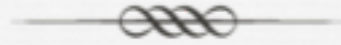


Occupational Therapy and Pelvic Floor Rehabilitation



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Pelvic Floor Therapist
Medical Center Navicent Health

Personal Background



- œ Brenau Graduate
- œ Practicing OT for five years
- œ Specializing in pelvic floor for three years

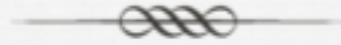


NavicentHealth

Everything about us, is all about you.



Learning Objectives



- ❧ Identify male and female pelvic floor and pelvic girdle structures
- ❧ List common pelvic floor dysfunction and populations treated in pelvic floor rehabilitation
- ❧ Understand the evaluation and treatment of pelvic floor dysfunction in pelvic rehabilitation
- ❧ Discuss the role occupational therapists in pelvic health using the AOTA Centennial Vision and Vision 2025, OT Practice Framework and Georgia State OT Licensing Act

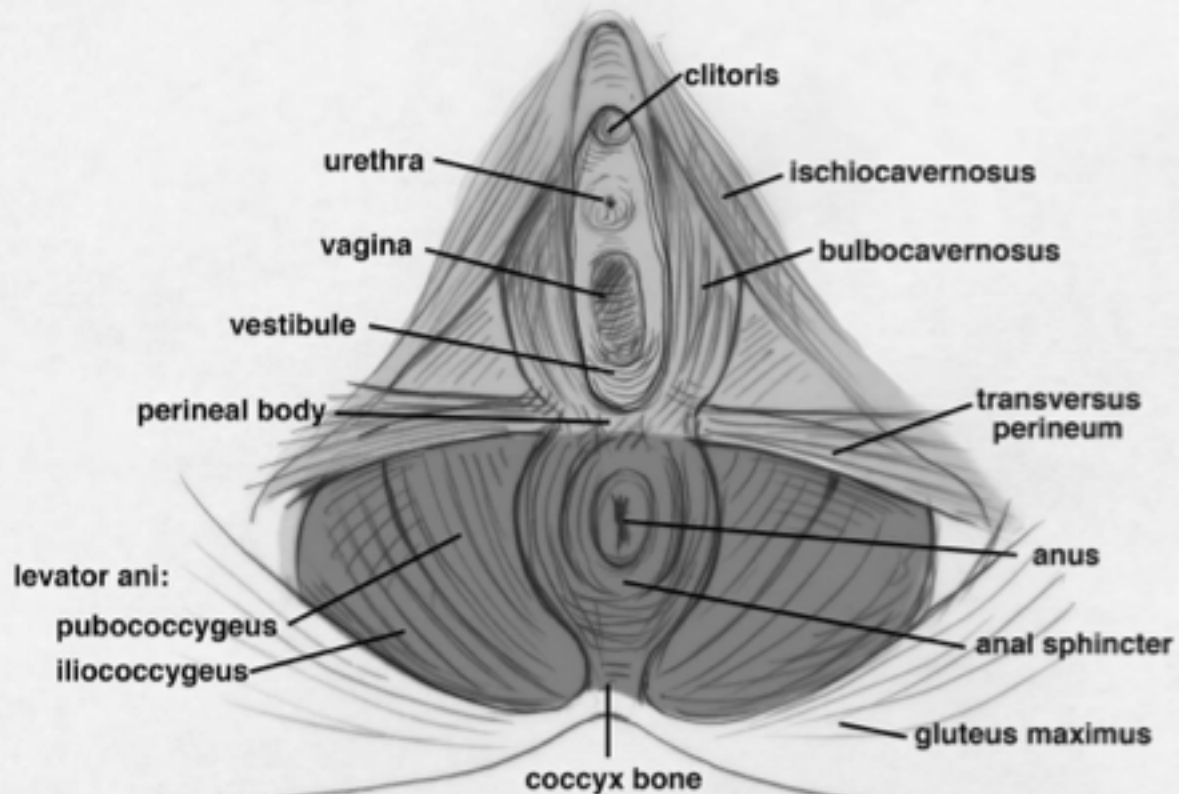
Pelvic floor & pelvic girdle



- ❧ Pelvic floor muscles are located within the bony pelvis
- ❧ Bowel, bladder and sexual function
- ❧ Stability
- ❧ Mobility
- ❧ Protection of organs
- ❧ Dynamic

