

Frequently Asked Questions (FAQs) About Pelvic Floor Dysfunction (PFD) and Pelvic Physical Therapy (PT)

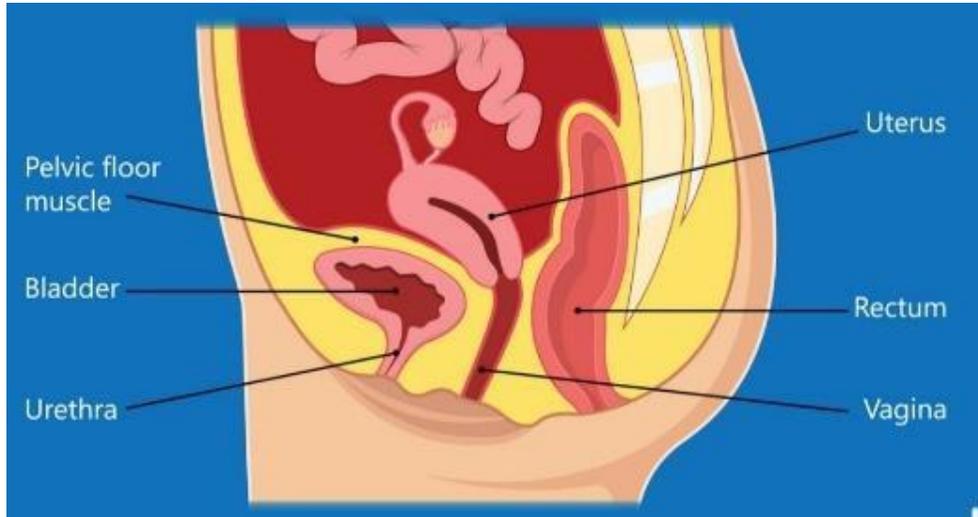
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Frequently Asked Questions (FAQs) About Pelvic Floor Dysfunction (PFD) and Pelvic Physical Therapy (PT)

What is a pelvic floor dysfunction?



The lower abdomen is also known as the **pelvis**. Organs that are located in the lower abdomen, are often called pelvic organs. These organs are the bladder, urethra, bowel, rectum, uterus (womb) and the vagina. The organs are held in place by tissues like muscles and ligaments. This collection of tissues that hold the pelvic organs in place are known as the pelvic floor. In this image, the pelvic floor is shown in yellow. Usually, the pelvic floor muscles, bones and ligaments work together to:

- Support the pelvic organs so they do not fall through the vagina
- Help with activities such as walking or standing
- Help with urination and bowel movements
- Help with sexual function and intercourse.

When the pelvic floor structures are not working properly it can result in pelvic floor dysfunction (PFD) which can lead to a variety of symptoms such as pelvic pain, difficulty with bowel movements, urinary urgency or frequency and painful intercourse. Sometimes the only symptom of PFD is a feeling of pressure or pulling in the pelvis (the area below the belly button), vagina, or rectum. When parts of the pelvis are painful, the pain can be sharp, dull, throbbing, or burning. It can happen constantly or only sometimes. Sometimes it can be painful when a healthcare provider performs a pelvic examination. Persons with pelvic floor dysfunction can experience multiple symptoms (pain, bladder and bowel problems) at the same time so they often end up with multiple diagnoses and may see multiple specialists, such as a gynecologist, urologist, and pain management.

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What can cause pelvic floor dysfunction?

Anything that weakens or damages the pelvic floor structures (muscles, ligaments, neurons) can result in PFD. Conditions or experiences that cause **repeated straining** of the pelvic tissues, such as pregnancy, vaginal delivery, injury, pelvic surgery, obesity, chronic coughing, and constipation, can cause damage to the pelvic floor. Sometimes, other common chronic conditions, such as low back pain, hip pain, endometriosis, bladder pain syndrome, irritable bowel syndrome and vulvar pain, can cause the pelvic floor muscles to become weak leading to pelvic floor disorders. Sometimes, we do not know exactly what the cause of the pain is and work with other specialists and disciplines to treat the symptoms patients are experiencing.



What are the symptoms of pelvic floor disorders?

