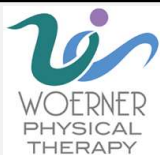


## PHYSICAL THERAPY AND THE OBGYN PATIENT


Marie Woerner PT, DPT, WCS, CLT  
Physical Therapist  
& Owner of Woerner Physical Therapy,



## ABOUT THE SPEAKER

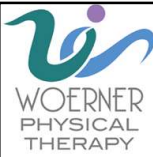


Graduated from the Texas Tech HSC 2008  
with Doctorate of Physical Therapy  
Completed a Residency in Women's Health in  
2012  
Board Certified in the area of Women's  
Health since 2013  
Held a Dual Appointment in Physical Therapy  
and OBGYN Dept at the UNTHSC from  
2012-2016  
Opened Woerner Physical Therapy in 2015



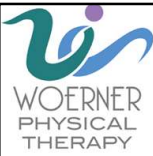
## LEARNING OBJECTIVES

- Understand what a Women's Health Physical Therapist does.
- Determine which OBGYN patients are appropriate for Physical Therapy.
- Explain how Physical Therapy can benefit an OBGYN patient.
- Understand what interventions might be utilized with an OBGYN patient.



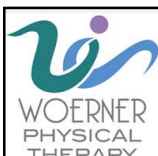
## WOMEN'S HEALTH

- What is Women's Health in Physical Therapy?
- Understanding how to treat a women throughout her lifespan, and having an intimate knowledge of musculoskeletal changes that occur.
- As physical therapists, we are not all the same. We all have different backgrounds and specialties.



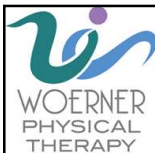
## COMMON WOMEN'S HEALTH DIAGNOSES

- Urinary & Fecal Incontinence
- Urinary frequency
- Pelvic Pain (including hip pain, prolapse)
- Pregnancy related pelvic pain including sciatica, pubic symphysis pain, hip pain.
- Postpartum Rehab.
- Pain with intercourse
- Constipation
- Diastasis Recti



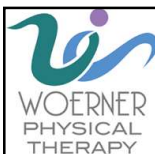
## WOMEN'S HEALTH IN OTHER COUNTRIES

- Other countries that utilize Women's Health PT include:
- Australia
- Canada
- Parts of UK
- New Zealand
- Standard of care postpartum before exercise program is initiated.
- Part of post op surgery care.
- Olympic Team (gymnastics)



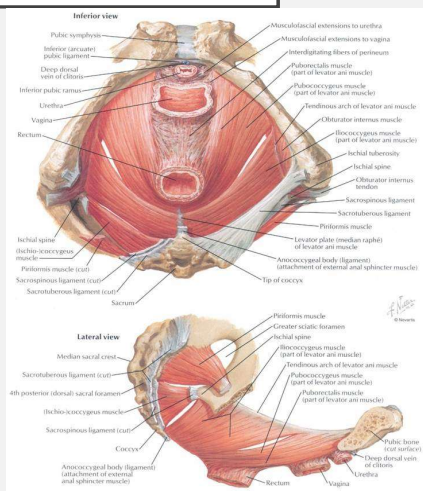
## THE BONY PELVIS

- Comprised of: two hip bones, the sacrum, and coccyx.
- The two hip bones join anteriorly to make the pubic symphysis and join the sacrum posteriorly to make two Sacroiliac Joints.
- Function: transmit weight of the body to the lower limbs, house and support the abdominopelvic viscera, and muscle attachment.