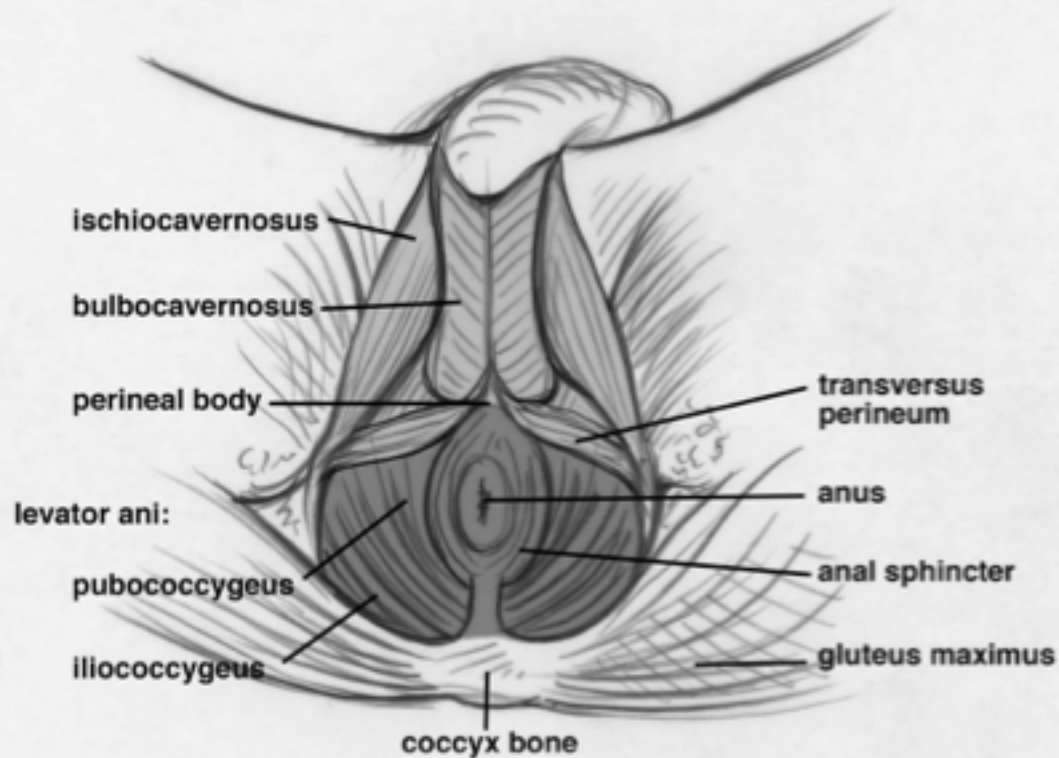
Pelvic Floor Muscles

Illustration #2 Female