

# FEMALE PELVIC HEALTH

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## Objectives

1. Participant will understand normal pelvic floor muscle function and importance in pelvic health.
2. The learner will understand normal pelvic floor muscle function with breathing and its roll in core stabilization.
3. Clinician will properly identify the most common symptoms associated with pelvic floor muscle weakness and pelvic floor muscle hypertonicity.
4. Clinician will understand how to assess the pelvic floor muscles both externally and internally with the modified pelvic examination.
5. Clinician will understand treatment options utilized with pelvic health rehabilitation and how to properly progress through a plan of care.
6. The learner will be able to properly educate women on return to general wellness and exercise considering their pelvic health presentation.
7. Participant will identify proper assessment scales to utilize with this patient population to improve effectiveness of documentation and reimbursement.
8. Participant will understand referral sources and marketing concepts associated with this population.

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## Physiology & Function of the Inner Core

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### Broad Functions of the Inner Core

Lumbopelvic stability

Posture

Breath

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### Specific Function of the Inner Core

Prepares body for load and movement by increasing intra-abdominal pressure (IAP)

Postural control with movement

Functions primary with sub maximum movements and normal breathing

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## Importance of Inner Core

- Creates center of gravity
- Where movement begins
- Stability for limb movement
- Helps avoid injury
- Alters proprioception
- Contributes to dominance of other muscles; likely global
- Inhibits local muscles
- Generates dysfunction down chain
- Poor breathing patterns

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## Muscles of the Inner Core

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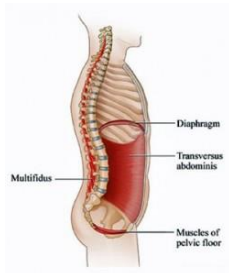
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## Inner Core

- Roof = Diaphragm
- Floor = Pelvic floor
- Front = Transverse Abdominis (TrA)
- Back = Multifidus
- Composed primary of slow twitch muscle fibers



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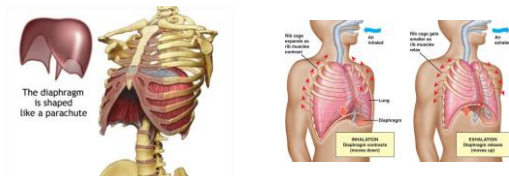
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## Respiratory Diaphragm

- Contraction is a downward movement to allow rib expansion



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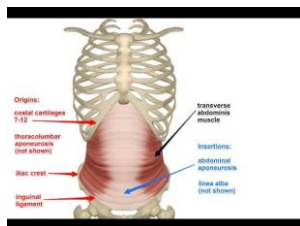
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## Transversus Abdominus

- Deepest of all abdominal muscles
- Contraction: gentle drawing in



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## Lumbosacral Multifidi

- Fibers run oblique and superiorly to attach 1-3 segments above
- Generate slight extension and rotation of segments



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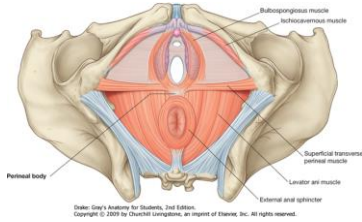
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## Pelvic Floor Muscles

- Contraction lifts the muscles and closes the openings




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## Pelvic Floor Muscle Function

### Sphincteric

- Assist involuntary bladder and bowel sphincters to maintain continence

### Support

- Assist gravity support of pelvic viscera

### Stability

- Provide dynamic postural control of the lombo-pelvic region
- Assist in maintaining intra-abdominal pressure via feed-forward coordination

### Sexual

- Increase blood supply to pelvic floor tissues
- Muscle contraction with climax

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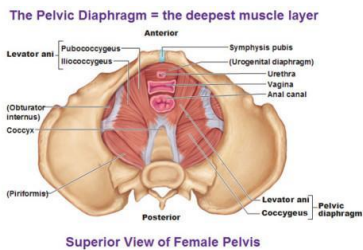
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## Pelvic Floor Muscles




