



Pelvic Floor Rehabilitation

What is the Pelvic Floor?

The pelvic floor is a group of muscles, forming a sling, which extends from your pubic bone (front part of the pelvis) to your coccyx and from there, it expands out to the bones you sit on. Just like other muscles in the body, the pelvic floor can become overstretched, weak or even painful. Several conditions exist which can be assessed and treated by a licensed physiotherapist with postgraduate training in the treatment of pelvic floor conditions.

Common Conditions Treated By a Pelvic Floor Physiotherapist

Stress Urinary Incontinence: Characterized by the involuntary loss of small amounts of urine during laughing, coughing, running, sneezing, jumping, and lifting. This can affect women of any age, but often affects post partum and menopausal women.

Urge Incontinence: Associated with the strong desire to void and the inability to hold on long enough to get to a toilet before losing large amounts of urine.

Mixed Incontinence: A combination of urge and stress urinary incontinence.

Frequency: Urinating greater than eight times per day. This is a symptom often associated with the other types of incontinence already mentioned; however, this can also be a problem on its own.

Rectal Incontinence: Involuntary loss of rectal contents either solid, liquid, gas or a combination.

Constipation: Problems involving difficulty with the evacuation of stool, particularly those who have to try to push down to evacuate each time. This can often be associated with or worsen the problem of urinary incontinence or coexist with a tight pelvic floor.

Vulvar Vaginal Vestibulitis (VVS): A subset of vulvodynia, it is identified by pain, often severe, on palpation of the vaginal opening or with vaginal penetration. There may be associated redness, but most often there are no physical skin changes to the eye.

Incontinence Post Prostatectomy: A very common problem occurring after the surgical removal of the prostate is the loss of urine when changing position, laughing, coughing or lifting.

Low Back Pain: Several deep muscle groups are responsible for helping maintain low back and pelvic health. These include the abdominal, the back muscles, the diaphragm and the pelvic floor. If

you suffer from back problems, as well as one of the other conditions described above, your back pain may possibly be related to weakness of your pelvic floor muscles. Our physiotherapist could assess you to ensure that you are getting the proper muscle recruitment at the pelvic floor level.

Where To Start

As it is important to rule out any other medical conditions, your physiotherapist will work with your family doctor, gynecologist or urologist. You can visit your doctor and ask for a referral or you may telephone our physiotherapist for advice on how to get started with treatment. There is always an initial evaluation on the first physiotherapy visit.

Treatment

Your physiotherapist will discuss your particular condition with you and answer your questions. The treatments consist of a variety of techniques including: exercises, computerized biofeedback to help you do the exercises as well as

neuromuscular electrical stimulation for muscle re-education.

Many of the above mentioned problems are much more common than we think as many people suffer in silence. If you think you or someone you know may have symptoms relating to any of the above conditions, do not hesitate to call your doctor (or have them call their doctor) or our physiotherapist who specialises in the assessment and treatment of pelvic floor problems.

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