Pelvic Floor Anatomy

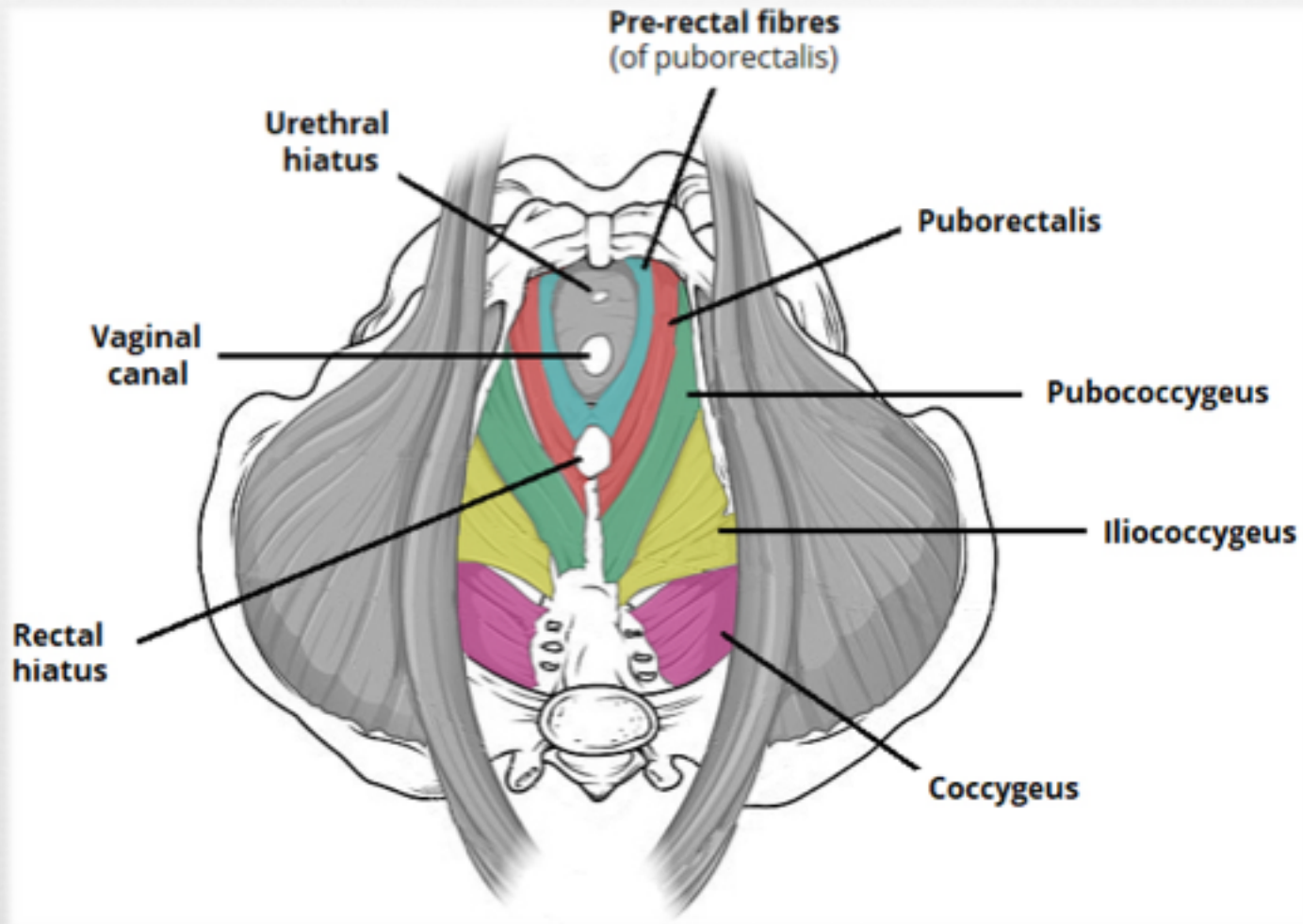


Pelvic Floor Muscles

