

Common Misconceptions About Pelvic Floor PT

Only pregnant or post-partum women need pelvic floor therapy.

Pelvic floor PT addresses a wide range of issues including incontinence (both stress and urge incontinence), pelvic pain, low back/SI pain, sexual and bowel dysfunction, genital/perineum pain or dysfunction both before and after surgery. These issues can be present in all genders and may persist whether or not a woman is pregnant or has had children.

If a person experiences "leaking" or incontinence, they should be doing kegel exercises.

Not every pelvic floor patient should be doing kegels. Secondly, not everyone is performing a kegel correctly. A trained pelvic floor PT will assess, both internally and externally, to determine what muscles are tight versus weak as well as whether or not a pelvic floor contraction is being performed correctly. A patient may also benefit from stretching or strengthening of hip and low back muscles depending on their symptoms and presentation.

Pelvic floor dysfunction is relatively uncommon.

--According to the National Association for Continence (NAFC) 26% of women ages 18-59 have experienced involuntary leakage and 20% of women over the age of 40 have an overactive bladder (OAB).

--According to www.pelvicpain.org, 1 in 7 American women, ages 18-50, have experienced pelvic pain, 61% of them without a diagnosis.

--According to statistics, an estimated 8% to 10% of all men will suffer from pelvic pain at some point in their lives (www.pelvicpainrehab.com)

Pelvic Floor Trained Therapists at Chittenango PT:



**Dr. Alyssa Kurtzner-Shute
PT, DPT**

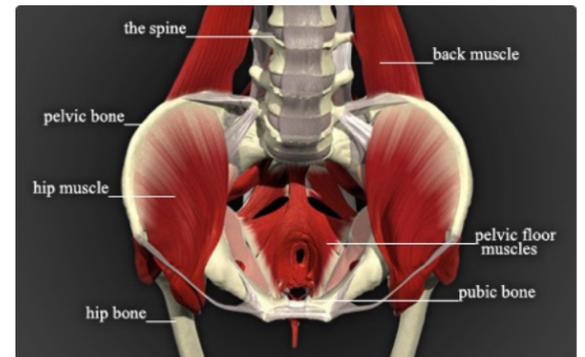


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Pelvic Floor Therapy



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Pelvic Floor Therapy (PFT)

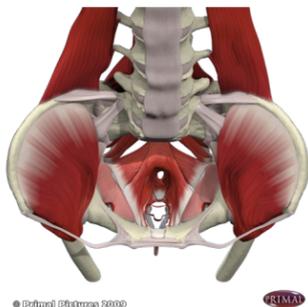
What is pelvic floor dysfunction?

Your pelvic floor is comprised of both involuntary and voluntary muscles that control functions of the bladder, bowel and reproductive system. A pelvic floor dysfunction means that these muscles are not working properly. This may result in incontinence, pain or sexual dysfunction (inability to partake in or enjoy intercourse)

How treatment is available for pelvic floor dysfunction?

Chittenango Physical Therapy is now offering **Pelvic Floor Therapy (PFT)** for all ages and genders experiencing pelvic pain, incontinence, sexual dysfunction, pre- and post-partum pelvic and prostatectomy rehabilitation.

Internal and external examination and assessment are performed to determine appropriate intervention to treat pelvic floor dysfunction. Treatments include manual therapy, use of biofeedback, TENS and neuromuscular retraining of pelvic floor musculature.



Patients who are experiencing any of the following symptoms may benefit from

Pelvic Floor Physical Therapy Intervention:

- Urinary urge or frequency incontinence
- Stress incontinence (i.e.: leaking during exercises such as running or jumping)
- Abdominal separation after delivery (Diastasis Recti)
- C-section scars or pain after delivery
- ED- Erectile Dysfunction
- IC- Interstitial Cystitis/BPS-bladder pain syndrome
- CPP- Chronic Pelvic pain
- Prostatectomy- pre surgery or Post Prostatectomy
- Vaginal, vulvar or episitomy pain after delivery
- Pelvic organ prolapse
- Painful sex
- Constipation
- Bladder pain
- Pain with sitting: tailbone, pudendal neuralgia, genital
- Genital pain – vulvar, vaginal, penile, testicular
- Any type of pain or function change after surgeries such as hysterectomy, pudendal nerve decompression, gyn cancers, hymenectomy or vestibulectomy, hernia, endometriosis excision, (and many more)
- Orthopedic pelvis – fractures or muscle and ligament injuries
- Pain or dysfunction at the lower spine or tailbone
- Pregnant/post-partum (will not likely perform internal work unless prescribed by OBGYN)