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.

PHPT

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.
PHPT

PHPTs evaluate and treat:
- Urinary, fecal, and sexual dysfunctions
- Pelvic disorders
- Men, women and children

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

Pelvic Pain:
- Dyspareunia
- Vaginismus
- Vulvodynia
- Vestibulodynia
- Clitorodynia
- Pudendal neuralgia
- IC/PBS
Diagnoses:
- CP/CPPS
- Constipation
- Defecation dyssynergia
- Anal pain/spasms
- Coccydynia
- Hip pain (obturator internus)

Diagnoses:
- Obstetric pain
  - SIJ/pubic symphysis instability
  - Severe LBP
**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

(Moore et al 2003)

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

(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)

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**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/CPPS** - 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)

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**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

- 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)
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
PHPT

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?
PHPT

Questions and Discussion

Thank you!