

Vol. 17 • Issue 21 • Page 40
Making the Connection

For patients with pelvic pain and incontinence, knowing PT is an option is half the battle

By Stefanie Carter

Although the physical therapy profession is still making strides in establishing itself as a field offering treatment options for urinary incontinence and chronic pelvic pain, many people suffering from them aren't yet aware of it.

Ruth M. Maher, PT, DPT, CEAS, clinical director/owner of The Maher Rehabilitation Institute in Kennesaw, GA, has established a practice that includes urinary incontinence and pelvic pain among its specialties.

My training as a physical therapist allows me to determine if musculoskeletal or neuromuscular compromises or dysfunctions are the catalysts," she said.

Opening the Door

When it comes to pelvic pain, according to Dr. Maher, sufferers will often start with a consult with their primary care physicians. So while a PT may not see the patient until she has had the condition for some time, it is not for lack of trying.

"The problem I see is that the treatment of the pelvic area is fragmented in medicine. You have the gynecologist, the urologist, the gastroenterologist, the colo-rectal surgeon and uro-gynecologist. They all look at components within the pelvis but few look at the pelvis as a whole as a dynamic integrated system. And the whole is more than the sum of its parts," Dr. Maher explained.

In addition, Dr. Maher said, few of the physicians that treat these individuals will look at the effect of myofascial problems or neural compromise on the pelvic area. "Pelvic pain is not a diagnosis, but a symptom. There are many factors which can cause pelvic pain. The cause of pelvic pain can be multifaceted and so can be quite difficult to diagnose," she said.

Patients without the knowledge that physical therapy can help them may end up being in pain or discomfort for longer than they need to be. Dr. Maher, determined to raise the awareness of both the local medical community and potential clients, began to get the word out in her area. She visited the offices of various physicians, urologists and gynecologists, offered inservices and sent letters with brochures.

Continuing to educate her fellow health care professionals of the benefits of her services, Dr. Maher has also presented to wound ostomy and continence nurses (WOCN) and just returned from the WOCN annual meeting.

Dr. Maher has made efforts to raise public awareness in her community as well. She marketed directly to patients via newspaper advertising and local community papers. Because these conditions are most common in women, Dr. Maher decided to target locations where women tend to go or congregate. She placed brochures in local hair salons and in restrooms at local colleges. She also gave informational talks at local senior centers on everything from osteoporosis and fall prevention to continence issues.

Direct Access

Georgia's recent passing of legislation for direct access to physical therapy in the state has made Maher's treatment approach more accessible to the community she's made such an effort to educate.

"Direct access has already had an impact. Once a patient (all except those on Medicare) has had a diagnosis I can treat her without a referral; however, as a matter of courtesy and because I believe in interdisciplinary care, I will fax her physician a copy of my initial evaluation and plan of care," said Dr. Maher.

She cautions, however, that private insurance companies will request a referral order. "Much of the treatment I give for incontinence is not covered by insurance," Dr. Maher said. "Biofeedback is not covered (except by Medicare) as it is seen as investigational."

Dr. Maher continues to make appeals on behalf of her patients stating that the treatment approach is not investigational and that the literature supports its efficacy. She said, however, patients are willing to pay cash for the treatment if it's working.

The Wrong Path

Whether the individual has been referred to the clinic by her physician or she heard about it from a friend, a thorough history will be the first step toward successful treatment, according to Dr. Maher.

"I was shocked with the number of patients (with low back pain) who also presented with stress urinary incontinence, urgency or frequency. Most of them were even more shocked that I had even asked the questions and many related that no one had ever asked these questions of them," she said.

Dr. Maher spends about an hour and a half with her patients on their initial visit getting a thorough history. For many patients, Dr. Maher's interest in their voiding function was new territory. "It wasn't so much that I asked the question 'do you have bowel or bladder problems' but that I asked a battery of questions regarding bowel and bladder function and about area and behavior of pain. It then became apparent that those patients who had related their continence issue to their physician were either prescribed medications, or told to do Kegel exercises," she said.

This approach, according to Dr. Maher, is part of the reason many of these patients hadn't had success in treatment. "Kegel exercises do work for many with stress urinary incontinence," she said. "The problem often lies in identifying if the individual can in fact contract the appropriate muscles which include the pelvic floor muscles (PFM), transversus abdominus and lumbar multifidii. Research has shown that few women can perform a Kegel when given [only] verbal instructions."

Her experiences with these patients and subsequent research led Dr. Maher to try a different approach with them. "I became frustrated trying to teach women Kegels without having much confirmation as to whether they could do them appropriately or not. This is why I started to utilize real time ultrasound imaging in combination with EMG to establish my patient's ability to contract the PFM and synergistic muscles appropriately," she said.

Arnold Kegel, MD, Dr. Maher explained, started using biofeedback in the 1950s to teach pelvic floor exercises. "At some point over the years Kegel exercises were taught verbally to women and this is where the problem started," she said. "Dr. Kegel was always adamant that to teach the exercises appropriately, you needed feedback."

Treating Pain

Pelvic pain, although sometimes accompanied by incontinence, Dr. Maher explained, can be a separate problem altogether. However, as is the case with many of her incontinence patients, people just don't realize physical therapy is an option. Many have had unsuccessful treatment for some time before they end up in her office.

"Those with chronic pelvic or suprapubic pain were usually managed by a pain physician. Many pain medications for treating pelvic pain just mask the pain and act as a band aid without getting to the root cause of the problem," she explained.

After she's performed an initial evaluation, Dr. Maher is generally able to establish if the patient's problem is caused by a musculoskeletal or neuromuscular dysfunction. "Many patients do not realize that pelvic pain can be due to muscle or connective tissue problems in the abdominal wall or even the low back, neural tension or compromise to the pudendal nerve," she said.

Although there are no "cookie-cutter" protocols, Dr. Maher said, treatment approaches are customized to the presentation of the pain and the cause of the problem. "Some treatment approaches focus on reducing the tone of the pelvic floor muscles by direct manual manipulation of internal and external structures," she said.

"Specific exercises to stretch or strengthen certain muscles or muscle groups may be advised, as well as some joint mobilizations. Some techniques are also taught to the spouse or significant other of the patient so they can continue pelvic floor mobilization as part of a home exercise program. Ancillary techniques may also be used including pelvic stabilization/therapeutic exercises, biofeedback utilizing EMG and real time ultrasound imaging, TENS (transcutaneous electrical nerve stimulation), muscle stimulation and relaxation and breathing exercises."

Established Care

Once an individual has found her way to physical therapy for treatment of incontinence or pelvic pain, the road to healing can begin in many cases, regardless of how long she's had the condition.

"I have seen several patients who have had pelvic pain and/or incontinence for several years and have had complete resolution of their problems within six or eight visits spanning two to three months. I have also seen patients who have had pelvic pain for three to six months and it took nearly the same time for them to recover," Dr. Maher said.

Successful treatment, she added, is going to be contingent on establishing a cause, determining whether the individual is a candidate for physical therapy and patient compliance with care. "Generally I have found that patients with these problems are very compliant. They are willing to do anything to improve their quality of life," she said.

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