Pelvic Floor Physical Therapy The Treatment for What Ails You

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Why Would My Patients Go To Physical Therapy?

Breathwork + Stretching

- Rib cage & diaphragmatic mobility
- Abdominal and pelvic floor range of motion
- Focused downtraining of the pelvic floor (biofeedback)
- Education of sympathetic -> parasympathetic nervous system

Core & Pelvic Floor Muscle Engagement + Relaxation

- Proper activation/engagement of the musculature followed by optimal relaxation
- Fast twitch and slow twitch muscle fiber training of the pelvic floor
- Soft tissue mobility - cupping, FDN, manual release, self massage

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Why Would My Patients Go To Physical Therapy?

Pelvic Alignment & Postural correction

- Sitting posture, working posture, toileting posture/positioning

Voiding Strategies

- Strategies to promote bowel movements, to encourage “complete emptying”, avoid fecal leakage/streaking
- Behavioral modification - breath holding or jaw clenching both with voiding and in daily activities

Physical Exercise Promotion

- Guidance of safe physical exercise in the clinic
- Regular PT sessions - helps to keep patients accountable to their strength training/activity goals

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What Am I Looking For in a Physical Therapist?

One on one treatment sessions. 30-45 minute sessions.

Easy to communicate with therapist & office staff. Online scheduling is a plus!

Accepts insurance

Biofeedback available - in clinic (ultrasound or surface EMG) or education for patient purchase

Trauma Informed or Trauma Sensitive Therapists

Note varying levels of training - *American Physical Therapy Association Section on Pelvic Health, Herman & Wallace, Institute of Clinical Excellence, etc…*

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Constipation

In a 2023 study by Shah et al, *Empiric Pelvic Rehabilitation Delivered by Pelvic Floor Physical Therapists as an Up-Front Treatment for Chronic Constipation*, stated:

- Compared with baseline, there was a significant increase in mean weekly complete spontaneous bowel movements and reduction in symptoms of straining, abdominal discomfort, bloating, and constipation severity at 12 weeks after completing **pelvic rehabilitation therapy.**

The Role of Rehabilitation in the Treatment of Constipation in Oncological Patients, published in 2023, indicated:

- …**physical exercise**, **abdominal massage**, **TENS**, acupuncture and **education on the correct defecation position** positively impacted the management of constipation and quality of life in oncological patients.
- A physiotherapy program involving **massages** as well as **aerobic and resistance training** improved constipation in oncological women, regardless of age, sex and frailty.
- A combination of **abdominal massage, abdominal muscle stretching and education on proper defecation position** alleviated the severity of constipation and related depression.

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Constipation

A 2024 Systematic Review, *Clinical Management of Constipation – the Role of Physical Activity - Systematic Review,* by Flanczewski et al, noted:

- Women who engaged in **daily physical activity** had a lower prevalence of constipation compared to non - exercisers
- **Light to moderate physical activity** (< 60 minutes) appears beneficial
- Prolonged or intense exercise (up to 90 minutes) may inhibit motility and exacerbate constipation symptoms
- Engaging in **aerobic exercise** for at least 140 minutes per week significantly alleviated constipation symptoms

Abdominal massage was supported in the 2024's *The Integration of Complementary and Integrative Health and Whole Person Health in Gastrointestinal Disorders: A Narrative Review*, by Craven & Thakur:

- **Abdominal massage** benefits patients with constipation, by stimulating peristalsis, improving bowel function, and reducing discomfort and pain

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Fecal Incontinence

In the 2020 article, *Physiotherapy for Prevention and Treatment of Fecal Incontinence in Women—Systematic Review of Methods* (Mazur-Bialy, et al), indicated:

- **biofeedback, anal sphincter muscle exercises, pelvic floor muscle training, and electrostimulation**, are effective in relieving FI [Fecal Incontinence] symptoms
- Physical Therapy, "by improving **muscle strength, endurance, and anal sensation**, is beneficial in the prevention of FI [Fecal Incontinence], both as an independent method of conservative treatment or in pre/post-surgery treatment…it can significantly improve the quality of life of patients.

The Menees et al, 2022 article, *Fecal Incontinence and Diarrhea During Pregnancy*, recommended:

- "after appropriate healing of the sphincter injury postpartum, **patients should be referred for pelvic floor therapy**"

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Fecal Incontinence

In *Physiotherapy management of incontinence in men,* by Nahon (2021), discussed both UI & FI:

- There is an increasing body of evidence to support **prehabilitation of the PFM** similarly to prehabilitation concepts applied in orthopaedic surgery.
- …**biofeedback and PFMT,** which carry no risk of harm, are useful in 60 to 90% of faecally incontinent patients in the general population. They are especially useful in people with impaired puborectalis and external anal sphincter.

