

Pelvic Floor Muscle Rehab for pelvic organ prolapse

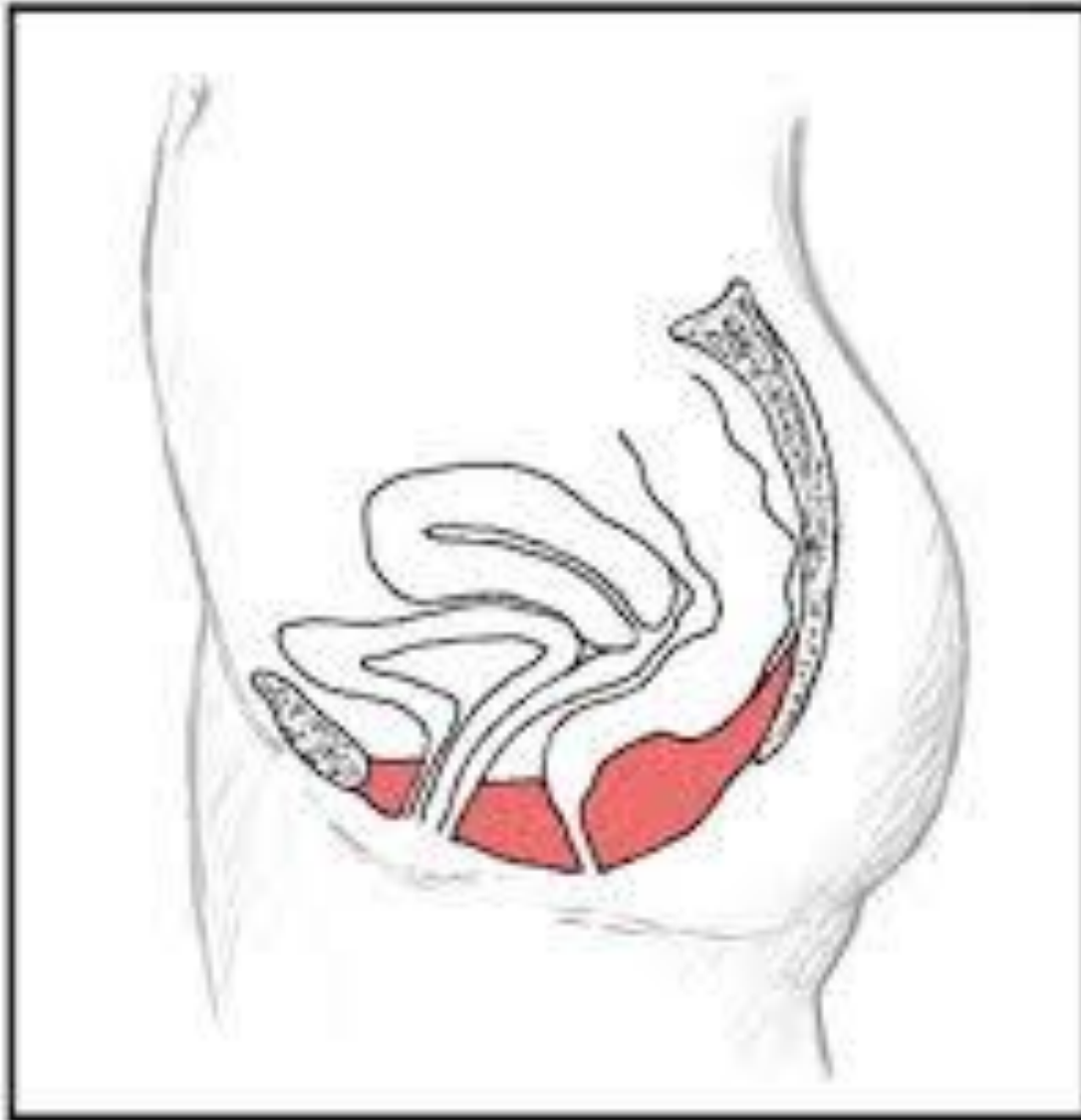


Tracy O'Mahony (MISCP)
Senior Physiotherapist
(Womens and Mens Health)



What's prolapsing?

