


## Meet Our Presenters:



**Tina Allen:** Tina has been a physical therapist since 1993. She received her physical therapy degree from the University of Illinois in Chicago and she spent a few years working in acute care and then she moved to Seattle, Washington in 1997 and she began to focus her practice on pelvic health. Since then, she's focused her treatment on the care of all genders throughout their lifespan with bladder and bowel dysfunction, pelvic pain syndrome. She deals with pregnancy and postpartum lymphedema and cancer recovery. Tina's practice at the University of Washington Medical Center in the Urology & Urogynecology Clinic is where she treats alongside of physicians and she also educates medical residents about how pelvic floor rehab and interventions can assist their patients. She's been on the faculty at the Herman & Wallace Pelvic Rehabilitation Institute since 2006.

## What Is Pelvic Rehab?


**Tina Allen:** So first off, what is pelvic rehab and what is this and why would I see a physical therapist (PT) for anything about these things? Pelvic rehab is a nonsurgical approach that addresses what's going on in the pelvic region and what do we consider the pelvic region? It's anywhere from thinking your belly region to your private area and then into the mid side. And so in anything in there PTs can treat. We address bowel and bladder function, sexual health and any pain complaints. What do we utilize? We end up educating our patients a lot about their bodies



### What is Pelvic Rehabilitation?

A non-surgical approach to rehabilitation of dysfunctions in the pelvis that contribute to bowel, bladder, sexual health, and pain complaints.

Approaches may include behavioral strategies, manual therapies, modalities, therapeutic exercise, education, and functional re-training



and what is normal or what is the new normal and what to expect. We might use some manual therapies, which means hands-on techniques to help somebody be aware of their body and then also help somebody learn to strengthen their muscles. Or we might have to teach somebody how to relax their muscles to allow them to have normal bowel and bladder function and sexual function. So there's a lot involved and we have to dive in and see what we find. And we work together on that.

**Tina Allen:** Most pelvic rehab providers are physical therapy or occupational therapists. That means we're really focused on the rehab side of things and what your muscles and your nerves and the soft tissues of your bodies are doing. But some times there are nurses that can do this and sometimes naturopaths, but in general, if you're seeing somebody for a length of time, it's going to be some kind of a rehab professional. We take our time during our sessions to find out what you're most concerned about and what brings you in to see us. There's definitely times where we see patients that they're not sure why they're coming in to see a pelvic rehab provider and what's it involves and why am I here? We try to help you through that and hopefully this seminar here will help you along too, so you know what we can offer and how we can help you, through your recovery and get back to everything you enjoy doing.



## Who is a Pelvic Rehab Provider?

Providers who specialize in pelvic rehab are usually physical therapists or occupational therapists

Pelvic rehab providers are experts in the way your muscles interact with nerves and bones, who aim to identify patients with limited in daily function because of pelvic dysfunction



## Benefits of Pelvic Rehab

- During pelvic rehab sessions you will receive information and instruction in self-care
- Most people are aware that physical therapy offers a conservative approach that can benefit other body conditions
- Patients are typically unaware that therapists have skills in treating pelvic conditions

So the common conditions are continence, bowel and bladder function. The urgency and frequency of either bowel or bladder. We also treat constipation and any pain that may be involved also.

## Understanding Your Pelvic Muscles


**Tina Allen:** So the pelvic girdle as we call it, which is the bony structure of the pelvis, it's made up of two bones. If you can see my mouse here. So we have the ilium on this side and we have a right and a left. And then we have the sacrum in between with the tailbone or the coccyx and they come together at an area here called the symphysis pubis. This is the bony structure of the pelvis and our muscles and our fashion, our nerves travel within this area also.

Then the bigger culprit that we think about are the muscles and how do the muscles work and how can you get better control of these muscles?

So on this anatomy slide, on the side over here where you see my mouse, that's the male anatomy or typically male anatomy. Then this is the female anatomy. When we look here, this is a model. This is a pen. I couldn't find one without the pen. Sorry for that. It's not some kind of a handle or anything. This is a pen, but this is the pelvis and then this is a drawing of those muscles.


The pelvic floor muscle anatomy, it's made up of three layers. Most of us, when we've read something online or we've gotten a handout from somebody or in some of our fitness classes, they often just talk about one layer of muscle and that's the hammock muscle, also called the levator ani muscle. That muscle is strictly does this lifting contraction, is actually the deepest layer of muscle. On this drawing here of the male anatomy, it would be this muscle here.

