

Evaluation and Treatment

The physical therapist will conduct a thorough evaluation of your present condition and develop a personalized program for you.

Treatment intervention may include:

- Muscle re-education
- Soft tissue mobilization
- Electrical stimulation
- Muscle energy techniques
- Postural education
- Bladder retraining
- Therapeutic exercises
- Biofeedback/surface electromyography (EMG)

Women's health problems such as urinary and fecal incontinence and pelvic floor pain can be difficult to discuss, but even more difficult to endure. Pregnancy-related musculoskeletal problems can be extremely debilitating. Fortunately, help is available through Women's Health Rehabilitation at Saint Luke's Health System.

Working together, your physician and the physical therapists at Saint Luke's Health System can help you improve or eliminate your pelvic floor pain and/or incontinence, and pregnancy-related musculoskeletal problems.

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Women's Health Rehabilitation



Bladder control that can keep up with your active lifestyle.



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Urinary Incontinence

Types of Incontinence

- Urinary stress incontinence—involuntary loss of urine with simple activities such as laughing, coughing, sneezing, or lifting.
- Urge urinary incontinence—involuntary loss of urine associated with a strong urge to urinate.
- Mixed urinary incontinence—combination of urinary stress and urge incontinence.
- Fecal incontinence—lack of muscle control that results in loss of stool or staining of underclothes.

Causes of Incontinence

- Pelvic floor muscle weakness
- Abdominal weakness
- Pregnancy, vaginal delivery
- Medications
- Infections, diabetes, stroke
- High-impact physical activity
- Obesity
- Nerve damage

Pelvic Floor Dysfunction

The muscles of the pelvic floor form a “sling” from the pubic bone to the tailbone. They assist in supporting the abdominal and pelvic contents and are responsible for bowel and bladder control.

Types of Dysfunction

- Supportive dysfunction—characterized by a loss of strength and integrity of connective tissue and muscle fibers of the pelvic floor.
- Hypertonus dysfunction—characterized by increased tension in the connective tissue and muscle fibers of the pelvic floor.
- Incoordination dysfunction—described as inappropriate use of pelvic floor muscles.
- Visceral dysfunction—organ disease such as interstitial cystitis and endometriosis can cause scar tissue and inflammation, which may lead to muscle dysfunction within the pelvic region.

Typical Complaints

- Bladder and/or bowel symptoms
- Pelvic pressure and heaviness
- Painful intercourse
- Frequent urinary tract infections
- Pain in low back, vagina, rectum, tailbone, thigh, and/or lower abdomen
- Organ prolapse (feels like your insides are falling out)

Pregnancy and Postpartum

Pregnancy can impose anatomical and physiological changes, and adapting to these changes is difficult for some women. Common musculo-skeletal problems include:

- Low back pain
- Sacro-iliac pain
- Sciatica
- Coccydynia (tailbone pain)
- Costal margin pain (rib pain)
- Neck pain
- Headaches
- Pubic symphysis pain



Nerve Compression Syndromes

Fluid retention is common in pregnancy and may cause compression on nerves, which travel in small spaces. Typical symptoms include pain, weakness, burning, numbness, and tingling. Typical nerve compression syndromes include:

- Carpal tunnel syndrome—symptoms in thumb, index, and middle finger
- Thoracic outlet syndrome—symptoms down the arm
- Femoral nerve compression—symptoms down front of thigh
- Genitofemoral compression—symptoms in front of thigh and/or genitalia