HEALTHY MOTHERS, HEALTHY BABIES
Coalition of Georgia

2019 Annual Meeting & Conference

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Healthy Mothers, Healthy Babies. In That Order.

Centering Mother's Voices in Maternal Care.

Pelvic Floor Physical Therapy

Presented by Cathy Neal, MSPT, PRPC

Cathy Neal, PT, MSPT, PRPC

- Originally from Louisville, KY- exercise rider at Churchill Downs
- Moved to Savannah in 1984
- Graduated AASU 1998 with a Master of Science in Physical Therapy (MSPT) degree
- Treating pelvic floor patients since 2007
- Started **Core Therapy** 2013 - present
- Passed national Pelvic Rehab Practitioner Certification in 2014 from the Herman and Wallace Institute.

What is the Pelvic Floor?

A group of muscles that aid in sphincter control, sexual function and support.

Spinal cord level S 2-4

Common Diagnoses

- Incontinence (Bowel and Bladder)
- Constipation
- Pelvic Pain
- Pelvic Organ Prolapse
- Back, hip, pelvic and coccyx pain
- Diastasis Recti
- Abdominal and Scar Adhesions
- Blocked Milk Ducts

Urinary Incontinence

- **Stress Incontinence**: Leakage when sneezing, coughing, laughing etc.
  - Strengthen pelvic floor.
  - Remove abdominal restrictions and postural corrections.
- **Urge Incontinence:** Leakage with urges
  - Strengthen pelvic floor.
  - Teach urge strategies to retrain the bladder.
- **Mixed Incontinence:** Stress and urge incontinence. Extremely common.

Pelvic Pain

Diagnoses:

- Painful Bladder Syndrome(Interstitial Cystitis)
- Painful scars
- Pelvic floor muscle spasm
- Pudendal nerve entrapment
- Endometriosis

Physical Therapy Interventions:

- Manual therapy to release scars and trigger points in the muscles
- Pelvic floor muscle relaxation techniques
- Strengthening and stretching

Pelvic Organ Prolapse

- Pelvic organ prolapse (POP) may be considered a type of “hernia” in which the pelvic organs descend or shift within the pelvis, and in some cases, protrude outside the vagina.

- As many as 50% of women who have given birth one or more times have some degree of genital prolapse, but only 10 to 20% experience symptoms.

- Symptoms include:
  - Pressure in the vagina or pelvis.
  - Painful intercourse (dyspareunia)
  - A lump at the opening of the vagina.
  - A decrease in pain or pressure when the woman lies down.
  - Recurrent urinary tract infections

- Treatment: Strengthening, bracing, constipation care, education

Diastasis Recti Abdominus

- Sperstad J, Tennfjord M, et al. (2016). *Diastasis recti abdominis during pregnancy and 12 months after childbirth: prevalence, risk factors and report of lumbopelvic pain.* Br J Sports Med;50:1092-1096

- Definition: Diastasis Recti Abdominus (DRA) was defined as a palpated separation of ≥2 fingerbreadths either 4.5 cm above, at or 4.5 cm below the umbilicus.

- 300 first-time pregnant women from pregnancy till 12 months postpartum

- The prevalence of DRA was 33.1% at gestation week 21, 60.0% 6 weeks postpartum, 45.5% 6 months postpartum, and 32.6% 12 months postpartum

- Risk factors: DRA was twice as high among women reporting heavy lifting 20 times a week or more than that for women reporting less weight lifting. No other significant risk factors were found.

- Women with DRA were not more likely to report lumbopelvic pain compared with women without DRA.

Diastasis Recti Abdominus: Physical Therapy Interventions

- Manual Therapy to release myofascial restrictions
- Therapeutic exercise with individualized progression
- Safe lifting techniques
- Taping

Pre and Postpartum Orthopedic Conditions

- Diagnoses:
  - Back pain
  - Coccyx Pain
  - Pelvic and Sacroiliac Pain
  - Pubic Symphysis Pain

Peanut Ball During labor

- Tussey, C. M., Botsios, E., Gerkin, R. D., Kelly, L. A., Gamez, J., & Mensik, J. (2015). *Reducing Length of Labor and Cesarean Surgery Rate Using a Peanut Ball for Women Laboring With an Epidural.* The Journal Of Perinatal Education, 24(1), 16–24

- Results:
  - First stage labor decreased by 29 min
  - Second stage labor decreased by 11 min
  - C-Section decreased by 50%

- Positions for laboring with a peanut ball:
  - Semi-reclined: Promotes dilation and descent with a well-positioned baby.
  - Side lying or semi prone position: Peanut ball is used to lift the upper leg and open the pelvic outlet. Helps rotate baby to better position for delivery.

