



EVERYTHING YOU NEED TO KNOW ABOUT

PELVIC PHYSICAL THERAPY

**The 32 most frequently
asked questions. Helpful
whether you are new to pelvic
PT or a seasoned pro.**

Written by Dr. Brooke Kalisiak PT, DPT, WCS

About the Author

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Brooke Kalisiak PT, DPT, WCS, President of Legacy Physical Therapy LLC, is a board certified women's health physical therapist with a passion for treating people with pelvic dysfunction. She opened Legacy Physical therapy in 2008 in order to help women and men restore confidence in their core and pelvic health without medications or surgery.

Brooke is a mother, a scholar, and an athlete. She completed her undergraduate degree at Princeton University in New Jersey, where she played NCAA Division I basketball for four years. She has a Doctorate of Physical Therapy and a Master of Science in Physical Therapy from Washington University in Saint Louis.

Introduction

In this special report written to help “lift the lid on Pelvic Physical Therapy,” I share with you answers to 32 very common questions we hear everyday concerning the Pelvic Physical Therapy. This special report is for health conscious women and men, serious about their core and pelvic health. It is compiled from years of taking concerning questions from people who walk in to our PT clinic in person, those who call in on the phone and potential client emails. They all have one thing in common: They come from women and men who value their health enough to go out of their way to ASK exactly how Pelvic Physical Therapy can help them achieve their goal of returning to great health. The questions, and the honest answers which follow, are in no particular order. And I’ll use all the questions as the context for my response about what PT is, and what we can do (for you) here at Legacy Physical Therapy. It’s the latter that is important for you to understand...because very few, if any, Physical Therapy clinics in Saint Louis, offer the Pelvic PT service, in the standout way that we do.

PELVIC PHYSICAL THERAPY

Your 32 FAQs Answered

Q1: How long before I feel a difference from physical therapy?

There are two ways pelvic physical therapy can help, and a good PT will lift your concerns and ease your worries by telling you what's going wrong, often within 10-15 minutes. Shouldn't take much longer.

Next, the speed at which the physical problem is eased is completely dependent upon your age, how long you've suffered, how severe it is, your genetics, etc., as well as the treatment skills of the PT. I am not a big fan of doing anything for an extended period of time without seeing some improvement in the right direction. Many patients come back at their second appointment already seeing improvements.

Q2: Does pelvic physical therapy help someone like me?

Pelvic health is an often poorly understood field of medicine for both women and men. Currently, many suffer in silence or search relentlessly for answers, only to become frustrated by a lack of true understanding and expertise in the medical community. Legacy Physical Therapy practitioners understand that pelvic pain, sexual pain, pelvic organ prolapse or urinary leakage have the power to influence every aspect of one's existence: The ability to enjoy work, play, life, family and personal relationships.

Q3: What actually is pelvic physical therapy?

Pelvic physical therapy is a specialty area of physical therapy that offers treatments for various pelvic conditions such as: urinary incontinence, difficulties in urination, bowel incontinence, constipation, abdominal pain, low back/SI pain, sexual dysfunction, pelvic pain or coccyx pain, vaginal or rectal pain, penile or testicular pain, as well as men and women prior to or after having pelvic surgery.

Physical therapists specialize in working with the musculoskeletal and neuromuscular systems of the body. The pelvic floor muscles run around the opening of the urethra, vagina (in women) and rectum. Pelvic physical therapists are trained in both internal (vaginal or rectal) and external evaluation and treatment techniques. A physical therapist can assess general function of the pelvic floor by using external observation with cues. However, an internal assessment is the “gold standard” for fully assessing the pelvic floor if indicated. If patients are not comfortable with this, they do not have to have this type of evaluation. Some patients are reluctant at first and then choose to do this assessment at a later date.

Q4: I am already doing Kegel exercises and they are not helping, why would pelvic physical therapy help?

Pelvic physical therapy goes FAR beyond teaching someone to do kegel exercises. That being said, rehabilitation for the pelvis is much more involved than simply strengthening a muscle group. It involves restoring function—improving muscular support around the pelvis, improving behavioral/dietary habits, and re-training body movements to allow for optimal organ and structural function. Thorough assessment and examination allows you and your pelvic physical therapist to set up a tailored plan to achieve your specific goals.

Q5: I am planning on having surgery for my condition, why would I need pelvic physical therapy?

The truth is that physical therapists usually work very closely with surgeons to help patients achieve optimal recovery. Surgery will often correct an anatomical problem, but it is important to have improved muscular control and function to help a person attain optimal outcomes after surgery. Research has shown that physical therapy prior to and after surgery improves patient outcomes as well as reduces the need for future surgery. At Legacy Physical Therapy, we often are working with women who have had multiple pelvic surgeries, and unfortunately many of them never had any pelvic physical therapy with any of their surgeries. They are both happy to finally be seeing us and mad that pelvic physical therapy was never brought up to them before as an option.

