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PELVIC FLOOR DYSFUNCTION (PFD)

The pelvic floor is made up of the bony pelvis (hip bones) together with different layers of muscles, fascia, and ligaments. The pelvic floor acts like a hammock to support the pelvic organs including the uterus, bladder, and rectum. If the muscles and associated fascia become restricted, the muscles may become overactive, strained, weak, and uncoordinated. This may contribute to pain in the pelvis. The pain and restrictions often are connected to related dysfunction in the hips and back.

Symptoms

Symptoms related to PFD may include pain of the lower abdomen and pelvic region, a sensation of vaginal heaviness or pressure, pain with vaginal penetration (intercourse, tampon use, menstrual collection devices, etc.), and low back pain. PFD can also impact bladder and bowel function. Bladder symptoms may include urinary urgency and frequency, feeling of incomplete emptying, intermittent urinary stream or the need to strain, and urinary incontinence (leakage). Bowel symptoms may include constipation, pain with bowel movements, frequent bowel movements and fecal incontinence (leakage of stool.) Symptoms of PFD tend to develop slowly and worsen over time.

Main causes of PFD

While the cause of PFD is not always known, contributing factors may include pregnancy, vaginal delivery, pelvic trauma, pelvic surgery, and obesity. PFD is also frequently found alongside pelvic diseases such as endometriosis, bladder pain syndrome, irritable bowel syndrome and vulvar pain. PFD may also arise due to repeated straining (such as with bowel movements) leading to poor coordination of the pelvic floor muscles. The pelvic floor muscles may also be involved in compensating for other musculoskeletal conditions, such as low back or hip pain.

Treatment

Physical Therapy is performed by a physical therapist who has been specifically trained in pelvic health. The physical therapist will perform a complete initial evaluation and, together with the patient, will establish goals and develop an individualized treatment plan. The treatment plan may include patient education, manual therapy, therapeutic exercise, postural training, breathing exercises, neuromuscular reeducation (teaching how to improve pelvic floor muscle control including relaxation, contraction, and coordination), biofeedback, and home exercise program. Modalities such as cold laser, interferential current, electrical stimulation, ultrasound, heat, and ice may also be used. Often mindfulness-based stress reduction is recommended.

Manual therapies will vary based on the specific ongoing education by the physical therapist. It

It is helpful to note that you may benefit from more than one course of PT in your healing journey from therapists with varying specializations, specifically, visceral mobilization, which may include mobilization of fascia, organs, muscles, vessels, and nerves, cranio-sacral release, and, myofascial release. Therapists with training in a combination of these modalities will comprehensively apply techniques within your treatment session.

Medications in the form of muscle relaxants or nerve pain medicines can be given to relax the pelvic muscles, desensitize the nervous system, and help the patient tolerate physical therapy. Trigger point injections are shots placed directly in the dysfunctional muscles to control pain, treat inflammation, and reduce spasm. Injections may include a numbing agent, a steroid, or even botulinum toxin.

PFD often requires a combination of treatments in addition to physical therapy. In patients with chronic pain, other interventions such as stress control, lifestyle modification, and cognitive behavioral therapy (CBT), relationship therapy, meditation, yoga, and acupuncture may be used to reduce pain and improve function.

For more information on Pelvic Floor Dysfunction visit: www.ichelp.org or www.fascrs.org

For more information about other chronic pelvic pain syndromes visit:

International Pelvic Pain Society: www.pelvicpain.org/public