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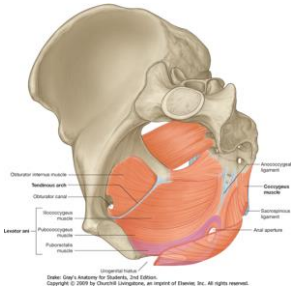
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## Pelvic Floor Muscles



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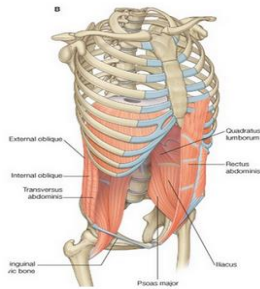
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## Inner Core & Breathing

- Inspiration:
  - Diaphragm moves downward
  - Pelvic floor is quiet
- Exhalation:
  - Diaphragm moves upward
  - Pelvic floor activates



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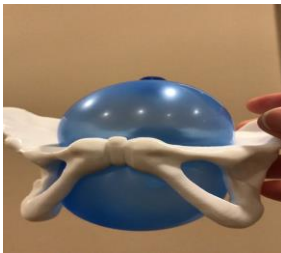
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## Inner Core & Breathing

VIDEO Balloon Model



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## Categories of Pelvic Health Conditions

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## Categories of Pelvic Floor Muscle Dysfunction

### Weakness/Disuse

- Urinary incontinence
- Pelvic Organ Prolapse

### Pain & In-coordination

- Dyspareunia
- Pelvic pain

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## Weakness Conditions: Urinary Incontinence

### *Background Information*

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## Urinary Incontinence (UI)

“...is the involuntary leakage of **urine**; in simple terms, it means a person urinates when they do not want to. Control over the **urinary** sphincter is either lost or weakened. **Urinary incontinence** is a much more common problem than most people realize.” ~*Harvard Health 2016*

- Types of UI:
  - Stress
  - Urge
  - Mixed
  - Overflow

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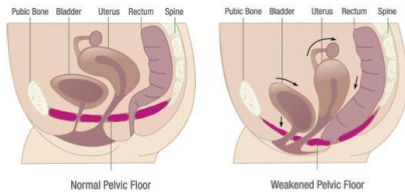
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## Pelvic Floor Weakness/Disuse



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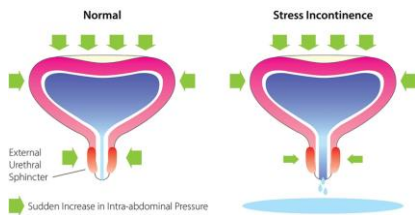
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## Stress UI

“**Stress incontinence** happens when physical movement or activity — such as coughing, sneezing, running or heavy lifting — puts pressure (**stress**) on your bladder. **Stress incontinence** is not related to psychological **stress**.” May Clinic 2017



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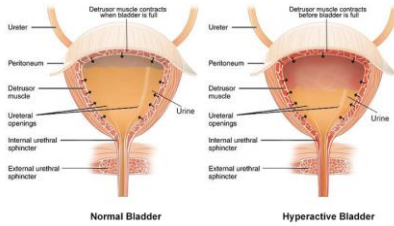
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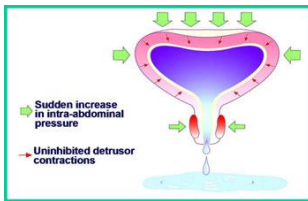
## Urge UI

- "...is a sudden and strong need to **urinate**. You may also hear it referred to as an unstable or overactive bladder, or detrusor instability. In a properly functioning bladder, the bladder muscle (detrusor) remains relaxed as the bladder gradually fills up." ~ *Mayo Clinic*

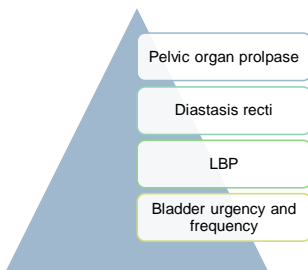


## Mixed UI

- "**Mixed incontinence** also shares the causes of both stress incontinence and urge incontinence." ~ *Mayo Clinic 2015*



