



# Pelvic Organ Prolapse and Incontinence

## Pelvic Organ Prolapse

Pelvic organ prolapse (POP) occurs when the vagina and/or uterus, rectum and/or bladder have dropped from their normal position in the pelvis. Prolapse can be caused by injuries sustained during childbirth, aging, chronic coughing and/or heavy lifting.

Physical therapy is the first-line treatment for women with POP. Your pelvic floor muscles, in addition to connective tissue, provide support for your pelvic organs. Physical therapy can help you identify which muscles are tight, which muscles are weak, and help you maximize your pelvic floor function to eliminate or minimize your symptoms.

Symptoms of Pelvic Organ Prolapse include:

- pelvic pressure
- lower backache
- organ protrusion from the vaginal opening
- discomfort during intercourse

## Stress and Urge Urinary Incontinence

Women often view urinary incontinence as either an unavoidable consequence of childbirth or a normal part of the aging process. Society actually validates these misconceptions in a number of ways. Leaking is common but normal and it should be addressed.

The pelvic floor muscle strengthening may **not** be the accurate source of impairment. It is common that when a patient reports urinary incontinence the medical provider will simply mention to do ‘Kegels.’ According to PPRC, states, “the logic behind this is that incontinence is caused by weak pelvic floor muscles and Kegel exercises are meant to strengthen the pelvic floor. The problem with this advice is that, according to recent research, 51% of women could not perform a Kegel properly with verbal cueing alone. And 25% of the women in the study were actually performing the attempted-Kegel in a manner that could promote incontinence. Another issue with universally telling people with incontinence to “just do Kegels” is that if that person also has a tight pelvic floor, doing kegels can cause pelvic pain. Plus, pelvic muscle weakness is not the only issue that causes incontinence, so muscle strengthening exercises may be completely inappropriate.”



As for male urinary incontinence, it is a common problem following prostate surgery. Some degree of stress urinary incontinence will continue to be a significant problem one year post-surgery.

### **Evaluation and Treatment**

During a patient's first appointment at Complete Physical Therapy a medical history will be taken and followed by an external and/or internal musculoskeletal examination. The patient is in full control of the appointment and between the patient and therapist a plan of care will be created. If the patient wants to have another person in the room they are welcomed.

#### **Your initial evaluation may include:**

- Postural and structural assessment
- Evaluation of connective tissue in the abdomen, back, pelvis and lower extremities
- Myofascial evaluation of the pelvic girdle muscles
- Examination to identify myofascial trigger points in the pelvic girdle and pelvic floor muscles
- Pelvic floor examination (done by gently inserting a gloved, lubricated, finger into the anus) to assess muscle tone, motor control, strength, nerve and coccyx tenderness
- Evaluation of muscle strength
- Skin inspection
- Peripheral altered neurodynamics testing/palpation

Following the physical examination, your physical therapist will discuss your physical findings, their assessment, and your prescribed treatment plan.

The treatment you will receive at Complete PT will be 100% one-on-one physical therapy. You will never be left alone in a room hooked to a machine, or left in the care of a PT's assistant. Throughout the treatment process, you will have access to your PT to ask questions or discuss concerns. It is our commitment that in every area of treatment, we will take that extra step to ensure that you receive the best treatment possible to meet your goal.