Blocked Milk Ducts

Cooper B, Kowlasky D. (2015). *Physical Therapy Intervention for Treatment of Blocked Milk Ducts in Lactating Women.* J Women's Health PT;39: 115-125

- Comprehensive physical therapy intervention was effective in clearing blocked milk ducts that had not responded to self-clearing methods. It significantly reduced pain and difficulty breast-feeding while improving patients' confidence in ability to manage breast-feeding independently.

- Intervention:
  - Heat
  - Ultrasound
  - Manual Therapy
  - Patient Education

When to refer: After seeing a lactation consultant and the blockage does not clear within 48 hours. This can prevent mastitis from developing.

Physical Therapy Treatments

- Manual therapy- releasing any restrictions
- Neuromuscular Reeducation
- Exercise- strengthening and stretching
- Biofeedback for pelvic floor muscle retraining
- Aerobic exercise
- Relaxation techniques
- Postural changes
- Ultrasound
- Dry Needling for trigger points
- Heat and Ice
- TENS or e-stim
- Diet guidelines
- Vaginal dilators

When to Refer to Physical Therapy

- When incontinence continues after 6 weeks postpartum
- When sexual intercourse is painful after 2-3 months
- Orthopedic pain during pregnancy or after delivery
- Diastasis Recti greater than 2 fingers width
- Unresolved constipation
- Milk ducts blocked longer than 48 hours
- Pelvic Organ Prolapse

How to Refer to Physical Therapy

- Patients can self-refer and receive treatment for 3 weeks according to the Georgia Physical Therapy Practice Act.
- For treatment longer than 3 weeks a referral is required from a doctor, nurse practitioner or physician assistant.
- However some insurances require the referral prior to reimbursement
- The referral should include a diagnosis, the patient's contact information and their insurance information.

- Core Therapy is in network with Medicare, Blue Cross Blue Shield and the Memorial Network.

Resources: Books

- “A Headache in the Pelvis” David Wise, Rodney Anderson
- “The Pelvic Floor” Beate Carriere, Cynthia Markel Feldt
- “Fitness For the Pelvic Floor” Beate Carriere
- “Painful Yarns” Lorimer Moseley

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References

1. Almousa, S., Lamprianidou, E., & Kitsoulis, G. (2018). The effectiveness of stabilizing exercises in pelvic girdle pain during pregnancy and after delivery: a systematic review. *Physiotherapy Research International 23*(1), 1. Doi: 10.1002/pri.1699

2. Cooper B, Kowlasky D. (2015). Physical Therapy Intervention for Treatment of Blocked Milk Ducts in Lactating Women. J Women's Health PT;39: 115-125

3. Panman, C., Wiegersma, M., Kollen, B., Berger, M., Lisman, V. L. Y., Vermeulen, K., … Dekker, J. H. (2017). Two-year effects and cost-effectiveness of pelvic floor muscle training in mild pelvic organ prolapse: a randomised controlled trial in primary care. BJOG: An International Journal of Obstetrics & Gynaecology, 124(3), 511–520.

4. Sperstad J, Tennfjord M, et al. (2016). Diastasis recti abdominis during pregnancy and 12 months after childbirth: prevalence, risk factors and report of lumbopelvic pain. Br J Sports Med;50:1092-1096

5. Tussey, C. M., Botsios, E., Gerkin, R. D., Kelly, L. A., Gamez, J., & Mensik, J. (2015). Reducing Length of Labor and Cesarean Surgery Rate Using a Peanut Ball for Women Laboring With an Epidural. The Journal Of Perinatal Education, 24(1), 16–24.

6. Varveris, N.K. (2019). Differential diagnosis and physical therapy management of lumbar instability in a patient with pregnancy-related low back pain: a case report. *Journal of Women's Health Physical Therapy 43*(2), 98-108.