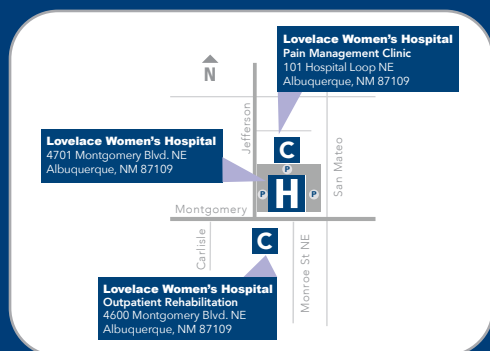


pelvic floor follow up visits:

Once we have determined what types of impairments are impacting you, then we will work on improving your symptoms by getting at the root of the problem. This might include:

- Strength, endurance, and motor control training of pelvic floor through performing exercises of your pelvic floor directly and indirectly through the surrounding muscles.
- Electromyography (EMG) with biofeedback, a computer program which is able to read what your pelvic floor is doing and create a real time image. This helps patients to see what their muscles are doing. It can be a helpful tool for patients who need to strengthen their pelvic floor or for patients who need to learn how to relax their pelvic floor muscles.
- Manual therapy is used to address specific muscle tightness or dysfunction. These treatments include massage, trigger point treatments, myofascial therapy, and dry needling.
- Education is a part of every session. Some pelvic floor problems originate from behaviors we have inadvertently developed. We can also develop problems from our breathing patterns, how we lift or exercise, and how we have bowel movements.
- Modalities such as ultrasound or electric stimulation can be used to treat tissue stiffness, inflammation, or pain.



Lovelace Women's Hospital

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PELVIC FLOOR THERAPY

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what is a pelvic floor?

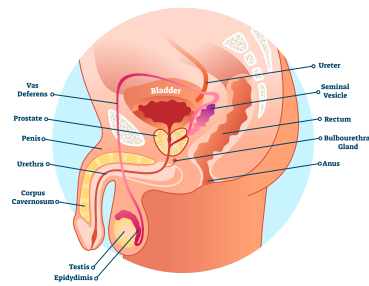
A group of muscles which provides support to your pelvic organs, prevents or allows the passage of stool or urine, allows for reproduction and birth, assists with stabilization of the pelvis, trunk, and hips, assists with breathing, and helps our lymphatic system to move fluid from the lower body back up toward the heart. These muscles are located between the pubic bone and tailbone and between the “sit bones.”

your first visit:

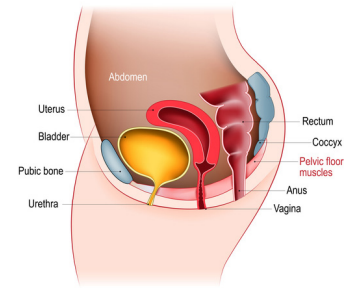
History of your symptoms:

- OB/GYN history—births, pregnancies, surgical interventions, tearing, history of STI, menstrual cycle, menopause
- Dietary Habits—use of bladder irritants, water consumption
- Bowel history—IBS, constipation, diarrhea, Crohn’s disease, diverticular disease, ulcerative colitis, etc.
- Bladder habits—frequency of urination in the day and night, urgency, leakage, pad use
- Sexual history—pain with intercourse or sexual dysfunction
- Exercise history—especially regarding how this impacts your pelvic floor muscles, leaking during exercise, sedentary lifestyle or very active
- Medical history – any other medical history that we may need to be made aware of

Male Pelvic Anatomy



Female Pelvic Anatomy



physical examination:

- External examination: Usually involves checking pelvic floor muscles through clothing near your sit bones. This gives us some basic information about whether or not you are able to contract and relax muscles.
- Internal examination: vaginal or rectal exam, similar to a gynecological exam or prostate exam, except that we only use a single-gloved finger to assess, rather than an instrument such as a speculum. This does not have to be done on the first day and can be stopped at any time. Our priority is that you feel comfortable. This gives us information regarding muscle tone, pain, coordination, strength, endurance, and speed as well as allowing us to look for prolapse of pelvic organs and to assess your body’s natural response to increased pressure over the pelvic floor muscles.
- Other assessments may include abdominal muscle function, postural assessment, ROM of the lumbar spine, flexibility and strength of the lower extremities (hips, knees, and ankles).