



Post-Partum Exercise: To Kegel or Not to Kegel

In 2005 Dietz et al showed that avulsion of the inferomedial aspects of the levator ani from the pelvic sidewall occurred in approximately one third of all women who underwent a vaginal delivery. In 2007, a second paper showed the pubovisceral muscle avulsion is associated with large vaginal tears. Both papers have resulted in increased discussion in the pelvic floor community about the appropriate use of Kegel exercises. Historically, Kegel exercises have been prescribed to treat/prevent urinary stress incontinence. In the event of levator ani avulsion, concentric contraction exercises will contribute to further avulsion and actually contribute to increasing stress incontinence. Post-partum women can all benefit from an evaluation with a specially trained physical therapist. At PHRC, we will evaluate these women for internal and external musculoskeletal impairments that may lead to stress incontinence, dyspareunia, and low back and pelvic pain. An individualized home exercise program will be prescribed to correct a diastasis recti, decreased core strength, and pelvic floor weakness or hypertonus that is associated with pregnancy. The pelvic floor can be rehabilitated through indirect muscle exercises that will not contribute to further avulsion. Women with vaginal tearing and C-section or episiotomy scars will benefit from manual therapy and home

instruction in scar mobilization.

Chronic Nonbacterial Prostatitis is Chronic Pelvic Pain Syndrome

In 1995, the NIH recognized the term 'chronic nonbacterial prostatitis' does not explain nor is even related to the symptoms these patients suffer from and adopted the name 'chronic pelvic pain syndrome' (CPPS). Symptoms of CPPS include dysuria, hesitancy, frequency, penile and/or scrotal and/or rectal pain, bowel dysfunction and sexual dysfunction. Unfortunately, it is estimated that *50% of all men will suffer from this at some point in their life*. The majority of men with CPPS have failed trials of antibiotics because they do not have an actual infection. Musculoskeletal impairments such as hypertonic levator ani muscles, connective tissue restrictions, pudendal nerve irritation, and myofascial trigger points commonly cause the symptoms of CPPS. The physical therapists at PHRC are specially trained to evaluate and treat these impairments, providing successful outcomes and restoration of quality of life. Treatment is typically done one hour per week for several weeks. The physical therapist will use manual therapy techniques to eradicate the musculoskeletal impairments as well as provide a home exercise program for the patient. The majority of men will benefit from physical therapy, resulting in normal urinary, bowel, and sexual functioning and an elimination of pelvic pain.