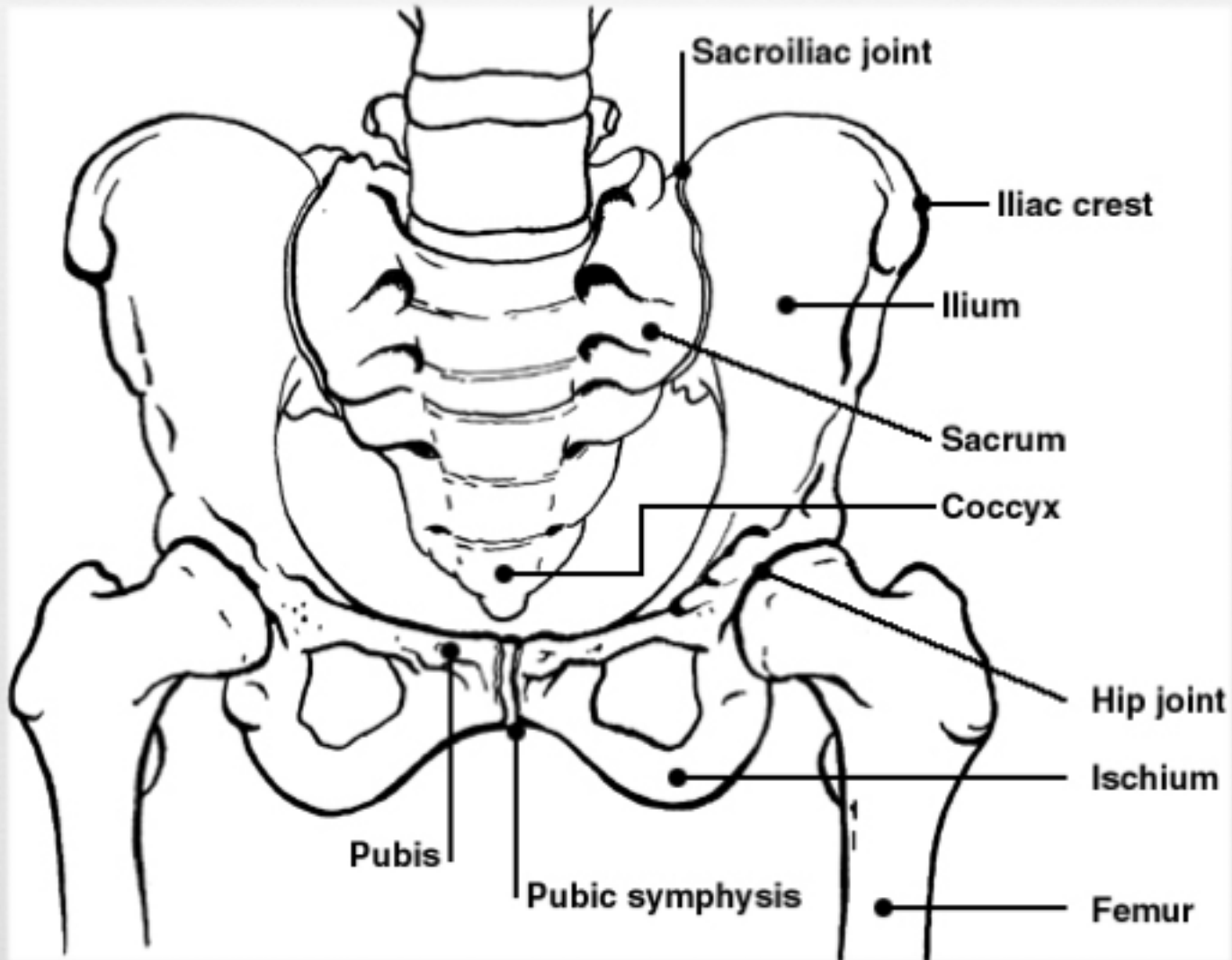
Illustration #4 Male Pelvic Floor Anatomy



