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Physical Therapy for Your Lady Parts

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Is your you-know-what bothering you? Do you experience discomfort when you, um, well, you know? These women-focused health practitioners know exactly what you mean, and they can help you find relief.

When something's not right "down there," it affects how we feel everywhere else. Fortunately, there's a growing field of medicine devoted to treating these unique complications. Practitioners of women's health physical therapy help women (and some men) who have problems with sexual intercourse, urination, fertility, pregnancy preparedness, postpartum recovery and cancer recovery. They deal with the stuff we're too embarrassed to talk about, and because they've seen it all, they can reassure patients that their issues are at least treatable, if not

always curable.

This specialty started in 1995, when a group of orthopedic physical therapists recognized that their clinics were filling up with women whose concerns weren't being addressed. Women's health physical therapists (WHPT) are often the problem solvers that gynecologists, obstetricians, urologists and other doctors call when confronted with a gender-specific medical mystery, like discomfort during sex, after childbirth or while going to the bathroom. All WHPTs ([find one near you by going to the American Physical Therapy Association locator](#)) have stories about patients who were told by a former doctor that their problem was just "part of being a woman."

Like other types of physical therapists, they specialize in treating functional problems, but they say they also offer proactive services, like helping pregnant women prepare for an easier delivery and preventing complications like C-sections. Here are six situations where a women's health PT might be able to help you.

Incontinence

"Fifty percent of adult women will have incontinence at some point," says Jennifer Klestinski, MPT, communications director for the Section on Women's Health of the American Physical Therapy Association, who has a private practice in Madison, Wisconsin. "Because of anatomic differences, the effects of pregnancy and childbirth, and the effects of decreasing estrogen, women leak far more often than men. But with proper strengthening, the data shows there's an 85-percent chance of complete resolution."

The regimen: Weak pelvic muscles are a major factor in incontinence, so in addition to Kegel exercises, Klestinski recommends doubling up: "Engage the pelvic floor muscles while doing other daily core exercises—like Pilates—to strengthen the abs, back and hips." Another surprising cause is osteoporosis, because a rounded back causes our thoracic cavity and abdomen to press on the bladder. A WHPT would recognize this during an evaluation and could prescribe appropriate exercises for bone density loss.

[Make sure you're practicing Kegels correctly and learn the other pelvic workout you should be doing](#)

Organ Prolapse

Think of prolapse as a hernia that mostly affects women. When the muscles that hold the pelvic organs become weak or stretched, the organs—the bladder, uterus, small bowel, rectum—can drop from their normal spot and push against the wall of the vagina. As many new mothers know, pregnancy is the most common cause of prolapse. However, it's not just the trauma of the childbirth that's a factor—it's also the extra pounds. "There could be 15 to 25 pounds plus the weight of a baby pushing on the perineum," says Klestinski. This means that excessive weight gain (no baby necessary) can also put you at risk. Weight maintenance is key to avoid risk of prolapse.

The regimen: Klestinski explains how a WHPT would take a holistic approach to address organ prolapse. "We work from the top down and from the bottom up. From above you may have extra body weight and extra downward pressure from poor posture, dysfunctional bladder habits or from adhesions due to prior surgeries or injuries. From the bottom up, we have the pelvic floor muscles, which act as a supportive hammock to the pelvic organs." Many WHPTs can help women work on weight management through exercise. To further improve the

"top down" issues, the therapist would use manual techniques, patient education and posture training. At the other end of the, um, spectrum, she'd put the patient through workouts to strengthen and tone the pelvic muscles. This gives us yet *another reason* to do those darn Kegels.

Pregnancy and Recovery

Pregnancy causes profound anatomical and hormonal changes to our bodies. "Some women's bodies accommodate those changes quite well, and some women require a fair amount of work and assistance," says Jill Boissonnault, WCS, PT, PhD, past president and founder of the International Organization of Physical Therapists in Women's Health.

