Pelvic Floor Physiotherapy and Ehlers-Danlos Syndrome

Jessica Nargi

Registered Physiotherapist

jsnargi@gmail.com

Disclosures

I, presenter have no affiliation, sponsorships, honoraria, monetary support or conflict of interest from any commercial source.

Objectives

- By the end of the presentation, attendees should be able to:
  - Identify what is Pelvic Health Physiotherapy
  - Understand how Pelvic Health Physiotherapy can help a connective tissue and persistent pain disorder (EDS)
  - Learn the components of a pelvic floor physiotherapy assessment an treatment
  - Learn how to find a Pelvic Health Physiotherapist

What is Pelvic Health Physiotherapy

- Assessment and treatment of the musculature and soft tissues within the pelvis
- Involves a digital vaginal and rectal evaluation of the pelvic floor muscles by specially trained physiotherapists
- Comprehensive Orthopaedic assessment
- Psychosocial evaluations using validated outcome measures

Internal Palpation

2 Types of Pelvic Floor Muscle Dysfunction:

1) Hypotonic/Underactive: weak and lengthened

2) Hypertonic/Overactive: tight and short

Gold Standard for Pelvic Floor Education

Hypertonic/Overactive Pelvic Floor

Can contribute to:

- Pelvic pain
- Dyspareunia (pain with intercourse)
- Urgency/Frequency of urination
- Incontinence
- Hesitation/Retention
- Erectile Dysfunction/Painful Ejaculation
- Low Back Pain/Pelvic Girdle Pain
- Constipation

Hypotonic/Underactive Pelvic Floor

Can Contribute to:

- Stress Urinary Incontinence
- Pelvic Organ Prolapse
- Urge incontinence/ Urgency/Frequency
- Low Back Pain/Pelvic Girdle Pain

So Why Pelvic Physiotherapy?

- Urinary Incontinence
- Pelvic Organ Prolapse
- Dyspareunia
- Pain
- Global strength and conditioning

(Castori 2012, McIntosh 1995, Carley 2000, Sorokin 1994)

Classifications of Incontinence

- Stress
- Urge
- Functional
- Mixed

Stress Incontinence

- Loss of urine secondary to an increase in intra-abdominal pressure (coughing, sneezing, laughing, lifting, exercise or transitional movements)

First-line treatment for stress & mixed urinary incontinence in women

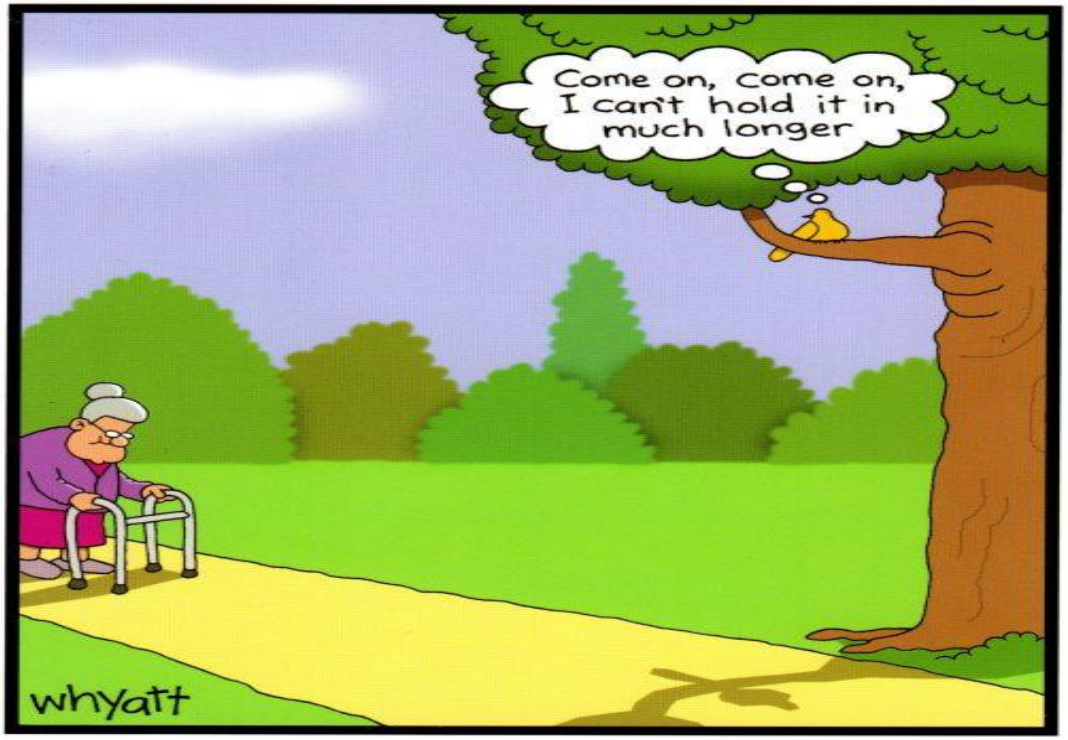
(Level 1, Grade A evidence) (Wilson, 2005) (2009 ICS Conference) (Cochrane Collaboration 2010, 2014)