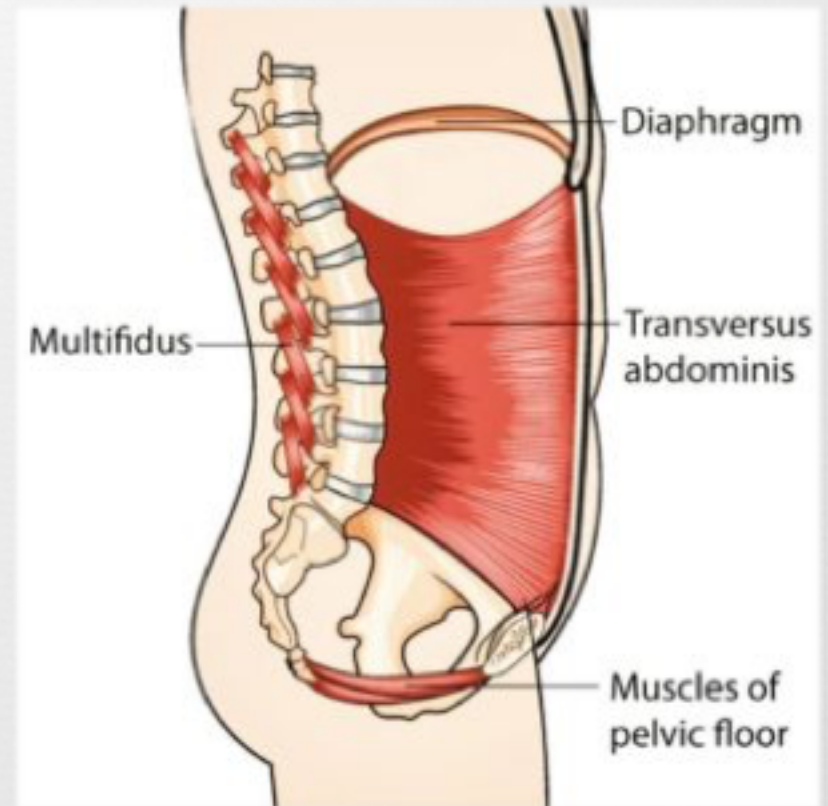
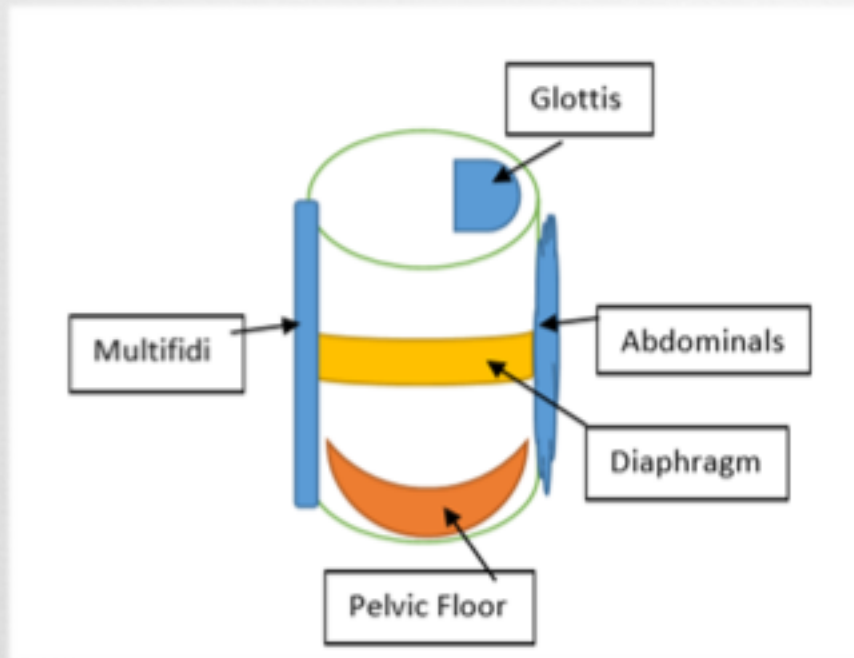
Pelvic Floor Muscles



Pelvic Girdle



Canister Model

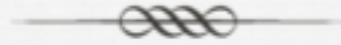


Pelvic Floor Dysfunction



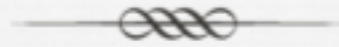
- ❧ Urinary incontinence
 - Urge
 - Stress
- ❧ Fecal incontinence
- ❧ Dyspareunia
- ❧ Levator ani spasm
- ❧ Vaginismus
- ❧ Coccydynia
- ❧ Neurogenic bladder
- ❧ Perineal tear or episiotomy
- ❧ Prolapse (vagina, urethra, bladder, rectal or small intestines)
- ❧ Other diagnoses/conditions related to pelvic floor dysfunction:
 - Diastasis recti
 - Low back pain
 - Hip pain
 - Depression/Anxiety
 - Hormonal imbalances/vitamin deficiencies