## UI Associated Conditions



## Subjective Examination: UI

- Unique questions to address:
  - Detail of what causes UI
    - Cough, sneeze, urgency, sounds/triggers?
    - Common triggers include sound of running water, key in door
  - Associated bladder irritants with UI
    - Common triggers include coffee, citrus beverages, soda
  - Bladder habits:
    - Frequency of bladder voids
    - Stream description
  - Pad usage details
  - FI?
  - Questions about associated prolapse
    - Vaginal bulge/heaviness

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## Weakness Conditions: Pelvic Organ Prolapse (POP)

### *Background Information*

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## Pelvic Organ Prolapse

- “Occurs when a **pelvic organ** drops (prolapses) from its normal place in your lower belly and pushes against the walls of your vagina. This can happen when the muscles that hold the **pelvic organs** in place get weak or stretched”  
~*Harvard Health*
- Herniated tissue can impact one or more areas of the vaginal vault:
  - Anterior vaginal wall
  - Posterior wall
  - Apical
  - Urethral

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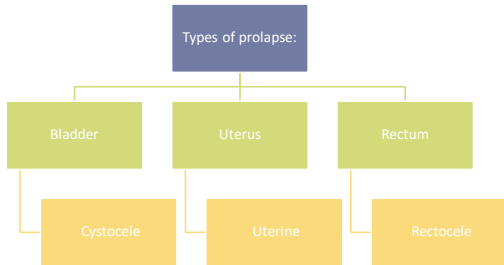
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## Pelvic Organ Prolapse



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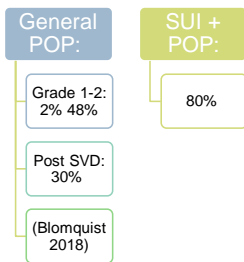
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## POP Prevalence



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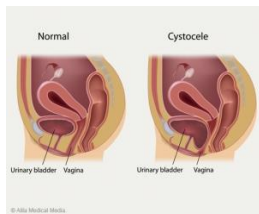
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## Types of POP: Cystocele

- Cystocele: A bulge of the bladder into the vagina
- Impacted vaginal wall: anterior



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## Cystocele Example



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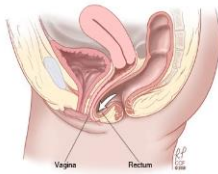
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## Types of POP: Rectocele

- Rectocele: the tissue wall between the rectum and vagina weakens allowing the anterior wall of the rectum to herniate
- Impacted vaginal wall: posterior



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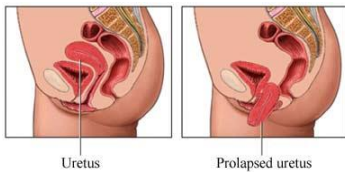
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## Types of POP: Uterine Prolapse

- Uterine prolapse: the uterus descends toward or into the vagina
- In significant cases the uterus can extend out of the vagina (surgical intervention)



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## POP Grading

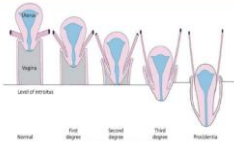
1<sup>st</sup> degree - vaginal mucosa and skin

2<sup>nd</sup> degree – mucosa, skin, superficial muscle layer

3<sup>rd</sup> degree- mucosa, skin, muscle, perineal body, external anal sphincter

4<sup>th</sup> degree- mucosa, skin, muscle, perineal body, external anal sphincter, internal anal sphincter and the rectal wall and mucosa

### GRADING



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## POP Symptoms

### Descriptions:

- Vaginal heaviness
- Downward pressure
- Sitting on tennis ball/difficulty finding comfortable position
- Urinary incontinence
- Start stop stream or delayed start
- Difficulty emptying bowels
- Worse at end of day/with exercise
- Deep/internal pressure pain with intercourse

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## POP Associated Conditions

Urinary incontinence

Diastasis recti

Core muscle dysfunction

Low Back Pain

Bloating

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## POP: Subjective Examination

- Detail of aggravating factors
  - Targeted exercise habits inquiry
- Detail and timing of alleviating factors
- Attempt to support with tampon or OTC pessary?
- Questions about associated UI

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### Pain & In-coordination: Dyspareunia

#### *Background Information*

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## Dyspareunia

- "...is defined as persistent or recurrent genital pain that occurs just before, during or after intercourse."  
~*Mayo Clinic*
- Associated conditions:
  - Vaginismus: "Vaginismus is vaginal tightness causing discomfort, burning, pain, penetration problems, or complete inability to have intercourse, tolerate pelvic exams or use a tampon."
  - Vulvodynia: "Chronic, unexplained pain in the area around the opening of the vagina."

