

WHAT IS THE PELVIC FLOOR & HOW CAN PHYSIOTHERAPY HELP?

The role of the Women's Health Pelvic Floor Physiotherapist.

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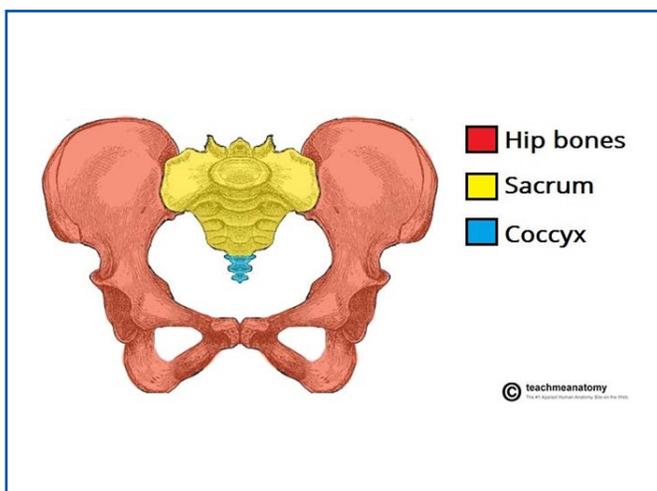
What is the Pelvic Floor?

Many women are told to contract their pelvic floor, however it is common that women do not know what muscles they should be turning on or where they are exactly. Many women also brace or bare down rather than lifting and pulling up. It is important to have strength, endurance and power of your pelvic floor muscles for all women.

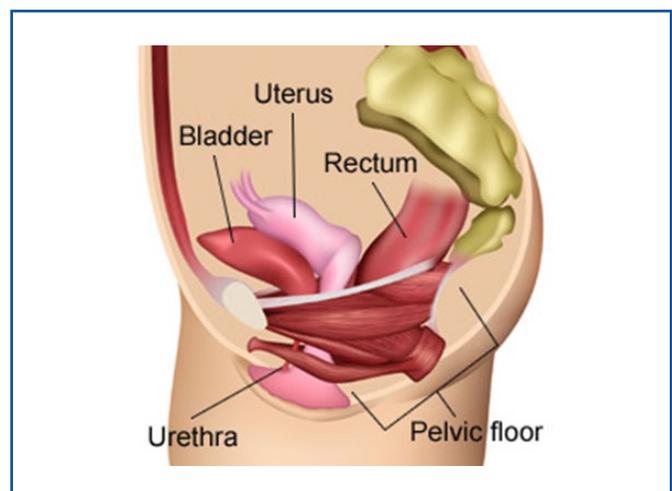
Let's start with the basic anatomy...

The pelvis consists of 3 bones that join to form a ring.

The ring of the pelvic creates the pelvic cavity (figure 1) and within the cavity sits 3 major organs; from front to back - bladder, uterus and rectum (figure 2).



(figure 1)



(figure 2)

Muscles

The pelvic floor is essentially the floor of the pelvic ring that supports the pelvic organs. It not only consists of muscles but fascia and fibrous muscle, which also help to support the organs. The two layers are split into:

1. Deep layer (figure 3)

- Levator Ani (which is made up of pubococcygeus, iliococcygeus & puborectalis)
- Coccygeus