Treatment Population



- ❧ Male and female throughout their lifespan
- ❧ Surgical interventions/Medical procedures PFR can be warranted before and/or after. Examples include:
 - Prostatectomy
 - Childbirth (Vaginal or C-Section)
 - Vaginal mesh placement/removal
 - Radiation
 - Anal fissure/fistula repair
 - Botox injections

Evaluation of Pelvic Floor Dysfunction



- ❧ Document consent, offer 3rd party presence & describe role of OT
- ❧ Occupational profile (medical hx, meds, surgeries, onset, abuse, pad use/voiding frequency/number of accidents)
- ❧ Discuss how pelvic floor dysfunction is limiting occupational performance with ADLs/IADLs
 - Compare to PLOF/CLOF & AE/DME needs
- ❧ Marinoff Scale, NIH-Chronic Prostatitis Symptom Index, Pelvic Floor Impact Questionnaire-short form 7, Female Sexual Function Index, Cleveland Clinic Scale
- ❧ Hormonal component

Evaluation of Pelvic Floor Dysfunction




- ❧ Behavioral assessment-toileting habits & routines, dietary influences
- ❧ External skin integrity, Q-tip test, atrophy, hemorrhoids, anal wink, ROM: contract/relax/bulge, internal MMT using Modified Oxford Scale, gross LE strength testing
- ❧ Pelvic alignment, leg length discrepancy
- ❧ Abdominal wall assessment
 - ❧ Scarring, diastasis recti, rib angle

Intervention



- ❧ Bowel and bladder diary
- ❧ Voiding tips/adaptive equipment/activity analysis
 - Timed toileting routine, toileting tongs, coccyx cushion, body mechanics (i.e. squatty potty), splinting techniques, colon massage, pessary use for pelvic organ support
- ❧ Education on positioning & body mechanics to optimize independence with ADLs/IADLs (work, sexual intercourse, toileting, lifting, etc.)
- ❧ Dietary influences
- ❧ Education on effects of medication and bowel and bladder function
- ❧ Education on personal hygiene, lubrication and skin integrity

Intervention: Strengthening Approach



- ❧ Underactive pelvic floor muscles
 - Lack of voluntary or involuntary contraction
- ❧ Non-functioning pelvic floor muscles
 - No palpable muscle contraction
- ❧ Diaphragmatic breathing
- ❧ Biofeedback
- ❧ Kegels: Fast twitch vs. slow twitch (100/day)
 - Penile pump & vaginal weights
 - Electrical stimulation
- ❧ TA & multifidus activation
- ❧ Global muscle support of the pelvis

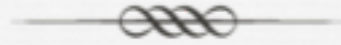
Intervention:

Relaxation Approach



- ∞ Overactive pelvic floor muscles
- ∞ Diaphragmatic breathing
- ∞ Biofeedback
- ∞ Paradoxical Relaxation & guided imagery
- ∞ Graded exposure/desensitization
 - Pelvic Health Podcast: Drs. Sandy Hilton & Dronnie Lennox Thompson
- ∞ Pelvic stability
- ∞ Internal/external pelvic floor muscle release
 - Contract/relax
 - Dilators
 - Soft tissue mobilization
 - The power of AROM/AAROM (i.e. hips)

AOTA Centennial Vision/Vision 2025 and Pelvic Floor Rehabilitation



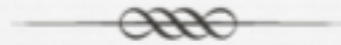
- ❧ Expanding occupational therapy services to all genders throughout their lifespan through pelvic rehabilitation
- ❧ Meeting society's occupational needs by addressing bowel, bladder and sexual dysfunction
- ❧ Collaborative approach in client treatment to improve therapeutic outcomes

