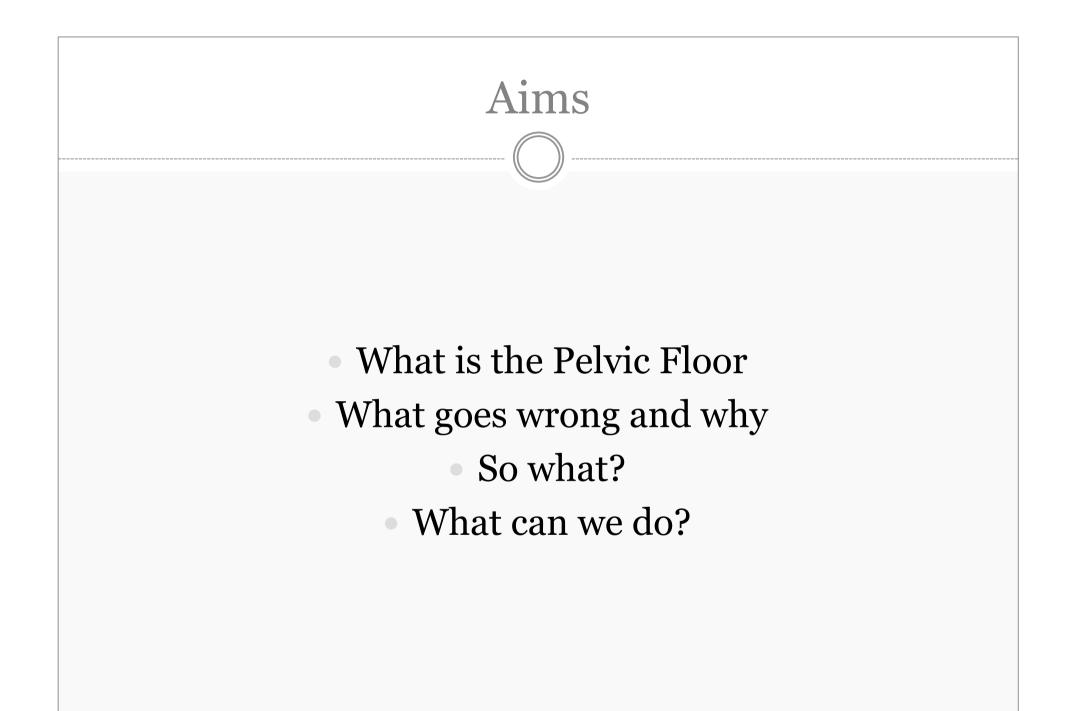
The Pelvic Flaw

NATURE'S MISTAKE TRACEY GJERTSEN BSC MCSP HCPC





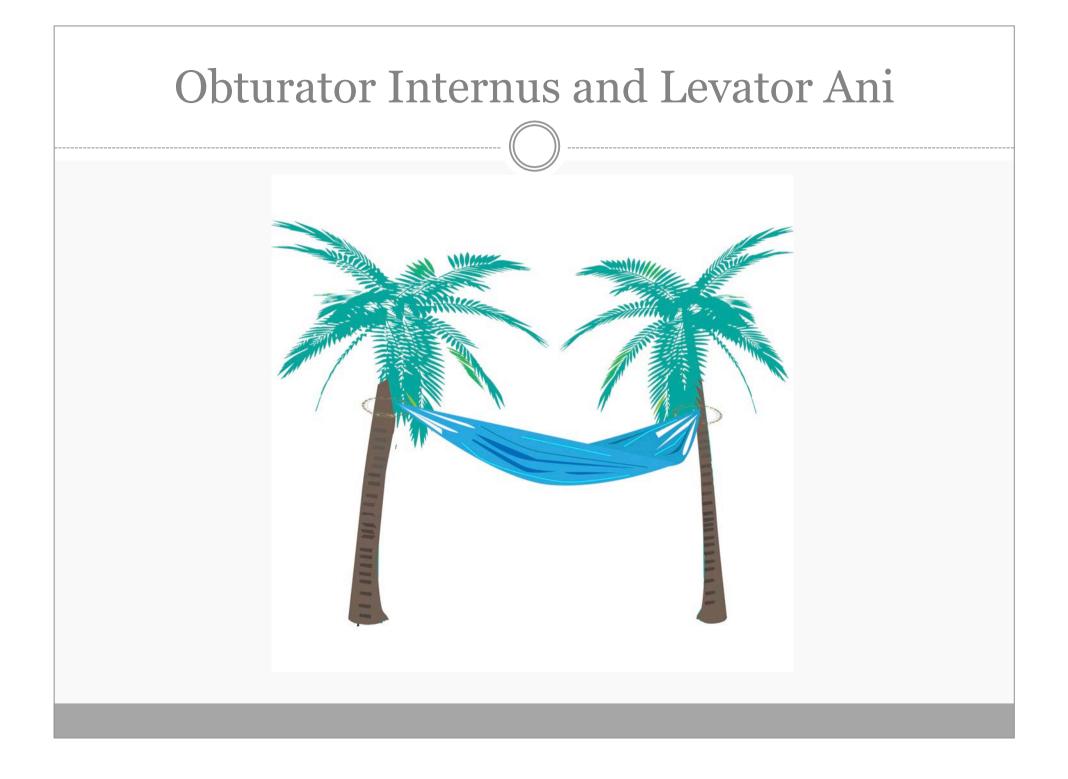
Pelvic Floor Anatomy

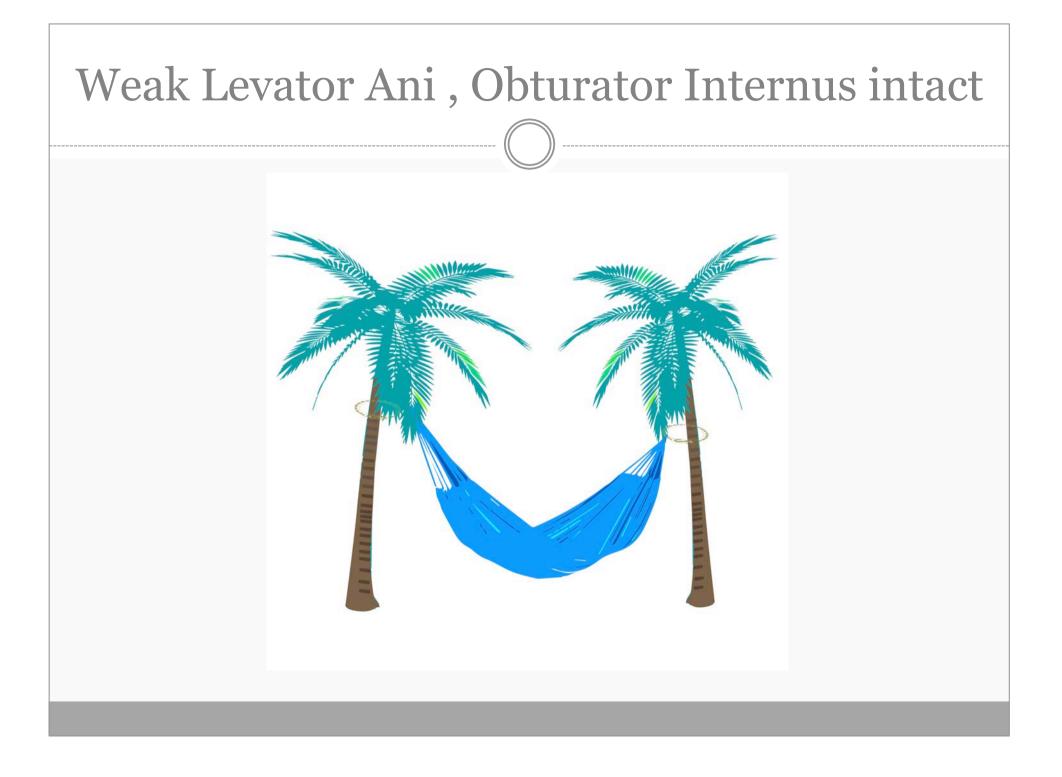
3 Layers

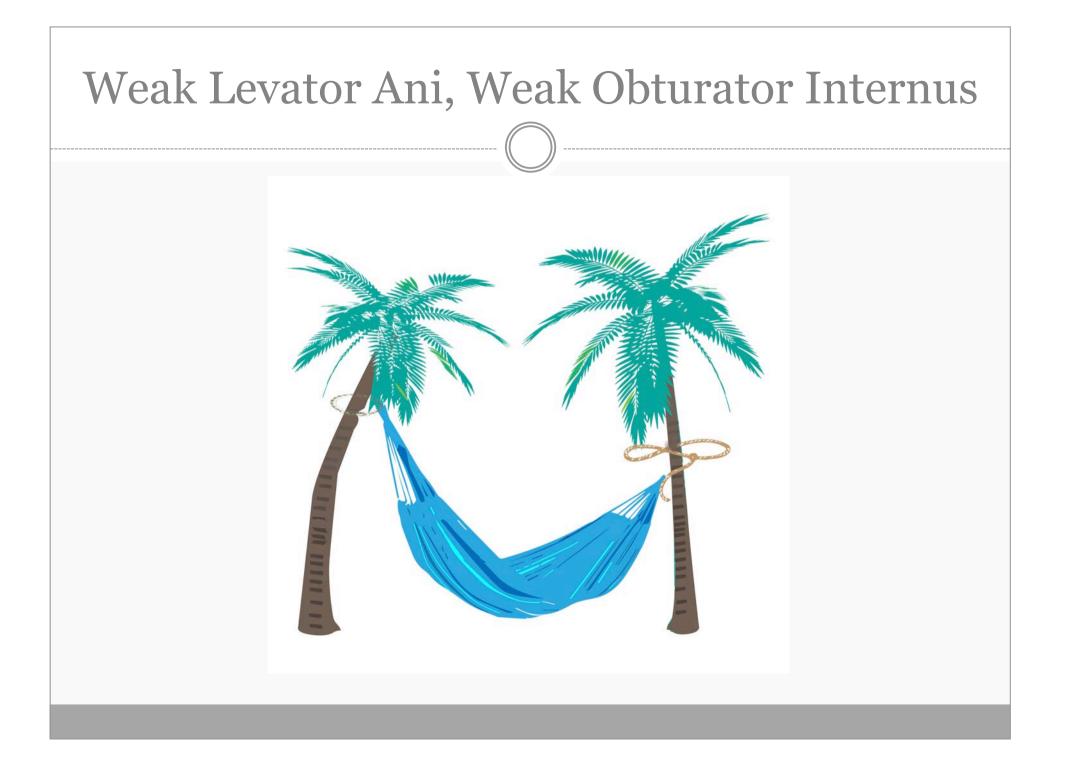
- Superficial Perineal Mainly Sexual & Anal sphincter
- Deep Urogenital –
- Pelvic Diaphragm Piriformis, Levator Ani, Obturator Internus

Function

- Maintain continence
- Support Abdominal Viscera
- Modulate Intraabdominal pressure
- Act as a core stabiliser
- Sexual & Reproductive Function







Pelvic Floor Dysfunction

Urinary Incontinence
Pelvic Organ Prolapse

Prostate Cancer
Sexual Dysfunction
Fecal Incontinence
Pelvic Pain

Lumbar and Pelvic Instability

