

Pelvic floor physiotherapy:

The role of a women's health physiotherapist is to evaluate the pelvic floor's function as an independently functioning muscle group and as a unit integrated as part of the deep abdominal canister. The physiotherapist will assess the function of the pelvic floor by applying different approaches.

Assessment:

The physiotherapist conducts a subjective examination, which involves thorough questioning, to understand exactly how the patient perceives their symptoms. This will give the physiotherapist an idea of how the patient's symptoms influence their function in daily life and impact on their quality of life.

Other assessments include the objective assessment of the patient's posture, the pelvic girdle as a unit, the muscular-skeletal support system, the combined and synergistic function of the pelvic floor and the abdominal muscles together with the stabilisers of the spine.

Biofeedback:

Another tool to use for assessment and the rehabilitation of the pelvic floor is the EMG and biofeedback.



Biofeedback is graphic feedback when contracting the correct muscles in the pelvic floor or when contracting accessory muscles (e.g.) gluteus as opposed to the pelvic floor muscles. It is educational as it assists the therapist to localise contraction of the pelvic floor, to measure the strength and endurance of the pelvic floor as a unit. The biofeedback can assist with the retraining of the pelvic floor muscles. The reading helps with a general baseline assessment and will guide the patient to see how quickly they are improving!

EMS: Electrical Muscle Stimulation:

The physiotherapist may use **electro muscle stimulation** with patients who find it difficult to acknowledge a contraction of the pelvic floor muscles. Assisted contraction, together with the electrical stimulation, is a valuable method of identifying a contraction of the pelvic floor muscles and then to work with the

electrical stimulation to actively take up the activity generated by the electrical stimulator in the pelvic floor.

TENS:

A **transcutaneous electrical nerve stimulation (TENS)** unit is a device that sends small electrical currents to targeted body parts. These currents relieve pain. It is a natural way to target pain by blocking the pain signals from the brain. TENS is widely used to control acute and chronic pain and the role of non-invasive TENS for the relief of the over active bladder are being investigated.

Exercises:

Functional conditioning of the muscles supporting the pelvis and the pelvic floor is crucial for women and should become part of their activities throughout the day.

The physiotherapist's approach to exercises for the pelvic floor muscles is to establish a platform from where exercises for mobility, stability, strength and endurance can be administered. The function of the pelvic floor should then be integrated into all its synergistic and supportive roles.

Patients with symptomatic bladder function should be cautious of prescribed Kegel exercises because it can increase symptoms in an already over-active pelvic floor, rather than having the positive effect exercises should have.

Rest position: A pelvic floor identification exercise

This exercise assists in identifying the synergistic activity of the pelvic floor as part of the abdominal canister. If you find the 'rest position' too challenging, you can lie on your tummy, your hands underneath the forehead or you can bring your arms down adjacent to your body.

Exhale slowly over 6-8 seconds. As you exhale you will feel your abdominals engaging and pulling away from the upper legs. You should also feel activity in the lower-end of the pelvis (the pelvic floor). **Inhale** release the pelvic floor completely and release the abdominals completely.

