

Pelvic Health – General Information

Conditions that can be treated with pelvic health therapy and associated symptoms

- Urinary Incontinence
 - Including stress incontinence, urgency incontinence, and mixed
 - Do you leak small amounts of urine when you cough, laugh, jump, or sneeze?
 - Do you leak when you have a strong urge to go to the bathroom?
- Urgency
 - Including overactive bladder (OAB) and Nocturia (having to urinate in the night)
 - Do you go to the bathroom more than 7 times in a day?
 - Do you feel the need to rush to the washroom to empty your bladder?
 - Do you need to get up in the middle of the night to empty your bladder?
 - Do you go to the bathroom “just in case”?
- Pelvic girdle pain and other pregnancy related pain
 - Are you pregnant with pain in your low back, pelvis (including pubic bone, sacrum, and tailbone), and hips?
 - Do you have pain when in a prolonged position?
 - Do you have pain in your wrists or hands during your pregnancy?
- Constipation
 - Do you have fewer than 3 bowel movements per week?
 - Do you need to strain when on the toilet?
- Fecal incontinence
 - Do you leak stool when you cough, sneeze, or jump?
 - Do you have strong and urges to empty your stools?
- Diastasis Rectus Abdominus (DRA)
 - When you get up from lying do you find your belly bulges?
 - Has it been difficult to regain abdominal strength since giving birth?
- Pain in the vaginal region (Vaginismus / vestibulodynia / Vulvodynia)
 - Do you have pain in or around your vagina?
 - Do you experience discomfort when having intercourse?
- Tailbone pain (Coccydynia)
 - Do you find it uncomfortable to sit for long periods of time?
 - Do you have pain around your tailbone region?
- Pelvic Organ Prolapse (POP)
 - Do you feel a bulging or “heaviness” in your vagina
 - Have you seen any changes to your bladder or bowel function
- Chronic pelvic pain
 - Have you had pain around your pelvis, genitals, and/or groin that has lasted over 3 months?
 - Do you experience discomfort with intercourse?
 - Have you been tested negative for other medical concerns?
- Post prostatectomy concerns

- Do you leak urine? This could be either small amounts or large amounts
- Do you have erectile dysfunction post prostatectomy?
- Prostatitis
 - Do you have pain around your rectum, perineum, testicles, penis, tailbone, or pubic bone?
 - Do you have symptoms of burning and/or itching in the above areas?
 - Do you have to empty your bladder with increased frequency and urgency, including in the middle of the night?
 - Do you feel you are not fully emptying your bladder or have a slower stream?
- Sexual dysfunction
 - Do you have discomfort during or after intercourse?
 - Do you find it difficult to achieve or sustain an erection?

What to expect during an initial session

During the assessment, the physiotherapist will initially take a detailed history. This will be followed by an external exam which commonly includes assessing posture, flexibility, and strength around your low back, hips, and pelvis. Afterwards, an internal exam may be completed to assess the pelvic floor muscles. This can be done vaginally and/or rectally, dependent on symptoms. While an internal exam will likely be recommended, it is not necessary if you are experiencing acute pain or are uncomfortable with the procedure. Based on the assessment findings, an individualized treatment plan will be implemented. Treatment may include advice and education, exercises, manual therapy, and electrotherapy.

What to expect during a follow-up session

During follow-up sessions, most of the time will be allocated for treatment of your symptoms. While treatment will vary between individuals, common treatments include going through exercises, advice and lifestyle modifications, manual therapy, electrotherapy, and relaxation techniques. There may also be other assessment or tests that the physiotherapist might want to complete during follow-up session. These tests will allow the therapist to get a full picture of your concerns, and to follow the progression of your symptoms.

LBP and Pelvic Floor Dysfunction

Studies have shown there is an association between low back pain and pelvic symptoms, particularly urinary incontinence (Smith et al. 2006, Eliasson et al. 2008). In addition, Dufour and Vandyken (2016) found a high correlation between low back pain and an overactive pelvic floor. While not everyone who has back pain has incontinence or pelvic floor issues, it is an important step in the assessment process to either rule in or out. Thus, as practitioners we should remember to screen for pelvic floor concerns when assessing and treating low back pain. This can be done through asking some of the common questions as outlined at the beginning of the document.

FAQs Clients May Ask

Q: Can I be seen if I am on my period?

A: Yes, as long as you are comfortable with it. The physiotherapist can also complete all other areas of the assessment, and the internal exam can be completed during a follow-up session if you prefer.

Q: Are internal exams necessary?

A: Internal exams will likely be recommended depending on your symptoms. This may be done vaginally and/or rectally. However, if you are in too much pain or are uncomfortable, the internal exam is not necessary.

Q: Does the physiotherapist treat males?

A: Yes. Common conditions include chronic pelvic pain, chronic prostatitis, and urinary leakage. The physiotherapist can help with symptoms of incontinence, pain, tightness in the pelvis (particularly the pelvic floor muscles), and weak pelvic floor muscles.

Q: Do I need pelvic health therapy?

A: Common conditions that are seen by a pelvic health therapist include

- Urinary Incontinence
 - Including stress incontinence, urgency incontinence, and mixed
- Bladder Urgency
 - Including over active bladder (OAB) and Nocturia (having to urinate in the night)
- Pelvic girdle pain and other pregnancy related pain
- Constipation
- Fecal incontinence and urgency
- Diastasis Rectus Abdominus (DRA)
- Pain in the vaginal region (Vaginismus / vestibulodynia / Vulvodynia)
- Tailbone pain (Coccydynia)
- Pelvic Organ Prolapse (POP)
- Chronic pelvic pain
- Post prostatectomy concerns
- Prostatitis
- Sexual dysfunction

Q: What will treatment look like?

A: Treatments will be decided between you and the physiotherapist and will depend on your symptoms and goals. Common treatments include exercises, advice and lifestyle modifications, manual therapy, electrotherapy, and relaxation techniques.

Q: What training does the therapist have?

A: The physiotherapist has completed the Level 1 pelvic health course with Pelvic Health Solutions. She has also taken the Rost Therapy course focusing on Pelvic Girdle Pain in Pregnancy and Postpartum women.

Q: Can I have an internal exam when I am pregnant?

A: Yes, as long as your doctor has indicated otherwise

Q: Will an internal exam be done after giving birth?

A: Generally, if an individual is under 6 weeks postpartum, the physiotherapist will not complete an internal exam. Assessment and treatment may begin prior to 6 weeks postpartum, however the physiotherapist will likely not complete the internal exam until you have reached 6 weeks post partum.