



# PELVIC FLOOR PHYSICAL THERAPY

Information for Providers

## 1. PELVIC FLOOR PHYSICAL THERAPY (PFPT)

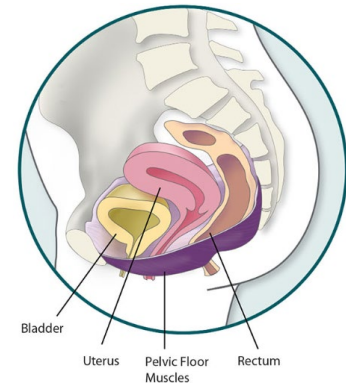
**PFPT is a specialization within physical therapy (PT)** that addresses the unique muscles that lie at the bottom of the pelvis, which are vital to the proper functioning of the bladder, colon, and reproductive organs, as well as stability of the core. These muscles are also involved during menstruation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



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

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

Pelvic floor muscles (PFM) extend from the pubic bone to the coccyx, and from one ischial tuberosity to the other. These muscles can work automatically but can also be consciously controlled. PFM consist of three layers of muscle, each with a unique role. The first layer supports pelvic organs and controls the openings of the urinary and anal canals; the second layer maintains continence, stabilizes the pelvis, and supports pelvic organs; and the third layer supports the visceral organs and assists in core stability and posture.



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. PFM are vital to help stabilize the core, along with the abdominal muscles, which provide balance and stability to the entire body.
- **Pressure Management:** Not only do the 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 are essential for 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.

# 4. CAUSES OF PFM DYSFUNCTION

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

- ### Physical Injuries and Trauma
- History of trauma/abuse
  - History of pelvic surgery
  - Childbirth injury
  - Fall on tailbone
  - Cesarean sections and other abdominal/pelvic scarring
  - Inguinal hernias and repair
  - Groin injuries causing scrotal pain and paresthesia

- ### Chronic Conditions, Health Issues, & Medical Interventions
- Endometriosis, Polycystic Ovary Syndrome (PCOS), and fibroids
  - Chronic yeast, bacterial, and/or urinary tract infections
  - Childhood pelvic health issues
  - Vulva skin irritation
  - Improper positioning of Intrauterine Devices (IUDs) and hormonal contraceptives
  - Overactive bladder syndrome

- ### Lifestyle, Behavioral, & Psychological Factors
- Chronic holding/straining
  - Prolonged sitting
  - Poor posture
  - Chronic wear of tight/poor fitting shoes or clothing
  - Core and hip weakness
  - Low back/hip pain
  - Shallow/abnormal breathing patterns
  - Stress and tension

\*For information on pelvic floor training guidance during pregnancy and postpartum, please see [Pelvic Floor Training for Pregnant and Postpartum Service Members](#), found on the [Navy Medicine's Women's Health Webpage](#) under the "Musculoskeletal" Tab.

# 5. INDICATIONS FOR PFPT

The chart outlines the various conditions and scenarios that indicate the need for PFPT.

Categories	Indications	
<b>Urinary and Fecal Issues</b>	<ul style="list-style-type: none"> <li>• Urinary or fecal incontinence</li> <li>• Urinary or fecal urgency</li> </ul>	<ul style="list-style-type: none"> <li>• Painful Bladder Syndrome / Interstitial cystitis (IC)</li> </ul>
<b>Pregnancy and Postpartum</b>	<ul style="list-style-type: none"> <li>• Pregnancy related lumbopelvic pain</li> <li>• Preparation for labor</li> </ul>	<ul style="list-style-type: none"> <li>• Postpartum healing (general or specific trauma)</li> </ul>
<b>Pain and Trauma</b>	<ul style="list-style-type: none"> <li>• Tailbone pain</li> <li>• Endometriosis</li> <li>• Vulvodynia</li> </ul>	<ul style="list-style-type: none"> <li>• Pelvic scar-related pain</li> <li>• Dyspareunia</li> </ul>
<b>Post-Surgical Recovery and Pelvic Organ and Structural Issues</b>	<ul style="list-style-type: none"> <li>• Organ prolapse</li> <li>• Abdominal separation / Diastasis recti</li> </ul>	<ul style="list-style-type: none"> <li>• Post-op trunk procedure</li> <li>• Post-op pelvic procedure</li> </ul>

➤➤ If the patient presents with these indications, consider referring them to pelvic floor physical therapist for further evaluation.

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

01

### Intake Forms

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

02

### Subjective Exam

- A subjective exam follows, which may also include sensitive topics; patients 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

### If Consent is Provided

- With patient 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 the patient is opposed to the examination, indirect methods are available.

05

### Creation of a Treatment Plan

- A personalized treatment plan is created based on patient assessment findings.

