



CHRONIC PAIN AND WOMEN'S HEALTH NEWSLETTER

PELVIC PAIN AND THE PELVIC FLOOR MUSCLES

Most people of the feminine gender have experienced pain at some time “down there”. We have all those pesky fluctuating hormones that bring us our monthly aches and cramps. This is normal and usual pain. There are also abnormal experiences of pain in the pelvic area. Some women have pain with intercourse or with daily activities throughout the month. This type of pain may be related to dysfunction in the pelvic floor muscles.

While pelvic floor dysfunction is much more common in females, men can also have

problems. Their pain usually shows up as prostate or rectal pain.

This issue of the newsletter will introduce you to the pelvic floor. It will also cover some of the conditions related to pelvic floor dysfunction and some of the options for physical therapy treatments.

Meet Your Pelvic Floor

Most people are familiar with the larger muscles of the body. You can't flip too many channels on TV without seeing commercials for “6-pack abs” or “tight buns”. These muscles are easy to see, at least in

those super fit models. It also is easy to understand that muscles may get injured, tight, tense, and painful. Painful and tight muscles respond well to stretching, rest, and exercises targeted to rehabilitate the injury.

Well, there are also muscles located internally deep in the pelvis. They are not really visible as they are tucked up into the bowl of the pelvic bones. Since they are not visible and there are no pelvic floor commercials, most people are not even aware they exist.

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TO KEGEL OR NOT: What to do when you have pain

The first thing most people think they should do for any problem with the pelvic floor is Kegel exercises. These are contraction exercises designed to strengthen the pelvic floor muscles. People often feel they should do these if they have pelvic pain, but this is not so.

While I am a big fan of these exercises done correctly for the right reasons (see vol 5, issue 1 *Squeeze*

Please! Kegel Exercises for Bladder Control), they should not be done at first for pelvic pain problems. Think of pelvic pain as a “charley-horse of the pelvis”. Now what happens when you get a charley-horse in your calf. Does contracting that muscle help? No, it makes the pain much worse. You want to stretch that muscle first and get the pain to stop.

Same idea with the pel-

vic floor. You must control the muscle tightness and spasm first and only consider adding strengthening Kegels when they can be done pain free.

Your physical therapist will work with you and let you know when this is appropriate. So while you may add Kegels later when your pain is controlled, you should NOT do them at first when you have pelvic pain.

Clemens Physical Therapy PLLC

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Physical Therapy for Pelvic Pain Continued...

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Imagine your pelvis is a bowl. Take your hands and place on top of your “hips” on the shelf of bone. This is the top of the bowl. This bowl holds important things like your bladder, intestines, uterus, and other pelvic organs. Unlike a true bowl, the pelvic bowl has openings in the bottom for your bowel and bladder. In other words, the bowl is open on the bottom like a funnel. Without some way to close off this opening, we would lose control of our bowel and bladder contents.

This is where the pelvic floor muscles do their “thing”. The pelvic floor muscle forms a hammock across the bottom of the bowl and allows for urine and feces to

be controlled and kept in or let out at will. This is similar to the muscles in your mouth. In order to fill your cheeks with air you have to use the mouth muscles to close your lips. Then to let the air out, you relax the muscles.

In reality the pelvic floor is made up of multiple muscles that form a functional unit. Collectively, they elevate the pelvic contents. This is why they are commonly called the *levator ani* in medical-speak. Translation: they “elevate the anal area”. Sounds like a good thing!

Usually the pelvic floor functions without any difficulty, but sometimes things go wrong. When the muscle is weak or inefficient, leakage of urine or feces occurs (see volume 5, issue 1 of the *Chronic Pain and Women’s Health Newsletter*). When the muscle is tight or develops muscle spasms, pelvic or abdominal pain

can result. This pain can vary from slightly annoying to severe enough to drop you to your knees (imagine a charley horse in the pelvic area). Not pleasant at all.

This is where a physical therapist who specializes in pelvic floor rehabilitation can help. PT’s are masters at working with muscles, joints, ligaments and restoring normal function. Just like any muscle, there are stretches and exercises that can be done to help restore normal function to the pelvic floor muscles.

If you have pelvic pain, it is important to rule out other possible causes of pain before considering the muscle as a cause. There are many non-muscle causes of pelvic pain such as fibroids, tumors, and infections. Work with your physician or health care practitioner to rule these out before seeing a PT.

Pelvic floor dysfunction is a term that covers a lot of territory. See the box *Pelvic Pain by Another Name* (left) for a list of medical terms of problems that may be related to pelvic muscle dysfunction.

Possible causes of pelvic floor dysfunction can include childbirth, heavy lifting, or a fall. It can also happen slowly over time instead of dramatically with something such as a fall. This can occur when you have movements or postures that are “off” or dysfunctional for a while.

