

Benefits of Pelvic Floor Physical Therapy for Patients Diagnosed with Interstitial Cystitis (IC/BPS)

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Abstract

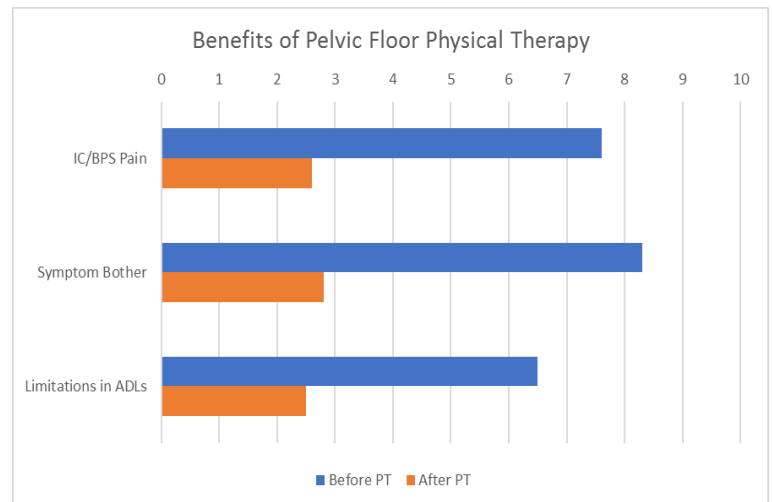
Objective: This research aims to determine the effect of pelvic floor physical therapy for patients diagnosed with interstitial cystitis (IC/BPS) and understand how patients discover physical therapy as a treatment option.

Methods: An anonymous survey was sent to current and discharged patients at an outpatient pelvic floor physical therapy clinic over a six-month time span. Treatment had consisted of hour-long appointments, once per week, featuring both internal and external trigger point release, as well as stretching exercises, myofascial release, and instructions in self-care. The survey used the validated Visual-Analogue Scale (VAS) to ask patients to self-report their pain, symptom bother, and limitations in daily activity due to their condition before and after treatment. It also asked patients how many visits until they saw a benefit (if any) in their symptoms, and how they found out about physical therapy as a treatment option for IC/BPS.

Results: Of the 36 subjects, thirteen (13) patients had a self-reported diagnosis of IC/BPS, and all were female. Respondents with IC/BPS reported significant decreases in pain from 7.6 to 2.6 on the VAS Scale (65% improvement, $p < 0.0001$), symptom bother from 8.3 to 2.8 (67% improvement, $p < 0.0001$), and limitations in activities of daily life from 6.5 to 2.5 (61%, $p < 0.0005$) with physical therapy treatment. Fifty-four percent (54%) of patients noted an improvement in symptoms within the first three visits, while 31% reported first improvement within visits 4-10 and 15% reported ten or more visits to improvement.

More than half of the thirteen respondents had seen 5 or more medical doctors for their condition prior to starting physical therapy treatment. Of the patients, only a single respondent (7.7%) felt they had been referred appropriately from their doctor. Nearly half (46%) had not been referred by a physician to physical therapy at all, while another 46% believed they should have been referred sooner.

Conclusion: Pelvic floor physical therapy is the only treatment for IC/BPS given an evidence grade of 'A' by the American Urological Association (AUA), and this study confirms that significant improvements in pain and quality of life can be expected with appropriate physical therapy. For many patients, improvement in symptoms can be seen within the first three weeks of treatment.



Summary: Pelvic floor physical therapy demonstrated significant benefits in pain, symptom bother, activities of daily living for patients with IC/BPS.

Recent Publications

1. Cozean, N. and Cozean J. *THE INTERSTITIAL CYSTITIS SOLUTION*. Fair Winds Press, 2016
2. Cozean, N. *Pelvic Floor Physical Therapy in the Treatment of a Patient with Interstitial Cystitis, Dyspareunia, and Low Back Pain: A Case Report*. Journal of Women's Health Physical Therapy, 19-27, 2017
3. Cozean N and Cozean J. *Creating a Screening Questionnaire to Identify Patients with Musculoskeletal Components to Pelvic Pain and Symptoms*, International Pelvic Pain Society, 2017.
4. Cozean, N. *The ABCs of IC and PT*, ICA Update, Winter 2016
5. Cozean, N. *Self-Care Stretches for IC*, ICA Update, Winter 2016
6. Cozean, N. *Pelvic Floor Physical Therapy for Men*, ICA Update, Winter 2016
7. Cozean N. *Hope is Informed Optimism*, ICA Update, Summer 2017



Biography

[Dr. Nicole Cozean, DPT, PT, WCS, CSCS](#) is one of fewer than 300 board-certified pelvic floor physical therapists in the United States, author of the best-selling and award-winning book *The Interstitial Cystitis Solution* (FairWinds Press, 2016), and the first physical therapist to serve on the ICA Board of Directors. Her Southern California clinic, [PelvicSanity](#), specializes in treating pelvic and sexual pain conditions in both women and men. She is an adjunct professor at Chapman University and teaches continuing education courses through the prestigious Herman & Wallace Institute.