

# WRHA: Less Pain, More Gain!

## Case Study: Abdominal & Pelvic Pain

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# WRHA: Less Pain, More Gain!

## Case Study

To respect patient privacy the slides of the case study presented at the WRHA: Less Pain, More Gain! Conference are not available for website posting. Sorry!

In place of this case study, please find slides pertaining to pelvic floor physiotherapy offered at IPPC-Incontinence & Pelvic Pain Clinic.

If you have any questions, please do not hesitate to contact the clinic or myself.

Thank you!

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# Objectives

- To understand that pelvic floor dysfunction (PFD) comes in many forms.
- To appreciate the importance of a healthy pelvic floor muscle (PFM) in prevention or correction of PFD.
- To become familiar with the role of pelvic floor physiotherapy in the treatment PFD.



# Forms of Pelvic Floor Dysfunction (PFD)

- Bladder Dysfunction
- Bowel Dysfunction
- Pelvic Organ Prolapse (POP)
- Pelvic Pain (acute and chronic)
- Sexual Dysfunction
- PFM Dysfunction

**\*The PFM plays a role in all types of PFD.**



# Healthy Pelvic Floor Muscle (PFM)

**\*The PFM plays a role in all types of PFD.**

**For a muscle to be healthy its ability to fully relax is equally important to its ability to contract!**

Examples:

**PFM Hypotonus** leads to bladder incontinence, bowel incontinence, pelvic organ prolapse, sexual dysfunction, etc.

**PFM Hypertonus** leads to pelvic pain and pelvic organ pain, sexual dysfunction, incomplete bladder emptying, incomplete bowel emptying, bladder and bowel urgency and frequency, constipation, etc.

**\*PFM health is critical in the prevention and correction of PFD.**



# PFD Medical Treatment Options

- Pharmaceutical Options/Medication
- Surgical Options
- Conservative Management: Pelvic Floor Physiotherapy
- Combination of the above



# Pelvic Floor Physiotherapy can offer Tx for...

- **Bladder dysfunction** (e.g. incontinence, urgency, frequency, incomplete emptying, etc.)
- **Bowel dysfunction** (e.g. incontinence, levator ani spasm, chronic constipation, IBS, incomplete emptying, etc.)
- **Pelvic organ prolapse** (e.g. cystocele, rectocele, uterine prolapse, etc.)
- **Pelvic pain/Sexual dysfunction** (e.g. VVS, vulvodynia, interstitial cystitis, rectal pain, coccyx pain, etc.)
- **PFM dysfunction** (e.g. hypertonus, hypotonus, myofascial trigger points, muscle tear, atrophy, etc.)



# Pelvic Floor Physiotherapy

- Education
- Medical/surgical/obstetrical & gynecologic/bladder & colorectal history, etc.
- Bladder Diary
- Diet & Lifestyle Alterations
- Toileting ergonomics
- Bladder Retraining/Behavioral Techniques
- Urgency Delay/Relaxation Techniques





# Pelvic Floor Physiotherapy (continued)

- Acupuncture
- Tibial nerve stimulation
- Cold Laser Therapy
- Manual Therapy:
  - Myofascial trigger point release therapy
  - Scar tissue/adhesion release techniques/DTF
  - Visceral massage
- PFM relaxation techniques and exercise prescription
- PFM Strengthening Exercises may be combined with:
  - Computerized EMG biofeedback
  - Neuro-muscular electrical stimulation



# PFM Exercise Prescription

- **No negative side effects** to PFM exercises when properly prescribed and correct technique is used.
- Exercise and conservative management **does not limit future treatment options** and can augment pharmaceutical and surgical options.
- Increase circulation, increase fight against infection e.g. UTI
- Encourages patients to become active in their treatment plan; mental and physical gain.
- Appropriate for anyone wanting to prevent or correct loss of bladder & bowel control, POP, improve sexual sensation and appreciation, respiration & postural/CORE support/stabilization.



# Outcome of Conservative Management

- **Dietary changes, toileting habits and ergonomics, education & properly prescribed and implemented PFM exercise can lead to significant improvement and for some resolution.**
- **A nonsurgical approach to pelvic floor rehabilitation for urinary symptoms, defecatory dysfunction and pelvic pain is effective in the treatment of women with PFD.**

Starr et. al., 2013

Female Pelvic Medicine & Reconstructive Surgery



# Prevalence of PFD & Outcome of Tx

- **As many as 1 out of 3 women experience PFD and 80-90% of these women note significant improvement if they seek help.**

American Urogynecologic Society, 2012



# IPPC-Incontinence & Pelvic Pain Clinic

- Pelvic floor physiotherapy services for over 20 years, fully encompassing approach to pelvic floor health i.e. treatment for bladder and bowel health, pelvic organ prolapse, pelvic pain and sexual dysfunction to men, women and children.
- Dedicated to continued excellence in academics and highest standards in global pelvic floor education and training.
- Active in scientific research and publication for pelvic floor medicine.



# IPPC-Incontinence & Pelvic Pain Clinic

- If you have patients that may benefit from pelvic floor assessment we would be happy to help.
- Please send referral to;

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Phone: 204.982.9178

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Email: [novaphysio@shaw.ca](mailto:novaphysio@shaw.ca)

- Brochures and referral forms available.



**Thank you!**

**Please start your PFM exercises tonight!**

To avoid PFM injury and to see optimal benefit to your hard work, ensure your technique is perfect.

