Objectives

• What is Pelvic PT?
• Learn about who is appropriate for Pelvic Floor PT
• Learn about various options for treatment
• Discuss potential outcomes associated with Pelvic Floor PT
What is Pelvic PT?

A specialty focus in PT which treats:

- Bladder
- Bowel
- Pelvic and abdominal Pain
- Prenatal and Postpartum/Pregnancy-related Musculoskeletal Concerns

- Some Pelvic PTs treat male and pediatric patients and some do not.
- Pelvic PTs sub-specializing in Pediatric issues or Neurological Issues are very rare.

Is Pelvic PT for me?

**DIAGNOSES**
- Stress urinary Incontinence
- Overactive bladder
- Urinary Urge Incontinence
- Functional Incontinence
- Urinary Retention
- Fecal Incontinence
- Constipation
- Pelvic Pain

**OTHER CONSIDERATIONS**
- Intact pelvic muscle function
- Status of neurologic disease
- Mobility status
- Cognitive status
- Caregiver support
NORMAL Age-Related Changes related to Incontinence

- Hormones
- Muscle Weakness
- Labor/Delivery (pregnancy)
- Medications
- Mobility
- Strong relationship with Back pain and breathing dysfunctions

Typical Function by Lesion Location

<table>
<thead>
<tr>
<th>Lesion Location</th>
<th>Condition</th>
<th>Bladder/Bowel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brain</strong></td>
<td>PD</td>
<td>Overactive bladder, Urge Incontinence, fecal incontinence</td>
</tr>
<tr>
<td></td>
<td>MSA</td>
<td></td>
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<tr>
<td></td>
<td>PSP</td>
<td></td>
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<tr>
<td></td>
<td>PSP</td>
<td></td>
</tr>
<tr>
<td>Middle to upper Spinal cord</td>
<td>MS</td>
<td>Either Overactive or Underactive (varies by individual)</td>
</tr>
<tr>
<td>Lower spinal cord or peripheral nerve/after exiting spinal cord</td>
<td>MS</td>
<td>Underactive Bladder, urine retention, constipation</td>
</tr>
</tbody>
</table>
Incidence

• Parkinson’s Disease
  • 35-70% will have a voiding dysfunction
  • Most commonly patients have overactive bladder due to loss of cells in the substantia nigra, reducing ability to defer urge to pee

• Multiple Sclerosis
  • Bladder symptoms in up to 75% of patients, most commonly urinary urgency complaints.
  • Bowel issues are common. Often constipation is present in up to 70%, fecal incontinence in up to 70%.
  • Often good candidates for catheterization and electrical stimulation

Incidence

• PSP
  • May present with urinary and fecal impairments before neurologic symptoms
  • Urinary storage and voiding dysfunction in up to 57% of patients

• Multiple Systems Atrophy
  • May have bladder symptoms much earlier than neurological symptoms
  • Up to 73% with urinary incontinence
  • Often have incomplete bladder emptying
  • With progression of disease, muscles become weaker and leakage may increase
What happens in a Pelvic PT evaluation?

- Medical, surgical, social history
- Bladder diary/Bowel Diary or Inventory
- Core Muscle Assessment:
  - Pelvic Floor Muscles
  - Deep Abdominal Muscles.
  - Diaphragm and breathing mechanics
  - Deep Spinal muscles

Find Out the patient’s goals!

Treatment Interventions

- Education
- Toileting scheduling including use of enemas and medications
- Managing Diet and Fluids
- Gait Training
- Core Exercises
- Hand and Finger Exercise
- Other Modalities

Power Over Parkinson’s
PT’s GOALS

• Educate the patient on realistic PT goals
• Work with the medical team to improve patient-centered treatments to improve quality of life
• Address the whole person
  • Treat bladder, bowel, sexual function, and core muscle function in one plan of care
    • Bowels: Balancing constipation vs fecal incontinence/loose bowels
    • Bladder: Focus on emptying the bladder well regularly to prevent reflux and the need for cath
  • Refer to other specialty professionals for gait, balance, hand function, and other concerns if needed
• Gain rapport for future concerns and return visits when needed

What outcomes should I expect?

BLADDER and BOWEL:
✓ Improved Urgency Delaying to prevent leakage
✓ May see decreased leakage
✓ Reduced UTIs and reflux
✓ Improve bowel motility
✓ Reduce straining to empty bowels

OTHER:
✓ Maintain sexual function
✓ Promote pelvic joint stability for functional movement
✓ Improve quality of life by gaining more self-control and self-management techniques

Unfortunately, bladder and bowel function will typically decline with neurological progression.
How Do I get Referred to Pelvic PT?

- Ask your doctor to refer you or ask if referral is appropriate! Your provider can write you a prescription.
- Pelvic PT is covered under the same insurance benefits as regular outpatient PT
- Use “find a PT practitioner” from our specialist websites*:
  - [www.womenshealthapta.org](http://www.womenshealthapta.org) and click “PT Locator” and search by location.
  - [www.pelvicrehab.com](http://www.pelvicrehab.com) to search by name or location

*PTs must self-update their bios to these sites and therefore not all practitioners may be listed. Contact the facility to find out if that PT has experience with Neurologic Conditions for Pelvic Diagnoses and can treat you.

THANK YOU!

Think of questions later?
Write me: Meghan.Swenck@vcuhealth.org
Reference Material