- Uterine prolapse
 - Cystocele
 - Rectocele
- Rectal prolapse





Treatment for pelvic organ prolapse

- ❖ Physiotherapy
 - ❖ Pessary
- ❖ Physiotherapy + pessary
 - ❖ Surgery



Physiotherapy

- ✓ Pelvic floor exercises
 - ✓ Advise
 - ✓ Education



Pelvic floor exercises

- place your hand on your tummy at belly button level
- pelvic floor muscle contraction



How to rehab the Pelvic Floor Muscles



Pelvic Floor Muscle rehab often thought as:

“tightening”

“lifting”

“Squeezing”

“holding”

“stopping and starting flow of
urine”



Betty used every opportunity to exercise her pelvic floor muscles.



BUT





Smith et al (2005)

- Loaded continent & incontinent ♀ with an unexpected weight in standing
 - Continent ♀: PFM & abdominals contract simultaneously
 - Incontinent ♀: greater raw PF & signif greater raw Ext. Obliq EMG activity



- Incontinent ♀, PFM activity seemed insufficient to maintain continence with increased External Oblique activity
- So, rehab with initial focus on increasing PFM strength is counter – productive

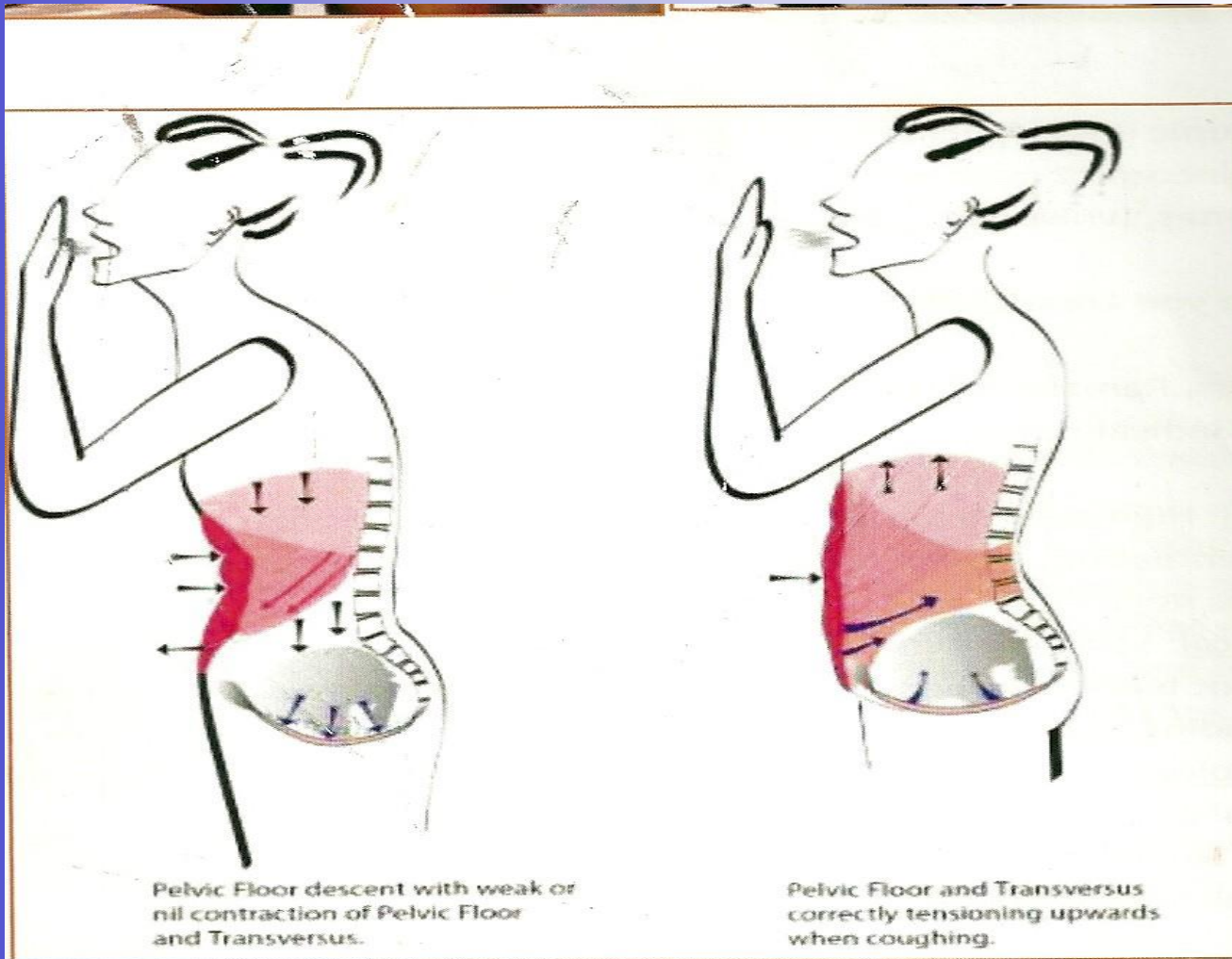


Rehab of the “CORE”

Active Components of the core:

- Respiratory Diaphragm
- Pelvic Floor Muscles
- Transversus Abdominus
- Segmental Multifidus

Bond Girls again!





