What is Women’s Health Physiotherapy?

Women’s Health Physiotherapy is the therapeutic treatment of all disorders affecting the pelvis and pelvic floor.

From incontinence to prolapse, pelvic pain or constipation, there is growing evidence that physiotherapy can alleviate, and in many cases cure these symptoms. Most women don’t know that help is available and it can be an embarrassing topic so I hope that these pages are helpful in answering some of the questions you may have about your body and whether Women’s Health Physiotherapy can help you.

- How can Women’s Health Physiotherapy help my pelvic floor?
- How can Women’s Health Physiotherapy help me during pregnancy?
- How can Women’s Health Physiotherapy help me post-natally?
- What can I expect at my Women’s Health Physiotherapy appointment?

How can Women’s Health Physiotherapy help my pelvic floor?

The pelvic floor is a complex structure made up of a group of muscles that support the pelvic organs and form the birth canal and passages for urine and stool. The pelvic floor muscles are often described as a hammock lifting and supporting the pelvic organs above. These muscles need to be able to contract to keep us continent, but also they must relax to allow for urination, bowel movements, child birth and sexual intercourse.

Problems with the pelvic floor can occur when these muscles are too weak (hypotonic) or too tight (hypertonic). It is also possible for these muscles to combine a pattern of too much tension in some areas while too relaxed in others!

When the pelvic floor muscles are low-tone (hypotonic) the hammock becomes less effective at supporting the pelvic organs and symptoms such as urinary or bowel incontinence, urgency and pelvic organ prolapse can occur. These are NOT a normal part of aging and the muscles can become weak for many reasons.

The good news is that a structured exercise program to strengthen the pelvic floor muscles is effective in
reversing the symptoms in 80% of women.

Following an assessment treatments for the symptoms of hypotonic pelvic floor muscles include:

- Pelvic floor re-training and exercises
- Provision of pelvic floor educators/muscle stimulators to improve your activation and power of your pelvic floor contraction
- Pilates based pelvic stability exercises to strengthen the abdominal muscles which play a supporting role in the strength of the pelvic floor
- Assessment and treatment of any low back/pelvic pain issues which can lead to weakness of the pelvic floor muscles

When the pelvic floor muscles are high-tone (Hypertonic) they can cause urinary frequency, urgency, hesitancy or incomplete emptying and painful urination as the muscles are unable to relax fully to allow the passage of urine down the urethra. You may also experience constipation or pain with bowel movements, unexplained pain in your low back, pelvic region or genital area, pain during or after intercourse, orgasm, or sexual stimulation due to the tension in these muscles. Hypertonic pelvic floor muscles can also contribute to Interstitial Cystitis, Vulvodynia and Pudendal nerve Neuralgia. There are again many reasons for these changes to occur in the pelvic floor muscles but hypertonicity may follow trauma to the pelvic floor/pelvic organs (for example in childbirth), following gynaecological intervention or investigation, unresolved low back or hip pain or following an infection.

When the pelvic floor muscles are already in a state of increased tone you may find it difficult to initiate or hold a pelvic floor contraction and increase the tone any further. In this case it is important to relax the pelvic floor muscles fully and treat the tension before any underlying weakness. Once the muscles have reached a normal resting tone, and are able to relax fully, their strength is reassessed and strengthening exercises are prescribed. Following an assessment treatment for the symptoms of hypertonic pelvic floor may include:

- Internal manual therapy techniques to relax the pelvic floor muscles, including trigger point release, myofascial stretches, scar massage, neural mobilisations
- Myo-fascial release of the connective tissue of the abdomen, hips and pelvis which support the pelvic floor
- Relaxation and breathing techniques
- Advice on toileting and positional modifications
- Provision of pelvic floor exercises and general exercise to assist in release and re-training of the pelvic muscles
- Provision of vaginal dilators, pelvic floor educators or muscle stimulators to assist in the release and relaxation of pelvic muscles
- Assessment and treatment of any unresolved low back, hip or pelvic pain
- As and when suitable pelvic floor muscle strengthening can begin

If an internal examination is too painful, the connective tissue of your abdomen, thighs, groins and low back can often be very tight. The connective tissue forms the container of the muscles, and this tissue often needs to be relaxed before any internal work can be done.

Understanding how our pain systems work has been shown to be an effective way of reducing the threat of on-going pelvic floor dysfunction. Anxiety, stress, thoughts, attitudes and beliefs can perpetuate pain in the pelvis; education about persistent pain is an important part of treating pelvic floor dysfunction since the pelvic area is an area that we often hold our stress.
How can Women’s Health Physiotherapy help me during pregnancy?

Pelvic girdle pain and stress urinary incontinence are common amongst pregnant women. These symptoms often occur due to hormonal changes and the ever-increasing weight of your baby and uterus. The mounting pressure of the uterus on your bladder gives you less room to store urine just when it’s becoming more difficult to stop the flow. You may notice that you leak urine when you sneeze or find it harder to hold your urine when you need to ‘go’. Urinary incontinence in pregnancy should not be ignored as research suggests that if you develop stress urinary incontinence during your pregnancy, or within 6 weeks following the birth of your baby, you are more likely to suffer from incontinence 5 years later.

