



Pelvic Floor Assessment

All women and certain groups of men will benefit from having an assessment of their pelvic floor. The most important aspect is ensuring the right muscles are contracting and relaxing correctly. For both genders, changes to the connective tissue, nerve endings and musculature can cause urinary and bowel dysfunction, sexual dysfunction and chronic pelvic pain¹.

In women pregnancy and childbirth are well known risk factors for causing pelvic floor weakness and injury². Approximately 50% of women will lose their structural pelvic floor integrity secondary to childbirth and can be similar to a sports injury².

Research shows that on verbal instruction 50% of women incorrectly activate their pelvic floor and 25% of women perform a movement that could make symptoms worse¹. Therefore, it is important to get your pelvic floor checked by a trained physiotherapist who can design an individually tailored pelvic floor muscle program for you.

A recent systematic review highlights that supervised pelvic floor muscle training is recommended to ensure that the pelvic floor functions optimally. This allows for women and men to continue their physical activity and sport and not be hindered by any bowel or bladder dysfunction¹.

It is recommended that a pelvic floor assessment be undertaken for any individual that experiences:

- 1 Leakage of urine with coughing, sneezing, lifting or exercise
- 2 Leakage of urine on the way to the toilet
- 3 Rushing to the toilet with a strong sense of urgency
- 4 Frequently going to the toilet to empty the bladder or bowels
- 5 Waking at night with the urge to go to the toilet more than once
- 6 A feeling of heaviness or dragging sensation at the perineum either vaginally or anally
- 7 Difficulty or pain with intercourse
- 8 Difficulty with controlling wind or bowel motions
- 9 Incontinent with faeces
- 10 Problems with emptying the bladder or bowel
- 11 Erectile dysfunction, ejaculatory pain and orgasmic dysfunction
- 12 Chronic pelvic pain or has been diagnosed with any pelvic pain syndromes
- 13 Women who are over six weeks postnatal regardless of if they have had a vaginal birth or caesarean

A pelvic floor assessment will provide information about:

- 1 Inspection of the perineum, vulva, anus or any anatomical abnormalities including prolapse
- 2 The quality of activation and relaxation of the pelvic floor strength
- 3 The endurance, strength, tone and coordination of the pelvic floor
- 4 Any tenderness, trigger points or pain of the pelvic floor
- 5 Assist with prescribing an individual exercise program for the patient

As much as a pelvic floor assessment is important, an internal vaginal or rectal assessment does not have to take place if the patient is uncomfortable with this. At MPFP we provide other alternatives to assess the pelvic floor to ensure the patient is comfortable.

¹Bump, Hurt, Fantl & Wyman, (1991). Assessment of Kegel pelvic muscle exercise performance after brief verbal instruction. Am J Obstet Gynaecol. 165(2).322-327.

²Mørkved, S., Bø, K. (2014). Effect of pelvic floor muscle training during pregnancy and after childbirth on prevention and treatment of urinary incontinence: A systematic review. British Journal of Sports Medicine, 48, s.299-310.



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