



# PELVIC FLOOR PHYSICAL THERAPY

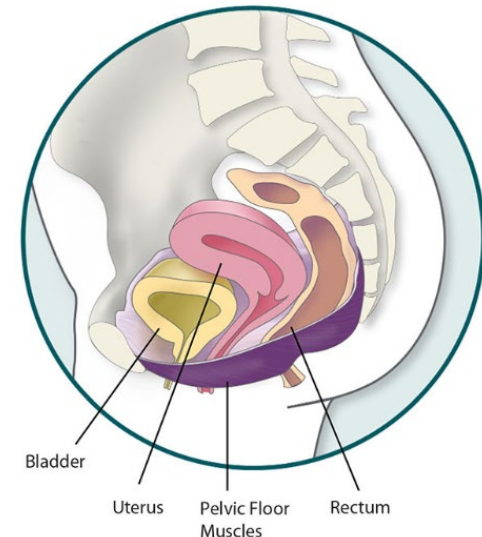
Information for Service Women

## 1. PELVIC FLOOR PHYSICAL THERAPY (PFPT)

**PFPT is a specialization within physical therapy (PT)** that addresses the unique muscles that lie at the bottom of the pelvis, which are vital to the proper functioning of the bladder, colon, and reproductive organs, as well as stability of the core. These muscles are also involved during menstruation and childbirth.

## 2. ANATOMY OF PELVIC FLOOR MUSCLES (PFM)

**PFM** extend from the pubic bone at the front of the pelvis to the tailbone at the back, and from one sit bone to the other sit bone on the other side. These muscles can work automatically without having to think about them but can also be controlled to contract or relax.



[Infographic: Don't Ignore Your Pelvic Floor | NICHD](#)

## 3. FUNCTIONS OF PFM

- **Support:** PFM play a critical role in supporting pelvic organs, such as the bladder, intestines, and uterus, so that the organs are held in their proper positions for appropriate function.
- **Stability:** PFM provide stability, resilience, and strength so pelvic organs do not move from their natural position. PFM are vital to help stabilize the core, along with the abdominal muscles, providing balance and stability to the entire body and support essential bodily functions.
- **Pressure Management:** Not only do PFM help provide support to pelvic organs, but they also adapt during changes of abdominal pressure to maintain normal organ position. Increases of abdominal pressure occur when lifting heavy objects, giving birth, or even sneezing.
- **Control over Urinary and Bowel Functions:** PFM play a crucial role in providing control over urinary and bowel function, also known as continence, by contracting and relaxing to allow for urinary and bowel movements.
- **Sexual Health:** PFM contract and relax during sexual encounters in response to sexual stimulus to enhance sensation for pleasurable intimacy.

***All body movement starts at the core, so if something is dysfunctional in the core area, it can lead to pain in other areas as well. The following pages will provide more information on PFM function and dysfunction, and how PFPT can address dysfunction.***

## 4. TYPICAL FUNCTION OF THE PELVIC FLOOR

*Pelvic floor disorders include a range of issues of PFMs and surrounding structures. To understand pelvic floor disorders and their prevalence, it is important to first understand what typical pelvic muscle and pelvic organ function looks like to later identify symptoms of pelvic floor dysfunction.*

### Bladder Function

**Typical bladder function** includes 5-8 voids during daytime hours, and no more than once overnight. Typically, you should be able to sit and relax to urinate and have a stream lasting at least 8 seconds.

**Bladder dysfunction may be related to pelvic floor dysfunction. Symptoms of bladder dysfunction include:**

- + High number of urinations
- + Very sudden and intense urge to urinate
- + Straining to urinate
- + Incomplete emptying
- + ANY unexpected episodes of urinary leakage (i.e., laughing, sneezing, coughing, walking, running, jumping, etc.)

### Bowel Function

**Typical bowel function** varies from person to person; however, bowel movements generally range from occurring once every three days to up to three times per day. Typical bowel function includes relaxing to make bowel movements and no unintentional loss of stool or gas. Dysfunction of PFMs can lead to bowel disorders and bowel dysfunction.

**Bowel dysfunction may be related to pelvic floor dysfunction. Symptoms of bowel dysfunction include:**

- + Pain during bowel movements
- + Hemorrhoids
- + Constipation
- + Incomplete emptying
- + Stool incontinence

### Sexual Function

**Typical sexual function** includes pain-free and pleasurable sexual experiences, both penetrative and non-penetrative. Relaxation and contraction of the PFMs are an essential part of the body's response to sexual stimulus with the goal of reaching climax.

**Sexual dysfunction may be related to pelvic floor dysfunction. Symptoms of sexual dysfunction include:**

- + Pain at ANY point
- + Difficulty/inability to reach orgasm
- + Burning sensation
- + Involuntary loss of urine during or after intercourse



*The physical demands of military life—including rigorous training, high load carriage demands, and prolonged combat deployments and field training exercises in austere environments—can profoundly impact women's pelvic health.*

*If you are experiencing symptoms of pelvic floor dysfunction, a pelvic floor physical therapist can conduct an evaluation and create an individualized treatment plan to address areas of concern in the pelvic floor or surrounding areas.*



## 5. KEY STEPS IN PFPT – A PELVIC FLOOR EVALUATION

If you are experiencing symptoms of pelvic floor dysfunction, these are the key steps that a pelvic floor physical therapist will use to evaluate areas of concern and create a personalized treatment plan.

**01**

### **Intake Forms**

- The process begins with you completing detailed intake forms that may include questions on sensitive topics.

**02**

### **Subjective Exam**

- A subjective exam follows, which may also include sensitive topics; you have the right to decline answering any questions.

