

What is Women's Pelvic Health?

The pelvic floor is formed by many muscles that are made for maintaining pressure in the abdominal cavity and suspend our bladder, uterus (in women) and our rectum. Any trauma or distress to these muscles can cause dysfunction in the way the muscles behave. Symptoms of pelvic floor dysfunction can be manifested as:

- **Diastasis Rectus**
- **Prolapse**
- **Urinary Incontinence (Stress or Urge)**
- **Pelvic Pain**

All pelvic floor dysfunction treatments are based on type and severity and will be determined by your Physical Therapist.



What is Diastasis Rectus?

Diastasis Rectus is the separation of the abdominal muscles and poor pressure management due to weak integrity of the linea alba or tendons that connect the abdominals. Diastasis rectus is common in most pregnancies; however, if the tension in the abdominals or linea alba doesn't return, then problems such as hernia, low back pain and pelvic floor dysfunction may occur.

What is prolapse?

Prolapse is the descent of the bladder, urethra, uterus or rectum into or out of the pelvic bowl. This is due to weakening of the pelvic floor muscles over time. Prolapse can also occur after surgery or after giving birth.

Is urinary leakage normal after baby or with age?

Urinary incontinence is VERY COMMON but is NOT NORMAL. Urinary incontinence is the loss of bladder control. Incontinence can vary from a small leakage of urine, moderate leakage, or complete inability to hold urine. There are a few different types of incontinence, however we can currently treat Stress and Urge Incontinence. leaking *Stress incontinence* in the leaking of urine under pressure such coughing, sneezing, laughing or lifting heavy loads. *Urge incontinence* is being unable to hold in urine therefore causing leaking or increased frequency.

Our specialized Pelvic Floor Physical Therapist will perform an in-depth evaluation discussing your concerns and create a personalized treatment program to help treat your dysfunction and provide patient education, reduce pain, improve function, and promote independence after treatment. Treatments may include but or not limited to: proper exercise progression, breathing mechanics, pelvic floor and postural re-training, core strengthening, and behavior management techniques.