer of the pelvic floor muscles (PFM) that needs to be evaluated with any chronic vulvar pain because it may be a causative or perpetuating factor. Included in this superficial layer, referred to as the urogenital diaphragm, are the external anal and urethral sphincter muscles, superficial transverse perineal muscles, bulbocavernosus, and ischiocavernosus muscles. The functions of the urogenital diaphragm muscles include clitoral engorgement, assisting in vaginal closure, reflexive response to enhance sexual pleasure, and facilitating closure of the urethra and anus for continence. Although the individual muscles of the superficial layer are smaller than the deep layer their potential role in vulvar pain requires equal attention. As part of the physical therapy (PT) PFM exam, we palpate these muscles individually and assess for tension, trigger points or tender points. We compare left from right regarding contractility and symmetry and manually test for strength.

Treating the PFM superficial layer can result in significant improved vulvar pain symptoms and improve sexual function. PT treatment options include soft tissue mobilization, including myofascial release, massage, skin rolling, neural mobilization, trigger point release techniques, and manual stretching. PT pain modalities may include therapeutic ultrasound, cold laser, electrical stimulation, heat or cold therapy. The patient is taught to perform self massage to the superficial PFM as part of their PT home program.

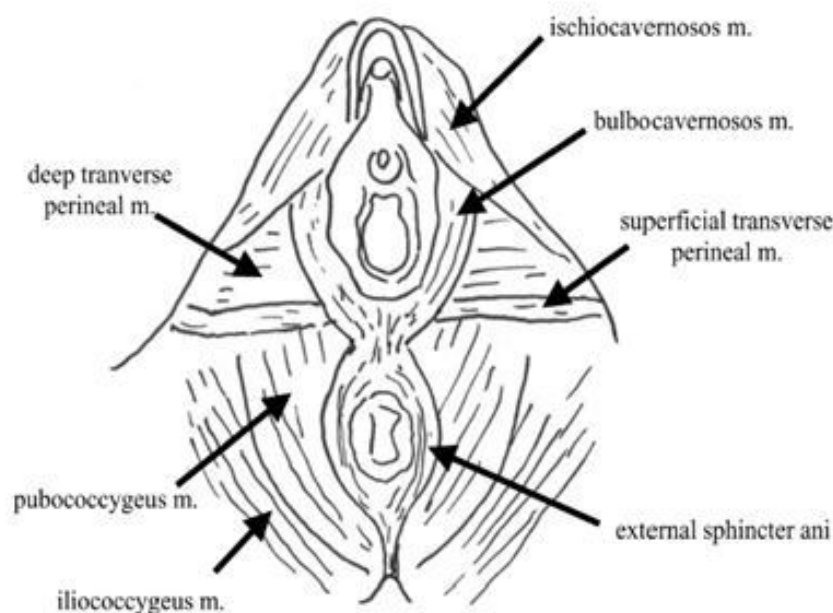


Figure 1. Pelvic floor musculature.

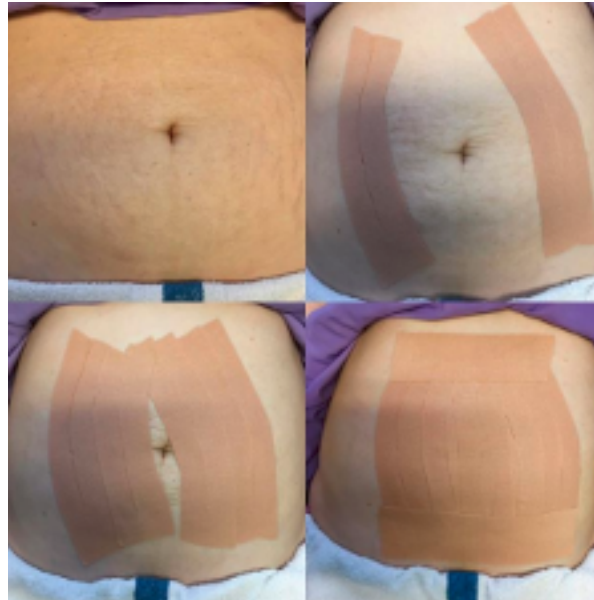
Reproduced with permission from Reissing et al.

Supportive Abdominopelvic Taping for the Postpartum Patient



Dr. Pamela Morrison, DPT, MS, IMTC, BCB-PMD, IF, has been practicing for 28 years and has had an established practice for 18 years. Our practice has expertise in integrative manual orthopedic physical therapy, pelvic health, prenatal and postpartum care. She is the Vice President of the National Vulvodynia Association and has authored and co-authored chapters on musculoskeletal causes of pelvic pain.

**COVID 19
COMPLIANT**



We evaluate and treat postpartum women for core weakness which includes the abdominals, pelvic floor muscles, respiratory diaphragm, and deep low back muscles (called the multifidus). This also includes treating a diastasis recti that may exist. Sometimes the woman expresses concern over extensive stretch marks or connective tissue laxity causing a belly pouch or distension and bloating. Using topical scar creams and oils on the stretch marks can be very beneficial. But because the abdominal muscles and connective tissue have been overly stretched providing external support is very helpful. Support can be provided by a belly band however taping the area is also beneficial. by supporting the connective tissue and giving neural input to the brain for activation of the abdominal muscles. Here we taped a postpartum woman to provide connective tissue support to the abdominal connective tissue and to signal the brain to pay attention and recruit the abdominal muscles for all activities of daily living. The patients report feeling more comfort and added support to the abdominal region. Core and abdominal exercises are prescribed. Similar taping techniques to approximate the rectus abdominis muscles can be added if the patient has a diastasis recti.



Marie Montulli is our office manager and has been with us for over 7 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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