



## Pelvic Floor Physiotherapy

women's health update

The pelvic floor is a complex interplay of muscles, fascia and fibrous tissue that function to support the pelvic organs. Damage to the pelvic floor results in women having a high risk of urinary or faecal incontinence and pelvic organ prolapse.<sup>1,2</sup>

### **Specific assessment is often required rather than just a verbal cue for effective pelvic floor contraction**

Research demonstrates that the majority of women (up to 50%) are not able to contract their pelvic floor correctly even with verbal cues provided by a health professional.<sup>3,4</sup>



### **Risk Factors for Pelvic Floor Weakness <sup>1</sup>**



- Pregnancy and Labour - every pregnancy will affect the pelvic floor due to the weight of the baby while in the womb. The second stage of labour is when injuries to the pelvic floor typically occur (levator ani avulsion and tears of the superficial pelvic floor).
- Chronic Respiratory conditions - the increases in intra-abdominal pressure associated with prolonged excessive coughing.
- History of heavy lifting - increases in intra-abdominal pressure used while lifting heavy weights combined with poor technique.
- Elite/high level athletes - especially those in high impact sports e.g. running, jumping, weight lifting, gymnasts and trampoline athletes.

### **The role of a women's health trained physiotherapist:**

To improve muscle/fascial tone and functional strength to reduce the risk of developing or worsening pelvic organ prolapse, urinary and faecal incontinence.

Internal vaginal examination is the recommended technique for accurate assessment and teaching of the pelvic floor contraction.<sup>5</sup> It allows direct palpation of the deep pelvic floor muscles to measure strength and coordination of contraction, plus assessment of pelvic organ prolapse.

### **Specific pelvic floor physiotherapy demonstrates better outcomes**

Research has shown that patients treated by a women's health trained physiotherapist achieve better outcomes for weakness, incontinence and pelvic organ prolapse. Pelvic floor specific physiotherapy is considered the first line treatment option for conservative management of pelvic floor dysfunction.<sup>6,7</sup>

## Which patient's should you refer for women's health physiotherapy?

Pelvic floor physiotherapy is recommended for all women following pregnancy and labour, those with a history of chronic respiratory conditions, and heavy lifting or elite athletes – with or without symptoms of incontinence or prolapse.



Newsletter produced by Rebecca McRae - Physiotherapist  
at ocean view physiotherapy  
86 ocean view drive wamberal 2260

Rebecca has completed post-graduate training with *Women's Health Training Associates* in the assessment and treatment of pelvic floor, incontinence and pelvic organ prolapse. Internal vaginal examination competency is included in the training she has undertaken.

Rebecca aims to help all women with pelvic floor dysfunction from active women at gyms performing heavy lifting training, to pre and postnatal women with incontinence and prolapse.

For more information on pelvic floor management please contact us on 4339 2275.

We are happy to provide presentations to you & your colleagues.

Future GP news articles will focus on specific questions like  
“when can I return to exercise/sport after pregnancy?”

For previous GP NEWS publications & handouts for your patients go to:

[www.oceanviewphysio.com.au/gp-resources](http://www.oceanviewphysio.com.au/gp-resources)

If you would like a referral pad please contact us:

telephone: 4339 2275 email: [info@oceanviewphysio.com.au](mailto:info@oceanviewphysio.com.au)

### references:

1. Kim CM et al (2007) Risk factors for pelvic organ prolapse. *International Journal of Obstetrics and Gynecology*, vol 98: 248-251.
2. Peyrat L et al (2002) Prevalence and risk factors of urinary incontinence in young and middle-aged women. *British Journal of Urology*, vol 89 (1): 61-66
3. Bump R, Hurt WG, Fantl JA, Wyman JF. (1991) Assessment of Kegel exercise performance after brief verbal instruction. *American Journal of Obstetrics and Gynecology*, vol 165:322-32.
4. Talasz J et al (2007) Evaluation of pelvic floor muscle function in a random group of adult women in Austria. *International Urogynecology Journal and Pelvic Floor Dysfunction*, vol 19(1): 131-5
5. Kari B & Sherburn M (2005) Evaluation of Female Pelvic-Floor Muscle Function and Strength. *Journal of American Physical Therapy Association*, vol 85(3).
6. Hagen S et al (2009) A ransomized controlled trial of pelvic floor muscle training for stages I and II pelvic organ prolapse. *International Journal of Obstetrics and Gynecology* vol 20 (1): 45-51.
7. Dumoulin C, Hay-Smith J. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *Cochrane Database of Systematic Reviews* 2010, Issue 1. Art. No.: CD005654. DOI: 10.1002/14651858.CD005654.pub2.