

Sexual health

Foundation work—a new physical therapy practice focusing on pelvic dysfunction—is helping Kansas City women with a myriad of issues



by contributing
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photo by Judy Revenaugh

There's a little-known physical therapy treatment called pelvic floor therapy, which is offered at Foundational Concepts, the only practice in the Kansas City area that focuses solely on pelvic floor dysfunction.

Started in March by Jennifer Cumming and Sarah Dominguez, two physical therapists who worked at the University of Kansas Hospital and saw an unmet need for a specific population, Foundational Concepts is committed to helping women suffering silently from a range of ailments associated with the pelvic floor, from sexual dysfunction, endometriosis, incontinence or pain with intercourse after childbirth, to limitations in function from the after-effects of surgery, chemotherapy or radiation. (Some area hospitals have pelvic floor PTs on staff, but those clinics don't concentrate exclusively on the pelvic floor because they treat many other issues such as neurological and orthopedic conditions.)

So just what is pelvic floor dysfunction, you might ask? It's all of the above and more.

"The pelvic floor is the foundation for everything, so when something's not working there, a lot of things end up being affected," says Dominguez, who defines her area of treatment as from the diaphragm to the knees. "We see patients with urinary issues such as leakage, even tiny amounts of leakage. I am so shocked at my friends whom I've known for years who will say, 'Oh, well I leak a little bit. I didn't know that I needed to go see anyone.' I think, 'You guys, seriously? Are you okay with that? I could make it stop.'"

Of course, there's more than just leakage. Dominguez says they also see a lot of women who have urinary retention

because their muscles are so tight and they're not able to empty their bladder, women who have abdominal weakness in addition to pelvic issues or tailbone pain after baby, and women with constipation and bowel disorders, as well.

"We see lots of women postpartum who either are having pain with intercourse or pain in general after baby because those muscles are just traumatized by childbirth," Dominguez says. "We see lots of women later in life who maybe have had two or three kids, then have a hysterectomy or end up having to fix a prolapsed bladder. We see a lot of women post-surgically who end up having some pelvic pain or some voiding issues after those surgeries."

Sexual Dysfunction

The "hush" topic of sexual dysfunction may scare off a lot of people. "Quite frankly it took me a while to be comfortable discussing with clients their concerns about sex, intimacy, decreased desire, different positions and general questions about sexual health," says Dominguez.

Pelvic floor physical therapy examines the structures involved in healthy

intercourse and addresses the problems through exercise, manual therapy, neuro-muscular retraining using surface EMG (electromyography) and a lot of patient education. There are many symptoms that fall under the umbrella of sexual dysfunction.

Both men and women can experience a general lack of sexual interest, and the numbers probably won't surprise you. Thirty two percent of women aged 18 to 59 complain of lack of interest, while just 15 percent of men the same age experience this concern, according to a study by Edward O. Lauman, professor of sociology at The University of Chicago.

Arousal disorder can be due to medical factors that create poor circulation, poor lymphatic flow, hormone imbalance, tissue restrictions or muscle weakness or spasm. The next step is to have a good orgasm. To do this you have to have strong, healthy pelvic floor muscles and less anxiety. The more anxiety and worrisome thoughts one has during sex, the harder it is to achieve orgasm. Conflict in a relationship is highly correlated with poor orgasm or none at all.

A pelvic floor specialist is trained to take a very thorough history and recog-

Endometriosis

Endometriosis is a condition affecting women that can be alleviated by pelvic floor physical therapy. A condition where tissue similar to the lining of the uterus is found elsewhere in the body—most commonly in the abdominal cavity and implanted on any surface within that cavity, including the ovaries, bladder, rectum, and along the abdominal/pelvic wall—endometriosis can cause pelvic pain, not to mention infertility. If you have this condition you may benefit from pelvic floor therapy to address abdominal wall adhesions as well as pelvic floor muscle tension.

Opposite page: Foundational Concepts' Jennifer Cumming and Sarah Dominguez.

nize that this type of disorder needs to be treated in a multi-disciplinary approach alongside a medical doctor and a psychologist who specialize in sexual dysfunction.

"Our foundation work will examine the muscles of the pelvis for strength and endurance and evaluate tissue restrictions that can contribute to poor circulation and design a treatment plan using exercise and manual therapy to restore normal function to these structures. We will work on getting the muscles and tissues of the pelvis strong and healthy, decreasing pelvic congestion due to poor blood flow or poor lymphatic flow or both. Pelvic tightness, pain and congestion can result in poor performance, inability to have orgasm and anxiety about it all, contributing to a spiral downward to more dysfunction. Stopping that snowball effect is the first step toward improving sexual health," says Cumming.

Berkeley marriage and family therapist Stephen Glatt found in a study that 60 percent of women surveyed experienced pain with intercourse at some time in their lives. Men can also experience pain with intercourse, although the rates are much less. There are many reasons pain can occur during sex. These can stem from situations where a woman has been abused either sexually or physically, even verbally. Women often find after childbirth they may have pain due to tearing, tissue restrictions or scarring. Often it can be related to postures or habits of holding tension in the muscles of the pelvis.

"As specialty physical therapists, we will identify the causes of pain, evaluate the musculoskeletal structures of the spine, hips, pelvis and abdominal wall and determine a plan of care to help reduce pain and regain pelvic health. Sex should not be painful. Pelvic health is so important in maintaining inter-

est in sex, desire and arousal, good orgasms and happy healthy intimacy," says Dominguez.

Incontinence

Imagine your son's friend is having a party at Sky Zone, and he wants you to go—and participate. You respond by: A) grabbing your shoes—you're into anything active! B) wearing dark pants and using the restroom beforehand—a trampoline spells trouble when it comes to your bladder. C) hiding under the covers—the thought of any jumping up and down and how much leakage that would cause is too much to entertain.