Q6: My mom, aunt, grandma, and sister all have bladder leakage or pelvic prolapse, does that mean that there is nothing I can do to prevent it from happening to me?

Not true! There are definitely genetic components which may cause a person to be more likely to experience certain conditions than others—but that being said, there is always something that can be done to help! It is important to work with a team of healthcare professionals including physicians, nurses, physical therapists, psychologists and nutritionists to ensure a person gets comprehensive and holistic care to achieve optimal health.

Q7: Isn't pelvic physical therapy just for women?

Again, not true! Now, I will admit that at Legacy Physical Therapy, we do see more women than men. However, men have pelvic floor muscles just like women, and therefore, they can also have pelvic floor dysfunction. The most common diagnoses we treat for men are post-prostatectomy related incontinence as well as variations of male pelvic pain—however, we also treat men with bowel dysfunction, sexual related pain, urinary dysfunction and tailbone pain.

Q8: What should I wear to physical therapy?

We usually recommend that you wear something comfortable that you can move around in. If you feel comfortable with the therapist performing an internal pelvic evaluation after it is explained to you, then we will have you disrobe from the waist down and cover up with a cloth sheet for modesty.

Q9. What if I don't want to make another appointment after my first visit, do you take it personally?

Not at all. And that's fine by me. Our first priority is to tell you what's going wrong and then tell you what would be *your* best options for care. Once we've done that, it is your decision on how you would like to handle your care. We KNOW we can give you amazing care and results.

Q10. Can I talk to a therapist before I book just to confirm pelvic physical therapy right for me?

Absolutely. Just call us using this number 636-225-3649, or even email your question to me using brooke@legacytherapistl.com, and we will get back to you ASAP.

Q11. Will you do anything at the first session to help my pain/symptoms?

Yes. It's always our intention to start making progress on your pain or symptoms immediately, as well as help ease your nervousness, concerns and frustrations.

Q12. Will I get any exercises or anything like that to take home with me?

You will receive education on your condition and suggestions for things that you can change right away to help. If the time is right and I think you doing certain exercises is going to be helpful, then you may go home with some homework. I'll give you as many hints or tips as possible that you can use when you go back home that night. My goal is to make you as independent as possible in your care.

Q13. I heard that pelvic physical therapy is only for women after they have had children. Is that true?

It is true that we do work with many women during their postpartum years, as that is a common population to have pelvic floor dysfunction. However that is not the only population that pelvic physical therapy can help. We see children with constipation and bedwetting issues. We work with men with pelvic pain or bladder leakage issues. We also treat teenagers and young women who are having pain with tampon insertion, gynecological examination, or intercourse.

Q14. “This only happened the other day”, and I’m in a lot of pain. How long should I leave it before I come in and see a physical therapist for help?

ASAP. There will always be a number of things that we can do. Sometimes it’s as simple as “Do this, but don’t do that...”.

And the first will be to tell you what NOT to do. So many people make harmful, misinformed mistakes when it comes to dealing with sudden pain. Every decision that you get wrong in the first few days will, very likely, add to the length of time it will take to get better. Waiting it out is not the best answer.

Q15. I have been told by many doctors that my pain with sex is all in my head. How can pelvic physical therapy help with that?

Unfortunately, we have heard that statement too many times from our patients. Many women have been told that their pain is all in their head, when in reality a simple assessment of the pelvic floor muscles reveals that they have a musculoskeletal cause to their pain. We are here to help.

Q16. What does pelvic physical therapy treatment actually entail?

Each treatment is individualized to what is going on specifically with your condition and tailored to meet your goals. Things like massage/manual therapy, stretching, combined with exercises and advice to improve posture are common. Specific to pelvic conditions our therapists may recommend treatments like: bowel/bladder retraining, suggestions on toilet habits, pelvic floor muscle training (for strengthening or relaxation), biofeedback, and activity modifications.

Q17. Is there anyone that pelvic physical therapy ISN'T right for?

Yes. Anyone who is *expecting a miracle and hoping to be fixed in one visit*. Rarely possible, particularly for symptoms that have been going on for weeks, months, or years.

Q18. Is physical therapy painful?

Not really. But it is true that therapy is a very physical experience, and as such, treatments may be a little uncomfortable at times, but we will always aim to be as gentle as possible, and cause the least amount of discomfort possible, to get your problem solved as fast as we can.

Before we do any therapy techniques we will tell you exactly what is about to happen so you can make informed treatment choice. We never subscribe to the principle of “no pain, no gain.”

Q19. Will I get some things (tips) that I can be doing at home to help my self get better quicker?

Absolutely. The aim is to help you in every way that we can. Our goal is to “arm” you with tools, hints and tips that you can use to make a difference that you will feel, very quickly, on your own.

Q20. How often will I need treatment?

That will depend upon the nature of your injury and how quickly you want the improvements. Our aim is to return you to full fitness/function as quickly and as safely as possible. Your PT will be in a better position to answer this following your initial consultation.

Big Tip: Getting in early nearly always means less time to recover and less PT sessions needed.

