PELVIC FLOOR DYSFUNCTION

Men’s and Women’s Health And Physical Therapy
“Millions of Americans are suffering from pelvic floor dysfunction, yet for most, the disease goes unidentified and untreated. Statistics say that 1 out of every 5 Americans (of every age) suffer from some type of pelvic floor dysfunction at some time in their life. Over 25 million Americans suffer from urinary incontinence alone or involuntary loss of urine. And, it is not just a "women's" disorder, men and children can have pelvic floor dysfunction as well.”

http://www.beyondbasicsphysicaltherapy.com/pfd.shtml
WHAT IS PELVIC FLOOR DYSFUNCTION?

- Muscles of the pelvic floor are weak or tight
- Pelvic pain
- Increased or decreased sensitivity

- Impairment of:
  - Sacroiliac joint
  - Low back
  - Coccyx
  - Hip joint
Some of the patient complaints that may be related to pelvic floor dysfunction:

- urinary incontinence
- fecal incontinence
- pelvic organ prolapse
- abnormalities of the lower urinary tract
- defecatory dysfunction
- sexual dysfunction
- chronic pain syndromes
- vulvodynia.
POSSIBLE CAUSES

- infections
- pregnancy or childbirth
- insidious onset
- poor posture
- low back issues (pelvic tilts, etc)
- SI dysfunction
- trauma such as a bad fall
- result of surgery
INTERSTITIAL CYSTITIS (CI)

• Also known as painful bladder syndrome (PBS).
• Recurring pain or discomfort in the bladder and the surrounding pelvic region.

• Signs and symptoms may include:
  • urinary urgency, frequency or retention
  • dyspareunia
  • pain in the back, suprapubic area, and/or abdomen
  • nocturia (nighttime urinary frequency)
  • pain before, during, or after urination
THREE MOST COMMON AND DEFINABLE CONDITIONS ENCOUNTERED CLINICALLY

- urinary incontinence
- anal incontinence
- pelvic organ prolapse
ANATOMY

• The pelvic floor is made up of muscles and other tissues that form a sling from the pubic bone to the tailbone.
• They assist in supporting the abdominal and pelvic organs, and help to control bladder, bowel and sexual activity.
Anatomy of the pelvic floor in women.

Law Y M, Fielding J R AJR 2008;191:S45-S53
—Anatomy of the pelvic floor in women.

Law Y M, Fielding J R AJR 2008;191:S45-S53

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Anatomy of the pelvic floor in women.
This group of muscles need to contract when you are walking without letting you urinate. They should relax during sexual intercourse and during a bowel movement. However, you would most likely rather not have a bowel movement while you are having sexual intercourse. One part of the muscle may be contracting while the other is relaxing. It is extremely complex physiology. The mechanisms that control these complex functions have not been explored in any controlled. This area needs more research as the dysfunction of these muscles is causing problems for women and men alike.
Illustration #3  Male Urogenital System (midsagittal section)

- sacrum
- rectum
- coccyx bone
- pelvic floor muscles
- prostate gland
- bladder
- abdominal muscles
- pelvic bone
- urethral sphincter muscle
- urethra
- penis
- testicle

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MALE PELVIC FLOOR
Illustration #4  Male Pelvic Floor Anatomy

involved muscles:

- ischiocavernosus
- bulbocavernosus
- perineal body
- levator ani:
  - pubococcygeus
  - iliococcygeus
- transversus perineum
- coccyx bone
- anus
- anal sphincter
- gluteus maximus

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THE MALE PELVIC FLOOR

- Pelvic floor dysfunction is often called prostatodynia in men. The muscles at the base of the corporal bodies expand during an erection and contract during orgasm. These muscles are appendages to the pelvic floor muscles. When the pelvic floor muscles become dysfunctional, these muscles sometimes become spastic.
- Poor urinary flow rate can indicate other pelvic floor muscle issues. In a male, it is typical to look to the prostate as a cause of the problem.
PHYSICAL THERAPY INTERVENTIONS

- External and internal soft tissue mobilization
- Myofascial and trigger point release
- Visceral manipulation
- Connective tissue manipulation
- Deep tissue massage
- Biofeedback, electrical stimulation
- Transcutaneous electrical nerve stimulation (TENS)
- Heat and cold therapy
EXERCISE

• Kegel
  • Kegel exercises strengthen the pelvic floor muscles, which support the uterus, bladder and bowel. You can do Kegel exercises discreetly just about anytime, whether you're driving in your car, sitting at your desk or relaxing on the couch.

• Biofeedback

• Pelvic Floor Retraining
  • With biofeedback therapy, specialists teach the patient how to coordinate the use of the abdominal muscles with the pelvic floor muscles. Pelvic floor retraining improves symptoms in approximately 70 percent of patients. Patients learn to coordinate abdominal and pelvic floor muscles during pelvic floor retraining.
  • This type of retraining is used as exercise for conditions other than urinary incontinence.
WHY SHOULD MEN DO PELVIC FLOOR EXERCISES?

- A strong pelvic floor overcomes erectile dysfunction (Uni of Bristol study, 2004)
  - A regular program of pelvic floor exercise achieves the same success rate as Viagra (Uni of Bristol study, 2004)

- Pelvic floor exercises are a safer and cheaper option than drugs;
  - Viagra is associated with damage to the eyes and vision in a significant number of men using it, but exercises are safe for everyone (May 2005). Medications are much more costly than an exercise program.

- Pelvic floor exercise can:
  - "Increase awareness of sexual sensations and enhance enjoyment" (Impotence Association, UK)
  - Bring a dramatic improvement for men who experience dribbling after urinating (Uni of Bristol study, 2005)

- Pelvic floor exercises are recommended for men following a prostatectomy.
  - Research has shown that pelvic floor strengthening can improve sexual function and overcome urinary incontinence. Some research shows that self-directed exercise, using verbal and written instructions, can work just as well as intensive physio (Moore and others, 2008), while the latest findings demonstrate that just 12 sessions of electrical stimulation and biofeedback, each of 35 mins duration and starting 7 days after catheter removal resulted in almost all men regaining continence at 6 months (Mariotti and others, 2009)

WHY PHYSICAL THERAPY?

Evaluation of specific problems and appropriate treatment
Formal biofeedback training leads to an 80 to 90% reduction in symptoms
Instruction for accurately performing Kegel exercises
Pelvic muscle training is strongly supported in the literature
Assessment of results
FOR ADDITIONAL INFORMATION

• APTA woman’s health website
  • http://www.womenshealthapta.org/

• More information about pelvic floor disorder
  • http://www.beyondbasicsphysicaltherapy.com/pfd.shtml
  • http://www.mayoclinic.com/health/kegel-exercises/W00119

• Exercises for pelvic floor strengthening
  • http://www.youtube.com/watch?v=VfmWkHSOi7U
  • http://www.youtube.com/watch?v=SQhkb0qhPxc&feature=related
  • http://www.youtube.com/watch?v=rYXjr_Kk_yo&feature=related
  • http://www.youtube.com/watch?v=QHWvVgLIPQR_w
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- http://www.mayoclinic.org/chronic-constipation/treatment-pelvic-floor-dysfunction.html
- www.healpelvicpain.com