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## Dyspareunia Associated Conditions

- Endometriosis
- Fibroids
- Pelvic Inflammatory Disease
- PTSD
- Depression
- Severe menses
- Crohn's Disease
- Irritable Bowel Syndrome
- Childbirth Injury

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## Dyspareunia: Subjective Examination

- Unique questions to address:
  - Detail of dyspareunia
    - Phase of sexual cycle that is painful: arousal, during, orgasm, after
    - Able to obtain digital or penile penetration?
    - Natural lubrication with arousal?
    - Any positions that are comfortable? Which are most uncomfortable?
  - What is your sexual orientation?
  - Lubrication used? Name of product.
  - Do you use sex toys?
  - Birth control method of choice
  - Frequency of intimate interactions?
    - Is this limited by discomfort?
  - Does your partner know you have discomfort?

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## Pain & In-coordination: Pelvic Pain

### *Background Information*

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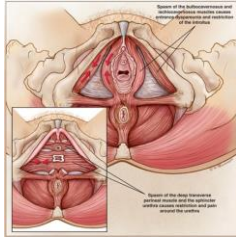
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## Pelvic Pain

- Pain within the pelvis, lower abdomen and back.
- Often multi factorial with musculoskeletal and visceral components.
- Increased tension and muscle spasm throughout the pelvic floor muscles.



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## Pelvic Pain Symptoms

Pain descriptors: ache, pressure, sharp, shooting, throbbing, cramp

Genital pain that radiates around pelvis

Abdominal and low back pain

Intolerance to sitting, standing, walking

Visceral reactions to pain

Dyspareunia

Depression

Anxiety

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## Pelvic Pain Associated Conditions

Pelvic floor muscle hypertonicity

Endometriosis

Irritable bowel syndrome

Fibroids/cysts

Infection: Bladder, UTI etc

Chronic yeast infection

Trauma

Childbirth

Sexual Injury

Stress

Anxiety

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## Pelvic Pain: Subjective Examination

- **Unique questions to address:**
  - Detail of dyspareunia as noted previously
  - Referral of pain outside of the pelvic region?
    - Where, description, what triggers?
  - Alleviating factors?
  - Home management strategies?
  - Is your social/work and or personal relationships hindered by this pain?

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## Pelvic Health Objective Examination

- *External Examination*

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## Objective Examination: External Pelvic Exam

Ideal for therapists in the following situations:

- Patient declines pelvic examination but wants to start with some type of intervention
- No private space available for examination
- Time limitations with session
- Non-pelvic health clinicians wishing to improve treatment outcomes

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### Objective Examination: External Pelvic exam

- Side Lying Assessment
  - Pt in side lying with pillow between knee
  - Clinician behind pt with eye contact
  - Palpate the greater trochanter
  - Move to the ischial tuberosity (IT)
  - Curve fingers around the IT into the soft tissue of the levator ani



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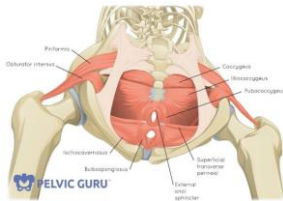
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### Objective Examination: External Pelvic exam

- Contract the pelvic floor
  - What do they do?
  - How does it move?
- Relax the pelvic floor
  - Does it relax quickly and smoothly?