Urge Incontinence

- Urine loss associated with a strong, uncontrollable need to void
- Inability to delay voiding
- What is urgency?
- What is frequency?

Functional Incontinence

- Urine loss associated with impairment of cognitive or physical function



Mixed Incontinence

- Urine loss associated with increases in intra-abdominal pressure AND with an intense urge to void

Prolapse

- Subjective disorder described as an annoying protrusion at or near the vaginal opening, which may or not be accompanied by perineal pressure that is aggravated by standing and relieved by lying down
- This is a functional problem, not a disease
- Pelvic floor training is effective & cost-effective in reducing prolapse symptoms & should be recommended as first-line management (Hagen, 2011)

To Kegel or Not?

Hypotonicity

Kegels OK to do

Incontinence
Pelvic Organ Prolapse

Hypertonicity

Kegels NOT ok to do

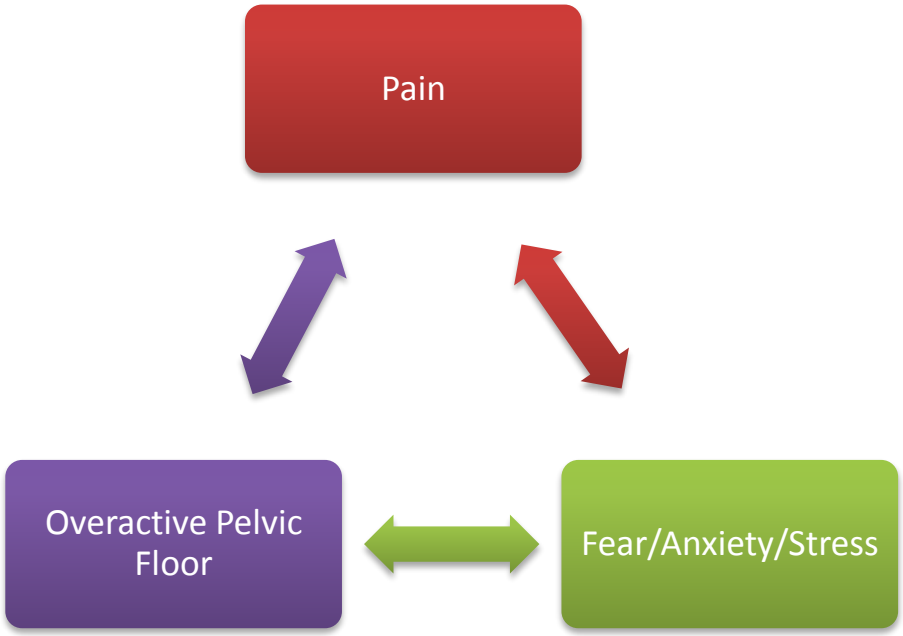
Pelvic Pain
UI/urgency/frequency
Dyspareunia
Constipation

Overactive Pelvic Floor Muscles

Paoda et al 2016

A condition in which the pelvic floor muscles do not relax, or may even contract when relaxation is functionally needed, for example during micturition or defecation”