Q21. How long do the sessions last?

It really depends on your condition. The initial appointment is usually 60 minutes. Typically, you should expect any follow up sessions to run about 40 minutes, give or take a few minutes. Realistically, it will take as long as you need to achieve your health goals.

Q22. Do I need a referral from my Dr.?

No, unless you are planning to use Medicare to cover your visits. We are able to see anyone without a Dr. referral, with exception of Medicare clients. Just give us a call and book. If you're willing to invest in your health, you're very welcome to come see us, and we would LOVE to take great care of you.

Q23. Can I bring a friend in to the treatment room with me?

Yes. No problem. You do not need to inform us of this decision in advance. If you are accompanied by a friend or family, then we will often ask if you would like them to join you in the therapy room during treatment. Alternatively, they can wait in the reception if you would prefer.

Q24. My OB said that my back/pelvic pain is a normal part of pregnancy that I just have to live with. Is that the case?

Most certainly not! Low back pain and/or pelvic pain is common during pregnancy but it is NOT normal. Our trained therapists can work with you to find the source of your pain and to help you alleviate your symptoms. Treatments may include: suggestions for support belts, massage techniques, posture exercises, and instruction in changes to daily activities.

Q25: How quickly will I be seen?

Often within days. If you need an emergency appointment, please let us know and we can arrange for one of our physical therapists to help you, within 24 hours or less.

Q26. I plan on having more children. Is it best to wait until I am done having children to do anything about my core and/or pelvic health?

The sooner you can start to rehabilitate your core and pelvic floor the better off you will be. It is not impossible, but it is much harder and may take longer to rehab if you wait to do something about it until after you are completely done having children.

Q27. My doctor told me that I will eventually need surgery for my pelvic organ prolapse, so just call him when I am ready to have surgery. Is there anything else that I can do instead of surgery?

A diagnosis of pelvic organ prolapse does not always mean that you are in need of surgery. Many women can learn to manage their prolapse conservatively with the assistance of pelvic physical therapy. Again, the sooner you start to rehabilitate your core and pelvic floor muscles the better your chances that conservative management will be enough.

Q28. Wouldn't my doctor have told me if I needed pelvic physical therapy?

Unfortunately, most doctors do not receive much if any training in the importance of the pelvic floor muscles. Therefore they are unaware of the many benefits of pelvic physical therapy. Many of our patients come to us after searching out answers on their own or under the recommendation of a friend or family member.

Q29: I just had a baby and am feeling pretty good, is there any reason why I should see a pelvic physical therapist?

YES! Even if you are feeling great after the delivery of your baby, seeking out an evaluation by a pelvic physical therapist can be very helpful. We can assess how your abdominal and pelvic floor muscles are healing, identifying early on if there are problems that need to be addressed. If you have scar tissue from an episiotomy or c-section we can evaluate if it is moving normally, or if it may cause a problem. We can answer your questions about return to fitness activities and give you suggestions to achieve your goals in a safe and effective way.

Q30: When do I pay?

Only when you are happy and usually at the end of each appointment.

Q31: Can I set up a payment plan for my treatment if I need a few visits?

Yes, we offer very easy (interest free) payment plans to let you pay for any care plan over 2-3 months.

Q32: What is the difference between a good and a bad pelvic physical therapist?

Just three things: 1) the amount of “care” taken (easy to spot); 2) the hands on techniques and skills being used; 3) the ability to accurately diagnose your issue.

Conclusion

So, there you have it: 32 Questions answered that take you behind the scenes of a real live Private Pelvic Physical Therapy Practice. More, you've just read the most common concerns and questions that our patients ask us. I hope the answers have provided you with clarity, debunked any myths and put to bed any skepticism that may, or may not be stopping you from accessing a very valuable service – one that can quite literally change how active you are, and how healthy you look and feel.

I hope this is the beginning of a great, long-term relationship where my colleagues and I at Legacy Physical Therapy become the source of leading edge health advice for you and make a real difference to your life.

You can contact me at:

Call: 636-225-3649

Email: brooke@legacytherapistl.com

Carpe Diem,

Brooke

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Health Advice Disclaimer

We make every effort to ensure that we accurately represent the injury advice and prognosis displayed throughout this Report.

However, examples of injuries and their prognosis are based on typical representations of those injuries that we commonly see in our physical therapy clinics. The information given is not intended as representations of every individual's potential injury. As with any injury, each person's symptoms can vary widely and each person's recovery from injury can also vary depending upon background, genetics, previous medical history, application of exercises, posture, motivation to follow physical therapist advice and various other physical factors.

It is impossible to give a 100% complete and accurate diagnosis and prognosis without a thorough physical examination and likewise the advice given for management of an injury cannot be deemed fully accurate in the absence of this examination from one of the physical therapists at Legacy Physical Therapy.

We are able to offer you this service at a standard charge. Significant injury risk is possible if you do not follow due diligence and seek suitable professional advice about your injury. No guarantees of specific results are expressly made or implied in this report.

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