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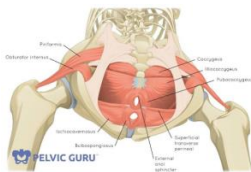
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### Objective Examination: External Pelvic exam

- Endurance Activation:
  - Contract and hold
  - Stop when client unable to maintain
  - Repeat to determine reps ability
- Quick Contractions Activation:
  - Contract and relax at the pace client is comfortable with
  - Time # contractions in 10 sec
  - Normal: 8-10 reps in 10 sec



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Pelvic Health  
Objective Examination

- *Modified Internal Examination*
  - *\*Requires in person training*

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Objective Examination:  
Modified Pelvic Examination

- Vulvar tissue:
  - Color
  - Hydration
  - Sores/STD presentation
- Perineal assessment:
  - Scar: Color/Mobility



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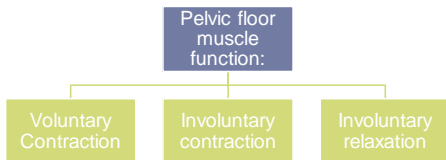
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Objective Examination:  
Modified Pelvic Examination



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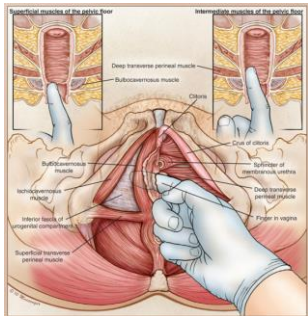
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Objective Examination:  
Internal Modified Pelvic Examination




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Objective Examination:  
Internal Modified Pelvic Examination

- Voluntary contraction muscle testing at internal PFM layer
  - MMT/Laycock Scale :
    - 0/5: neurological injury
    - 1/5: "flicker"
    - 2/5: weak contraction without lift
    - 3/5: moderate contraction and lift
    - 4/5: good contraction and lift moderately drawing digit inward and upward
    - 5/5: strong contraction and lift drawing digit inward and upward

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Objective Examination:  
Internal Modified Pelvic Examination

- PERFECT Scale: Used to describe PF muscle function overall
  - Power: MMT
  - Endurance
    - Duration of contraction (seconds)
  - Repetitions
    - Number of consistent endurance contractions
  - Fast twitch contractions/quick contractions
    - Number of quick activations performed correctly in 10 seconds: normal is 10 in 10 seconds
  - Elevation
    - Position of PF muscles overall at test: Elevated/relaxed/normal
  - Co-contraction
    - Accessory muscles used with PF contraction
  - Timing/coordination

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## Objective Examination: Internal Modified Pelvic Examination

- Coordination = Pelvic floor muscle reactions:
  - Assess mobility and speed of muscle contraction, relaxation
- Elevation = Muscle Health:
  - Tone
  - Trigger points
  - Reproduction of concordant pain

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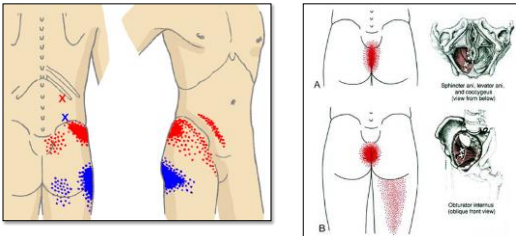
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## Objective Examination: Referral Patterns

### □ Obturator Internus



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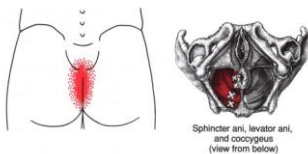
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## Objective Examination: Referral Patterns

### □ Levator ani and Coccygeus



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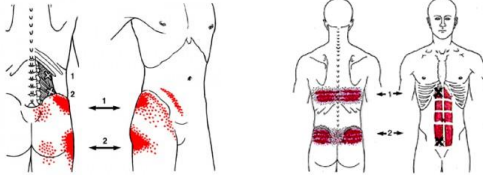
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## Objective Examination: Referral Patterns

□ Quadratus Lumborum

Abdominals



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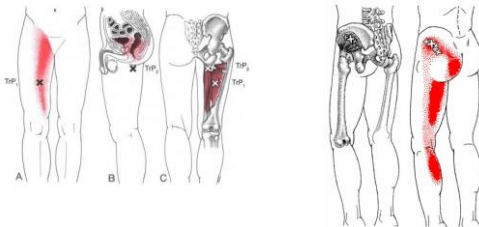
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## Objective Examination: Referral Patterns