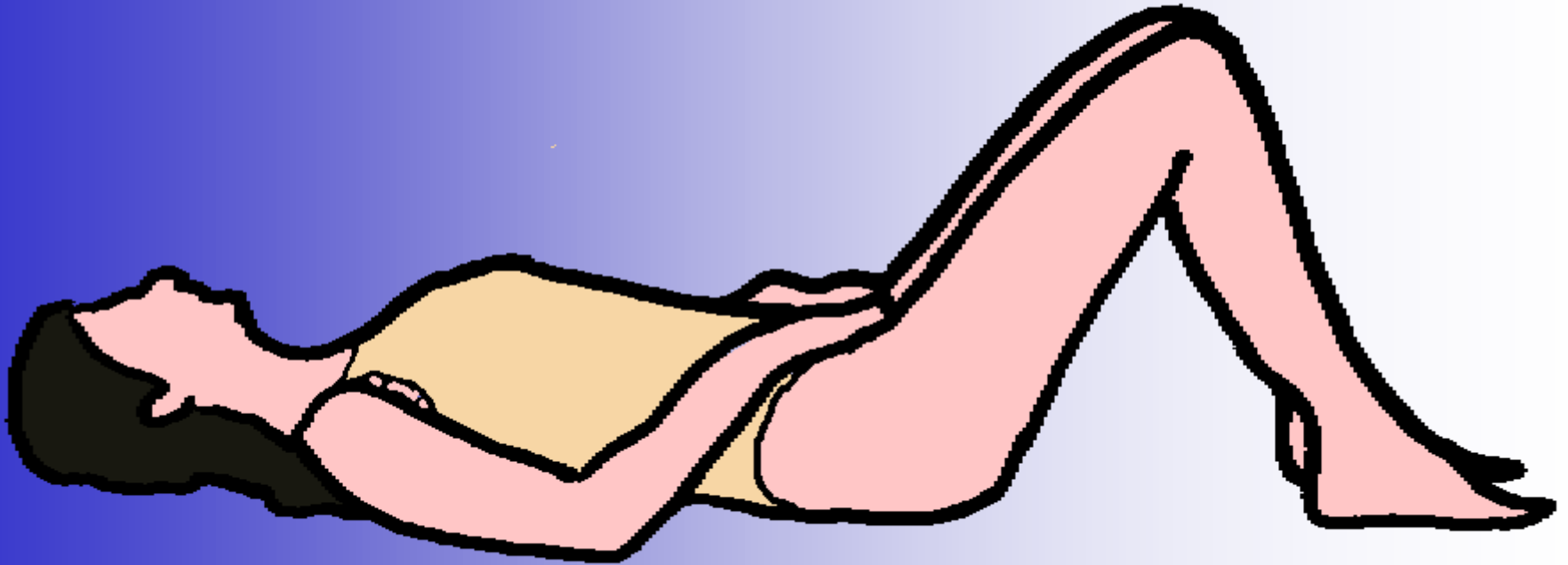
Correcting the pattern

What happened to your abdominals earlier ?

1. Posture / positioning
2. “Let go” of abdominals
3. Abdominal breathing
4. Pelvic floor muscle contraction
5. Co – ordinate PFMC with expiration

