

PELVIC HEALTH PHYSICAL THERAPY AND THE NURSE PRACTITIONER: WHAT'S GOING ON DOWN THERE?

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Physical Therapy Today

Pelvic Health Physical Therapy (PHPT)

Objectives:

- Discuss components of pelvic health physical therapy.
- Explore the role of the pelvic health physical therapist as a vital part of an inter-professional team
- Develop strategies to access and refer clients to pelvic health physical therapy.

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Pelvic IQ Test:

1. **T/F** Everyone should do Kegels to maintain continence and improve sex and orgasm.
2. **T/F** A normal bowel movement requires straining on the toilet.
3. **T/F** Sex is uncomfortable after childbirth.
4. **T/F** Needing lube means I am not good enough/not turned on enough.
5. **T/F** Kegels are only for women.
6. **T/F** I should pee, just in case.
7. **T/F** Everyone will probably need adult diapers at some point.
8. **T/F** Waking up to pee at night is part of getting older.
9. **T/F** At some point, I will get too old for sex.
10. **T/F** It's normal to pee a little when you laugh, cough, sneeze, or jump after childbirth.
11. **T/F** Everyone knows how to Kegel.
12. **T/F** Only women go to pelvic physical therapy.
13. **T/F** Pelvic PT can help.

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PHPTs evaluate and treat:

- Urinary, fecal, and sexual dysfunctions
- Pelvic disorders
- Men, women and children



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Diagnoses:

- Urinary and fecal incontinence
- Urinary frequency and urgency
- Pelvic organ prolapse (POP)
- Pelvic pain- vaginismus, dyspareunia, interstitial cystitis (IC/PBS), chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), pudendal neuralgia

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Pelvic Pain:

- Dyspareunia
- Vaginismus
- Vulvodynia
- Vestibulodynia
- Clitorodynia
- Pudendal neuralgia
- IC/PBS



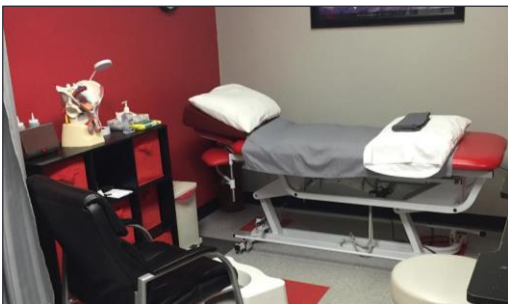
PHPT**Diagnoses:**

- CP/CPPS
- Constipation
- Defecation dyssynergia
- Anal pain/spasms
- Coccydynia
- Hip pain (obturator internus)

PHPT**Diagnoses:**

- Obstetric pain
 SIJ/pubis symphysis instability
 Severe LBP



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PHPT**Treatment:**

Biofeedback: EMG/Pressure (vaginal, rectal)

EMS (vaginal, rectal)



PHPT**Treatment:**

- MTrP release (ischemic compression, dry needling)
- Myofascial release
- Positional inhibition (strain counterstrain)
- Contract-relax technique
- Dilator insertion vaginally
- Aquatic therapy for pain patients
- Mindful meditation/PRE
- Yoga



PHPT**First Line of Treatment:****Urinary incontinence- SUI, UUI and MUI**

(American College of Physicians: Quaseem et al 2014)

- Family physicians manage UI effectively
- Cochrane Systematic Review of 21 trials: PFPT associated with UI cure 100% less leakage or improvement, 75% less leakage

(Moore et al 2003)

(Dumoulin et al 2014)

PHPT**First Line of Treatment:****POP:** Grades 1-3

- To prevent the prolapse from becoming worse
- To help decrease the frequency/severity of symptoms
- To avert or delay the need for surgery

(Hagen & Thakur 2012)

PHPT**First Line of Treatment:**

- **IC/PBS-** to decrease suprapubic pain, pressure may or may not be related to bladder filling, pain in urethra, vulva, vagina, rectum, lower abdomen and back, urinary urgency/frequency, nocturia
- **CP/PPS-** to decrease pain in perineum, suprapubic region, rectum, testicles, tip of penis, prostate, abdomen, pain/difficulty with voiding, erections and ejaculation, urinary frequency, nocturia