□ Adductor magnus

Piriformis



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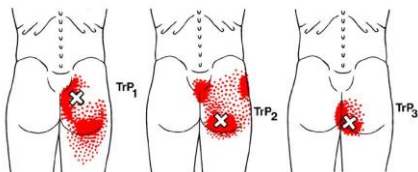
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## Objective Examination: Referral Patterns

□ Gluteus maximus



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Objective Examination:  
Modified Pelvic Examination

- Organ position
  - Feel for bulge and pressure with the PF bulge
    - Anterior bulge: cystocele
    - Posterior bulge: rectocele
    - Central bulge: uterine

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Common Findings

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Common Objective Findings: UI

External assessment:

- Absent PF involuntary contraction
- Delayed or no clitoral movement with PF contraction

Internal assessment:

- Weak, poorly coordinated PF muscles
- Poor endurance
- Muscle tone: atrophy
- Typically, endurance most difficult to perform

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## Common Objective Findings: Prolapse

### External assessment:

- Absent PF involuntary contraction
- Visible prolapse at introitus

### Internal assessment:

- Weak, poorly coordinated PF muscles
- Poor endurance
- Muscle tone: atrophy
- Palpable bulge of prolapsed organ with PF bulge movement

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## Common Objective Findings: Dyspareunia & Pelvic Pain

### External assessment:

- Delayed or unable to perform PF contraction
- Absent PF involuntary relaxation
- Vulvar-vaginal dryness
- Pale or bright red color, raw texture to vulva
- Post childbirth: scar present

### Internal assessment:

- Aversion to digital insertion, breath holding
- Weak, poorly coordinated PF muscles
- Poor endurance
- Muscle tone: hypertonus/spasm
- Palpable trigger points

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## Treatment Interventions

*Pelvic floor and inner core weakness*

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## Intervention: Exercise

Research foundations: (Price et al., 2010) (Li, 2004)

- Inner core strengthening and coordination of transverse abdominal muscle and the synergistic activation of the pelvic floor muscle [is the foundation of UI treatment]

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## Target the Inner Core!

- Prepares body for load and movement by increasing intra-abdominal pressure (IAP)
  - Creates center of gravity and stability for limb movement
- Postural control with movement
  - Where movement begins
- Functions primary with sub maximum movements and normal breathing

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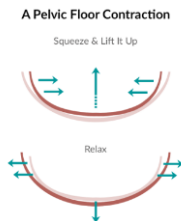
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## Intervention: Exercise

- Pelvic floor muscle contraction
  - Proper contraction involves an upward and inward lift of the muscles



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## Intervention: Exercise

### Isolating the PFM

- Draw the vaginal area upward and inward
- Close the anus as if holding back gas
- Use imagery “like elevator”
- Wink anus
- Bring sit bones together
- Pull the muscle from the pubic bone to the tail bone
- Squeeze as if you are stopping gas
- Squeeze as if you are stopping urine flow

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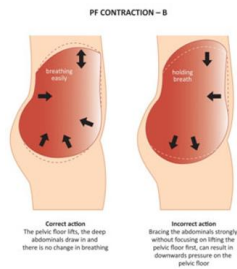
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## Intervention: Exercise

- Normal breathing pattern is essential
  - Inhale with preparation for exercise
  - Exhale with contraction and activation of exercise



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## Intervention: Exercise



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## Intervention: Exercise



Optimal initial training for PF is with abdominal wall relaxed (supine or supine with pillows)

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## Intervention: Exercise

**Specificity**

- Start where they demonstrate:
  - Best challenge
  - Correct contraction
- Quickly find the next challenge point to mimic their functional loss/problem



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## Intervention: Exercise

### Training Phase:

- Length of endurance for seconds of hold
- Focus on quality of PFM contraction
- Quick contraction performance sets

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## Intervention: Exercise

### Endurance ideas:

- Example: 3 sec hold, 10 sec rest x 5+ reps
- Progress hold time and number of reps
- Goal: 10 sec hold, 10 sec rest x 10 reps