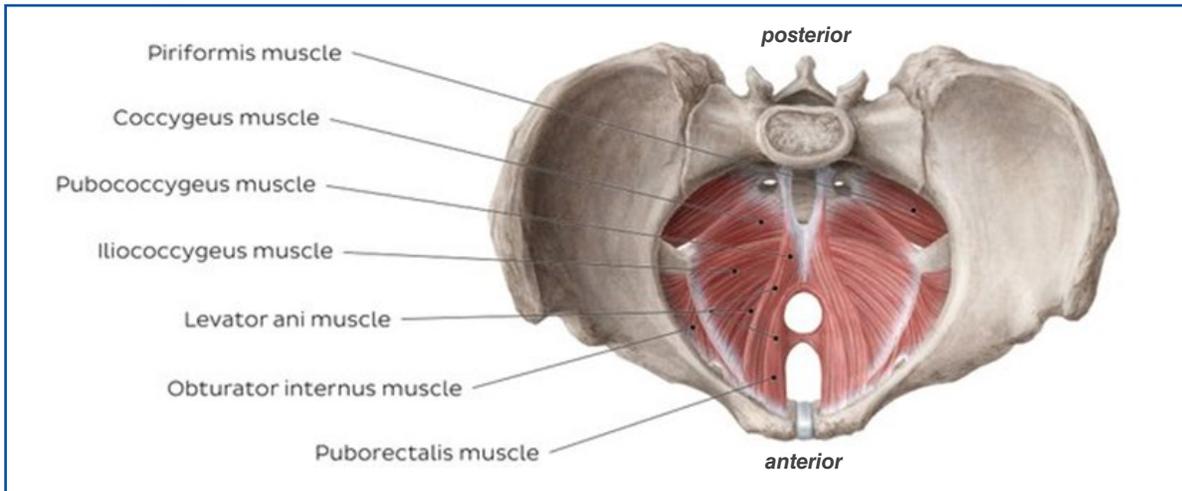


Figure 3 – the deep layer of the pelvic floor looking from above down into the pelvic cavity. NB - Pelvic organs (bladder, uterus & rectum) have been removed but would sit on top of the pelvic diaphragm.

These deep muscles of the pelvic floor are responsible for the forward pull of structures and the important lift of structures, which support and maintain the pelvic organ position. When there is an increase in abdominal pressure i.e. cough, sneeze etc, these muscles resist the downward pressure and prevent the organs from slipping down into the vagina (prolapse).

2. Superficial layer (figure 4)

- Urogenital Triangle
- External Anal Sphincter

The superficial muscles surround the bladder neck, vagina and anus providing added closure.

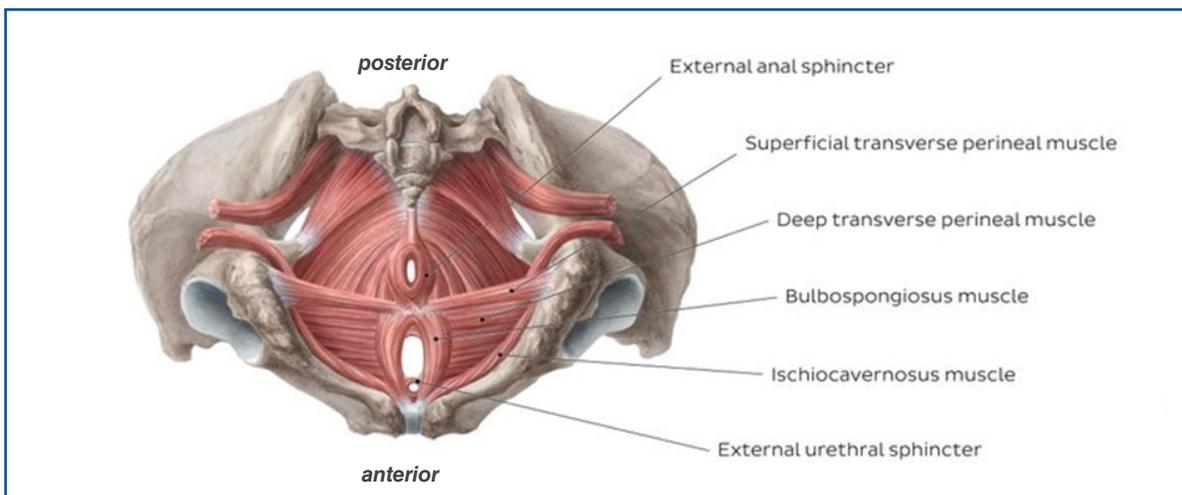


Figure 4 – shows the superficial layer of the pelvic floor looking upwards from underneath/below.