(American Urological Association Guidelines: Hanno et al 2011)

PHPT**Recommendations:**

- Ask the right questions
 - pain with intercourse (only 15% of family practice physicians ask about sexual dysfunction (Ribeiro et al 2014)
 - urinary and fecal continence
 - pain with voiding and/or defecation
- Add questions to medical history questionnaire to promote ease of discussion

PHPT

University of Technology, Sydney

Faculty of Engineering

Department of Mechanical Engineering

MECH2001 – Engineering Mechanics

Final Examination – 2019

Duration: 3 hours

Instructions:

- 1. This examination is closed book.
- 2. You are permitted to use a calculator.
- 3. You are permitted to use a ruler.
- 4. You are permitted to use a protractor.
- 5. You are permitted to use a compass.
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- **Locate a PHPT online:**
- **APTA: Find a PT (www.apta.org)**
 - choose zip code/city
 - scroll through and note Practice of Focus (pelvic pain, incontinence)
- **Women's Health Section: PT Locator (www.womenshealthapta.org)**
 - click on pelvic pain or urinary incontinence
- -choose zip code/state
- **Herman and Wallace (www.hermanwallace.com)**
 - click on Resources
 - choose Practitioner Directory (map of USA with pins)

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Search Results for Lubbock, TX, Area

2 records found.

Indicates specialty certification for physical therapists with advanced clinical knowledge, experience, and skills in a special area of practice. Visit [APTA's](#) to learn more.

Filter Results

Practice Area: Name of PT: Name of Clinic: **Filter**

Displaying 1 - 2

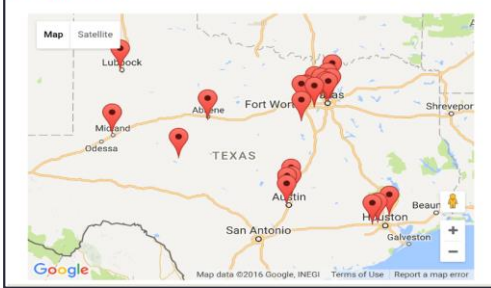
Provider	Location	Distance
Kathryn Kay "Kaitly" Curry, PT, DPT Physical Therapy Today 4136 19th St. Practice Focus: Dry Needling, Incontinence, Pelvic Pain, Sexual Dysfunction, Women's Health Physical Therapy	Lubbock, TX	9 mi.

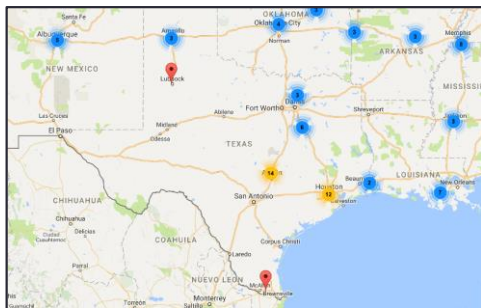
About Find a PT

Find a PT allows you to search a national database of physical therapist members of the American Physical Therapy Association (APTA) for the exclusive purpose of seeking physical therapist services. APTA does not make any warranties regarding the information included in Find a PT. APTA members can sign up for Find a PT through their [member profile](#).

Using Find A PT

APTA values the privacy of its members. Accordingly, information in Find a PT cannot be used for commercial purposes, including, but not limited to, advertising, marketing, recruitment, solicitation, or other purposes. Please note that at APTA's sole discretion.

PHPT**PT Locator**

PHPT**Herman and Wallace: Practitioner Directory**

PHPT**How to refer a patient:**

- Sign a referral- patient name, diagnosis, evaluate and treat
- Fax referral to Physical Therapy Today 19th St
- Our office calls the patient to set up appointment
- Encourage patient to attend evaluation and treatment

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References:

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Case Study

Patient is a 47 year old female with the chief complaint of urinary leakage when she coughs, laughs, lifts, exercises and sometimes while on the way to the bathroom with a strong urinary urge. On the medical questionnaire she leaves the question regarding history of sexual abuse blank. And she notes on the questionnaire that she has pain during intercourse.

- What questions do you ask her?
- What are you going to examine and how?
- What are her options for treatment?



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**Questions
and
Discussion**

Thank you!