OT Practice Framework and Pelvic Floor Rehabilitation



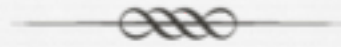
- ❧ Promoting client “health, well-being and participation in life through engagement in occupation” (American Occupational Therapy Association, 2014, p. S2)
- ❧ Address decreased voluntary control of bowel and/or bladder body functions
- ❧ Performance patterns, habits, routines, roles & rituals, can impact health and well-being (body functions and structures)
 - i.e. Void at the same time every day out of habit/routine = smaller bladder capacity vs. nurse unable to void at desired time due to professional roles and job performance requirements = urinary retention/UUI

OT Practice Framework and Pelvic Floor Rehabilitation



- ∞ Utilizing activity analysis skills to address difficulty with ADLs/IADLs/occupations while considering the interaction between one's client factors, performance skills & performance patterns to promote optimal occupational performance
 - ∞ Vaginal speculum use & pelvic exams
 - ∞ Tampon insertion/pad use
 - ∞ Sexual activity (co-occupation with significant other)
 - ∞ Decreased sitting tolerance
 - ∞ Lifting abilities

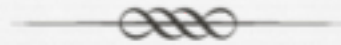
Occupations and Pelvic Floor Rehabilitation



- ❧ Sleep participation: Performing nighttime care of toileting needs and hydration
 - Elevation of feet/limiting fluid intake before bed to decrease nocturia

- ❧ Toileting and toilet hygiene: Cleaning body, caring for menstrual and continence needs
 - Tampon insertion & pad use
 - Timed toileting routine
 - Voiding tips

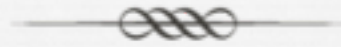
Occupations and Pelvic Floor Rehabilitation



- ❧ Promote occupational performance in leisure and social participation through decreased urinary or bowel accidents and/or decreased pelvic pain

- ❧ Health management and maintenance: Nutrition and physical fitness to promote developing, managing and maintaining routines for health and wellness promotion
 - Bladder and bowel diets
 - Exercise to facility blood flow for musculoskeletal function

Georgia State Occupational Therapy Licensing Act and Pelvic Floor Rehabilitation



- ❧ Evaluation & treatment of clients whose independence and occupational performance with ADLs/IADLs is limited by “developmental deficiencies, the aging process, learning disabilities, poverty & cultural differences, physical injury or disease, psychological and social disabilities or anticipated dysfunction” (Georgia State Occupational Therapy Licensing Act, 1976, p. 993, 379, 97, 1302, 1706).

Georgia State Occupational Therapy Licensing Act and Pelvic Floor Rehabilitation



☞ Evaluation techniques

- Sensory motor abilities, development of self-care activities & capacity for independence, physical capacity for prevocational & work tasks, play & leisure performance

☞ Treatment

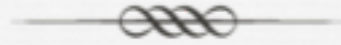
- Activity analysis, ADLs, IADLs & patient education, adaptive equipment, sensory motor activities, manual therapy, therapeutic exercise, modalities, work capacities, cognitive retraining

Takeaways



- ❧ Use of AOTA's Vision Statement, OT Practice Framework and Georgia State Regulations as a guide to carry out evaluation and treatment of pelvic floor dysfunction
 - Goal is to achieve client's desired therapeutic outcomes for improved QOL, occupational performance and independence level
- ❧ Multidisciplinary approach – Referral to other professionals
- ❧ Holistic approach to treatment
 - It's not just in the pelvis!
- ❧ Barriers to treatment
 - Societal norms about bowel, bladder and sexual function
 - Lack of awareness of pelvic floor dysfunction and functional limitations

Call to Action



☞ Certification

- Herman and Wallace-Pelvic Rehabilitation Practitioner Certification (PRPC) and/or ABPTS-American Board of Physical Therapy Specialties: Women's Health Clinical Specialist (WCS)
 - <https://hermanwallace.com/pelvic-rehabilitation-practitioner-certification/comparison-chart>

☞ Pelvicrehab.com

Contact Information



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