Fascia

Fascia is fibromuscular tissue made of collagen, elastin and connective tissue.

The pelvic floor has both muscular and fascial components. The components of the fascia hold the pelvic organs in their correct position. The fascia in the pelvic ring connects the organs to the side walls, suspends the organs and provides support to their position. Damage to the fascia (tearing or stretching) result in loss of organ support i.e. prolapse.

When there is a pelvic floor dysfunction, it can either be muscle dysfunction or fascial dysfunction or BOTH!



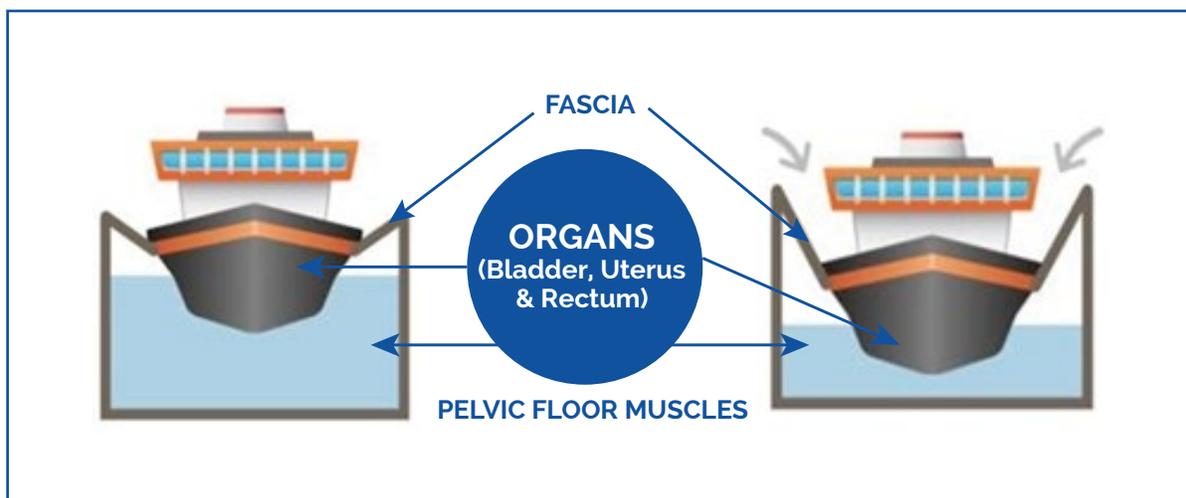
Some post -partum women have a weak pelvic floor without being aware of this weakness, as the fascia that supports the pelvic organs may hold the organs in place and assists the pelvic floor function. However, with age, childbirth and other factors this fascia may begin to sag or lengthen. So, it is important to maintain adequate pelvic floor muscle strength, so that the pelvic organs can be supported from below, to reduce to strain on the fascia, and to reduce prolapse risk.

THE BOAT ANALOGY:

A good analogy to help you understand this is to imagine a boat that is tied to a dock.

- The boat is your pelvic organs (bladder, uterus and rectum)
- The water underneath the boat is your pelvic floor muscles
- The ties holding the boat in place is the fascia

During pregnancy, as the bub gets bigger, imagine the boat getting heavier, and sinking a little further into the water. This will increase the strain or the stretch on the ropes (the fascia). I want you to think about increasing the amount of water underneath the boat. This is like increasing the strength of your pelvic floor muscles which will reduce the strain on the fascia and help support the boat (your pelvic organs) to sit higher.



HOW DO I KNOW IF MY PELVIC FLOOR MUSCLES WORK OPTIMALLY?

Signs of pelvic floor dysfunction

- Leakage during cough, sneeze, laugh, running or lifting (this may be frequent or infrequent)
- Increased need to empty bladder frequently
- Urgency to urinate
- Constipation
- Unable to control wind
- Pain or excessive tightness during intercourse
- Prolapse of pelvic organ: heaviness, bulge, low abdominal discomfort
- Pelvic pain



What is Causing this Pelvic Floor Problem?