If you answered B or C, you may be in for a surprise. Many moms have suffered from incontinence.

Now that we know there's hope for not needing a panty liner every time you so much as sneeze, how does it work exactly? Treatment is actually quite straightforward.

"We do a vaginal exam, but it's not with a speculum or anything like what the OB does," Dominguez says, using someone who's had pain with intercourse as an example. "It's just one finger. Basically we palpate all the muscles in the pelvic floor. There are actually three layers of muscle there. So we put a finger on each muscle and see which one is tender, which one is tight."

When those muscles are really tight, it's almost like a trigger point—like a tension headache only in your pelvis, says Cumming, who says treatment for tight muscles would involve finding those muscles and doing trigger point releases (basically holding pressure on the muscle for a minute and a half, then releasing it). Conversely, treatment for leakage would involve strengthening exercises. But the real trick is making the connection from the muscle release or contraction, as the case may be, to what's actually happening.

"We also use our biofeedback machine, which is really just surface EMG or electromyography. But it goes to a computer screen, so the patients can see what they're doing with their muscles," Dominguez says. "Women who have a lot of pain tend to hold too much tension in those muscles. They're not really relaxing. So they can see on the screen and realize, 'Look where I am. I feel relaxed, but I'm really not.' That's good visual and auditory feedback for their system because they're used to their muscles being really tight; that's their normal. We want them to feel what normal feels like."

Happily Ever After

Normal, it turns out, is not something to be taken for granted when pelvic floor problems are involved. Just ask Foundational Concepts patient Kathryn Verlin, who was looking at surgery for incontinence until she found pelvic floor physical therapy.

"It saved me from having real surgery that would have kept me in the hospital for three to four days," Verlin says. "I'm the success story of the year."

Verlin, who dealt with incontinence for a decade, had collagen injections into the urethra twice, which only prevented the problem for a few years and so was still leaking three to four times a day before she reached her breaking point. That's when her urologist suggested she go see Dominguez and Cumming as one last thing to try before surgery.

"She taught me something that first day," Verlin says of Dominguez. "She hooked me up [to the biofeedback machine] and showed me. She said, 'You have a really good contraction,' but I couldn't hold onto it. I could contract my muscles, but I couldn't hold onto that contraction; it just fell right off. And that

was the problem. So she taught me this amazing trick to tell my bladder to wait a minute. You squeeze it six times in a row and then you take a deep belly breath, like a diaphragm breath, not a shallow in-your-chest breath. It completely relaxes your whole body, but it also relaxes your bladder, and it gives you a minute.

"I thought, 'This is not real,'" Verlin continues. "That was a Friday. By Monday I'm screaming and yelling and hollering for joy. I just sent [Dominguez] an email that just said, 'Hooray!!' I didn't leak for three days in row when I had been leaking three and four times a day."

Verlin, who was treated this summer and continues maintenance strengthening exercises on her own, says that the biofeedback was critical to her success.

"I wouldn't have it figured out without the biofeedback. I wouldn't have figured out how to do the exercises right because you're looking at a screen; it's in your face," she says. "You can see, 'I'm holding it for five [seconds], and then I'm falling off.' The [physical] feeling isn't as strong as watching it happen on the screen."

"I don't feel like an 80-year-old woman any more, which is how I felt," continues Verlin, who is far from 80. "I felt old and stinky and horrible. And no one has to feel that way. It might not work for everyone, but it's amazing; it's remarkable. It's worth a shot."

Spreading the Good News

So pelvic floor therapy could save you from inconveniences ranging from occasional leaking to surgery. Why don't more women know about this option?

"The whole thing is little-known," says Dominguez. "There are a handful of physicians in town that are really great about referring clients to PT as their first line of defense because we really should be the

conservative treatment of choice. Unfortunately many physicians just don't realize the scope of pelvic physical therapy.

Physical therapy for pelvic floor dysfunction is a need that's more met commonly on the coasts and in Chicago but is starting to gain traction as a specialty of its own here, thanks in part to Dominguez and Cumming.

"Internal medicine residents from KU have shadowed us, and they say, 'We went through all of med school and we've never been told that this even exists.' They're just amazed that they simply never learned it. But at the same time, people need to know," Dominguez says.

PTs have been doing pelvic floor physical therapy since the '70s, Dominguez says, but it's not been super popular—though possibly that tide is turning.

"There are probably about 20 PTs in Kansas City who work in pelvic floor therapy. There aren't a lot of us, and I think it's just one of those specialties where there's not a ton of research. There's a lot more than there used to be backing it as standard of care. It's an important women's health issue that we as women need to talk about with our friends, family and physicians to bring a comfortable awareness to the forefront," says Dominguez.

So ladies: Be assertive at your six-week postpartum appointment, at your annual the next year, or any time you are experiencing leakage, pain during intercourse or any other abnormality associated with the pelvic floor. You don't have to just suffer through it—and you could be enjoying sex or jumping on that trampoline with your kiddos sooner than you think.

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bad bladder habits

Almost as important as our history (how many times you've endured childbirth, whether you've had surgery, etc.) are our bladder habits. Dominguez says there are a few key bad ones to avoid:

- Straining if constipated. Try not to do this and try to keep your bowels normal.

- Pushing or straining to empty your bladder.

- Going more frequently than every two hours—or going before you leave the house "just in case." "That's a bad habit to get into," Dominguez says. "You start going more frequently and more frequently, then the bladder thinks it needs to go more frequently, so it gets more panicky and gives you a stronger urge. Then women go anyway because they think, 'Oh my gosh, I don't want to leak.' It's just this vicious cycle."

Verlin puts it a different way: "Sarah says your bladder is a baby—it wants its way. If you do these [exercises], it will calm down. It's you telling your bladder, just relax."