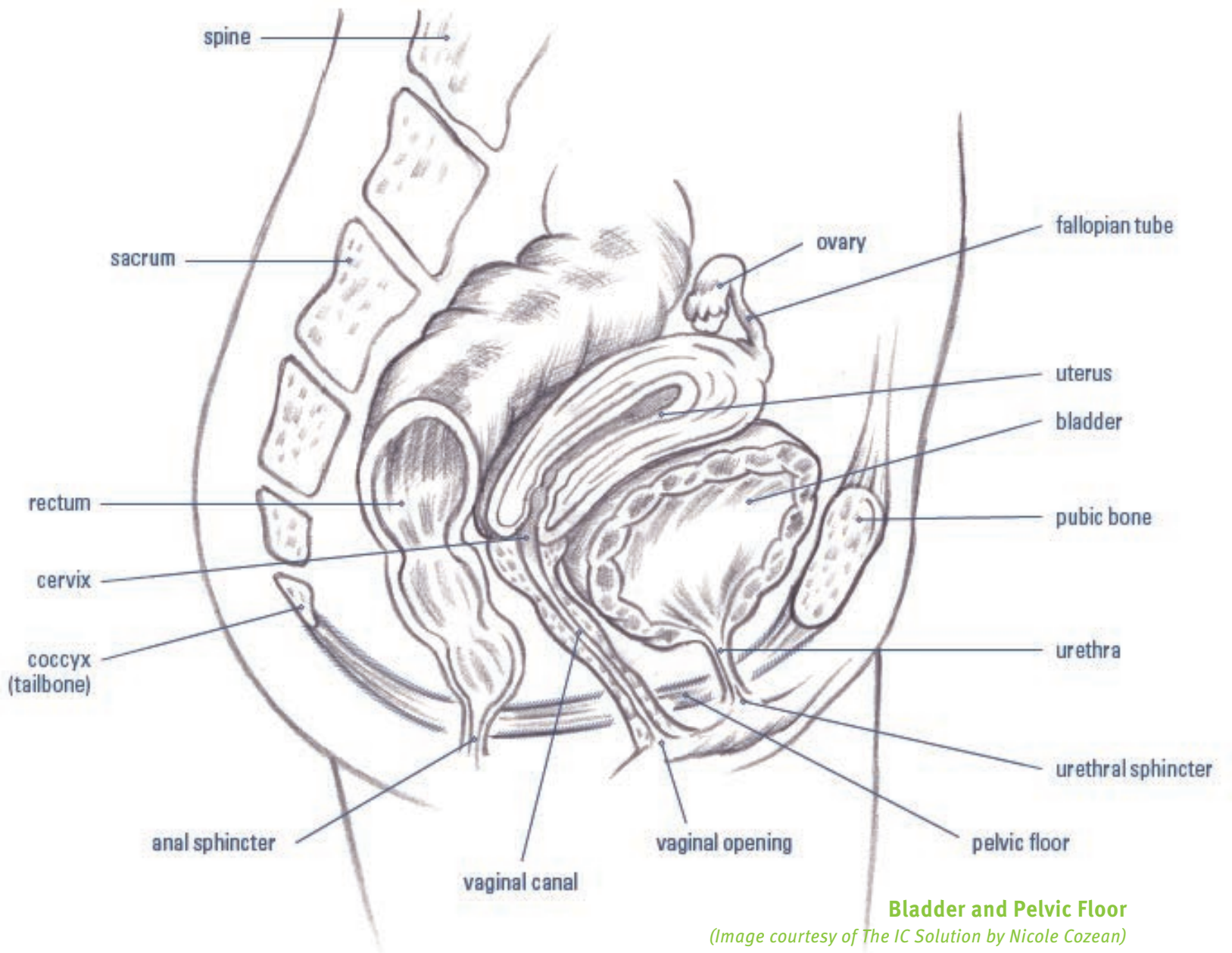


Recognizing and Resolving Pelvic Floor Dysfunction

By Nicole Cozean, PT, DPT, WCS, CSCS

Looking beyond the bladder can help resolve symptoms for many IC patients.

It's clear that successfully treating interstitial cystitis requires looking beyond the bladder. The vast majority of patients with IC also have pelvic floor dysfunction, which can be causing or exacerbating both pain and urinary symptoms. While the medical community has been slow to acknowledge the role of the pelvic floor in the condition, research continues to highlight that recognizing and resolving pelvic floor dysfunction (PFD) is among the most important aspects of IC treatment.



What is Pelvic Floor Dysfunction?

The pelvic floor is a shorthand term for the muscles, ligaments, and tissue that support and control the bladder. These muscles are what holds back urine from leaking throughout the day; they relax to allow us to urinate, or clench when we're trying hard to 'hold it' when we feel the urge to go.

Every symptom of IC – suprapubic pain, pelvic pain, urethral burning, urinary urgency and frequency, having to get up and go multiple times at night – can be caused by dysfunction in the pelvic floor.

