

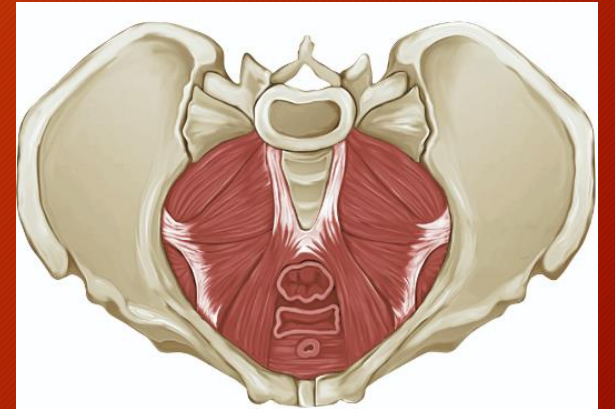
# Pelvic Health

Understanding Your Body's Foundation

Corryn Nelson PT DPT

# What is the Pelvic Floor?

- The pelvic floor is a group of muscles and connective tissue at the base of our abdomen
- These muscles work with your abdominal muscles, back muscles, hip muscles and the diaphragm to support the spine and control the pressure inside your abdomen



# The Job of our Pelvic Muscles

- Support the internal organs
- Maintain continence for bowels and bladder
- Stabilize lumbar region, SIJ, load transfer between legs and upper body
  - Consider how abdominal scar tissue/surgeries may impact surrounding regions
- Circulation
- Sexual function

# Why is Pelvic Health Important?

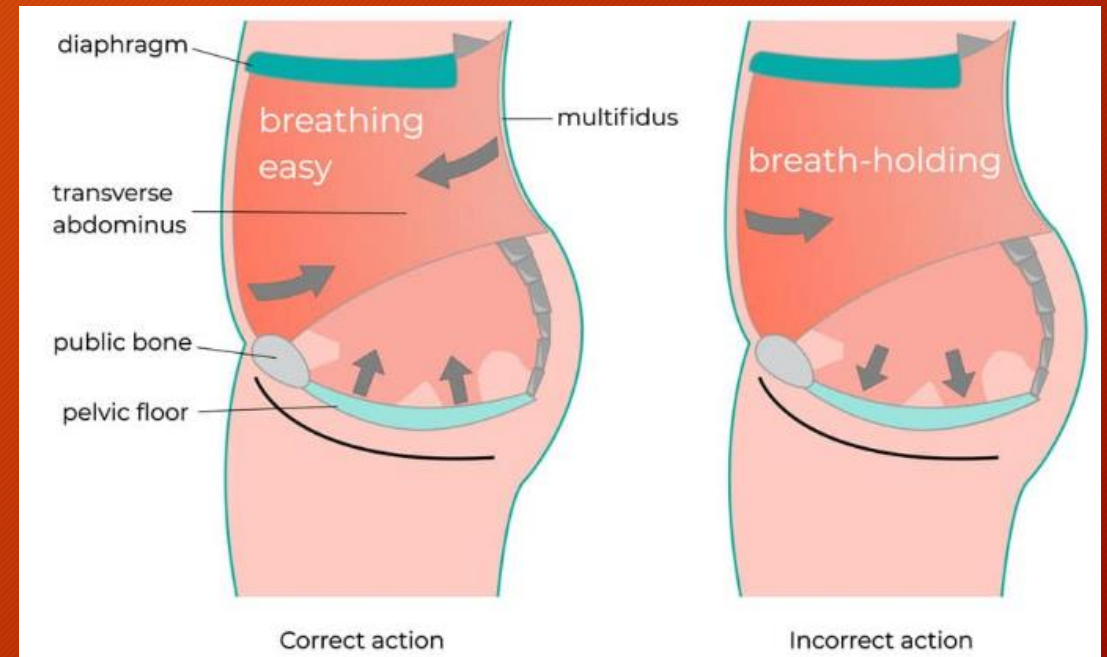
- Improves bladder and bowel control
- Reduces the risk of prolapse
- Improves recovery from pregnancy, childbirth, and surgery
- Improves recovery after prostate surgery
- Improves sexual function
- Increases social confidence and quality of life

Berghmans (2016) used sample size of 985	
Symptom	Prevalence
Voiding dysfunction	74%
Urinary incontinence	30%
Sexual problems	17%
Fecal incontinence	14%
Constipation	10%

