

Special Interest Articles:

- Myofascial Release
- Breathing
- Incontinence

Individual Highlights:

Myofascial Release:
Part 1: **Pages 1 and 3**

Breathing: Wrong vs.
Right: **Page 2**

Incontinence: Not Just
a Urinary Issue: **Page 3**

What's New at Core
Dynamics Physical
Therapy: **Page 4**

Core Dynamics Physical Therapy 177 North Dean Street, # 302 Englewood, NJ 07631 (201) 568-5060

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.

Myofascial Release: Part I

Both new and existing clients ask me about the techniques I use and where I learned them (ie. in school or additional course work). I study the pelvic floor and its surroundings, but not all my coursework is based on pelvic floor directly. For one, I need to sharpen my manual techniques. Secondly, the pelvic floor does not stand alone in the issues that go along with pelvic floor dysfunction.

One technique I am trying to master is Myofascial Release. There are a few

reasons why I like the technique: this hands-on technique focuses on the whole body and is a gentle technique. Myofascial release will free structures that are causing pain as well as help us let go of some of the emotional stress stored within us.

Fascia is connective tissue which surrounds our muscles, nerves, blood vessels, organs and bones. It is uninterrupted head to toe; therefore restrictions in one area of our body can cause tension in distant areas.

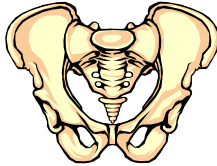
Fascial restrictions are capable of placing a lot of weight on our bodies. These restrictions will put pressure on pain sensitive areas.

These restrictions will not be found in MRI, CAT scans or EMG studies, and are therefore often dismissed.

Fascia can be affected by trauma, surgery and inflammation. Even our day to day posture can affect the fascial system.

Continued on Page 3

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.

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.

Breathing: Wrong vs. Right

Most of my patients hear me speak of correct breathing. Occasionally, I admit, I presume the patient does this already. The more I evaluate breathing in my patients with pelvic floor dysfunction, the more I realize they do it in reverse. What do I see: Breath holding, sucking in of the stomach during inhalation and pushing the stomach out in exhalation. So what should I see: Expansion of the chest and stomach during inhalation and falling of the two during exhalation.

Here is a nice and easy way to assess your breathing patterns. Lie down on your back, place one hand on your chest and the other on your stomach. Take a deep breath in and follow it by letting the breath out. Did

you see the rising and falling pattern I described above? Did you feel any tension as you performed the task?

To use breathing as a relaxation tool, I recommend a quiet area or room, dark or low lit. Lying down is a good position, but really it can be done in any position you feel comfortable. Music is optional (preferably quiet/calming music if you choose it). Begin by inhaling through your nose and exhaling out the mouth. Try to make the inhalation longer as well as the exhalation. As you inhale, try to let your belly rise, but remember do not force it to come out (make it natural). When you exhale slowly, your belly will return to a flattened

position. Once you have practiced the technique, try to pay attention to your body and any tension it is holding. Become aware of the tension and its location and see if the breath can help you loosen it. Remember, if all of the tension does not disappear, do not be discouraged and do not fight it!

Specifically regarding the pelvic floor area, our diaphragm and pelvic floor muscles move simultaneously. As we inhale, the diaphragm moves downward to allow for lung expansion (air filling) and the pelvic floor muscles do the same in a state of relaxation. During exhalation, the diaphragm and pelvic floor muscles slowly return to the start (neutral) positions.



"Physical therapy may be a less invasive, effective therapy...."

Myofascial Release: Part I

Continued From Page 1

All of these will create more restrictions and place extra pressure on the system. A domino effect will then begin including decreased range of motion, decreased strength, increased pain, decreased ability to perform functional activities, etc.