In the 2020 review, *Pelvic floor muscle training for preventing and treating urinary and faecal incontinence in antenatal and postnatal women* (Woodley et al) indicated:

- early, **structured PFMT** in early pregnancy for continent women may prevent the onset of UI in late pregnancy and postpartum….Few data exist on FI*

*From a biomechanical perspective there may be a link between improved urinary incontinence and fecal incontinence secondary to comprehensive strength training of the pelvic floor. Further research is needed

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Rectal Prolapse

Oruc & Erol in their 2023 article, *Current diagnostic tools and treatment modalities for rectal prolapse*, state:

- Nonoperative management includes **defecation training**, use of stool softeners, and dietary changes. Patients should consume 30–40 g of fiber daily and **perform at least 100 min of aerobic exercise weekly**. **Biofeedback therapy**, which involves real-time training of pelvic muscle contraction and anal sphincter relaxation in coordination with rectal emptying, may also be beneficial.
- These treatments do not cure rectal prolapse, but may be useful for improving the quality of life.
- Surgery should be considered if conservative therapies fail after 2–3 months

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Rectal Prolapse

Raju & Linder, in their 2021 article, *Evaluation and Management of Pelvic Organ Prolapse*, indicate:

- Treatment options for POP include observation, **pelvic floor physical therapy**, pessary use, and surgery.

Maxwell, et al. in their 2020 article, *Pelvic floor muscle training for women with pelvic organ prolapse: the PROPEL realist evaluation,* reported:

- A multicentre randomised controlled trial of individualised pelvic floor muscle training found that **pelvic floor muscle training** was effective in reducing symptoms of prolapse, improved quality of life and showed clear potential to be cost-effective.
- The data linkage study provides evidence that **PFMT** reduces the overall long-term risk of requiring hospital treatment for pelvic floor disorders, over a post-intervention period of > 10 years. There is also evidence that **PFMT** extends the time for which hospital treatment is not required.

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References

Constipation

1. Empiric Pelvic Rehabilitation Delivered by Pelvic Floor Physical Therapists as an Up-Front Treatment for Chronic Constipation Shah, Eric D.Curley, Michael A.Ostler, Tracy L.Greeley, Aimee R. Burnett. Martinez-Camblor, Pablo. Chey, William D. et al. Clinical Gastroenterology and Hepatology, Volume 21, Issue 9, 2415 - 2417
2. Chiaramonte, R.; Bonfiglio, M.; Caramma, S.; Condorelli, R. The Role of Rehabilitation in the Treatment of Constipation in Oncological Patients. *J. Clin. Med.* **2023**, *12*, 5083. https://doi.org/10.3390/jcm12155083
3. FLANCZEWSKI, Sebastian, GAJEK-FLANCZEWSKA, Wiktoria, WALCZAK, Agata, WIRKIJOWSKI, Jakub, NIEGOWSKA, Wiktoria, WOŹNIAK, Paulina, KIDACKI, Kajetan, WIKLIŃSKA, Agata, ŚLIWIŃSKA, Martyna, WÓJTOWICZ, Katarzyna, JARONˊ, Aleksandra and PIĄTKOWSKA, Karolina. Clinical management of constipation – the role of physical activity - systematic review. *Quality in Sport*. Online. 12 November 2024. Vol. 31, p. 55135. [Accessed 11 January 2025]. DOI 10.12775/QS.2024.31.55135.
4. Craven MR, Thakur ER. The integration of complementary and integrative health and whole person health in gastrointestinal disorders: a narrative review. Transl Gastroenterol Hepatol. 2024 Aug 6;9:75. doi: 10.21037/tgh-23-121. PMID: 39503019; PMCID: PMC11535803.

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References

Fecal Incontinence

1. Mazur-Bialy, A.I.; Kołomańska-Bogucka, D.; Opławski, M.; Tim, S. Physiotherapy for Prevention and Treatment of Fecal Incontinence in Women—Systematic Review of Methods. *J. Clin. Med.* **2020**, *9*, 3255. https://doi.org/10.3390/jcm9103255
2. Menees, Stacy B. MD, MS1,2; Lembo, Anthony MD3; Charabaty, Aline MD, FACG4. Fecal Incontinence and Diarrhea During Pregnancy. The American Journal of Gastroenterology 117(10S):p 26-32, October 2022. | DOI: 10.14309/ajg.0000000000001964
3. Nahon I. Physiotherapy management of incontinence in men. Journal of Physiotherapy 2021, 67:87–94]. https://doi.org/10.1016/j.jphys.2021.02.010
4. Woodley SJ, Lawrenson P, Boyle R, Cody JD, Mørkved S, Kernohan A, Hay-Smith EJC. Pelvic floor muscle training for preventing and treating urinary and faecal incontinence in antenatal and postnatal women. Cochrane Database of Systematic Reviews 2020, Issue 5. Art. No.: CD007471. DOI: 10.1002/14651858.CD007471.pub4.

Rectal Prolapse

1. Oruc M, Erol T. Current diagnostic tools and treatment modalities for rectal prolapse. World J Clin Cases. 2023 Jun 6;11(16):3680-3693. doi: 10.12998/wjcc.v11.i16.3680. PMID: 37383136; PMCID: PMC10294152.
2. Rubin Raju, Brian J. Linder. Evaluation and Management of Pelvic Organ Prolapse,Mayo Clinic Proceedings. 2021 Dec Vol 96 Issue 12: 3122-3129. ISSN 0025-6196, https://doi.org/10.1016/j.mayocp.2021.09.005.
3. Maxwell M, Berry K, Wane S, Hagen S, McClurg D, Duncan E, et al. Pelvic floor muscle training for women with pelvic organ prolapse: the PROPEL realist evaluation. Health Serv Deliv Res 2020;8(47).

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