



# Physical Therapy for Pelvic Floor Disorders

## What are Pelvic Floor Disorders?

The pelvic floor is composed of muscles and other tissues that form a sling inside the body, from the pubic bone to the tailbone. They assist in supporting the abdominal and pelvic organs, and help to control bladder, bowel and sexual function. Problems with these muscles may contribute to one or several of these diagnoses:

- Urinary dysfunction, including incontinence, urgency/frequency, difficulty urinating, and pre/post-prostatectomy dysfunction
- Bowel dysfunction, including fecal incontinence and constipation
- Pelvic, hip and/or low back pain
- Post pelvic surgery dysfunction
- Pelvic organ prolapse
- Prenatal/postpartum pelvic floor and/or orthopedic dysfunction

## What is Pelvic Floor Physical Therapy?

Pelvic floor physical therapy focuses on pelvic floor muscle dysfunction. As part of your therapy, you will be required to perform prescribed exercises and make certain lifestyle changes. Treatments may include:

- Pelvic floor muscle coordination training
- Abdominal and core strengthening
- Postural awareness and safe body mechanics with daily activities
- Bladder/ bowel training
- Dietary modifications
- External and/or internal manual stretching
- Biofeedback

## What to Expect at Your First Visit

The first visit will take approximately 45 minutes. A physical therapist will take your health history and perform an examination to evaluate the cause of your pelvic dysfunction. Part of your examination may include an internal manual exam to most accurately assess your pelvic floor muscles and give you specific recommendations for exercise.

## Our team

The pelvic floor physical therapists at MGH are a highly skilled and collaborative team who specialize in the care of patients with pelvic floor disorders. The team as a group treats men, women and pediatric patients through the lifespan with pelvic floor dysfunction.

Our therapists include:



**Anna Benedix, PT,  
DPT, WCS, CLT**



**Elizabeth Cole, PT,  
WCS, CLT-LANA**



**Tina Dicenso-  
Fleming, PT, DPT,  
CLT**



**Kimberly Glow, PT,  
DPT**



**Lynn Gray-Meltzer,  
PT, DPT, OCS**



**Allison Snyder, PT,  
MSPT, CEEAA**



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## Healthy Bladder Habits for Men

### What does the bladder do?

- The bladder consists of two involuntary muscles. These muscles store urine as it is produced. As the bladder fills these muscles are stretched. This stretch ultimately sends a message to empty the bladder.
- The bladder normally holds 600ml (roughly 2 ½ cups) when full.

### How often do I need to “go”? 6-8 times per day, or every 2-3 hours

- Before age 60 it is normal to need to empty the bladder 0-1 times per night. After age 60 voiding 1-2 times per night is considered normal.
- Holding urine in for long periods (more than 4-5 hours) is not recommended at any age.

### Best way to empty your bladder:

- While many men stand to empty their bladders, it can be helpful to try sitting down to empty more fully.
- Do not bear down or push to empty your bladder! This can strain your pelvic floor, and worsen urinary leakage. Instead focus on breathing in through your nose and out through your mouth, and relax.

**Taking charge of your bladder:** Wait until you have a mild urge to empty. Try not to develop a “Just in case” habit. If you go to the bathroom before your bladder has the chance to fill, your bladder will become smaller and you will feel the need to go more and more often.

- If you are going more frequently than every two hours, try and distract yourself at the first urge, but go to the bathroom on the second urge. Your physical therapist can help you develop a bladder training program appropriate for you.
- Examples of distraction methods: check your calendar, read, choose something that involves concentration like counting back from 100 by increments of 7. It is also helpful to sit down to help quiet the urge.

**What should I drink?** A healthy intake of “hydrating” fluids is 48-64oz a day (6-8 glasses or 1.5-2L). Water is best. Caffeine and alcohol are not hydrating fluids and don’t count! Your therapist can provide you with a list of “bladder irritants,” which can increase urgency by irritating your bladder. You will soon discover what irritates your bladder. It is always best to drink small sips or 2-4 oz per hour, throughout the day. Avoid drinking only at meal times.

**How can I tell if I am drinking the right amount?** Your urine should be light yellow in color and have no odor.

- Colorless urine may indicate that you are drinking too much water.
- Dark color or strong smelling urine may indicate that you are dehydrated. Concentrated urine may irritate your bladder and make you feel like you need to empty more often.

**Why do I sometimes dribble after emptying my bladder?** Sometimes your bladder does not empty completely. If you believe this happens to you, discuss it with your doctor or physical therapist.

- When you think you have fully emptied, wait and count to 30, to see if your bladder will empty more. Avoid straining or pushing out your urine. Focus on breathing and relaxing the muscles around the pelvis to avoid straining.
- “Double voiding” can also help: when you think you have fully emptied, stand up, or walk around inside the bathroom, then sit on the toilet a second time to see if more urine empties.
- Try “milking” the penis: use your hands to stretch the penis, to try and release more urine.
- Try pressing with your fingers between the testicles and the anus, to try and release more urine.

**To schedule, call MGH Physical & Occupational Therapy Services Waltham 781-487-3800 Boston 617-724-0125**

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## Healthy Bowel Habits

### 1. When you are passing a bowel movement:

- Sit like the picture, to pass a bowel movement more easily:
  - Sit with your bottom on the seat, pull your clothing below your knees, and separate your knees wide
  - Place your feet on a stool to bring knees higher than hips
  - Lean forward
- Breathe out gently and consistently while you pass your bowel movement. Focus on relaxing your rectum (where the poop comes out).
- Sit on the toilet and try to evacuate for no longer than 5-10 minutes.* If nothing happens after 10 minutes, get off the toilet and go about your day. If necessary, return at a later time.



### 2. Regulate your bowels

- Set a schedule, to regulate your bowels: Sit on the toilet at the same time each day. 30 minutes after the first meal of the day usually works the best.
- Exercise: Walk for 20 minutes every day, to stimulate the bowels. You may perform other cardio, if you prefer.

### 3. Medications and Diet

- Your doctor or nurse may have prescribed medications for you to take. If so, take your medications as directed, and follow your recommended diet.