Pelvic floor dysfunction can be due to weakness or tightness of the muscles or reduced elasticity of the fascia. It may also be a result from damage through childbirth or trauma.



Other Contributing Factors-

- **Age:** like all other muscles in the body, overtime our muscles lose strength. Hormonal changes during and post menopause may also mean that the fascial supports of the pelvic organs start to sag.
- **Pregnancy and childbirth:** due to the pressure added onto the muscles and/or damage from a vaginal delivery. 1/3 Women who have ever had a baby wet themselves.
- **Constipation/straining:** can weaken muscles and increase downward pressure on the pelvic organs and potentially result in vaginal or rectum prolapse.
- **Incorrect technique of exercise and heavy lifting:** if the muscles do not meet the added abdominal pressure, it strains the pelvic floor muscles causing them to stretch and weaken. Breathing is important in this instance to prevent pressure on the muscles.
- **Tightness:** poor muscle relaxation or holding tension in the muscles can result in pain and sometimes may cause urinary or bowel incontinence.
- **Long term inappropriate exercise technique or repetitive high impact exercise:** can result in tight muscles or increased downward pressure on the pelvic floor & organs. Heavy lifting such as gym work, Crossfit or lifting children can cause stress on the pelvic floor muscles, as can running without good control.
- **Poor coordination:** they may be strong but the muscles of the pelvic floor need to contract optimally at the right time to prevent leakage. They should contract when you cough, sneeze, laugh, lift and change positions.
- **Respiratory conditions:** such as asthma or COPD that increase coughing
- **Gynecological Surgeries:** surgeries such as hysterectomies may damage the fascial supports of the bladder and rectum in the removal of the uterus.

Physiotherapy and the Pelvic Floor

A Women's Health physiotherapist is an expert in pelvic floor dysfunction and will be able to assess and treat the various possibilities of your dysfunction.

What can I expect for a pelvic floor assessment?

- You can expect that all of our Women's Health physiotherapists will listen to your concern and ensure you feel comfortable before starting an examination.
- Your Physiotherapy consultation will be completed in a private and confidential environment.
- To start, your physiotherapist will ask you some questions to get an understanding of your situation and get to know you.
- They will then assess your pelvic floor, which can involve a vaginal internal examination. This will allow the physiotherapist to accurately assess the strength of your pelvic floor muscles as well as checking the position of the pelvic floor organs.
- The Physiotherapist may also ask for you to complete a bladder diary to assess urinary dysfunction symptoms.



How will physiotherapy help me?

- Your physiotherapist will explain and educate you on your specific problem and personalise your treatment plan to your specific needs.
- You will be taught to correctly contract these muscles and coordinate them to work at optimal timing whilst breathing and performing activities e.g. cough, sneeze, lift.
- Your Physiotherapist will be able to advise you on lifestyle factors that may be worsening your symptoms.
- The treatment plan is discussed in collaboration with you to meet your individual goals to ensure you gain the confidence to **TAKE CONTROL** of your health and wellbeing.



Returning to exercise after pelvic floor treatment

Depending on your goals, your Women's Health physiotherapist can assist you to slowly return to your preferred exercise, this may be higher impact activities such as running or weights, or lower impact such as golf or gardening. They will be able to assess your technique and offer guidance to ensure you optimally use your pelvic floor muscles and prevent reoccurrence.

Even if you have never exercised before, your Women's Health physiotherapist can introduce you to exercises that suits you and ones that you enjoy. The trick to long term exercise adherence is keeping exercise fun, enjoyable and social.

Clinical Pilates / Exercise Classes

Physiotherapy instructed Pilates or specific exercise classes can assist with pelvic floor function. Training muscles to contract and relax allows you to gain functional use, prevent incontinence and prolapse and gain relaxation of pelvic floor muscles. It will also help your posture, general strength & conditioning.

