

Special Interest Articles:

- Pelvic Floor Physical Therapy
- Urinary Incontinence
- Physical Therapy during Pregnancy

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Pelvic Floor Dysfunction

Pelvic floor dysfunction (PFD) refers to conditions which involve the pelvic floor muscles (muscles which surround the vagina and rectum) when they do not function "normally."

This may be seen as laxity and low tone in the muscles and surrounding tissues or spasms and increased tone in the muscles.

The pelvic floor is composed of the musculature and pelvis.

The function of these muscles is to support the viscera (organs) in the area, provide sphincter control (helping maintain continence) and improving sexual activity.

Symptoms of PFD may include pelvic pain, genital pain, urinary and/or bowel dysfunction and sexual dysfunction. Patients may complain of dyspareunia (painful intercourse), painful sitting, low back

pain, incontinence and/or prolapse. Patients are also commonly (but not limited to) referred during pregnancy or postpartum, post Hysterectomy or post Prostatectomy.

Pelvic Floor Dysfunction can affect women and men of all ages.

Welcome to our First Newsletter

Hello and welcome from the entire staff at Core Dynamics Physical Therapy. Core Dynamics Physical Therapy is a private practice, outpatient clinic in Englewood, NJ. We specialize in Pelvic Floor rehabilitation.

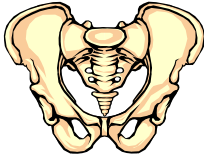
In the first issue of our newsletter we will explain Pelvic Floor Dysfunction and the importance of pelvic floor rehabilitation. We will also address what you can expect from an evaluation for Pelvic Floor Dysfunction as well as other topics.

Areas of Expertise:

- Pelvic Floor Dysfunction
- Pelvic Pain
- Incontinence
- Vulvodynia, Vulvar Vestibulitis, Vestibulodynia
- Vaginismus
- Pudendal Neuralgia
- Interstitial Cystitis
- Urinary Frequency and Urgency
- Prostate Issues
- Prolapse
- Prenatal and Postpartum
- Women's Health
- Men's Health
- Sacro-Iliac Joint Dysfunction
- Osteoporosis
- Biofeedback



What is Pelvic Floor Physical Therapy?



When most people go to their physician regards to some pelvic pain, the last thing they think they will hear is a referral to a physical therapist. Did you know that physical therapists can also treat pelvic pain due to Pelvic Floor Dysfunction (PFD)? Not all physical therapists treat PFD. You need to be evaluated and treated by one who specializes in this area. Now that you have the

appointment made, what is to be expected? After taking a thorough history, the physical therapist will begin their hands on evaluation. This may include posture assessment and orthopedic screening, muscle strength testing, lower extremity flexibility, range of motion and biofeedback. Soft tissue palpation of the muscles surrounding the pelvic girdle and the pelvic

floor will assess myofascial restrictions, trigger points and connective tissue mobility. How does the physical therapist assess the pelvic floor muscles? First, an external assessment of the pelvic floor muscles can be done by palpation and visualization. The patient will be asked to contract, relax and bulge these muscles.

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Urinary Incontinence

Urinary Incontinence is the involuntary loss of urine of either small or large amount. Millions of people are affected by incontinence, mostly women, but also men. The following are common types of incontinence:

- **Stress Incontinence:** Loss of urine due to an increase in abdominal pressure such as coughing, sneezing, laughing and lifting.
- **Urge Incontinence:** Strong and sudden urge to urinate, but unable to get to bathroom in time leading to urine leakage.
- **Mixed Incontinence:** A combination of stress and urge incontinence.

- **Overflow Incontinence:** Continuous urinary leakage (small amounts) without the urge to urinate, which may be due to incomplete bladder emptying. Commonly seen in men.

Most people are embarrassed to speak about their incontinence or they believe it is a normal part of their aging process. They spend thousands of dollars on pads and diapers. Some end up with skin irritations. Those who do seek help from their physician are usually prescribed certain medications or surgery.

Physical therapy may be a less invasive, effective therapy for many people suffering from urinary incontinence.

Most of these people have weak pelvic floor muscles and other weakened core muscles (abdominal and back muscles). Many breathe improperly, trying to “suck in” in order to activate their muscles and stop the urine from leaking.

Physical therapy may include exercises such as strengthening of pelvic floor and abdominal muscles, Biofeedback, breathing techniques, posture education and coordination of muscle recruitment as well as bladder training and scheduling.



“Physical therapy may be a less invasive, effective therapy....”



Physical Therapy during Pregnancy

The body undergoes many physical changes during pregnancy. Most of these are obvious when observing a woman's posture over the nine months of pregnancy. During pregnancy the center of gravity shifts forward, abdominal muscles stretch and separate, there is an increase in Lumbar lordosis/arched back and shoulders are rounded. Some of the areas prone to changes during pregnancy include Pubic joint, Sacro-Iliac joint, abdominal muscles and pelvic floor muscles. These physical changes are the reasons a pregnant woman often complains of upper or low

back pain, leg pain, urinary leakage and/or hand tingling/numbing.

Instead of "dealing with it" for the length of the pregnancy, a physical therapist can offer some relief.

The following is a list of reasons a pregnant woman may seek a physical therapist:

- Spine
 - Neck pain
 - Thoracic pain
 - Low back pain
- Sciatica
- Pelvic Joint
 - Sacro-Iliac joint pain
 - Pubic Symphysis
- Circulatory Problems

- Varicose veins, Leg cramps
- Nerve Compression
 - Carpal tunnel, Tarsal tunnel, etc
- Abdominal Pain
 - Round ligament, Muscle stretch, Scar pain

Physical therapy treatment during pregnancy may include the following: manual/hands on therapy such as soft tissue and myofascial release, gentle stretching, pelvic floor muscle exercises, alignment correction,
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"...a physical therapist can offer some relief."

What is Pelvic Floor Physical Therapy?

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Treatment of the pelvic floor muscles will be based upon the evaluation. Hands on techniques used include trigger point and myofascial release, skin

rolling, visceral mobilization, scar tissue release, neural/nerve mobilization, etc. The physical therapist uses these techniques to release the tension, spasm and restrictions. The shortened muscles

will be re-educated to become lengthened and return to "normal" position. There may be discomfort during treatment and after (1-2 days of soreness). The goal is to relax the tightened, high toned muscles and reduce pain.

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Our Staff

Niva Herzig MS, PT has been practicing physical therapy since 2003. She has been specializing in pelvic floor dysfunction since 2004. Additionally, she is certified by the Biofeedback Institute of America for Pelvic Muscle Dysfunction Biofeedback. In November 2007, she opened Core Dynamics Physical Therapy. Prior to opening Core Dynamics Physical Therapy, Niva worked in pelvic floor specialty clinics in New York and Boston. Niva

has written several articles focused on Pelvic Floor Dysfunction as well as Pregnancy.

Physical Therapy during Pregnancy

Continued from page 3 core stabilization and other strengthening exercises, positioning for labor and patient education.

The physical therapist may use tool such as Biofeedback, support belts and compression hose. Towards the end of the pregnancy, the physical

therapist may teach the pregnant woman how to perform a perineum massage and to use a TENS unit in order to ease labor pain.

About Our Organization..

Core Dynamics Physical Therapy provides experience and passion in addressing pelvic floor muscle dysfunction in women and men of all ages, pre-natal and

postpartum care.

Mission: To provide an environment where women and men of all ages can receive one on one hands on treatment,

where they can be listened to and cared for according to their symptoms. This is a place where they learn to be more functional and return to their recreational activities.

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