Impact of Urinary Incontinence

- Costs to NHS £117million per year
- 5 million people in the UK
- 20.4% of people aged 40 years and over,
- 35.6% of women at age 80 and over
- 2nd reason for elderly people being put into residential care
- Personal financial cost

- 27% were unwilling to go to places where they were unsure about the availability of toilets
- 31% dressed differently because of the problem
- 23% said it affected their sex life
- 23% avoided physical activity
- Increased risk of falling
- Social Isolation

Causes of PFM Weakness

Pregnancy and Childbirth Heavy Lifting **High Impact Sport Respiratory Conditions** Constipation Old Age Prostate problems and treatment

Neurological Conditions Obesity Inactivity **Poor Posture Associated Pelvic Pain** Conditions Lower Back Pain Hypermobility Menopause

Pregnancy & Childbirth

- Weight of foetus, uterus and contents
- Relaxin, Ligament Laxity
- Pubic Symphysis Disorder
- Weight gain
- Constipation
- Number of pregnancies

- Length of 2nd stage
- Forceps or Ventouse
- Episiotomy or tear
- Infection
- Diastasis Recti
- C Section

Heavy Lifting

- Poor Technique
- Valsalva Manoeuvre
- From a deep squat
- No pre-contraction of abdominals & Pelvic Floor

High Impact Sport

- Dynamic shift of abdominal viscera
- High Tone Pelvic Floor Dysfunction may be more common in exercising females
- The effects are greater with impact running, trampolining

uts NEWS French gymnast springs a leak!