The program is individualised and is a great global strengthening exercise that is very popular. A pilates program combined with a home exercise program will lead to best results with achieving optimal function.

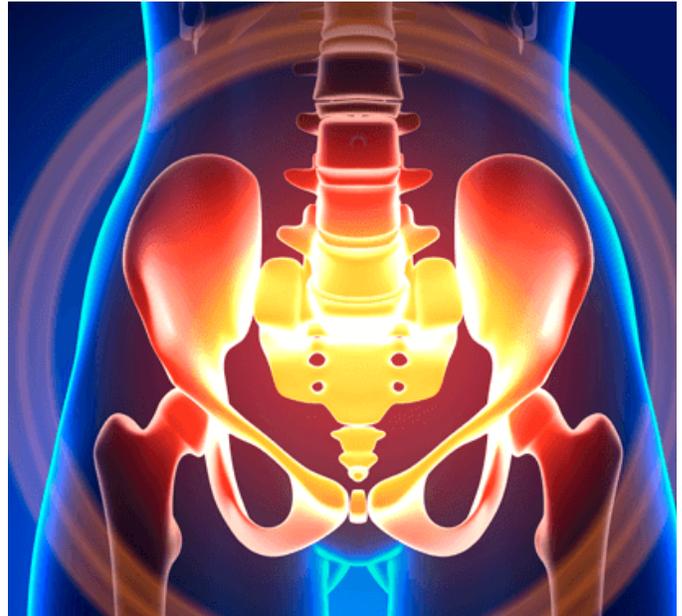
Who can help?

- **You.**

You are in charge of your body and how much you get out of recovery is based on your motivation and persistence. Pelvic floor dysfunction can affect you physically and socially. With appropriate action, you will recover as optimally as possible and will be guided the whole way.

- **Women's Health Physiotherapist**

We advise you to make an appointment with one of our Women's Health physiotherapists, if you have any signs of pelvic floor dysfunction or incontinence(loss of bladder control)
At **East Gosford Physiotherapy** we are committed to ensuring you are educated to TAKE CONTROL of your health and wellbeing.



- **Urologist or Gynaecologist.**

Specialists will screen for any medical problems that may be contributing to your dysfunction. They can also refer you to a Women's Health physiotherapist for rehabilitation of the pelvic floor muscles.

- **GP.**

Your local doctor can advise you to see a Women's Health physiotherapist or specialist as needed. They will also recommend seeing a physiotherapist if you are pregnant or post-partum to prevent dysfunction or to ensure your pelvic floor works optimally.

- **Family members and friends.**

Pelvic floor dysfunction is common and it is likely that your family or friends have experienced some form of dysfunction however it is rarely talked about. It is important to talk about these issues and know that there is a support network for you.

Frequently Asked Questions and further information

1. Do I need a referral to see a Women's Health physiotherapist?

No. You do not need a referral to see a physiotherapist for your pelvic floor dysfunction. Ensure when you book an appointment at East Gosford Physio, you request a Women's Health physiotherapist.

2. Will my incontinence resolve?

Yes, with the right advice. This will depend on the severity but most importantly your compliance to recovery. Continence is regained more effectively if you seek advice from a physiotherapist. Your Women's Health physiotherapist will discuss your ideal program but it is up to you and your motivation as to how quickly you will recover.

3. Do I need to do my pelvic floor exercises forever?

Even if you do not feel the need, it is important to continue with pelvic floor exercises to remain symptom free. Like any other muscle, over time the pelvic floor muscles weaken so it is important to keep doing the exercise as advised by your Women's Health physiotherapist.

4. How do I book a Women's Health Physiotherapy appointment?

Phone **East Gosford Physiotherapy & Sports Injury Centre** on **43237499**
Ask for an appointment with our Women's Health Physiotherapist.

This assessment is a specialised appointment which will take longer than a normal physio appointment but will thoroughly look at all aspects of your problem and provide you with a pathway and solution.

Contact us:

East Gosford Exercise Physio
Ph: (02) 4323 7499
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