

Postpartum & Physical Therapy



- Trauma to pelvic floor muscles & pudendal nerve
 - Pudendal latency: 12-16 weeks postpartum
 - Longer lasting = in need of treatment
 - Urinary incontinence prevalence
 - 42% during pregnancy
 - 59% immediately postpartum
 - 38% eight weeks postpartum
 - 33-63% twelve weeks postpartum
 - 33% nine months postpartum
- Need to relearn postures, positions & movement patterns
- Restore pelvic floor & abdominal wall
- Address scar tissue
- Safe return to activities of daily living
- Return to intimacy: addressing pelvic pain & pain with intercourse
- Constipation
- Diastasis recti

Individualized Pelvic Floor PT Techniques:

- Exercises
- Manual therapy
- Modalities
 - Biofeedback (Surface EMG)

What does the Pelvic Floor Do?

- Provides organ support
- Controls continence
- Sexual function
- Works with abdominals & diaphragm
- Must work at optimal length & tension
- Non-optimal performance = dysfunction
- Treated with multidisciplinary team

Risk Factors for Prolapse

- Parity
- Vaginal delivery
- BMI
- Constipation
- Incontinence

Symptoms of Prolapse

- LBP
- Aching
- Pressure
- Heaviness
- Leakage

Statistics

- 95% with LBP have some form of pelvic floor dysfunction
- 41% have pelvic organ prolapse
- 35% with constipation also have incontinence