

Sports Therapy

- Acute and Chronic Injury Rehabilitation
- Overuse Injury Treatment
- Retraining for Return to Sport
- Taping and Bracing
- Pre-season Screening

Spinal Therapy

- Joint Mobilization and Manipulation
- Exercise Prescription
- Postural Assessment
- Back and Neck Care

GUNN IMS - Intra-Muscular Stimulation

Pilates Based Core Stability Training

ICBC Treatment of Injury Post MVA

Active Rehabilitation Programs

WCB Treatment for Work Related Injury

Worksite Evaluation, Ergonomic Assessment & Wellness Program Development

Functional Capacity Assessment and Medical Legal Reporting

Women's Health

- Post Mastectomy
- Urinary Incontinence Training
- Pre and Post Natal Care
- Osteoporosis

Injury Prevention Education

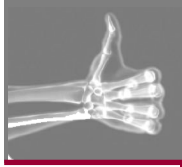
Seniors Programs

- Fall Prevention
- Fitness
- Post Surgical

Respiratory Care

Arthritis Treatment and Management

Neurology



Burrard Physiotherapy

You're In The Right Hands

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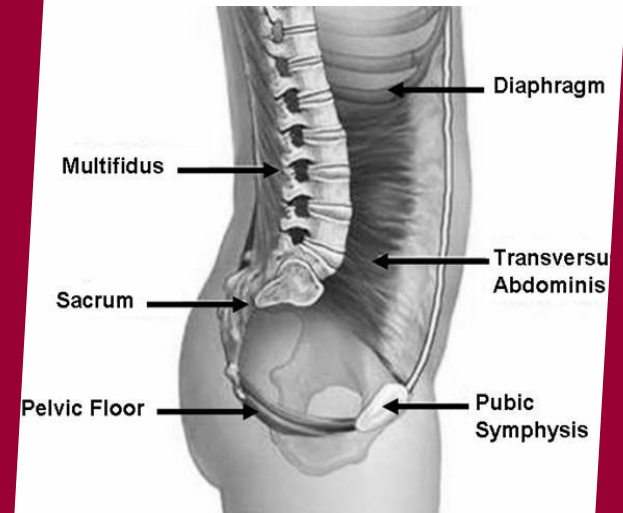
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PELVIC FLOOR DYSFUNCTION



PHYSIOTHERAPY AND PELVIC FLOOR DYSFUNCTION

What is pelvic floor dysfunction?

The pelvic floor is a hammock of muscles connecting the pubic bone, coccyx (tail bone) and the 'sitz' bones of the pelvis.

This group of muscles has 3 functions:

Supportive- supports the bladder and urethra, vagina and uterus (in women) and the rectum.

These muscles also support the bones of the pelvic girdle.

Sphincteric- these muscles control the urethral and anal sphincters and in turn maintain urinary and faecal continence.

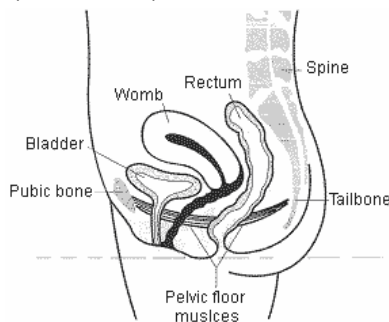
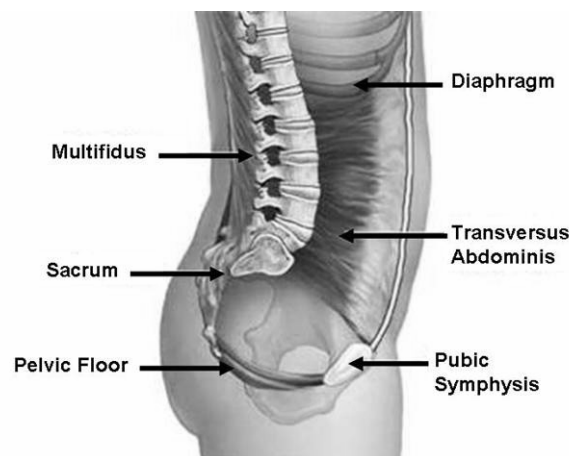
Sexual- contractions of the pelvic floor increase sensations in women and men during sexual arousal.

Pelvic floor dysfunction occurs when this group of muscles is not contracting appropriately for the action required.

The pelvic floor muscles are part of the 'Core' that controls vertebral and pelvic alignment during motion. The other parts of the 'Core' are the deep abdominal wall (Transversus Abdominis), deep back muscles (Multifidus) and the Diaphragm.

Any condition affecting the ability of these core muscles to function correctly can impact pelvic floor function e.g lower back and sacro-

iliac pain, abdominal surgery, childbirth, respiratory conditions.



Symptoms of pelvic floor dysfunction

Here are some of the symptoms you may experience if your pelvic floor is not functioning optimally:

Incontinence of urine and/or faeces. Reduced strength in the pelvic floor muscles can result in the involuntary loss of urine or faeces. E.g. when coughing, sneezing, running. Overactivity of the bladder muscle (detrusor) can give sudden urges to void urine forcing a rush to the bathroom for fear of leakage.

Prolapse. This is the descent of the vaginal wall and can involve the bladder, urethra, uterus, small intestine or rectum. Symptoms can be a sensation of heaviness in the vagina and sometimes incontinence. Some cases require surgery but physiotherapy can be of benefit in alleviating symptoms.

Vulva pain. Pain in the vulva area can be localized or radiating. Some women experience **dyspareunia** (pain with intercourse) and may have diagnoses of **vestibulodynia**, **vaginismus**

or **vulvodynia**. Vulvodynia can be associated with interstitial cystitis, irritable bowel disorder and childbirth.

Rectal &/or coccygeal pain- may be associated with trauma e.g. fall onto the tailbone, childbirth.

Physiotherapy

Your physiotherapist will work closely with the other members of your Health Care Team to facilitate improved pelvic floor function.

Assessment. A musculoskeletal evaluation of your lower back and pelvic girdle, core muscles and evaluation of the pelvic floor musculature. This can include vaginal/rectal palpation to evaluate the pelvic floor muscles with respect to their strength and endurance, co-ordination and motor control, and ability to relax.

Treatment can include the following:

- Manual therapy to restore spinal and pelvic mobility,
- Exercises to retrain the function of the pelvic floor muscles and the 'core'. This may be strengthening weakened muscles or learning how to 'downplay' overactive (tense) muscles.
- Massage techniques to facilitate relaxation of tense muscles and restore mobility in the muscles and surrounding fascia.
- Muscle stimulation and biofeedback therapy.
- Methods to relieve pain symptoms, including instruction in self-managed techniques.
- Behavioral changes to alleviate symptoms.
- Instruction in postural correction and exercises relative to leisure/work activities.

If you require further information talk to your physiotherapist or physician. Lynda Lawrence at **Burrard Physiotherapy** has specialized training in treatment of pelvic floor dysfunction.