### Quick contraction ideas:

- Begin with proper cadence based on performance
- Example: 1: 3 cadence x 10 reps
- Progress to goal of 1:1/ 1:2 cadence
- Goal: 8-10 contractions in 10 sec
- Vary exercise challenge:
  - 5 quick, 5 sec rest, 5 quick, 10 sec rest x 3-5 reps

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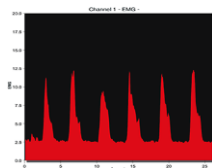
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## Interventions: Biofeedback

- EMG Biofeedback benefits:
  - Visual input of muscle performance
  - Increased sensory awareness



- Sensors used:
  - External electrodes: placed along side EAS and ground on hip
  - Internal vaginal sensor



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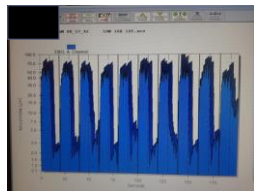
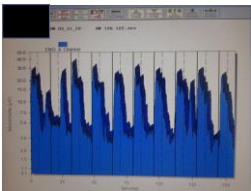
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## Interventions: Biofeedback

- Endurance training
  - 3 work/10 rest x 10

10 work/10 rest x 10



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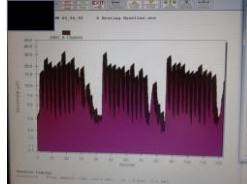
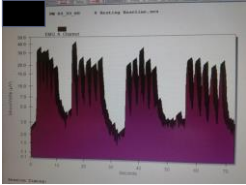
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## Interventions: Biofeedback

- Quick contraction activation
  - 5 QC (1:3 cadence)/10 rest x 4
  - 10QC (1:2 cadence)/10 rest x 3



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## Interventions: Biofeedback

- Home units:

Elvie



Kegel Goal



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## Interventions: Electrical Stimulation

- Internal vaginal sensor or external electrodes
- Normal stim contraindications apply



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## Interventions: Electrical Stimulation

### Strengthening:

- Pulsed; max intensity
- Frequency 50 or 100 Hz
- 10-20 mins

### Urgency reduction:

- Constant
- Frequency: 12 Hz
- 15-30 min

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## Interventions: Inner Core Exercise

- Transverse Abdominus
  - Proper activation is critical
  - Learning to activate with ALL movement is essential



- Place fingers on the inside of your pelvic bones.
- As you exhale, **gently** pull in on your lower abdominal muscles, like trying to zip a tight pair of pants.
- Hold contraction for 5 seconds while counting out loud.

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## Interventions: Inner Core Exercise

- Transverse Abdominus



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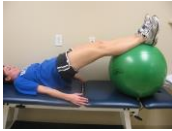
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## Interventions: Inner Core Exercise

- TA and core progression



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## Interventions: Inner Core Exercise

- Integrate increased abdominal pressure challenge!
- Integrate resistance!



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## Specialty Interventions

*POP*

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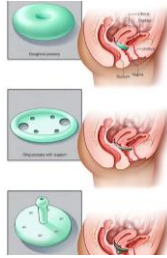
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## Intervention: Techniques & Tools

### • Pessary

- Provides external support to POP tissues with goal of reducing symptoms and progression with activities
- Medical grade
- Temporary



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## Intervention: Techniques & Tools

### • Pessary

- Temporary
  - Ideal for active client or those with POP and/or UI symptoms that will likely improve with PFPT
- Poise Impressa: disposable, tampon like support
- Ideal for cystocele



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## Treatment Interventions

*Dyspareunia*

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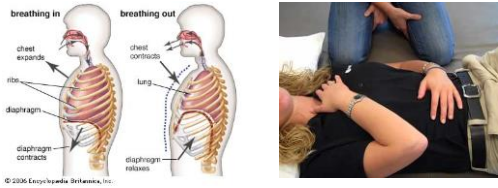
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## Interventions: Breathing

- Diaphragmatic breathing
  - Alter response to pain: breath holding



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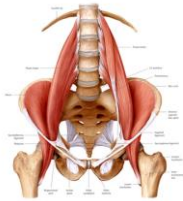
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## Interventions: Manual Therapy