An assessment with a Women’s Health Physiotherapist is often all you need to prevent this. Making sure that you are doing the right pelvic floor exercises; activating the correct muscles for a suitable length of time is important in maintaining a strong pelvic floor through your pregnancy and beyond.

Pilates based pelvic stability exercises are also valuable through pregnancy to strengthen the supporting muscles of the pelvis and ease the pressure on the pelvic floor. An internal assessment may not be appropriate whilst you are pregnant and therefore an assessment of the muscles of your abdomen and pelvis is often an efficient way of pelvic floor re-training in pregnancy.

1 in 3 women experience low back pain during pregnancy whilst 1 in 5 experience pelvic girdle pain. This is often a result of the hormones Relaxin and Oestrogen relaxing the ligaments which support your pelvis. Your pelvis bones and sacrum slot together like a loose puzzle relying on the ligaments and muscles to provide joint stability. In pregnancy the extra strain on these ligaments can cause pain and movement dysfunction. In such conditions the muscles supporting these ligaments become extra important in providing stability and control. There is much evidence to support physiotherapy for pelvic pain in pregnancy and the treatments you may be offered include:

- Manual therapy techniques
- Connective tissue release of the abdomen, back, hips and pelvis
- Provision of Pilates based pelvic stability exercises
- Acupuncture
- Provision and fitting of pelvic stability belts
- Advice on sleeping positions, exercise and movement modification

How can Women’s Health Physiotherapy help me postnatally?

The immediate weeks after the birth of your baby is an important time for your body. Your body undergoes many changes during pregnancy and continues to change post-natally. It is important to address any issues that occur at this time so as to prevent problems later in life. Childbirth can lead to pelvic floor trauma, perineal tears and pudendal nerve injury (the nerve which supplies your bladder and pelvic floor). Consequently the pelvic floor can become dysfunctional and
you may experience urinary or bowel urgency and/or incontinence, urinary frequency, incomplete emptying, pain on urination/defecation and pain or discomfort with sexual intercourse.

A pelvic floor assessment is important to establish the cause of these symptoms.

A Women’s Health Physiotherapist can assess you from 6 weeks post-natally or after your 6-week check up. Following your assessment appropriate treatment can be provided which may include:

- Pelvic floor re-training and exercises
- Provision of pelvic floor educators/muscle stimulators to improve your activation and power of your pelvic floor contraction
- Internal manual therapy techniques to relax the pelvic floor muscles, including trigger point release, myo-fascial stretches, scar massage, neural mobilisations.
- Myo-fascial release of the connective tissue of the abdomen, hips and pelvis which support the pelvic floor
- Relaxation and breathing techniques
- Advice on toileting and positional modifications
- Provision of pelvic floor exercises and general exercise to assist in release and re-training of the pelvic muscles
- Provision of vaginal dilators, pelvic floor educators or muscle stimulators to assist in the release and relaxation of pelvic muscles
- Assessment and treatment of any unresolved low back, hip or pelvic pain

A Women’s Health Physiotherapist can also help with advice on return to exercise and healing of separated abdominal muscles (Diastasis Recti). Diastasis Recti often occurs in the third trimester of pregnancy when the abdominal muscles are at their greatest stretch. The linea alba normally joins the left and right hand rectus abdominal muscles. When the linea alba is overstretched a separation can occur between the left and right sides. Diastasis recti may make it harder for you to regain your tummy tone and return to your normal exercise routine. It is important to have an assessment to determine if your muscles are stretched; “Divarication Recti” or separated “Diastasis Recti” as this will determine which exercises are suitable for you. An assessment can be carried out from 6 weeks if you had a vaginal delivery or 8 weeks if you had a C-section.

- What can I expect at my first Women’s Health Physiotherapy appointment?

Your assessment and treatment will depend upon your presenting condition. We will start with taking a confidential and detailed history. Whilst these sensitive issues are often difficult to discuss, understanding the onset of your symptoms and how your daily life is affected is vital in directing your treatment. Your physical assessment will most likely begin with examination of your abdominal muscles, pelvis and lumbar spine. Following this assessment you may be offered an internal examination. This is an important part of your examination and necessary in identifying the tone, strength and control of your pelvic floor muscles. Using finger palpation the pelvic floor muscles and connective tissue will be assessed for injury or scarring, signs of pelvic organ prolapse, muscle tone, tenderness, sensation and neural sensitivity. Following this the pelvic floor muscle will be tested for strength and endurance. It is important to determine if the left and right, superficial and deep pelvic floor muscles are working together, and if not why not. Once we establish your baseline of pelvic floor muscle control we can then develop a specific and individualised exercise programme. The assessment findings will be discussed with you and treatment will depend upon findings and your symptoms.