With IC, these muscles are often strained, tight, and have trigger points or muscle spasms that irritate the bladder and pelvic nerves. Every symptom of IC—suprapubic pain, pelvic pain, urethral burning, urinary urgency and frequency, having to get up and go multiple times at night—can be caused by dysfunction in the pelvic floor. During their initial physical therapy examination, many patients are shocked to realize that just pressing on a muscle can immediately reproduce a specific symptom like urethral burning or the urgent need to go.

Many other IC symptoms have no relation at all to the bladder. Low back pain, hip and groin pain, painful intercourse, and constipation are classic signs of pelvic floor dysfunction that clearly don't originate in the bladder.

So IC symptoms can be coming from the bladder, the pelvic floor, or—most likely—a combination of the two. Upon first hearing this, many of my patients are thinking: “Oh, great—I thought I was just dealing with my bladder. Now you're telling me it's my pelvic floor too?!” But discovering the pelvic floor component to your symptoms is good news. You've found a concrete cause of at least some of your symptoms that we can see, feel, and—most importantly—resolve!

How to Tell if You Have PFD

Researchers have shown that approximately 85 percent of patients with IC have pelvic floor dysfunction. So if you've been diagnosed with IC, it's highly likely that the pelvic floor is at least contributing to the condition.

There are often several other important clues. If you're also experiencing common symptoms that aren't directly related to the bladder, like painful intercourse, low back pain, or incontinence, it's certainly pointing towards the pelvic floor. Also, if you see relief in your symptoms from taking a hot bath, stretching, or when you don't have to sit all day,

that's another sign that would indicate pelvic floor involvement—after all, there's no reason that a soak in the jacuzzi or a yoga class should directly affect the bladder, but it certainly helps relax the muscles in and around the pelvis.

Cozean Protocol Screening Questionnaire

Nearly 90 percent of our patients with IC either learned independently about the pelvic floor or felt that they were referred to pelvic physical therapy far too late by their doctor. To help recognize PFD earlier, we created a screening questionnaire that could be used by doctors, other medical practitioners, and patients to accurately identify pelvic floor dysfunction (see box on next page).

We recently published this questionnaire for the 2017 meeting of the International Pelvic Pain Society (IPPS). It's a short, 10-question questionnaire with only yes/no answers. If you answer 'yes' to three or more questions, pelvic floor dysfunction is likely—of our patients with confirmed pelvic floor dysfunction, 91 percent scored a 3 or higher on this survey.

Resolving Pelvic Floor Dysfunction

Several signs of pelvic floor dysfunction also are common symptoms of IC, including pelvic pain or urinary symptoms. Pelvic floor issues and IC symptoms create a feedback loop—the constant urge to use the bathroom irritates and strains the pelvic floor muscles, which in turn create additional inflammation and pain, signaling the bladder to try and empty again. It's unclear whether the bladder issues or pelvic floor dysfunction comes first—this is likely different for every patient—but addressing PFD is crucial to breaking that cycle.

Once pelvic floor dysfunction has been identified, it needs to be resolved to provide symptom relief and break the dysfunction-inflammation-pain (DIP) cycle in the pelvis. Fortunately, there are several effective tools for addressing PFD.

Pelvic Floor Physical Therapy

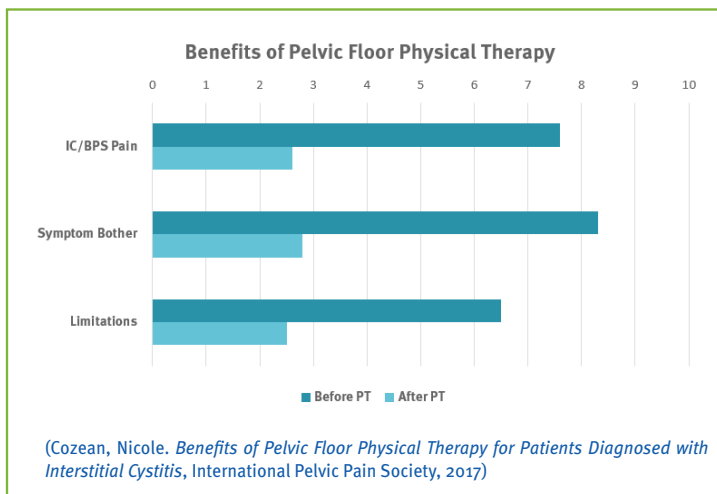
Pelvic floor physical therapy is the most proven treatment for IC—it's the only option given an 'A' evidence grade by the American Urological Association, it's recommended in the first line of medical treatments, and it has been proven in clinical trials to provide sustained relief for 70-85 percent of patients.

Look for a pelvic physical therapist who has experience in successfully treating pelvic pain conditions. Your treatment should be hands-on, not simply using a biofeedback machine (where a probe is inserted to measure the muscle contractions of the pelvic floor). You should not be assigned Kegel exercises, and your PT should be looking at *both* internal and external factors during treatment.