On the female anatomy, it's here, it's rather deep. But what we really want to talk more about to make you aware of is that there's these superficial muscles that you're seeing on the model that I'm circling as well as here on the male anatomy. These superficial layer of muscles, there's two layers. They're very close to the surface. If you look at your finger and you go from your fingertip to the very first knuckle, they'd be about that far in, so they're not very deep. Whereas that deeper layer that I was just talking about, the hammock layer or the levator ani. The depth is usually about to your second knuckle.




### Pelvic Muscle Anatomy

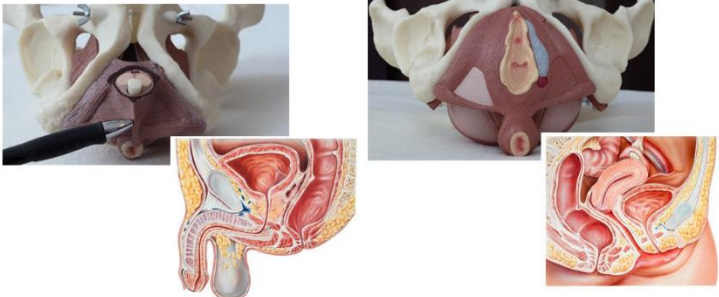
The pelvis is made up of the 2 pelvic bones and the sacrum, the triangular bone at the base of the spine



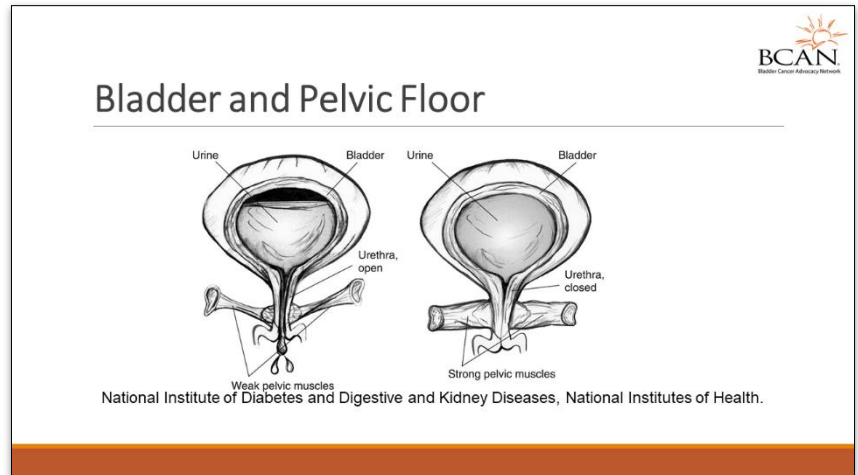
There are several layers of muscle, fascia, and nerves within the pelvis



### Pelvic Floor Muscle Anatomy



**Tina Allen:** So this first layer of muscle, what it does is it closes and it seals the urethra, which is where we urinate out of. So we want to make sure that this first layer does its job on both the anatomy here. We want to make sure that this first layer seals and closes. It closes both the urethra and the anus. And so we want to make sure that that layer seals the openings to decrease our leakage. Then this a deeper layer here that most of us have heard about, this deeper layer here and here, they really support our structures and they support our organs. All of these muscles are really important. By getting them and learning how to close and lift our pelvic floor muscles, it increases our ability to have continence or reduced leakage.



It helps us make it to the bathroom longer and it also helps support our trunk. We'll talk about some of those things going forward, but just wanted to give you this orientation of the bony structures and the muscles that are giving us this nice support and helping us be continent and hold our urine, but also do our daily tasks that we like to do. So here's just a schematic and here is a bladder. So these two pictures are of a bladder and then this is a female urethra. The male urethra is longer. But for this picture it's very similar to think of. Here is the urethra and it's traveling through those muscles I just talked to you about and the picture on your left side where it's depicting weaker pelvic floor muscles and how that allows for leakage of urine versus on the right side we have more robust or thick muscles and those muscles help give congruence or sealing off of the urethra so that then there is less leakage. So it's just a nice easy depiction of why having good support is so important.

