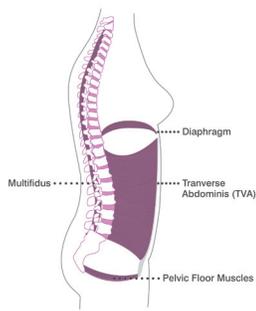


Pelvic Health Rehabilitation

Pelvic Health Rehabilitation is an area of practice that few patients are aware of. It is considered a specialty area of treatment within physical therapy.

The overall goals should always be to not just address the pelvic floor, but also its related deep core stabilization system & life functions including bowel & bladder elimination, pain-free movement patterns & sexual function. Personally, I like the phrase “integrate, don’t isolate” the pelvic floor. No muscle of the body works alone, muscles only function normally & in a pain-free manner when acting as part of a team.

The evidence that has arisen in the last 15+ years regarding not just pain, but also the coordination of postural stability has greatly affected not just the importance of the pelvic floor, but also how we address rehabilitation. Sadly, trickling down this information through the majority of the United States healthcare system has gone more slowly than in some other countries. In general, this country still does not routinely send women to rehabilitation postpartum, not just for movement-related changes, but also when confronting stress urinary incontinence, urgency/frequency of urination, alternating constipation/diarrhea or pelvic pain. When one understands the interconnectedness of the deep core with keeping us moving and continent – it is hard to believe that we don’t have nearly enough clinicians well-trained to address these relatively common dysfunctions.



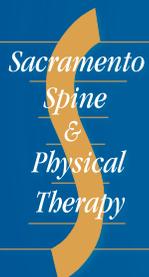
Our deep core is a four-part group of muscles, which has been found to initiate activity prior to movement, or increase its activity when there’s greater movement task demands. This muscle group can be imagined as a soda can with the base rounding downward instead of upward. The top is the diaphragm, the front is the transverse Abdominus, the posterior aspect is made up of the tiny Multifidi running along the spine & the triple-layered pelvic floor muscle group is the base of this deep core system. As we move all day this system should be doing gentle contract and relax actions while you go about your activities. For example, as you reach for a plate in the cabinet, this group engages in anticipation of your rotator cuff, deltoid & eventually the rest of your arm muscles moving. If you’re a baseball pitcher on the mound, this group fires to an even higher intensity to try to help keep you on the mound while your arm generates power to throw the ball. And all of this – in a normal, able-bodied individual without dysfunction – happens without peeing in our pants.

What we mean as clinicians about core can be very different than what many people think of. I often am told, “oh yeah, I do my core exercises 3 times a week.” But descriptions of the exercises used, or the manner in which the individual is compensating with other muscles to do those movements, does not properly activate and train this deep core system to function as it was designed to do.

Both as a result of coaching various sports & while doing a comprehensive pilates certification years ago, I realized that as clinicians, for the most part, we were severely ignoring a group of muscles that was effectively the base of that deep core stabilization system. If we didn’t learn to ask the questions about elimination, sexual function & properly assess those issues & related individual movement patterns in a standardized way-then much of our rehabilitation might be wasted. As pelvic physios, we do have to really understand issues across systems: sexual function, gastrointestinal, hormonal, obstetric, gynecological, urological, but most importantly, we are trained to assess the musculoskeletal system and body as a whole as well (not just small bits and parts)--the neurological control for all of these being of utmost importance We can still treat necks, shoulders, elbows, knees, etc, but addressing ‘pelvic floor first’ has been demonstrated to be the most effective for long-term functional gains before then loading & addressing the rest of the related or secondary issues that may arise.

As a clinician I’m constantly taking new classes to broaden & update my knowledge base. I enjoy figuring out who in the symphony of movement, elimination, sexual function or otherwise isn’t playing their part. I always enjoy working with the rest of a care team-from gastro-intestinal, uro-gynecology, midwives, OB/GYN, sexual therapists or other physios, to help address issues that can greatly increase an individual’s quality of life or solve movement dysfunctions & eliminate chronic pain.

– Amy Zipp, MS OTR/L



Roseville: 916-677-1210
1650 Lead Hill Boulevard • Roseville, CA 95661

Folsom: 916-932-1210
700 Oak Ave Pkwy #B • Folsom CA 95630

www.sacramentospine.com