# Breathing & Circulation

## Diaphragmatic Breathing:

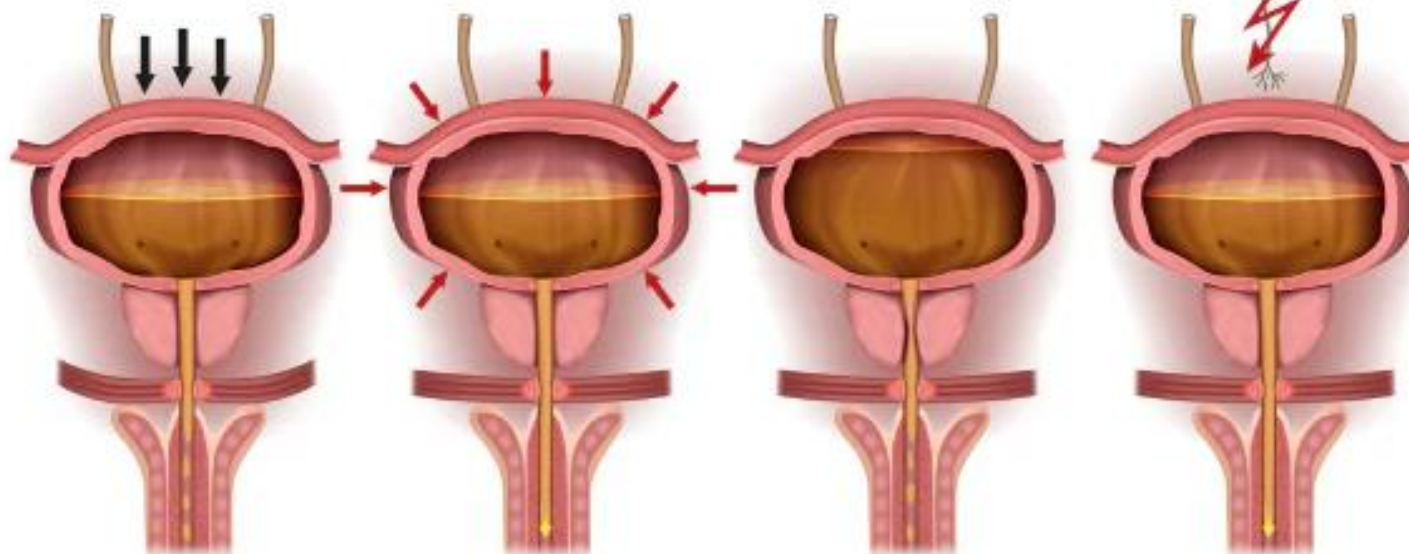
- Lowers heart rate and blood pressure
- Decreased muscle tension
- Increases energy and motivation
- Reduces stress hormones
- Helps regulate your nervous system
- Improves “rest and digest” nervous system
- Can help reduce bloating, abdominal pain, urgency, and constipation



# Urinary Incontinence

## Types of Incontinence

(*Incontinentia vesicae*)



### **Stress Incontinence**

due to increased abdominal pressure under stress (weak pelvic floor muscles)

### **Urge Incontinence**

due to involuntary contraction of the bladder muscles

### **Overflow Incontinence**

due to blockage of the urethra

### **Neurogenic Incontinence**

due to disturbed function of the nervous system

# What can I do to help Urinary Leakage

Know your bladder irritants

Try not to void “just in case”

Limit fluids 2 hours before bedtime

Smoking cessation

Manage constipation

Stay hydrated

Try not to hold your bladder too long

Keep your muscles strong

Do not rush going to the restroom

# Fecal Incontinence/Constipation

## What is Normal?

- It is normal to have a bowel movement (BM) from 3 times per day to 3 times per week
- There should be no pain or excessive straining
- Your stool consistency should be well formed

## Good Habits:

- 6-8 cups fluid per day, 75% consisting of plain water
- Fiber intake ~25 to 30 grams a day, ideally from food vs supplements
- Don't hover over the toilet
- Do not rush, strain, or hold your breath to have a bowel movement!
- Try not to ignore the urge to go
- Physical activity