Pelvic floor dysfunction, can lead to many different symptoms including:

- **Pelvic pain**, made worse by exercise or activities such as walking, sitting and lifting (the pain may be sharp, dull, constant or intermittent)
- Pain with urination or bowel movements
- Pain during sexual intercourse
- Pain during menstruation
- Pain during pelvic examination
- A feeling of pelvic **pressure or pulling**
- **Frequent urge** to urinate, leakage of urine or difficulty emptying the bladder
- **Constipation** or leakage of stools.

A person with pelvic floor dysfunction can have one or more of these symptoms, or they may start with one symptom and over time progress to more intense symptoms. For example, someone who has pelvic pain for many years, may eventually develop urinary urgency and constipation, which makes the pain worse. In turn pain may make the urgency and constipation worse, creating a cycle of worsening pain and dysfunction. Experiencing a combination of symptoms can very confusing and sometimes makes it difficult to communicate with a healthcare provider, so many persons with PFD often live with symptoms without discussing them with a healthcare provider. Do not wait until your symptoms are 'really bad' to discuss them with a healthcare provider.

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How is pelvic floor dysfunction diagnosed?



To diagnose PFD your healthcare provider will first ask you questions about your medical history, your daily activities and questions about your bowel and bladder function. The provider may also ask more private questions about your work, relationships and even about what you experience during intercourse. Because trauma can play an important role in the development of PFD, your provider may ask you questions about accidents, physical, mental or sexual trauma. Your provider may also ask about how your symptoms are affecting your mental health, specifically if you are experiencing depression and/or anxiety related to your pain. These questions are intended to find the cause of PFD or any triggers that make your symptoms worse. These questions are also helpful to let your provider know what other specialists may need to be involved in your care. Sometimes it takes more than one visit to collect the entire history. Other times, the questions are just too personal and you may not feel like answering them until you feel like you can trust your provider. If that is the case, just communicate your concerns with the provider and they will delay this part of the evaluation for a later time.



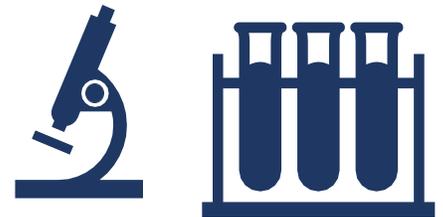
Next your provider will perform a physical examination which starts with you standing and doing some light motions such as bending or crunching your abdomen or lifting your legs. The provider will also press on your abdomen before moving on to a pelvic

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examination but only with your consent. At this point, the provider may ask a chaperone to come into the room; the chaperone is intended to protect you and make you feel more comfortable during the examination. In the pelvic evaluation the provider will first place a single digit into the vagina to press on the pelvic muscles. You may be asked to contract or relax these muscles so that the provider can assess their strength. Then the provider will press on the pelvic organs, the uterus, ovaries and bladder, by placing one hand on the abdomen while keeping the second hand on the vaginal muscles. This part of the examination may be uncomfortable or painful but you have control of the entire process so you can stop the examination at any time if it is too uncomfortable. If you can continue, the provider will place a speculum in the vagina to look at the vaginal walls and the cervix (the opening of the uterus). PFD can be diagnosed if the pelvic floor muscles are painful, weak or stiff during the vaginal exam. The rest of the examination is intended to identify other possible causes for the pain such as vaginal infections, bladder infections, fibroids, ovarian cysts or other pelvic masses.

What types of tests can be used to diagnose pelvic floor dysfunction?

Besides your symptoms and the pelvic examination there are not tests that can diagnose PFD. However, your provider may recommend a urine screen, a pregnancy test (if you are pre-menopausal) and a **pelvic ultrasound** to rule out other causes for your symptoms. Sometimes a provider may request imaging of the pelvis while the pelvic floor muscles are being used (such as during urination or bowel movements). **Urodynamics** is a test that can be used to assess bladder function while urinating and **dynamic MRI** or a **MRI defecogram** or anal manometry are test that can look at the movement of the pelvic floor muscles while you are having a bowel movement. These tests are not essential to make the diagnosis of PFD but may be used to help select therapies.



What therapies are available for Pelvic Floor Dysfunction?