- Abdominal
  - Iliopsoas
  - Iliacus
  - Abdominals



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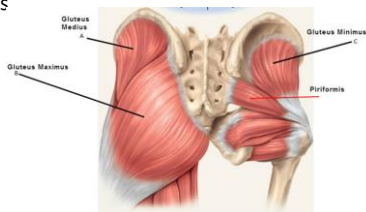
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## Interventions: Manual Therapy

- Posterior trunk
  - Piriformis
  - Hip rotators
  - Gluteals



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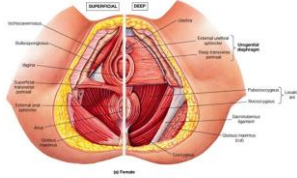
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## Interventions: Manual Therapy

- Pelvic floor muscles
  - Focus on tissue and muscle lengthening and desensitization training
  - \*\*Requires in person training



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## Interventions: PF Muscle Relaxation

Pelvic floor  
down training:

- Initial awareness:
  - PF mobility ex: contract PF/ relax PF/ inhale/ bulge PF
  - Repeat sequence 4 reps, 3-4 x daily
  - PF release training: distinctly release/soften the PF
  - Use to control pain

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## Interventions: PF Muscle Relaxation

Pelvic floor  
down training:

- Quick contractions focused on relaxation
- Use a slow cadence: 1:3 or 1:5
- 5 quick/15 sec rest x 3-5 reps

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## Interventions: PF Muscle Relaxation

PF down-training

- EMG Biofeedback
- Focus on systemic relaxation, deep breathing and resting tone reduction
- Normal values: below 3 mV

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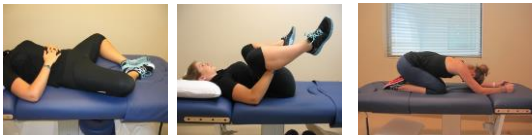
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## Interventions: Stretching

- Pelvic floor relaxation stretches
  - Target opening, breathing
  - Long duration hold
  - No straining



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## Specialty Interventions: Vaginal Dryness

- Recommendations:
  - Daily hydration
    - Coconut oil
    - Blossom organics
  - Avoid:
    - Perfumed soap/body wash
    - Non-breathable undergarment
    - Harsh soap: Dove sensitive skin... recommended
    - Vaginal douche



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## Prognosis and POC:

ICD-10  
Codes:

Muscle weakness: M62.58

Muscle incoordination: R27.8

Stress UI: N39.3

Urge UI: N39.41

Mixed UI: N39.46

Diastasis recti: M62.0

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## Assessment Scales

### Prolapse:

- Pelvic Floor Distress Inventory (PFDI)

### UI:

- Urinary Distress Inventory (UDI-6)
  - Higher score = increased QOL impairment
  - Validated in female only

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## POC & Documentation

*Dysparunia and pelvic pain*

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## Prognosis & POC:

### Prognosis: Moderate to excellent

- Very presentation specific, strong mental health component that will impact outcomes

### POC: ~3-6 months overall

- 1x week x 4 weeks; initially for those with significant muscle tension/spasm
- Transition to 2 x month for 1-2 months
- Then 1 x month for 1-2 months

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## Pelvic Floor Hypertonus Prognosis & POC:

ICD-10 codes	Muscle spasm: M62.83
	Muscle incoordination: R27.8
	Myalgia: M79.1
	Sacral disorders/coccygodynia: M53.3

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## Pelvic Floor Hypertonus: Assessment Scales

### Marinoff Dyspareunia Scale

- 0-3 rating scale

### NIH- Chronic Prostatitis Symptom Index For Women (NIH-CPSI)

- Female specific version
- Assesses pain, QOL, psychological outlook
- Higher score = increased QOL impairment

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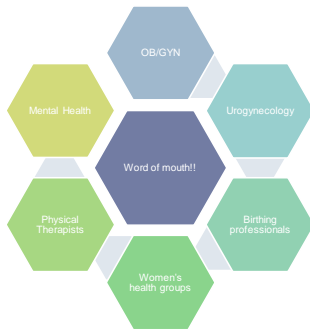
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## Referral Sources



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