**Tina Allen:** Now what are the functions of the pelvic floor? A lot of people think of, "Oh the pelvic floor, it has to be nice and strong and tight and it has to be shortened." Is another term for that. That may not be true, but in general what we find is that folks contract or shorten the muscle to keep from leaking and to have sexual appreciation. The muscles need to lengthen or bulge or extend to be able to deliver babies and then also for bowel movements. You have to be able to bulge a bit to allow bowel movements to happen. Pelvic floor

### Functions of the Pelvic Floor

- **Contract or shorten**
  - For Continence and Sexual appreciation
- **Lengthen or bulge**
  - For Delivering Babies and Bowel Movements
- **Relax/Rest**
  - For urination and because all muscle should rest
- **Maintain tension**
  - for continence , support, movement

Also: **breathing, stability and lymphatic pump**

muscles also rest. All muscles rest. They don't walk around with constant tension. Those muscles are always resting a bit to be ready for whatever we need them to do. Then they also maintain a little bit of tension to allow us to remain continent, but then also for support of our trunk and with movement.

**Tina Allen:** So we want to make sure that the pelvic floor does all of these things. And some folks think this is really fancy and, "Oh, this is something very different from any other muscle of our body." But that's actually not true. If we think about our arm and our elbow and we know we can flex our arm so that our elbow bends and our hands approximates our shoulder and that would be contracting or shortening. We also know that we can extend our bicep or extend our arm and the arm goes out fully lengthened and the elbow is completely straight and that's that lengthening or bold. But we usually walk around with our elbow slightly bent and that's that rest or relaxation.

So we know that our other muscles of our bodies do the same things. We're just describing this in a way very specific to the pelvic floor muscles. Then what happens? Just to step back now you get an idea of all these like, "Oh, here's this great anatomy and here's what the muscles do."

### What Happens during Pelvic Floor Rehab Appointments?

**Tina Allen:** But what would happen if you walked in to see me? I would first, "Ask what's going on? How are you feeling? What brings you in? Do you know why your doctor sent to you to me?" And then you would share that. I would discuss with you what I just discussed with you about the anatomy and how things function. We're going to cover that even more as we go forward, but just that's where we would start in our session and then I would talk to you about what kind of an assessment I need to do or I would like to do. Then you get to say whether that works for you or not.

So it's very much a collaboration between us. We then go ahead and do the examination and that includes looking in see in the private area, in your perineal what your muscles are doing and what a pelvic floor muscle contraction means to you and how things move. We also probably would look at how your body moves in general to

see if that's contributing to your symptoms. Then we would really specifically look at your pelvic floor muscles. Like I said, that could include something called biofeedback which uses small little surface sensors, usually surface sensors that we place externally but up close and personal on your pelvic floor



#### What Happens in a Pelvic Rehab Appointment?

- Attending a pelvic rehab appointment is very much like any physical or occupational rehab appointment
- You will have an opportunity to share your concerns and goals
- You will be offered options regarding assessment and treatment



#### What Happens in a Pelvic Rehab Appointment? (cont.)

- Examination and evaluation
- Strength testing general or specific to pelvic floor
- Pelvic floor muscle assessment of coordination, endurance, resting state of muscles
  - May include biofeedback
  - May include an internal exam (rectal or vaginal)



muscle region. Then a graph comes up on a monitor that both you and I get to see and we can see when you tighten, what does the muscle do? When you release, what does the muscle do?

**Tina Allen:** So you get to learn along with me what your body's doing, which is pretty great. We may need to do an internal exam and that is something that helps us see how robust the muscle contraction is. Is it weaker on one side versus another? Which I really can't assess when I'm just looking at your pelvic floor. So that's where the internal assessment may be really beneficial, but I definitely have patients who say not this session and that's okay. We get started on things and then down the road we re-approach it and decide if we want to do an internal exam if we need to, if things aren't improving or as you're more comfortable or something like that. So realizing that it's always us working together on what's best for you as an individual.

After that initial session we're going to come up with a plan and we're going to talk through some of those options in the coming slides. We'll talk through a plan, what we think we can help with, what we would like to try. You can decide if that works for you and then we communicate that with your team, your providers. We educate you on your bowel and bladder habits, your food and fluid. We discuss your home program. We may use some hands-on techniques to help with things. And then we work on self-care.



### What Happens in a Pelvic Rehab Appointment? (cont.)

- Following your first visit, you will be informed of the examination findings, and options for treatment
- You will be given suggestions for a home program or self-care, so that you can actively participate in your healing process
- Your therapist will communicate with your health care providers as appropriate

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