PFD is mainly treated with changes in lifestyle and treatment from a **Pelvic Floor Physical Therapist, which is a licensed Physical Therapist (PT) who has received specialized training in pelvic health.** Pelvic physical therapy involves a series of exercises tailored to your symptoms. The therapist may perform internal (inside the vagina) and external manual therapy along with pain education that teaches you about how your body works and what you can do to improve your condition. Treatments usually take place about once a week for approximately 8-12 weeks. Your therapist

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may prescribe exercises that help strengthen or relax your pelvic floor muscles, depending on the issues you are experiencing. **Vaginal dilators** may also be used to relax the pelvic floor muscles and make you less sensitive to pain. The PT will also review how you do daily activities like standing, sitting, walking, urinating and having bowel movements. Changing how you perform these activities can improve pelvic floor function and relieve pain.

Your healthcare provider will work with your Physical Therapist to coordinate your care. The provider may recommend **pain medications and muscle relaxants** be used along with physical therapy. **Medications that numb pain and chemicals like Botulinum Toxin** (also known as “Botox”) may be injected in the muscles, especially when tight bands of muscles are found called **Trigger Points**. Little research has been done on the effectiveness of these treatments for PFD, and generally, medications and injections provide only **temporary** relief. They are used when the pain is so severe that it prevents physical therapy, so these treatments provide just enough pain relief to allow physical therapy to get started and take effect.

Stress and mental health conditions like anxiety and post-traumatic stress disorder can also contribute to pelvic floor dysfunction. A mental health specialist can teach stress management techniques and other therapies to help overcome pain and improve mental health which in turn will help PFD. Improving mental health is an essential part of pain and PFD therapy.

Receiving care from multiple specialists requires communication and coordination between the all providers involved in your care and you. This type of care is called **multi-disciplinary** or **inter-disciplinary** care. When body therapies, such as medications and physical therapies are combined with treatments for mental health and behavioral changes, the combination is known as an integrative **whole-health mind-body** treatment plan.

Although receiving this type of care may be more complex, and requires several healthcare providers, it is thought to result in better outcomes than just receiving one therapy from one provider at a time.



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What is the difference between pelvic floor dysfunction and pelvic floor disorders?

The language that describes conditions of the pelvis can sometimes be confusing and the terms are used interchangeably. For example, pelvic floor **disorders** refers to a number of conditions that involve the pelvic organs (bowel, bladder, vagina and uterus) that are supported by the pelvic floor muscles. Pelvic disorders can arise whenever the pelvic muscles are weakened and damaged resulting in prolapse (of the vagina, uterus, bladder or bowel), problems with urination (incontinence, urgency, frequency) or problems with defecation (constipation, fecal incontinence) or pain during intercourse. However, there are other causes for these disorders that have nothing to do with the pelvic muscles. For example, urinary incontinence can happen from an bladder infection and constipation can happened from simply having a bad diet, neither of these causes have anything to do with dysfunctional pelvic floor muscles. Therefore, the term pelvic floor **muscle dysfunction** is used when the cause of the pelvic floor disorder is directly related to a change in the way the pelvic floor muscles function.

What can I do to help my pelvic floor dysfunction?

The reasons for getting PFD are complex, and sometimes un-avoidable. However, there are some things you can do to decrease the severity of your symptoms. Some lifestyle changes that may help are:

- Moderate exercise, yoga and pelvic stretches
- Weight management with regular exercise, regular activity and a healthy diet
- Incorporate fiber and fluid into your diet regularly, to prevent constipation or straining during bowel movements
- Scale or modify existing exercise programs, including aerobic and weightlifting activities
- Manage stress and practice mindfulness

Glossary of Terms

Pelvic ultrasound- test that uses an abdominal or a vaginal probe to produce images of the uterus, ovaries, fallopian tubes, bladder, vagina and cervix.

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Urodynamics- a study where catheters are placed in the bladder and the vagina or rectum. The catheters measure how the bladder is functioning while filling and emptying.

Dynamic MRI or MRI defecogram- a test where the MRI machine takes images of the pelvis as it is moving during straining or a bowel movement. For this procedure contrast is placed in the rectum so that you can have a bowel movement while the images are being taken.

Resources for learning more about pelvic floor dysfunction

American College of Obstetricians and Gynecologists- <https://www.acog.org/patient-resources/videos/pelvic-organ-prolapse>.

Office of Women's Health, U.S Department of Health & Human Services- <https://www.womenshealth.gov/a-z-topics/pelvic-organ-prolapse>.

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