2005 report from the Pelvic Floor Clinical Assessment Group of the ICS



Pelvic Pain

- Vestibulodynia /Vulvodynia
- Painful Bladder Syndrome/Interstitial Cystitis
- Dyspareunia
- Vaginismus
- Pudendal Neuralgia/Nerve Entrapment
- Persistent Pelvic Pain
- Pelvic Girdle Pain
- Low Back Pain

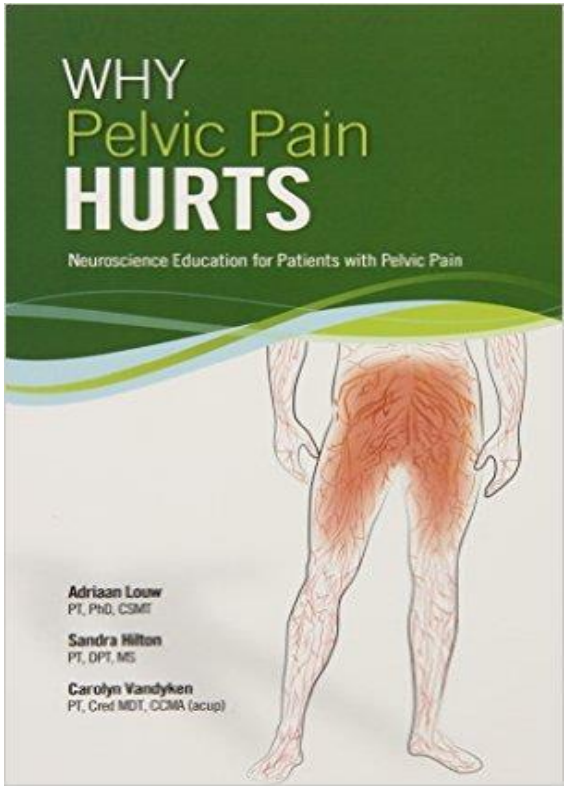
How Do We Do This?

Pain

- Pain is an unpleasant sensory and emotional experience associated with actual and potential tissue damage, or described in terms of such damage Pain Definition by IASP
- Thoughts are nerve impulses, and negative thinking alone can drive the pain Moseley 2008
- There is compelling evidence that pain education reduces pain, disability, catastrophization and improves physical performance Louw et al, 2012

Treatment: Pain Education

- Pain is real
- Pain is an output of the brain 100% of the time
- Emotions
- Stress
- Thoughts
- Attitudes
- Beliefs



Retraining the Central Nervous System

- Evoke the relaxation response: guided relaxation, meditation, yoga, qi gong or tai chi
- Exercise: novel, fun and non irritating
- Mindfulness Kabat-Zinn 1992, Brottto et al 2008, Zeldan et al 2015
- Cognitive Behavioral Therapy (CBT)
- Graded Imagery/Exposure/Body Mapping Maddison et al 2012, Broadbent et al 2012, Hubbard, Mayer et al, JNS 2011
- Social connections
- Positive affect associated with better health outcomes, including chronic pain Park et al 2010

Treatment-Education

- Vulvar care
- Normal Bladder Function
- Normal Bowel Routine and Consistency
- Bladder or Fibre Diary
- Diet (irritants)
- Behavioural Modification

Treatment-Posture

- Posture Correction
  - Certain postures will increase pelvic floor tone
  - Want to correct muscle imbalances
  - Habitual poor posture leads to muscle and ligament shortening
  - Encourage postural correction in sitting, standing and during activities of daily living
  - Improve overall symmetry strength and endurance

Treatment: Manual Therapy

- Massage and release tight muscles
- Connective tissue massage
- Deep breathing
- Dilators/Wands
  - Improve accommodation and decrease fear
- Facilitate pelvic floor muscles
  - Biofeedback
  - Electrical muscle stimulation
  - Vaginal cones

Take Home Messages

- If we want to practice evidence-based care, we need to ensure we use the best research available
  - Pelvic Floor physiotherapist should be involved in treating this population
- We can not forget to assess and treat the sensitive nervous system
  - tissues stay better when the nervous system is " in-check"

How to Find a Pelvic Health Physiotherapist Contact Information

Jessica Nargi, PT, MScPT

jsnargi@gmail.com

www.pelvichealthsolutions.ca

www.opa.on.ca