The prenatal regimen: Pushing out a baby is never going to be easy, but some WHPTs say that massaging the perineum with a lubricant, as well as stretching the hip and pelvic muscles, can help a woman "open up" during delivery, which could make her less likely to tear. There's also evidence that pregnant women can be taught how to bulge and flex their pelvic muscles correctly during labor, which can help avoid C-sections.

The postpartum regimen: "There are things a woman can do to mitigate some of the risk for future dysfunction, like strengthening her pelvic floor with Kegels throughout her pregnancy and after she delivers," says Boissonnault. She adds that in France, where postpartum wellness visits are included under national health coverage, new mothers are likely to be advised by a WHPT about strengthening their pelvic floor muscles, their abs and their posture.

Pelvic Pain

Because many women avoid talking about this with their friends, family members and even their sexual partners, pelvic pain can be emotionally exhausting as well as physically unbearable.

Vulvodynia: An excruciating affliction of the vulva which affects an estimated 16 percent of women at some point in their lives, vulvodynia is described in [this video from the Dr. Oz show](#) as feeling like "acid burning the skin" or a "constant, knife-like pain." It can be caused by trauma to the pelvis, which may result from chronic yeast or bacterial infections, physical force, accidents, surgery, or physical or sexual abuse.

I know a woman in her mid-20s who has suffered from vulvodynia since childhood. She suspects the cause may have had something to do with an ill-fitting waist harness on a forceful carnival ride. In her quest for relief, she was referred to gynecologists, dermatologists and psychologists, and tried topical anesthesia, antidepressants, talk therapy and the patronizing advice to "have a glass of wine and you'll be fine." She was finally told that pain-free sex would require surgery, and her doctor advised her to visit a women's health physical therapist to prepare for the procedure.

"Many doctors assume that women's health physical therapy can only take you to a certain point," says my friend's therapist, Gopi Jhaveri, PT, DPT, co-owner of Brooklyn Health Physical Therapy, "but we know it can take you all the way to recovery." Jhaveri discouraged the surgery and instead worked with my friend to develop a rehab program. Four months later, my friend joyfully credits Jhaveri with her "cure."

The regimen: This varies depending on the patient's anatomy and type and severity of symptoms, but treatment often includes regular in-office manual therapy, at-home stretching using dilators, exercising daily to strengthen the pelvic muscles, avoiding harsh cleansers like soap in favor of sweet almond oil, and using a local anesthetic like lidocaine during sex.

Vaginismus: A 2010 episode of *MTV's True Life* featured three women in their 20s whose pelvic conditions prevented them from having intercourse. Tali, an aspiring singer, had a condition called vaginismus, which involves painful, involuntary spasms and tightening of the vagina. As part of Tali's treatment, Isa Herrera, MSPT, clinical director of Renew Physical Therapy in Manhattan, showed Tali and her boyfriend how to manually stretch Tali's vagina (it was more clinical than kinky).

Herrera specializes in intra-vaginal massages to release tight or uncooperative muscles, and also in teaching patients and their partners to do this as home. "One out of three women has some sort of pelvic pain," says Herrera, who is also the author of *Ending Female Pain: A Woman's Manual*. However, she says, many women don't admit it. "I've heard excuses like 'it hurts unless I keep changing positions' or 'it hurts because my partner is so big.' But the vagina is a wonderful thing and should be able to accommodate just about any man." Herrera says WHPTs empower women to recognize and alleviate their physical discomfort.

The regimen: Techniques vary, but Herrera says she often follows a full pelvic muscle evaluation with manual massage, including trigger-point release technique to "release knots." Herrera stressed that although the pain may occur in the pelvic area, the most successful approaches are holistic and involve the entire body. "Pain during sex can cause enormous anxiety, which results in the tensing up of different muscles groups, from the pelvis and the legs to the neck and back." An important aspect of treatment includes diaphragmatic breathing and relaxation techniques to help the patient deal with the anxiety as well as the pain.

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