## 7. 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
- ✓ Downregulation or Upregulation (*as indicated*)
- ✓ Patient Education
- ✓ Manual Therapy
- ✓ Biofeedback
- ✓ Exercise
- ✓ Behavioral Techniques and Changes
- ✓ Medical Device Training (i.e., pelvic wands, vaginal trainers/dilators, penile attachments)
- ✓ And more\*



*\*For information on PFPT, please see [Pelvic Floor Physical Therapy for Service Women](#), found on the [Women's Health Webpage](#) under the "Musculoskeletal" Tab.*

# 8. PFPT: A MULTIDISCIPLINARY APPROACH

PFPT involves collaboration with multiple healthcare disciplines to provide a comprehensive, patient-centered approach. By integrating expertise from various fields, PFPT addresses not only PFM dysfunction but also underlying medical, neurological, psychological, and lifestyle factors that contribute to pelvic health issues.

Discipline/Field	Description
Primary Medical Care (PCM)	<ul style="list-style-type: none"><li>• Conducts medical screening to assess overall health.</li><li>• Provides specialty referrals when further evaluation and treatment is needed.</li></ul>
Ortho Physical Therapy	<ul style="list-style-type: none"><li>• Screens and treats the areas around PFM – core, hips, low back, adductors, etc.</li><li>• Recognizes that all movement for the body starts at the core, so if something is dysfunctional in the trunk, other areas can start having pain too. Dysfunction in PFM can refer pain to other areas:<ul style="list-style-type: none"><li>○ Muscles in the surrounding areas compensate for change in the status quo and can lead to dysfunction.</li><li>○ Referred pain is when the brain cannot fully understand the true origin of pain and interprets those pain signals as coming from another body part.</li><li>○ The Temporomandibular Joint (TMJ) is a common site for tension and emotional stress, often linked to pelvic floor dysfunction.</li></ul></li></ul>
Urology	<ul style="list-style-type: none"><li>• Rules out primary bladder dysfunction, interstitial cystitis, etc.</li><li>• Manages medications related to urinary function and pelvic pain.</li><li>• Works closely with PFPT for comprehensive pelvic health management.</li></ul>
OB/GYN	<ul style="list-style-type: none"><li>• Supports pregnancy/postpartum management and manages other women’s health-specific conditions.</li><li>• Works closely with PFPT and plays a vital role when discussing contraindications of treatment during pregnancy.</li></ul>
Urogynecology	<ul style="list-style-type: none"><li>• Provides interventions for pelvic organ prolapse, urinary/fecal incontinence, etc.</li><li>• Offers medical and surgical management for pelvic health conditions.</li><li>• Supplies PFM Botox treatments.</li></ul>
Mental Health (Psychology/ Psychiatry)	<ul style="list-style-type: none"><li>• Addresses the responsiveness of PFM to emotional and mental health states, often serving as a common area where emotional tension is held.</li><li>• Uses methods such as mindfulness, meditation, progressive relaxation, anxiety strategies, trauma healing, medication management as indicated, etc.</li></ul>
Nutritional Medicine	<ul style="list-style-type: none"><li>• Assists with decreasing bladder and colon irritants that are contributing to symptoms.</li><li>• Includes nutritionists and dieticians who help optimize dietary habits.</li></ul>

## REFERENCES

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

1. Curillo-Aguirre, C. A., & Gea-Izquierdo, E. (2023). Effectiveness of Pelvic Floor Muscle Training on Quality of Life in Women with Urinary Incontinence: A Systematic Review and Meta-Analysis. *Medicina (Kaunas, Lithuania)*, 59(6), 1004. <https://doi.org/10.3390/medicina59061004>
2. DeLancey, J. O. L., Masteling, M., Pipitone, F., LaCross, J., Mastrovito, S., & Ashton-Miller, J. A. (2024). Pelvic floor injury during vaginal birth is life-altering and preventable: what can we do about it?. *American journal of obstetrics and gynecology*, 230(3), 279–294.e2. <https://doi.org/10.1016/j.ajog.2023.11.1253>
3. Patricia J. Ohtake, Diane Borello-France, Rehabilitation for Women and Men With Pelvic-Floor Dysfunction, *Physical Therapy*, Volume 97, Issue 4, April 2017, Pages 390–392, <https://doi.org/10.1093/ptj/pzx035>
4. Jorge, C. H., Bø, K., Chiazuto Catai, C., Oliveira Brito, L. G., Driusso, P., & Kolberg Tennfjord, M. (2024). Pelvic floor muscle training as treatment for female sexual dysfunction: a systematic review and meta-analysis. *American journal of obstetrics and gynecology*, 231(1), 51–66.e1. <https://doi.org/10.1016/j.ajog.2024.01.001>
5. Talasz, H., Kremser, C., Talasz, H. J., Kofler, M., & Rudisch, A. (2022). Breathing, (S)Training and the Pelvic Floor-A Basic Concept. *Healthcare (Basel, Switzerland)*, 10(6), 1035. <https://doi.org/10.3390/healthcare10061035>
6. Harm-Ernandes, I., Boyle, V., Hartmann, D., Fitzgerald, C. M., Lowder, J. L., Kotarinos, R., & Whitcomb, E. (2021). Assessment of the pelvic floor and associated musculoskeletal System: guide for medical practitioners. *Female Pelvic Medicine & Reconstructive Surgery*, 27(12), 711–718. <https://doi.org/10.1097/spv.0000000000001121>