Olympic star has a tiddly problem mid-routine

One is Press it his requirement provident Evaluate Printed And what international generative in first -English family duration a complete and the sector of the tanks companying And to be late. Involves prody good is gaterable statigettimes." to 1994 the 19 and old him for Openpic individual changelon on the best-

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FRANCE'S COLDEN CID

Coughing, Obesity & constipation

Increase in Intra-Abdominal Pressure

Increased load

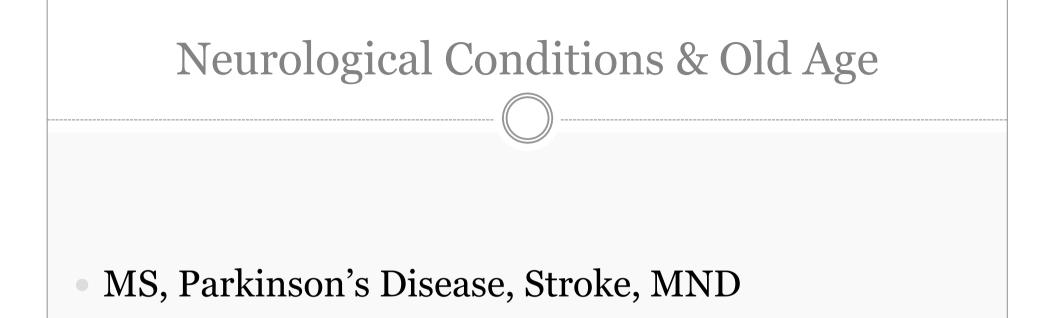
• Bearing down

Inactivity & Posture

Resting tone of deep abdominals and pelvic floor increases in unsupported upright sitting

Both are more easily recruited in neutral

Position of pelvis



 Menopause – Oestrogen Depletion & Loss of Urethral Stiffness



- Inflammatory conditions (IBS, PID, Endometriosis)
- Post-surgical/radiotherapy
- High Tone Pelvic Floor
- Psychosexual

Prostate Cancer

- Most commonly cancer diagnosed in men
- Affects 1 in 8 men
- It is estimated that by 2030, Prostate cancer will be the most commonly diagnosed cancer in the UK
- 42,000 new diagnoses each year
- PSA may be an indicator of prostate cancer but a high incidence of false positives in younger men
- Side Effects of Surgery ED, UI

NICE,WHO,CSP Recommendations

• A course of pelvic floor muscle exercises (Kegels) supervised by a specialist physiotherapist

- A health or fitness professional with additional specialist training
- Adherence is better as part of a group

Exercise Paramaters

- Isolate CSP Recommendations
- 75% Slow Twitch Endurance and Strength
- 25% Fast Twitch Speed
- Don't forget O.I.
- FITT Principles
- Make it functional

Evidence

National Institute for Health and Clinical Excellence. Urinary incontinence: the management of urinary incontinence in women. CG40. London: National Institute for Health and Clinical Excellence; 2006. URL: <u>http://guidance.nice.org.uk/</u>

<u>Scientific Committee of the First International</u> <u>Consultation on Incontinence. Assessment and</u> <u>treatment of urinary incontinence. The Lancet.</u> <u>Volume 355, No. 9221, p2153-2158,17 June 2000p2153</u>

Resources

Chartered Society of Physiotherapy <u>http://pogp.csp.org.uk/publications/promoting-</u> <u>continence-physiotherapy</u>

Bladder and Bowel Health <u>www.bladderbowel.gov.au</u>

Continence Foundation www.continence-foundation.org.uk/resources.html

Pelvic Floor First http://www.pelvicfloorfirst.org.au

Thank You