# Pelvic Organ Prolapse

Uterine/Cervical



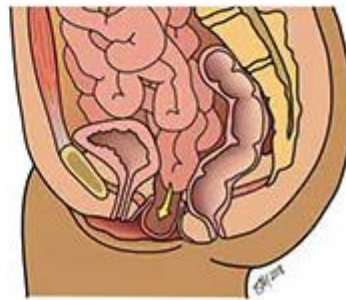
Cystocele



Rectocele



Enterocoele



Rectal Prolapse

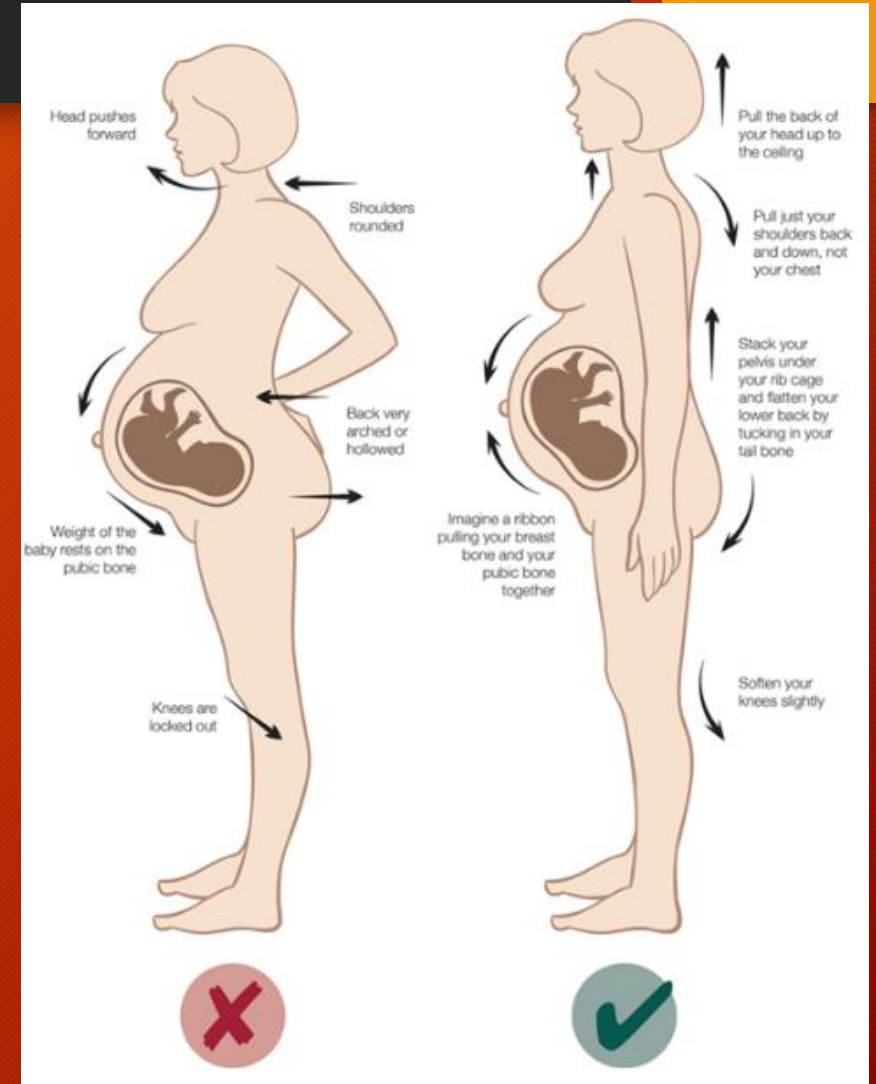
# How to Prevent/Manage a POP

- Avoid straining on the toilet
- Breathe when you exercise
- Avoid lifting heavier than you are capable
- Ask your healthcare providers questions for POP management
- Maintain a healthy body weight



# Pre/Post Partum

- Posture!
- If needed, use belly support bands or SI belts for pelvis support
- Staying hydrated
- Eating a balanced diet and fiber to keep your BM the right consistency
- Have a good stretching program to keep your body comfortable
- Know your limits
- Try to maintain your strength



# Menopause

Menopause is a period in time 1 year after a woman's last period (around age 45-55). The transitional duration can depend on lifestyle factors such as smoking, age it begins, and race and ethnicity.

Many women will spend around 40% of their life in the postmenopausal stage

What happens after Menopause?

