



## How We Can Help Your Pre- and Postpartum Patients

Many pre- and postpartum women suffer from pelvic pain and dysfunction. Common symptoms include urinary urgency, frequency, and dysuria, suprapubic pain, dyspareunia, low back and sacro-iliac pain, and radiating pain in the lower extremities. The typical musculoskeletal impairments that will cause these symptoms include: sacro-iliac joint dysfunction, diastasis recti, poor scar mobility from a Cesarean section or an episiotomy, pelvic floor dysfunction, myofascial trigger points, adverse neural tension, and connective tissue dysfunction. These disabling symptoms can be treated successfully with specialized physical therapy. At the Pelvic Health and Rehabilitation Center, we utilize manual techniques that successfully address these musculoskeletal impairments as well as provide an individualized home exercise program to guide our patients to pain-free functional independence.

## American Physical Therapy Association Annual Conference

Elizabeth and Stephanie recently returned from the American Physical Therapy Association Annual Conference in Denver, Colorado. At this conference a series of lectures were given by national experts on various aspects of pelvic floor physical therapy. Elizabeth and Stephanie presented a three-hour lecture entitled 'A Physical Therapist's

Approach to Pudendal Neuralgia'. The lecture presented the anatomy and physiology of the pudendal nerve, common symptoms and functional limitations of pudendal neuralgia, and the physical therapy, medical, and surgical treatments available. Elizabeth and Stephanie have been asked to follow-up with a quarterly 2-day course in 2008 that will discuss the physical therapy management of a patient with pudendal neuralgia in detail.

## How We Can Help Your Patients with Painful Bladder Syndrome

Painful Bladder Syndrome is a debilitating disorder affecting millions of men and women in the United States alone. Common symptoms include urinary frequency, urgency, and hesitancy, dysuria, incomplete emptying, nocturia therefore disrupted sleep, suprapubic pain/pressure, dyspareunia, and stress incontinence. It is imperative that an accurate differential diagnosis is made since these symptoms can have more than one origin. These symptoms could be caused by musculoskeletal impairments such as: pelvic floor dysfunction, myofascial trigger points, and connective tissue dysfunction. A physical therapist specialized in treating the pelvic floor is best suited to rule out, or if present, treat these musculoskeletal impairments.