

Pelvic Health Physiotherapy

What and Where are your Pelvic Floor Muscles?

The pelvic floor is a group of muscles that attach from your pubic bone in the front to your tailbone in the back. They act like a sling or container and give support to all of your internal organs. The pelvic floor functions in many ways, including:

- Providing stability to your pelvis
- Supporting internal pelvic organs (vagina, bladder, rectum)
- Assisting in urinary and fecal continence
- Acting as a pump for the venous and lymphatic system in the pelvis
- Contributing to orgasm and sexual function

What is Pelvic Floor Dysfunction?

Pelvic Floor Dysfunction is an umbrella term that encompasses different conditions caused by functional issues with some part of your pelvic floor system (muscles, ligaments, nerves). Some of these conditions are:

- Issues with bladder and bowel control (incontinence, urgency, frequency, constipation)
- Dyspareunia (pain during sex)
- Persistent pelvic pain
- Pelvic organ prolapse
- Sacroiliac joint dysfunction
- Interstitial cystitis
- Chronic prostatitis
- Vulvodynia and Vaginismus
- Dysmenorrhea (painful menstruation)
- Rectus Diastasis

The pelvic floor muscles all work in a coordinated system. Sometimes they can be too tight (hypertonicity) or too weak (hypotonicity). Sometimes there can be a combination of hypertonicity and hypotonicity.

HYPOTONICITY (Weak pelvic floor muscles):
contributing to stress incontinence, urge incontinence and pelvic organ prolapse.

Urge Incontinence, Chronic Pelvic Pain, Dyspareunia, Vaginismus, Vulvodynia, Pudendal Neuralgia, Interstitial Cystitis and Chronic Prostatitis

HYPERTONICITY (Tight pelvic floor muscles):
contributing to Urinary and Fecal Urgency,

Pelvic Floor Dysfunction can impact men and women of all ages. It can impact children, post surgical patients (prostatectomy, hysterectomy), people with changing hormones (menopause, pregnancy), athletes, older adults and anyone in between. Even though Pelvic Floor Dysfunction is common it is NOT normal!

Many women during pregnancy experience pelvic pain and dysfunction including incontinence. And it's no wonder. Pregnancy is a time when the body is rapidly changing. It is amazing how our bodies adapt during pregnancy, but many of these changes can cause Pelvic Floor Dysfunction.

Hormone fluctuation, weight gain and ligament laxity can all alter pelvic stability. Shifting and expanding joints can cause pelvic pain. And changes in physical capacity (breathing rate, heart rate, blood pressure) can bring new challenges to staying active.

What about Kegel Exercises?

Kegels are NOT for everybody. They are not always appropriate, can sometimes do more harm than good and are often not performed correctly.

It is extremely important to have an internal exam performed BEFORE starting any pelvic floor exercise if you have Pelvic Floor Dysfunction. Only an internal exam can determine if your pelvic floor muscles are too tight (hypertonicity), too weak (hypotonicity) or a combination. Your symptoms alone DO NOT indicate if your muscles are too tight or too weak.

Why Pelvic Floor Physiotherapy?

A Pelvic Floor Physiotherapist has been specially trained to assess and treat pelvic floor dysfunction. An internal exam gives valuable information on the state of the pelvic floor musculoskeletal system. Imagine someone trying to assess your knee pain without even looking or touching your knee!

At *Achieve Balance*, we perform a thorough assessment (including an internal exam) to evaluate your symptoms and physical findings. A customized treatment plan is then developed. Your treatment will include education, exercise, hands on techniques and the development of strategies to manage your pelvic symptoms.

Pelvic Floor Dysfunction can impact your physical & emotional health as well as your social life. It can affect both women and men at various times in the life cycle.

The Cochrane Collaboration (2014) concluded that Physiotherapists with specialized training in pelvic floor rehabilitation (using internal examination) should be the ***first line of defence***, before surgical consultation, for stress, urge and mixed incontinence in women (Dumoulin et al., 2014). Also, pelvic floor muscle training is effective and cost-effective in reducing prolapse symptoms and should be recommended as first-line management (Hagen & Stark, 2011).

Adrienne Paliyath, Registered Physiotherapist is the primary provider of Pelvic Health Physiotherapy services at Achieve Balance. View her profile to learn more about her specific training in different areas of Physiotherapy.

Knowledge is the first step to treatment! Below are great websites for more information on Pelvic Floor Dysfunction:

www.pelvichealthsolutions.ca

www.canadiancontinence.ca

www.ic-network.com

www.nutritionfacts.org