## PELVIC FLOOR

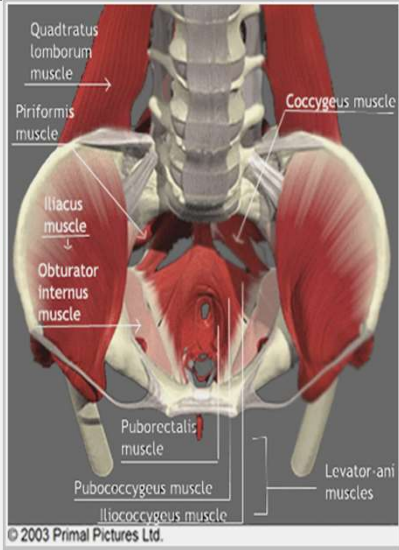
- Levator Ani made up of: pubococcygeus, iliococcygeus, puborectalis.
- Function: support to the pelvic viscera, continence, sexual function.
- Innervation: ventral rami of sacral spinal nerves.



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## OTHER MUSCULATURE

- Piriformis
- Glute Max
- Hamstrings
- Hip Flexors
- Rectas Abdominis
- Transverse Abdominis
- Quadriceps
- Glute Med/Min
- Obturator Internus
- Quadratus Lumborum

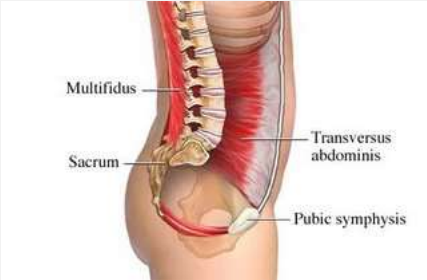


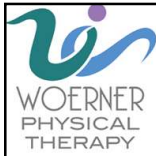
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## THE PRESSURE SYSTEM

- Core consists of:
- Pelvic floor
- Transverse
- Abdominis
- Diaphragm
- Multifidi



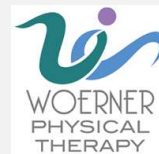


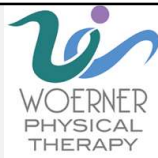
## DO YOU JUST TEACH WOMEN KEGALS?

- Overlap of symptoms
- Unsupportive pelvic floor
- Shortened pelvic floor

## WHAT DOES A PHYSICAL THERAPY ASSESSMENT OR EVALUATION LOOK LIKE?

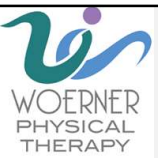
- Complete Verbal History
- Patient Education
- Orthopedic Exam
- Visual Exam
- Internal Exam






## PHYSICAL THERAPY EXAM

- Complete Verbal History
  - Urinary Symptoms
  - Bowel Movements
  - Fluid Intake
  - Obstetric or Gynecologic History
  - Current Physical Activity Level
  - Occupation
  - Past Medical History
  - Sexual Activity



## PHYSICAL THERAPY EXAM


- Patient Education
  - Anatomy of Pelvis and Pelvic Floor
  - Functions of the Pelvic Floor
  - Diagnosis
  - Components of examination including internal exam if necessary.
  - Electromyography or Biofeedback
  - Dietary contributors to symptoms includes bladder irritants and water intake.



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## PHYSICAL THERAPY EXAM

- Posture
- Lumbar and LE AROM
- LE Strength
- Diastasis Recti
- Connective Tissue
- External Muscle Tension or tenderness

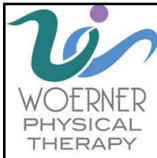


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## PHYSICAL THERAPY EXAM

- External Exam
  - Perineum
  - Hemorrhoids
  - Color
  - Prolapse
  - Evidence of Surgery or Episiotomy
  - Anatomical Symmetry
  - Active Movement of the Perineum
  - External Muscle

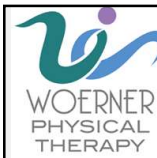




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## PHYSICAL THERAPY EXAM

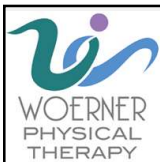
- Internal Exam
  - Assessing Soft Tissue Integrity, Tension, Symmetry
  - Pelvic Floor Muscle Strength
  - Endurance
  - Muscle Coordination



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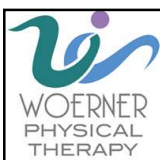
## URINARY INCONTINENCE

- Definition: condition in which involuntary loss of urine is a social or hygienic problem and is objectively demonstrable.
- Stress UI involuntary urine loss with increase in intra abdominal pressure.
- Urge UI involuntary urine loss associated with a strong desire to void.
- Mixed UI combination of both stress and urge.