**03**

### **Musculoskeletal Examination**

- A musculoskeletal examination is conducted as indicated, focusing on the low back, hips, core, and lower body.

**04**

### **Pelvic Floor Evaluation**

- With your consent, an external and internal pelvic floor assessment is performed to thoroughly evaluate the pelvic floor muscles and related structures.
- The internal examination is not required, but in most cases, it is the most accurate view of PFM and involved structures. If you are opposed to the examination, let your provider know as indirect methods are also available.

**05**

### **Creation of a Treatment Plan**

- A personalized treatment plan is created based on your pelvic floor evaluation findings.

## 6. PFPT SERVICES

*PFPT offers a wide range of specialized services designed to address the unique needs of each patient, including but not limited to:*

- ✓ Full Evaluation of PFM and Involved Structures
- ✓ Relaxing and Strengthening PFM
- ✓ Patient Education
- ✓ Non-invasive Treatment Approaches
- ✓ Hands-on Therapy Approach
- ✓ Exercise
- ✓ Behavioral Techniques and Changes



## 7. COMMON MYTHS ABOUT THE PELVIC FLOOR

### MYTH: "It's normal to leak a little urine after having kids."

**FACT:** While this is common, no amount of urinary incontinence or leaking is "normal". PFPT helps identify triggers for incontinence, whether they stem from pelvic floor coordination issues or overactive bladder symptoms and educate on behavioral changes and exercises to retrain PFMs to decrease incontinence.

### MYTH: "It's normal to leak a little while lifting heavy weights. It just means I'm working hard."

**FACT:** Again, no amount of urinary incontinence or leaking is "normal", and it is a sign of dysfunction.

### MYTH: "Just doing Kegel exercises will fix your pelvic floor issues."

**FACT:** Doing Kegels may not be the best method to remedy pelvic floor issues. For example, if your muscles have too much tension, Kegels can make your symptoms worse. Speaking to a provider about pelvic floor pain or dysfunction is the first step to address pelvic floor pain.

## 8. CAUSES OF PFM DYSFUNCTION

*PFM dysfunction can be caused by a variety of reasons, including childbearing, injury or illness.\* Other potential causes include:*

Physical Trauma & Injury	Chronic Conditions, Health Issues, & Medical Interventions	Lifestyle, Behavioral, & Psychological Factors
<ul style="list-style-type: none"><li>• History of trauma/abuse</li><li>• History of pelvic surgery</li><li>• Childbirth injury</li><li>• Fall on tailbone</li><li>• Cesarean sections and other abdominal/pelvic scarring</li><li>• Groin hernias and repair</li><li>• Groin injuries causing scrotal pain and a "pins and needles" sensation</li></ul>	<ul style="list-style-type: none"><li>• Endometriosis, Polycystic Ovary Syndrome (PCOS), and fibroids</li><li>• Chronic yeast, bacterial, and/or urinary tract infections</li><li>• Childhood pelvic health issues</li><li>• Vulva skin irritation</li><li>• Intrauterine Devices (IUDs) and hormonal contraceptives</li><li>• Overactive bladder syndrome</li></ul>	<ul style="list-style-type: none"><li>• Chronic holding/straining</li><li>• Prolonged sitting</li><li>• Poor posture</li><li>• Chronic wear of tight/poor fitting shoes or clothing</li><li>• Core and hip weakness</li><li>• Low back/hip pain</li><li>• Shallow/abnormal breathing patterns</li><li>• Stress and tension</li></ul>

***If any of these symptoms are something you have experienced or are concerned about, seek out a primary care provider, obstetrician gynecologist (OB/GYN), or physical therapist to talk about potentially receiving pelvic floor physical therapy.***

*\*For information on how to strengthen PFMs after childbirth, please see [Pelvic Floor Training for Postpartum Service Members](#), found on the [Navy Medicine's Women's Health Webpage](#) under the "Musculoskeletal" Tab.*

# 9. ORTHOPEDIC PAIN & INJURIES RELATED TO PFM DYSFUNCTION

When there is dysfunction in PFM, the muscles in the surrounding pelvic and core area often overcompensate for the dysfunction; this overcompensating can lead to pain in these surrounding areas as well, also known as **referred pain**.

- **Referred pain** is when the brain cannot fully understand the true origin of pain and tends to interpret pain signals as stemming from another body part.

*There are several common areas of connected pain that can result from PFM dysfunction.*

*If you are experiencing pain in any of these areas, it may be related to pelvic floor dysfunction. It is encouraged that you speak to a provider if you are having pain in the following areas:*

<b>Low Back</b>	Many PFM attach to the tailbone, so dysfunction in PFMs can increase tension through the tailbone and in the low back.
<b>Hips</b>	Many PFM attach to parts of the hip bones, so dysfunction in one muscle group can contribute to dysfunction in the other.
<b>Legs</b>	<ul style="list-style-type: none"><li>• <b>Back of leg:</b> Several deep hip rotators and PFM can refer pain to the back of the leg, from the top of hamstring to the back of the leg.</li><li>• <b>Inner thigh:</b> By proximity of attachment on the pelvic bones, inner thigh muscles can be affected by PFM dysfunction as well. Inner thigh muscles may be overcompensating to help provide stability to the torso if PFMs are experiencing dysfunction.</li><li>• <b>Front of leg:</b> Pain in the front of the leg may also be tied to PFM dysfunction as several nerves that aid with muscle action in the front of leg start at the low back, before traveling through the pelvis to the front of the leg.</li></ul>

*While these areas of pain may be related to PFM dysfunction, it can be difficult to discern which area is the cause of the pain and where dysfunction began. Speak to a provider about your specific symptoms and areas of pain.*

## REFERENCES

*Please find references and citations for clinical information contained in this guide.*

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