

“Addressing Pelvic Floor Dysfunction, Stress Urinary Incontinence and Post-Partum Issues”

Like other areas of medical practice related to women’s health, the specialty practice of WHPT has emerged and developed in recent years. The scope of practice in WHPT is based upon the criteria defined by the WHO for women’s health-related conditions and encompasses the evaluation, treatment, and education of women throughout the life span with dysfunction in urology, obstetrics, gynecology, gastroenterology, bone health, post-breast cancer surgical rehabilitation, eating disorders, menopausal symptoms, sexual health, sports medicine issues unique to women, and symptoms of abuse. The title of Women’s Health PT is misleading, because well-trained WHPTs commonly work with men as well. It would be more accurate to say that a WHPT specializes in the above-mentioned dysfunctions, for both men and women alike.

Pelvic floor weakness and dysfunction can manifest into chronic pelvic pain and/or urinary/fecal incontinence for both women and men. *Chronic Pelvic Pain (CPP)* is described as persistent or recurrent pelvic pain associated with symptoms of lower urinary tract, sexual, bowel or gynecological dysfunction with no proven infection or obvious pathology. These symptoms can manifest themselves in the lower abdomen, pelvis, or perineum and genitalia. CPP can be caused by problems such as pelvic joint dysfunction; muscle imbalance, weakness and trigger points within the muscles of the pelvic floor, trunk, and/or pelvis; incoordination of the muscles related to bowel and bladder function; post-operative abdominal scarring; and entrapment of one or more nerves in the pelvis. There are potentially up to 35,000 women/men with CPP living on the East End.* WHPTs can identify the possible generators of pelvic pain, refer to medical specialists for diagnostic testing and treatment, and develop a treatment plan specific to the patient suffering from CPP which typically includes manual therapy treatment of the pelvis, appropriate exercise, visceral release and both external and internal trigger point release vaginally and/or rectally.

Stress urinary incontinence (SUI) usually results from weakness and lack of support in the muscles of the pelvic floor. Pelvic floor supportive dysfunctions can be caused by pregnancy and childbirth, episiotomy, uro-gynecological and colorectal surgeries, trauma, post-menopausal hormonal imbalance, lack of exercise and disuse. There is a 48% prevalence rate of SUI in women with up to 27,000 living on the East End, and an additional 9% suffer from fecal incontinence. Male SUI patients are most commonly referred for pre/post prostatectomy pelvic floor muscle training, representing 3-11% of the male population. WHPT’s can determine the specific area of weakness, and utilize various methods to retrain these muscles including the use of biofeedback and other internal and external methods. The literature supports the ability of therapists to effectively rehabilitate these patients and is considered the first line of defense.

Breast cancer patients are typically only referred to physical therapy if they develop significant shoulder pain and motion loss or lymphedema. But there is so much more that a skilled team can offer!

During post-operative follow-up, a skilled physical therapist can assess for early stage lymphedema, motion loss, functional loss and/or pain, which would indicate referral to PT intervention, manual lymph drainage and/or breast cancer wellness programming. Skilled therapists can work manually on restricted tissues to assist throughout the breast reconstruction process, restoring tissue mobility and function. Due to the harsh effects of oncology treatment, an active woman can benefit from a fitness program geared to exercising in a deconditioned state by establishing a fitness baseline and designing an individualized program. The program could include muscle stretching, strengthening, cardiovascular endurance, and complementary modalities. Lab work would be monitored throughout training to best prescribe exercise intensity for those still in medical treatment. Survivors of breast cancer and other female reproductive cancers can develop vaginal dryness and pelvic issues that can be significantly ameliorated with treatment.

Prenatal and postpartum phases are hallmarked by fluctuating hormone levels that may cause excessive joint mobility, pain and musculoskeletal dysfunction. Mobility of the spine can be affected in both the prenatal and the postpartum periods as the spine adjusts to the changing posture as the fetus grows. These patients respond well to skilled manual therapy techniques to restore postural alignment and stability, promoting function throughout pregnancy.

*Statistical data - 2013 US Census Report compared to the national average prevalence.