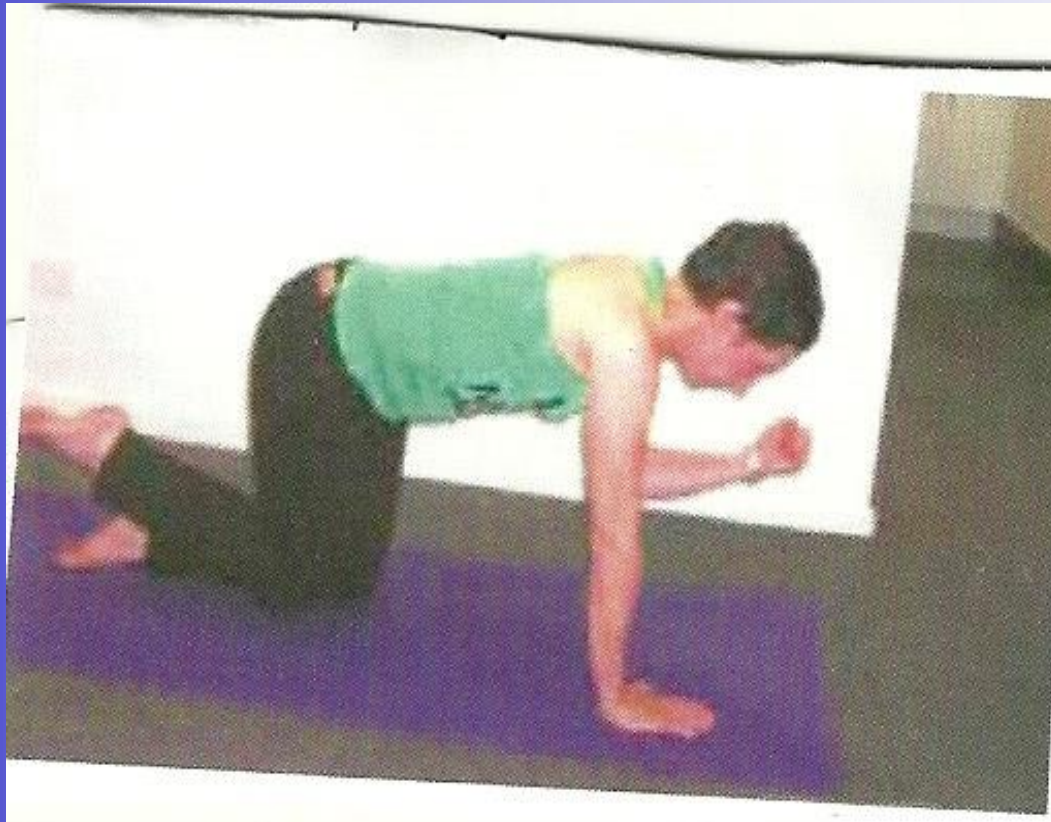


Exercise Positions



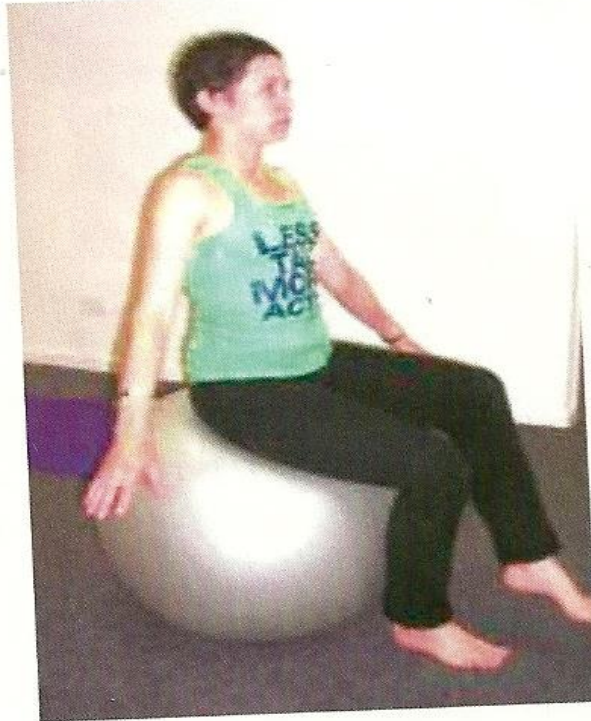


All 4's





Gym Ball



Seated balance with hip flexion



Functional



One leg balance and pick up from floor. May start picking up from chair seat and progress as improvement is demonstrated



