Pelvic Floor Dysfunction (PFD)  
Interdisciplinary Treatment and Referral Consideration for Physician Assistants

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Learner Objectives

1. Recreate the pelvic floor anatomy using Theraband®.
2. Properly instruct patients in pelvic floor strengthening exercise continuum.
3. Identify patients through case studies whose pelvic floor dysfunction can be treated by a pelvic floor physical therapist.

Physical therapists can treat PFD? I didn’t know that.

- Entry-level education varies greatly across the country
- Training is primarily post-professional
- To locate a PT, go to http://www.womenshealthapta.org/pt-locator/
- Physical therapists (PTs) who treat internally and/or externally
Why should PTs be involved in the treatment of PFD?

**Better outcomes!**

- Eftekhar (2014) compared surgery (rectocele repair & perineorrhaphy) vs PT on sexual function. Both groups had improved libido and arousal but orgasm and dyspareunia were significantly better (p=.001) in PT group.
- Knorst (2013) compared effectiveness of PT in women with urinary incontinence. 89% of patients reported continence or satisfied with treatment.
- Anderson (2006) examined the effectiveness of trigger point release and paradoxical relaxation training in men with refractory chronic pelvic pain. There was a greater than 50% improvement in sexual dysfunction.

Functions of the Pelvic Floor

**Support organs and structures**

**Sphincteric control**

**Sexuality**

**3 S’s**

Support Organs and Structures

If organs aren’t supported, prolapse may occur.
Sphincteric Control

Sexuality

Let’s recreate the pelvic floor!
Balance between Mobility and Stability

Let’s talk about urinary incontinence

Urinary Incontinence (UI)

- Not a normal part of aging
- Effects both men and women
- Can occur at any age

- Need to differentiate between UI vs. medical issue
- If UI, can approach from a functional approach as an interdisciplinary team
Kegel exercises can help urinary incontinence, anal incontinence, pelvic organ prolapse, back pain, erectile dysfunction, improve sexual response, and restore pelvic health after having a baby.


Conclusion:
• Level 1/Grade A evidence
• Recommended pelvic floor strengthening be taught by a physical therapist using internal assessment and treatment techniques and this should be first line of defense for urge and stress incontinence.
### How to find the pelvic floor muscles

- Use cues like
  - “lilt”
  - “draw up and in”
  - “close your openings”
  - “hold back gas”
  - “imagine squeezing out a sponge with your vagina”
- Palpate perineum over clothing. Fingers should raise with contraction.
- Visually watch perineum and ask patient to contract, relax, and bulge.
- If men perform contraction correctly, scrotum will lift and penis will retract
- Stop the flow of urine midstream – should not be done more than 1x/month

### Common errors

- Holding breath
  - One should exhale with contraction and inhale with relaxation
- Bulging
- Contracting other muscles – abdominals, gluteals, adductors

### Kegel Exercises

- Slow twitch contractions
- Fast twitch contractions
- Can progress these exercises and this has been termed “Beyond Kegels”
  - Elevator
  - Standing plies
Pharmacologic Intervention

- Remember, just because you hear the words “urinary incontinence” does not indicate an automatic prescription for an anticholinergic agent. You must know the type of incontinence before prescribing.
- When is an anticholinergic [oxybutynin (Ditropan), tolterodine (Detrol), solifenacin (VESIcare), darifenacin (Enablex)] indicated?
- When is vaginal estrogen cream (Estrace, Premarin) indicated?

Pelvic Pain – Where does it hurt?

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
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<tbody>
<tr>
<td>Lower abdomen</td>
<td>Lower abdomen</td>
</tr>
<tr>
<td>Vagina/vulva</td>
<td>Perineum</td>
</tr>
<tr>
<td>Perineum</td>
<td>Penis</td>
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<tr>
<td>Anus</td>
<td>Testes</td>
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<tr>
<td>Coccyx</td>
<td>Anus</td>
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<tr>
<td>Low back</td>
<td>Coccyx</td>
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Both men and women c/o bladder, bowel, and sexual issues.

Pain Characteristics & Associated Signs

- Burning, stabbing, cramping, aching, pressure
- Referred pain to low back, suprapubic region, abdominals, groin, and lower extremities
- Often aggravated by sitting, defecation, and intercourse
Sexual Dysfunction

- Pain with penetration, erection, and/or ejaculation
- Dissatisfaction
- Erectile dysfunction

Constipation

- Hard stool
- Straining
- Sensation of incomplete emptying
- Fewer than 3 defecations/week

- Consequences:
  - Weakening/bulging pelvic floor
  - Pelvic organ prolapse
  - Anal fissures
  - Hemorrhoids

How can PT help patients with PFD?

- Patient education
- Muscle testing
- Biofeedback
- Diaphragmatic breathing
- Diet and fluid changes
- Bladder retraining
- Pelvic floor strengthening
- Pelvic floor relaxation
- Double voiding
- Vaginal weights

- Electrical stimulation
- Vaginal dilators
- Proper position for toileting
- Manual therapy
- Dry needling
Treatment for PFD is an interdisciplinary team approach.

Case Studies

- Case #1: 22 year old male with penile pain
- Case #2: 57 year old male with voiding dysfunction

References


