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**Pelvic Floor Physical Therapy 101**

**By: Laura Gleason**

“I’m supposed to have Physical Therapy… where?!”

So maybe your OB/midwife/doula/friend recommended pelvic floor physical therapy (PFPT) but you are uncertain or apprehensive about what is involved. I see too many women put it off or not go at all because they are too nervous about it. Below are some of the common questions I hear from women and answers to hopefully make you feel more comfortable with what to expect! If you are pregnant or had a baby weeks, months, or even years ago, PFPT can be very effective at decreasing symptoms and improving your quality of life.

**Why would I even go to PFPT?**

Although there are many things that PFPT can help with, some common symptoms and diagnoses specific to pregnancy and postpartum include:

* Incontinence (leaking urine or stool, problems with urgency, or constipation)
* Pelvic pain (commonly at the sacroiliac joints in the back or pubic bone in the front)
* Painful sex (or pain with any type of penetration)
* Pelvic organ prolapse (one or more organs descends into the vagina)
* Diastasis recti (abdominal separation)
* Lower back pain or hip pain that hasn’t responded to “traditional” PT

**What actually happens at the first appointment?**

You meet with a physical therapist and discuss the history of your symptoms, your concerns, and your goals. Depending on the issue, she will then look at your posture, how you move through your back and hips, and test your core and hip strength. If the therapist thinks that you may benefit from an internal exam, she will discuss this with you: why she recommends it and what she will be doing. If, *and only if*, you give consent and are totally on board, she will do the exam. First, she will step out and let you get undressed from the waist down with a sheet over you. Then she will sit next to the table and insert one gloved and lubricated finger into your vagina. There are no stirrups, no speculum, no bright lights shining. It is typically more comfortable, on many levels, than a trip to the gynecologist.

**Why is it necessary to do the internal exam?**

The pelvic floor muscles are just like any other muscles or area of the body that a PT evaluates. If you hurt your knee, the PT will look at your knee, palpate/touch your knee to see if there are areas of tenderness or muscle “knots”, see and feel how you contract the muscles around the knee. The pelvic floor muscles need similar things assessed but the best way to do this is with an internal exam. It is really the only way to thoroughly assess if you are contracting and relaxing your pelvic floor muscles appropriately, release tight areas of muscles, work on scar tissue, etc.

**Does it hurt?**

You can most commonly expect it to feel like working on other areas of your body. If you have a really tight hamstring, manually working out that muscle or stretching isn’t going to be completely comfortable but it shouldn’t ever be too painful. Similarly, with the pelvic floor, if you have some tightness or scar tissue that needs to be worked on, it may be tender. If it is ever too painful, you should absolutely tell your therapist.

**What if I’m still not sure about the whole internal exam thing?**

Some women just aren’t comfortable with it at first (or ever) due to any number of reasons. And that is completely fine. There are different ways that a therapist can treat pelvic floor issues externally that can be effective. I have had many patients that I have treated exclusively externally that have great outcomes.

**How many times do I need to go and what happens in between sessions?**

This really varies depending on each person. Sometimes women just need a session or two for some re-education of the pelvic floor muscles, and sometimes women come for much longer if they had a very physically traumatic birth, for example. Most commonly, you can expect to come about once a week. Your therapist will likely give you things to work on after each session. This may look like exercises, tips for body mechanics, advice on how to work on your own scar, etc. You will have an active role in your own recovery.

**How will I know if it’s working and when I am ready to be done with PT?**

This should be an ongoing conversation with your therapist. She will be asking you about your symptoms and checking in with your goals frequently. Many women notice concrete improvements within 1-2 sessions. For others, especially if you have been dealing with symptoms for a long time (if you are years postpartum or maybe you had symptoms prior to pregnancy) it may take a little longer to see progress. Open communication with your therapist is key to know when you are ready to be discharged.

**What should I wear?**

Wear whatever you are comfortable moving around in. The internal exam is only one portion so you may be doing some exercises, stretching, etc.

**What if I have my period?**

As long as you are comfortable, it is not an issue and you can still have internal work done.

**If I am recently postpartum and need to bring my baby, is that ok?**

At our clinic, many postpartum women bring their babies if they need to. Check at the specific practice you may go to, but most are fine with it. If a mom has to breastfeed in the session, I see it as an opportunity to do a little extra education and help them improve posture when nursing. I am also always happy to hold fussy babies while a mom does exercises :).

**If I had a c-section, none of this applies to me, right?**

Actually, it is fairly common to have pelvic floor symptoms even if you didn’t have a vaginal birth. There are still challenges to your pelvic floor throughout your pregnancy and changes to the pelvic floor leading up to delivery.

**If I had a baby many years ago, but am still experiencing some pelvic floor issues, is it too late to do PFPT?**

No, It is never “too late” for PFPT to be helpful.

**What about if I plan on getting pregnant again- should I just wait until I’m done having babies?**

It is a great idea to address any issues prior to a subsequent pregnancy. Not only will it help you right now, but you will have a higher chance of having a smoother pregnancy and postpartum experience in the future.

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