Cozean Protocol Screening Questionnaire

Do you ever have pelvic pain (in your genitals, perineum, pubic or bladder area, or with urination) that exceeds a '3' on a 1-10 pain scale, with 10 being the worst pain imaginable?	Yes	No	Do you have a history of <u>any</u> of the following orthopedic pain conditions? Low back pain, Sciatica, Hip Pain, Groin Strain, Tailbone Pain	Yes	No
Have you ever had any falls onto your tailbone, lower back, or buttocks (even in childhood) that you remember?	Yes	No	Do you ever experience <u>any</u> of the following bowel symptoms? Loss of bowel control when coughing, laughing, or sneezing; Loss of bowel control with strong, uncontrollable urge; Feeling that you cannot completely empty your bowels; Experiencing increased pain with a bowel movement; Frequently have to strain to have a bowel movement; Have difficulty initiating a bowel movement	Yes	No
Do you ever experience <u>any</u> of the following urinary symptoms? Accidental loss of urine when coughing, laughing, sneezing, or exercising; Accidental loss of urine with strong, uncontrollable urge; Feeling that you cannot completely empty your bladder; Having to void within a few minutes of a previous void; Pain or burning with urination; Difficulty starting a urine stream; Frequent stopping/starting of urine stream?	Yes	No	Do you ever experience pain or discomfort with sexual activity or intercourse?	Yes	No
Do you often or occasionally have to get up to urinate <u>two or more</u> times at night?	Yes	No	Does sexual activity increase any of your other symptoms?	Yes	No
Do you ever have a feeling of increased pelvic pressure or the sensation of your pelvic organs slipping down or falling out?	Yes	No	Does prolonged sitting increase any of your symptoms?	Yes	No
			TOTAL		

In a recent study of patients with IC, 54 percent reported improvement within the first three physical therapy visits, while another 31 percent saw their first gains in visits four through six. Only 15 percent required more than six visits to see benefits of physical therapy, so you can expect to see a change or improvement with a qualified pelvic PT relatively quickly. Average pain levels were reduced from 7.6 to 2.6 on a 10-point scale, with similar improvements in measures of how much symptoms bothered patients throughout the day and limited their daily activities (see chart, below).



Self-Care

There's also a lot that can be done to resolve pelvic floor dysfunction at home. Ideally, these techniques would be guided by a pelvic floor physical therapist to expand on the gains of physical therapy, but not all patients have an experienced local expert. Some clinics that specialize in treating complex pelvic pain patients offer out-of-town programs, where you can spend at least a week getting treatment and customizing an at-home program you can take with you.

Stretching – Beginning a stretching regiment that targets the major muscles that connect to the pelvis and the pelvic floor itself can alleviate IC symptoms. Working to relax the hip flexors, hamstrings, and abdomen can all have major benefits. The Happy Baby yoga pose (pictured at right) is one of the most important stretches for IC patients, as it targets the muscles of the pelvic floor directly. Make sure that your stretching is gentle; hold stretches for at least one minute, and make sure there is no pain associated with the stretch.

Foam Rolling – A foam roller is a cylindrical foam device used to release muscle trigger points and restore normal length. Foam rolling can be important on the inner thighs, gluteal muscles, and hamstrings. It's particularly effective

to foam roll and then stretch afterwards.

Fascial Release – The fascia is the layer of connective tissue between the skin and the muscles underneath. Inflammation can become trapped in the fascia, which becomes extremely tender in IC patients, especially over the abdomen and inner thighs. Self-massage techniques can clear the fascia and restore normal movement.

Internal Trigger Point Release – A physical therapist can show you how to release your own internal trigger points as well. This can either be done manually or using a tool like the PelviWand.

Massage – A regular massage can be therapeutic as well, whether it comes from a massage therapist or a partner. Focusing on the lower back, gluteal muscles, hamstrings, and pelvic region can restore blood flow, clear trigger points, and release tension in the fascia.

It's always best to consult with your doctor or physical therapist prior to beginning a self-care regimen, and stop any activity that causes any additional pain, discomfort, or symptoms.

Recognize and Resolve PFD

One of the most important things we can do for patients with IC is recognize pelvic floor dysfunction early in the healing journey. It's crucial to break the cycle of dysfunction, inflammation, and pain as early as possible. This PFD Questionnaire can be a tool for both patients and their doctors to recognize pelvic floor dysfunction earlier and begin appropriate treatment.

The good news about pelvic floor dysfunction is that it can be treated directly, providing long-term, sustainable relief from IC symptoms.



Happy Baby

Lying on your back, bring your knees towards your chest and grab the legs at the calves, ankles, or feet. Flare your knees wide as you keep your back flat on the ground. Breathe deeply and focus on the feeling of your pelvic floor 'dropping', almost like you're relaxing to go to the bathroom.

(Image courtesy of *The IC Solution* by Nicole Cozean)

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