Gym





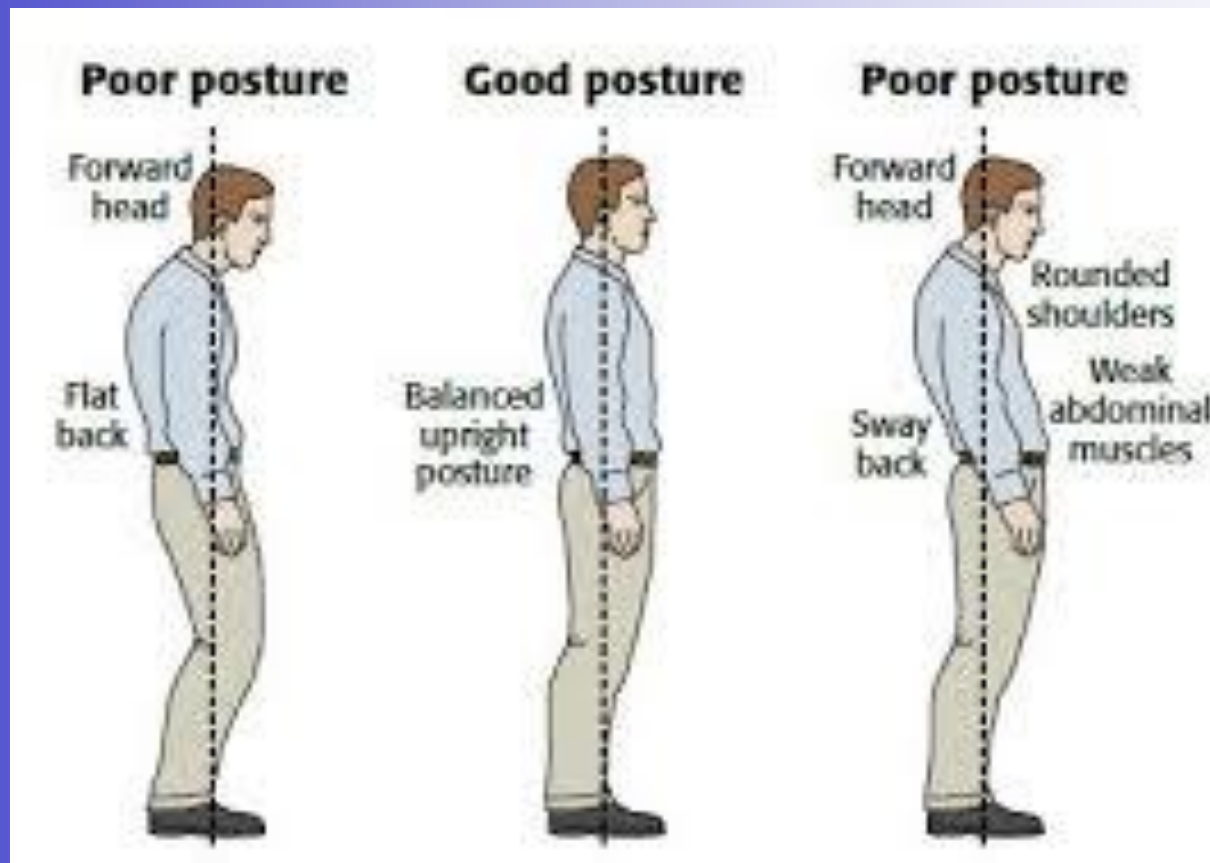
Advise for reducing strain on the pelvic floor