So, how do these restrictions affect our pelvic floor? The restrictions can be created by scars from pelvic or abdominal surgeries (hysterectomy, laparoscopy, etc.) and

episiotomies. Restrictions found on and around the bladder stop it from expanding properly. In return, people begin to have urinary urgency and frequency. Low back (Lumbo-sacral) and Coccyx injuries may lead to pelvic torsion and mal-alignment. In return, muscle, bones, nerve and blood vessels get pulled in "off" directions causing restrictions and increased pressure on structures. The end result: pelvic pain, painful intercourse, bladder or bowel symptoms, etc.

A cross hand myofascial

release technique on the abdomen or low back is a good way to begin the release and allow the tissues to stretch. Gentle traction may be used on a leg allowing it to move through a range of motion as the freeing of tissue begins. The mistake commonly made is not holding the release long enough; these techniques need at least 90 seconds and can take as long as 3-5 minutes to begin to release. Myofascial release techniques can be used internally, directly on



"...myofascial release is a hands-on, gentle technique. ..."

Part II will be featured in our next newsletter and will discuss self treatment.

Incontinence: Not Just a Bladder Issue

When we hear someone telling us they have some problems with incontinence, we quickly assume they are referring to urinary incontinence. And if you "Google" incontinence, most of the topics refer us to urinary incontinence.

Often I have people coming to my office complaining of a different type of incontinence: Fecal Incontinence. This is when one lacks the control of their bowels. This issue is more common in women, but can also be a complaint in men.

Things we want to consider when someone complains of fecal incontinence are their

bowel habits, diet, Gastrointestinal and/or Colorectal history (including surgeries), activity level, awareness of occurrence, etc.

In a pelvic floor physical therapy office, Fecal Incontinence can be treated. An evaluation of the pelvic floor muscles through a rectal examination is recommended. The therapist can measure the Levator Ani muscle strength as well as the External Anal Sphincter strength. Coordination can be assessed by noting breathing techniques and use of the abdominal muscles. Muscle activity can be observed via Biofeedback

assessment.

Treatment may include bowel training, dietary modifications, skin care, pelvic floor muscle exercises, abdominal strengthening, gluteal strengthening, sensation awareness/retraining, breathing exercises, posture education and electrical stimulation (if needed).

Although this issue is less common, less spoken about and embarrassing, there still are ways to deal with it that are not invasive and have good results.



What's New at Core Dynamics Physical Therapy

Core Dynamics Physical Therapy

177 North Dean Street
Suite 302
Englewood, NJ 07631

PHONE:
(201) 568-5060

FAX:
(201) 568-5061

E-MAIL:
info@coredynamicspt.com



We're on the Web!

See us at:

www.coredynamicspt.com

It seems that summer has long passed us and now we are already approaching the end of fall. The holiday season is quickly approaching. Although a happy time to celebrate with family and friends, this season brings stress to many. So I remind you to take some time for yourself and find a way to relax. Take a yoga class, meditate or use your deep breathing techniques to calm down.

We are approaching our third year at Core Dynamics Physical Therapy. I thank you all

for choosing us as your pelvic floor physical therapy clinic. We hope to continue serving the community and surrounding communities.

This past summer, Niva was a guest lecturer at Hoboken Prenatal Massage. She spoke in front of a group of massage therapists, doulas and fitness instructors. Topics included Prenatal and Postpartum physical changes, physical therapy treatment and the core.

Continuing education

courses have also been taken by Niva including Myofascial Unwinding and PF2A- Pelvic Floor Function, Dysfunction and Treatment: Colorectal and Coccyx Conditions, Male Pelvic Floor, Pudendal Nerve. In mid December, Niva will attend another course in the Intramuscular Manual Therapy Series; Janet Travell, MD Seminar Series, Head, Face, Neck and Shoulder Pain.

Season's Greetings and Happy New Year!

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.

PELVIC HEALTH NEWSLETTER FALL 2010

**CORE DYNAMICS
PHYSICAL THERAPY**
177 North Dean Street
Suite 302
Englewood, NJ 07631