## COMMON RISK FACTORS

- Pelvic Muscle Weakness
- Pregnancy, vaginal delivery, episiotomy
- Smoking and chronic coughing
- Constipation
- Grade 3 or 4 degree tear
- Medications
- Obesity
- Estrogen Depletion
- High impact physical activity



## STRESS UI INTERVENTIONS


- Pelvic Floor Muscle Exercises (Kegels)
- Biofeedback
- Movement strategies
- Hydration
- Bladder Irritants



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## PELVIC PAIN

- Chronic Pelvic Pain defined as pain in the pelvic area lasting for at least 6 months.
- Research has shown that the musculoskeletal system is involved in disorders such as vulvodynia, coccygodynia, levator ani syndrome, etc.
- Muscles shortened weak state



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## PELVIC PAIN

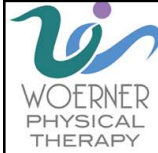
- Common Etiologies of PFM Spasm or Pain
  - Physical or emotional trauma
  - Repetitive movement strategies
  - Childbirth (traumatic or non traumatic)
  - Pelvic Surgery
  - Low Back Pain or Surgery
  - Sexual Abuse
  - Poor voiding or defecating habits.



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## PELVIC PAIN

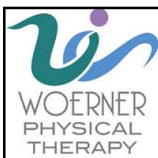
- Possible Symptoms
  - LBP
  - Heaviness in Pelvis
  - Constipation
  - Painful Bowel Movements
  - Leg Pain
  - Coccyx Pain
  - Pain with intercourse



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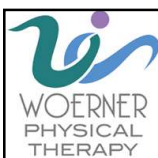
## PELVIC PAIN

- Interventions
  - Manual Soft Tissue
  - LE Stretching
  - Relaxation Techniques
  - Walking Program
  - Biofeedback
  - Movement strategies
  - Proper Toileting Techniques
  - Functional dry needling.




## POSTERIOR PELVIC GIRDLE PAIN DURING PREGNANCY

- Pelvic Girdle Pain is a specific form of low back pain, that can occur separately or in conjunction with LBP.
- PGP is related to non optimal stability in the pelvic girdle joint.
- Risk Factors: Pregnancy, previous LBP, and or previous trauma to pelvis, periods of amenorrhea, increasing parity, history of hypermobility, higher BW and BMI postpartum.



## PPGP

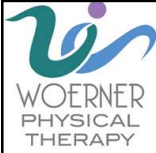
- Common Symptoms:
  - Sharp pain in and around sacrum and buttock.
  - Pain during weight shifting activities.
  - Pain with transitional movements.
  - Pain with walking or climbing stairs.



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## PPGP


- Interventions:
  - Soft Tissue
  - Manual Therapy
  - Trunk and Pelvic Stabilization
  - LE stretches
  - External Stabilization
  - Posture
  - Functional dry needling



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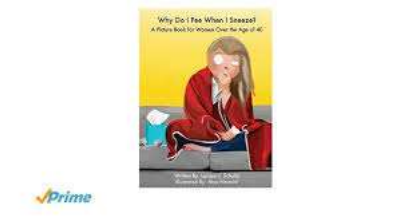

## HOW DOES THIS DIFFER FROM CHIROPRACTIC CARE

- Different background
- Addressing different things and dysfunctions.



## THIS IS NORMAL RIGHT?

- SUI may be common but it's not normal.
- Pain postpartum is not normal.
- Pain with intercourse that lasts longer than 3 months is not normal.

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## CONTACT INFO

- Marie Woerner PT, DPT, WCS, CLT
- Office; 682-235-3816
- Email: [marie@woernerphysicaltherapy.com](mailto:marie@woernerphysicaltherapy.com)