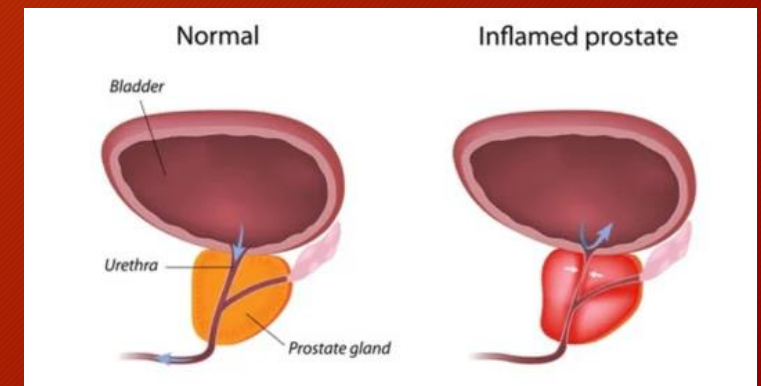
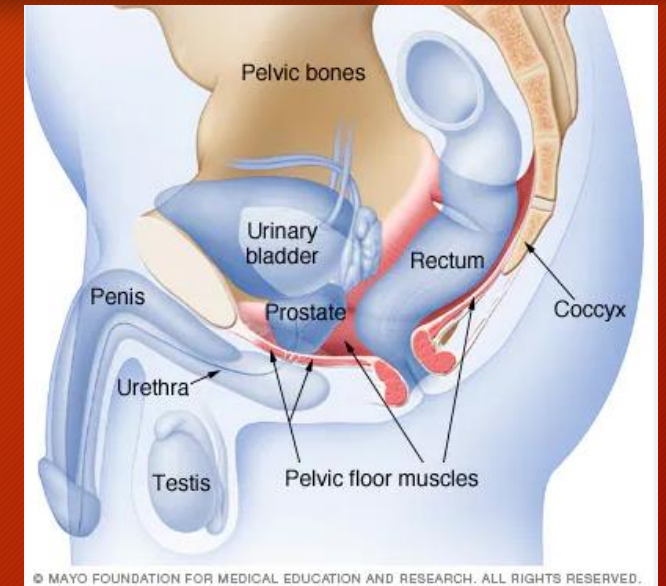
- Vaginal dryness
- Changes in sleep and metabolism
- Muscle atrophy
- Decrease in bone density
- Possible weakening of ligaments that support our pelvic organs and pelvic muscles

# Pelvic Floor Concerns in Males

- Frequent need to urinate
- Slow or intermittent urine stream
- Urinary or bowel incontinence
- Chronic constipation or straining to have a bowel movement
- Painful urination
- Pain in the lower back, genitals or rectum
- Erectile dysfunction

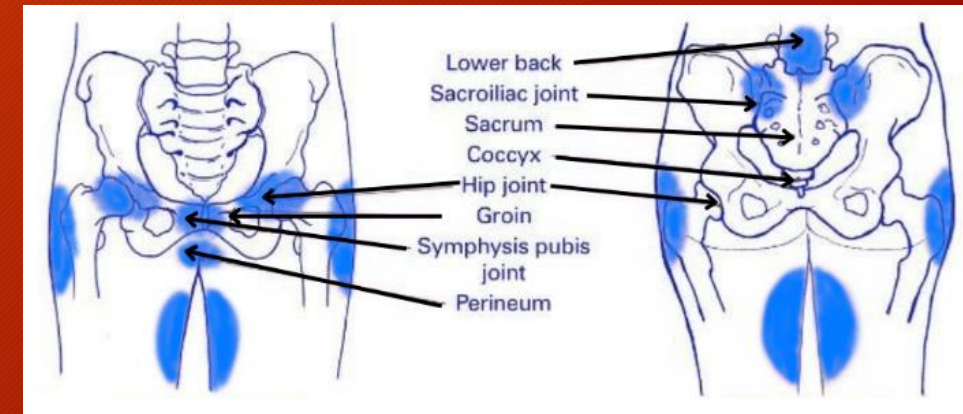
Aging, obesity, chronic coughing, prostate surgery, chronic constipation, and pain contribute to pelvic floor dysfunctions

While some changes can be expected with aging, we do not want them to limit your daily function or quality of life