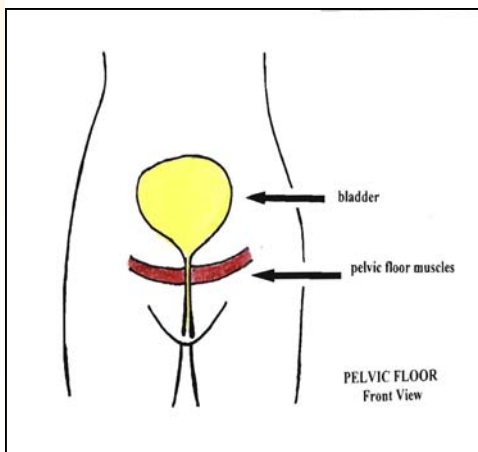
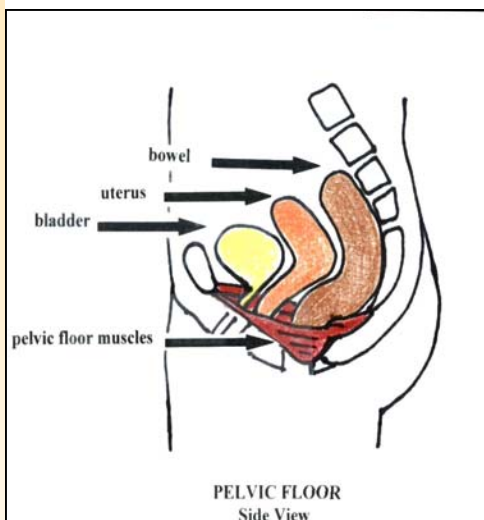
Pelvic Pain by Another Name

The following are a list of medical terms that may be associated with pelvic floor dysfunction.

- Levator ani spasm
- Pelvic floor myalgia
- Coccygodynia (tailbone pain)
- Dyspareunia (painful intercourse)
- Vaginismus
- Vulvodynia
- Vestibulodynia/ Vestibulitis

Below are a list of conditions that may have pelvic floor dysfunction as a part of the problem.

- Interstitial Cystitis (IC)
- Constipation
- Overactive Bladder
- Prostatitis (non-bacterial)



Physical Therapy for Pelvic Pain

I am a physical therapist and most of the people I see for incontinence or other pelvic floor rehabilitation issues are not sure why they are there to see me. After all, don't physical therapists work in an open gym with ankles and knees and lots of people around, or in a hospital with people after knee replacement or strokes?

While many PT's do commonly work in these areas, there are also those of us who specialize in areas that are not as familiar as others. Physical therapists are experts in the musculoskeletal system (muscles-joints-nerves) and in functional movement. Most people do not realize that many pelvic floor issues such as incontinence and pelvic pain, may relate to the function of the pelvic muscles and as such, a PT familiar with the pelvic floor area is a good person to see.

Once your physician has ruled out possible problems with the organs and such, the musculoskeletal system may be at fault and physical therapy can help. Not all PT's work with the pelvic floor or women's health issues so look for one that does. You can start by checking out the

American Physical Therapy Association's website at

www.apta.org

to search for a PT by zip code and specialty (women's health). For more specific areas of specialty such as incontinence, Fibromyalgia, pelvic pain, and pregnancy check online at the APTA's Section on Women's Health

www.womenshealthapta.org.

Once you find a PT, what can you expect? Going to a PT is somewhat different than going to a

medical doctor. We are interested in knowing your medical history but it is also important to find out about how your problem is affecting your functioning. Can you sit, stand, walk, exercise and otherwise do all the activities you want and need to do? You may be asked to fill out forms and questionnaires to determine what you are having trouble with and to have a baseline to determine your progress with treatment.

Your muscle strength, joint range of motion, nerve reflexes, sensation and other things that need to work properly for normal function will be checked. The exam procedure will be discussed in detail and all your questions, big or small, will be answered. Make sure to talk with your physical therapist about all your concerns.

Once an exam has been performed, your therapist will discuss your treatment options. These may include stretching, breathing and abdominal muscle exercises, bio-feedback (a computer program that lets you "see" the pelvic floor muscle contraction to help correct per-

formance), electrical stimulation (used to help contract the muscle if it is very weak), and other treatment options tailored to your specific needs. Strengthening exercises (Kegels) may be added when appropriate but you should follow your PT's recommendations for how and when to start these. They may cause problems if performed incorrectly or started too soon (*see To Kegel or Not* page 1)

In the case of pelvic pain, most people do well with a combination of treatment done in the clinic with your physical therapist to target important areas and a program of exercises and activities you do on your own at home. Individual circumstances may affect the number of visits and your therapist will discuss your treatment plan and options to best suit your needs.

Often there are simple tips, tricks, and treatments that can make a big difference in your function. Don't hesitate to seek help from a physical therapist to help your pelvic pain.

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Helping People Who Hurt



Chronic Pain and Women's Health Newsletter

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