

The ABCs of IC and PT

What is the Pelvic Floor?

The pelvic floor is a shorthand term for the muscles, ligaments, and tissue that support the bladder. Stretching across the bottom of the pelvis like a hammock, the pelvic floor is the setting for interstitial cystitis. The pelvic floor has four main functions, all of which are interrelated with interstitial cystitis:

Sphincteric – The pelvic floor muscles contract to make sure you hold in urine, and must relax in order to allow a stream to start. With IC, these muscles are often severely overworked and strained.

Supportive – The pelvic floor physically supports the organs, including the bladder, ensuring they stay in the correct position to function.

Stabilizing – The pelvic floor also provides additional stability to the low back and across the pelvis. Many patients with IC experience low back, hip, groin, or tailbone pain – they may not even realize these are related to their IC.

Sexual – For both genders, the pelvic floor is responsible for sexual arousal, function, and orgasm. Pain with arousal or intercourse is a common symptom of interstitial cystitis, manifesting as pain with entry and intercourse with women and erectile dysfunction, groin pain, and penile pain following ejaculation in men.

Why is the Pelvic Floor Important with IC?

While many patients—and even some doctors—may think of IC as primarily a bladder condition, the truth is more complicated. Researchers have shown that at least 80 percent of patients have pelvic floor involvement in their condition. Trigger points in the pelvic floor can reproduce all the “classic” IC symptoms, like suprapubic pain, urethral burning, urinary urgency, and frequency. However, they are also responsible for the symptoms that don’t seem to be directly related to the bladder, including pain with intercourse, low back pain, hip pain, or tailbone pain. In another example, the pelvic floor must relax for urination; the common story of urgently needing to go but being unable to release once you’ve reached the toilet is also a result of pelvic floor dysfunction.

The symptoms of interstitial cystitis can be due to the bladder, the pelvic floor, or—most likely—a combination

of both. True healing can’t take place until all the underlying causes are addressed.

What is the Purpose of Pelvic Floor Physical Therapy?

Simply put, the goal of physical therapy is to eliminate the pelvic floor component of IC symptoms. This can be the primary cause of symptoms in some patients, or only a part of the puzzle for others. Releasing the trigger points and tension in the pelvic floor allows the entire region, including the bladder, to relax and begin to function normally again.

Physical therapy can release trigger points in the pelvic muscles that are referring pain throughout the pelvic region. Inflammation, which can gather in the pelvis and around the bladder, is cleared out to restore normal blood flow and function. Stress is released from the muscles, which are able to return to their normal length and begin working properly again.

What is the Evidence for Pelvic Floor Physical Therapy?

Pelvic floor physical therapy is among the most-studied and most-proven treatments for interstitial cystitis—in fact, it’s suggested as a first-line medical treatment by the American Urological Association, and is the only treatment given an evidence grade of “A.”

Several controlled, randomized clinical trials have been conducted by researchers from renowned institutions like Stanford, the University of Michigan, University of Pennsylvania, Loyola University, the Cleveland Clinic, and the University of California, San Diego. These studies consistently show that pelvic floor physical therapy is the only treatment for IC clinically proven to sustainably benefit a majority of patients.

In these trials, approximately 85 percent of patients with IC reported some benefit from ten weeks of manual physical therapy. On average, patients saw their symptoms improve by 35 to 50 percent in less than three months of treatment, with nearly 60 percent reporting their symptoms had been “markedly” or “moderately” improved.

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