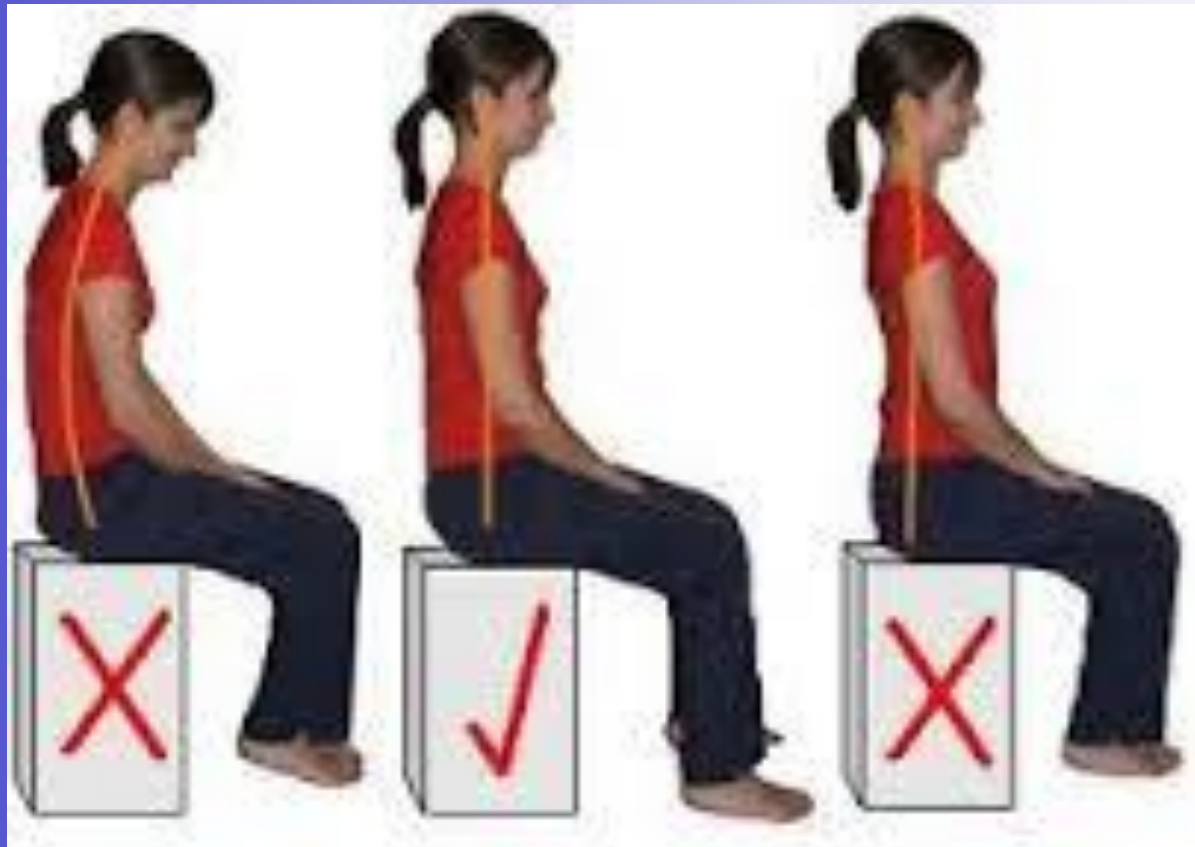
- Posture
 - Toileting position
 - Avoid constipation
- Avoid prolonged standing
- Avoid heavy pushing, pulling and lifting
- Maintain a healthy body weight



posture

- ✓ Sitting
- ✓ Standing
- ✓ Sleeping
- ✓ In / out bed
- ✓ Ergonomics for work and home







Constipation

- Never ignore an urge to stool
 - Toileting position
 - Adequate fluid intake
 - Adequate exercise
 - Diet



Toilet positioning





Treatment plan for all patients includes:

- Individual pelvic floor muscle exercise programme
- Bladder re- training
- Advise / education
- Setting realistic goals



PILATES





Sessions

- 1st visit – 1 hour
 - Detailed subjective exam
 - General posture and movement Assessment
 - Internal exam if consent
 - Manual therapy if indicated
 - Set realistic goals
 - HEP and advise



- ❑ Subsequent visits every 2 – 6 weeks
- ❑ Continue until improves or plateaus

Practical Information



- Initial visit (1 hour) €65
- Subsequent visits (30–45 mins)
 €45
 - No waiting lists
- Late evening and early morning appointments available



Referrals

- ❖ Self referrals accepted (except Faecal and men)
 - ❖ Referral letter desirable
 - Reason for referral
 - All PMH (medical and surgical)
 - Current meds
- Treatment / investigation results to date

Other Symptoms associated with Pelvic Floor Muscle Dysfunction



1. Incontinence

- Urine, Faeces, Flatus
- Stress, Urgency, Mixed
- Male, Female (all ages)



2. Pelvic organ Prolapse

3. Pelvic Pain Syndromes:

Dyspareunia, Vaginismus,
Vulvodynia, Anorectal Pain /
Anismus, chronic pelvic pain
syndrome

- Male and female (all ages)



4. Constipation

Male and Female



Pregnancy related Pelvic girdle dysfunction

- Back pain
 - Hip pain
 - Buttock pain
 - Leg pain
- Pubic symphysis pain



Pregnancy related PGP signs

- Difficulty turning in bed
 - Difficulty on stairs
 - Difficulty walking
- Difficulty in / out car



Signs of Pelvic Floor Muscle Dysfunction

1. Hypotonic and weak
2. Hypotonic and strong
3. Hypertonic and weak
4. Hypertonic and strong