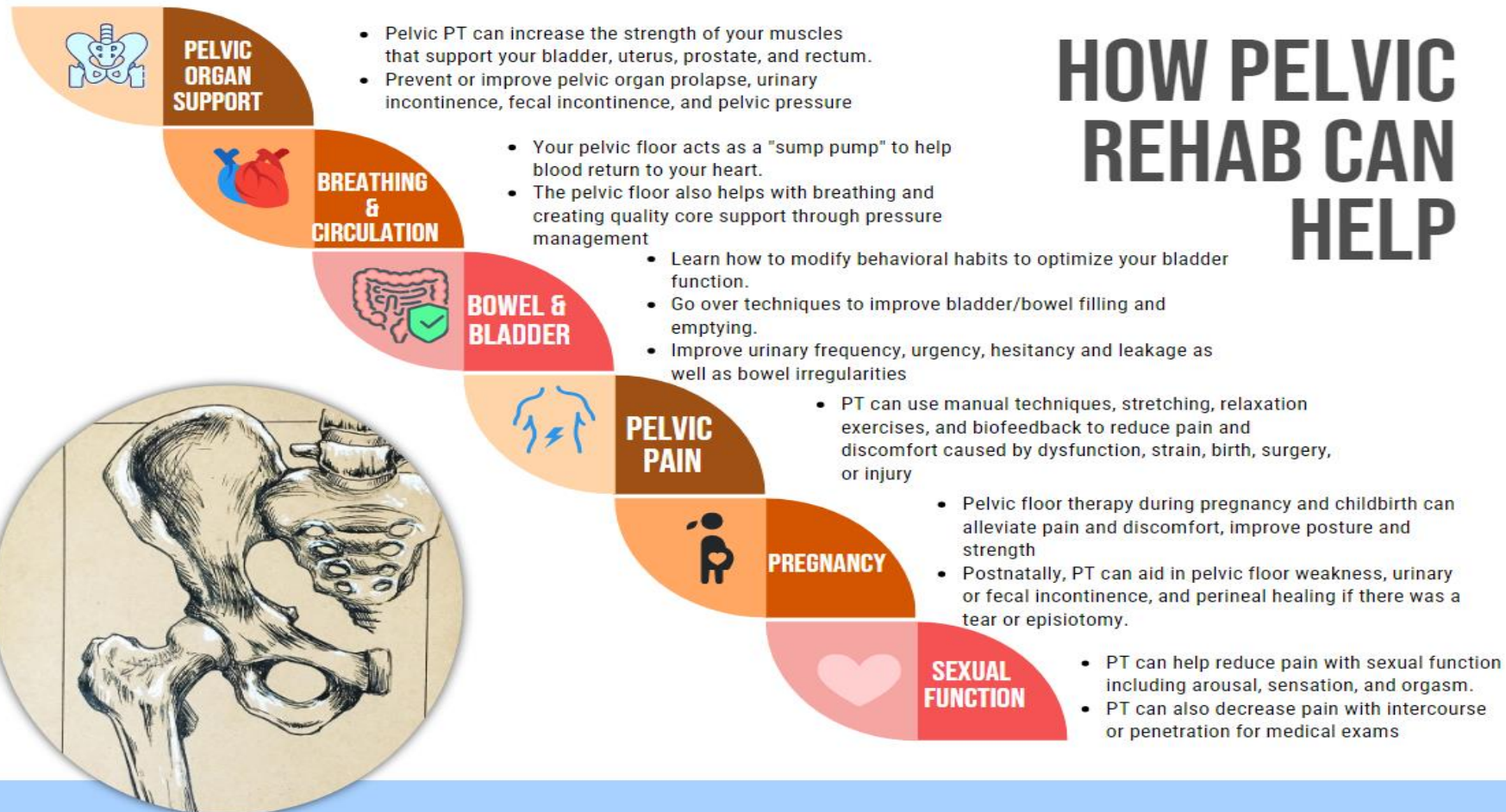


# Back vs. Pelvic Pain

- Difficulty with walking can favor certain muscles and cause overuse
- Pain when weight bearing on one leg: walking, climbing stairs, getting dressed, stepping into the bathtub, getting in or out of the car
- Sometimes nerves/nerve roots can be irritated further up your back, which can cause increased muscle tension and irritability around the pelvis or hips
- Pelvic pain can occur after a fall onto your bottom or knee, a lifting injury, or may be related to pregnancy and/or birth



# In Summary



# Resources

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# Questions



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