

Physical therapy program for pelvic floor dysfunction meets individual needs



Pelvic floor dysfunction covers a range of conditions, including bladder and bowel dysfunction (urinary stress and urge incontinence, fecal incontinence, constipation and incomplete bowel and bladder emptying) and chronic pelvic pain. Physical therapy can help manage symptoms of pelvic floor dysfunction by strengthening and improving awareness and control of pelvic floor muscles.

In many cases, pelvic floor dysfunction can be treated solely with physical therapy, biofeedback and behavior modification. In other cases, these techniques may serve as complimentary therapies to medication. When these approaches are not effective, surgery may be necessary.

Generally, the best candidates for physical therapy are patients whose symptoms are primarily functional rather than structural. Physical therapy is often successful in helping patients who, despite a normal pelvic anatomy, suffer pelvic floor dysfunction. Patients who suffer from significant prolapse of the bladder, rectum or uterus may require surgery to repair their structural defects.

Conservative treatment of pelvic floor dysfunction

Physical therapy can be an effective, conservative treatment for pelvic floor conditions, including bladder and bowel dysfunctions and chronic pelvic pain.

“Often a combination of physical therapy and short-term medication can resolve the problem,” says Chad Baxter, MD, assistant clinical professor of urology. “Combining multiple conservative therapies can often obviate the need for surgery.”

Physical therapy is customized to the patient’s symptoms, pelvic floor muscle strength, endurance and control. Exercises to improve muscle function may be combined with biofeedback to teach muscular control. The comprehensive physical therapy program includes improving movement patterns as well as behavioral modifications to further reduce symptoms.

Specialists in the UCLA Department of Urology provide patients with innovative physical therapy, including biofeedback, for pelvic floor dysfunction. Surgical referral also is available, as needed.

Individualized approach

The first step in providing physical therapy is to assess the patient's primary complaints and physical capabilities. The patient's pelvic floor strength is evaluated along with the ability to control the muscle. Therapy is customized to address each patient's functional deficits and to improve her specific symptoms.

Physical therapy treatment modalities include exercise, manual therapy, biofeedback, movement patterning and behavioral modifications.

Manual therapy and biofeedback are used to increase awareness of the pelvic floor and improve the patient's ability to contract and relax the muscle in addition to strengthening it. Pelvic floor muscle control is key to preventing urinary incontinence and treating pelvic pain.

To maximize the benefit of physical therapy, patients are shown how to integrate pelvic floor muscle contractions into larger movement patterns. For example, a patient with urinary stress incontinence would be taught to contract the pelvic floor muscle while using her core muscles during movements that would typically lead to an episode of incontinence. The coordination of these actions provides support when it is needed to prevent urine from leaking from the bladder.

Physical therapy may also include exercises for strength, balance and flexibility as they relate to pelvic floor dysfunction. Therapists work with each patient to optimize results for her specific set of symptoms.

Behavior modifications can help patients manage their pelvic floor symptoms. This can include timed voiding and controlled fluid intake, urge and stress suppression techniques and recommendations on regular exercise, sleep and nutrition.

Patients typically meet with their physical therapist every week or two. When the sessions are complete, the therapist provides an individualized home program so patients can continue to progress on their own.

Participating Physicians

Urology

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