MAINTAIN AND SUPPORT
Pelvic floor muscles help to maintain urinary and fecal continence, add support to the internal organs, and allow for sexual function. Muscle dysfunction may be accompanied by pain, prolapse, and/or bladder or bowel incontinence.

Pelvic Floor Rehabilitation is treatment by a Physical Therapist who has received specialized training to treat the weakness, tightness, and spasms that may accompany pelvic floor dysfunction. These treatments address functional goals such as improved continence, decreased pain with daily activities including, sitting, walking, and prolonged standing, and sexual function. (APTA)

SYMPTOMS/DIAGNOSES
Patients may benefit from physical therapy:
- Accidental leakage of urine when laughing, sneezing, or coughing
- Frequent need to urinate or sudden uncontrollable urge to urinate
- Pain in the pelvic region
- Organ prolapse
- Sexual dysfunction
- Pregnancy-related issues including pre- and post-partum back pain, diastasis recti, and sciatica
- Scar tissue
- Coccyx pain
- Colorectal conditions

TREATMENT/PROGRAM
Treatment and Diagnostic Program may include:
- Manual therapy
- Pelvic Floor exercises
- Transverse abdominus stabilization exercises and core strengthening
- Postural education and functional training
- Electrical Stimulation
- Biofeedback
- Bladder Diary
- Behavioral techniques
- Relaxation techniques and stretching
Pelvic Floor Dysfunction is any abnormal functioning of the pelvic floor. It is a broad term for a variety of problems that can occur when muscles of the pelvic floor are weak or tight, or there is an impairment of the hip joint, low back, coccyx, and/or sacrum. Pelvic pain and incontinence of bladder or bowel can be the result. Incontinence alone affects over 25 million Americans. In coordination with physician care, physical therapy may help patients with pelvic floor dysfunction.

A one-year follow-up study demonstrated that a specially designed postpartum pelvic floor muscle training course was effective in the prevention and treatment of stress urinary incontinence. The benefits from pelvic floor muscle training are still present one year after delivery. (Morkved 2000)

Routine pre- and post-operative physical therapy interventions improve physical outcomes and quality of life in women undergoing corrective surgery for urinary incontinence and/or pelvic organ prolapse. (Jarvis 2005)

When you first meet with a physical therapist, an evaluation will be performed. This will include a review of your:

- Medical history
- Current symptoms
- Activities as they relate to your symptoms

Your physical therapist will perform an assessment of your posture, hips, abdomen, and pelvic floor muscles looking at strength, mobility, and movement patterns that may be contributing to your symptoms. The evaluation may include an external and internal exam of your pelvic floor muscles.

pelvic floor rehabilitation

available locations

pelvic floor rehabilitation is available at:

- Bon Secours Community Hospital • 160 E. Main St. 1st Fl., Port Jervis • 845-858-7122
- St. Anthony Community Hospital Center for Physical Rehabilitation • 153 State Rte 94 S, Warwick • 845-987-5150

call today to schedule an appointment

most insurances accepted

most weekdays 7am-8pm • saturday 8am-12pm

references

pelvic floor dysfunction, www.womenshealth.org
morkved s, effect of postpartum pelvic floor muscle training in prevention and treatment of urinary incontinence: a one-year follow up. 000 aug; 107(8):1022-8
jarvis sk, hallam tk, lujic s, abbott ja, vancaillle tf; perioperative physiotherapy improves outcomes for women undergoing incontinence and prolapse surgery: results of a randomized controlled trial; first published: july 19, 2005 www.nationalicntincne.com/s/getting-help

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