



Women's Health at Milltown Physiotherapy Clinic

Pelvic Physiotherapy
a successful approach to treating
pelvic dysfunction



- One in three women experiences bladder or bowel control problems at some time
 - Up to 15% of women suffer from internal pelvic pain
- Approximately 50% of women have low back or pelvic pain in pregnancy
 - 20% of women have Pelvic Girdle Pain in pregnancy



Routine Ante & Post Natal Physiotherapy

The Antenatal Period

- Pelvic Floor Exercises – learn how to do a correct pelvic floor contraction. According to research 50% of women don't perform pelvic floor exercises correctly.
- Antenatal Pilates – optimise your posture and fitness in preparation for labour. Classes are taken by Chartered Physiotherapists.
- Treatment of Pelvic Girdle Pain (PGP) and Back Pain in Pregnancy – PGP and Back Pain can be treated successfully with manual therapy and exercise throughout pregnancy.

The Postnatal Period

- Consider having your pelvic floor routinely checked after childbirth as muscles often become imbalanced and recovery may not be optimal. Did you know - in France the State provides 10 physiotherapy sessions for every woman after every baby?!
- Twelve to 16 weeks after childbirth the pelvic floor should be functioning normally, if not you may need assessment and treatment by a Chartered Physiotherapist in Women's Health.
- Pelvic Girdle Pain – After childbirth PGP should settle down quickly. If it does not you may have a pelvic asymmetry, which if left untreated will often come back on future pregnancies and return to fitness will be significantly delayed.
- Pilates Classes in the post natal period will help you to regain inner strength and fitness at your own pace under the guidance of a Chartered Physiotherapist.

When Things Go Wrong

The following symptoms may be present immediately after childbirth or come on years later. They can be present in teenage girls to women past menopause and are NOT always related to childbirth.

- Unresolved Pelvic Girdle Pain can mean:
 - Chronic pain in the pubic symphysis, sacroiliac joints and surrounding muscles
 - Difficulty walking, managing activities of daily living or caring for your baby
- Damage to the Pelvic Floor can cause:
 - Bladder urgency or urge incontinence
 - Stress urinary incontinence e.g. with cough or sneeze
 - Frequency of urine
 - Bowel urgency or incontinence of stool
- Childbirth or even Chronic Constipation can lead to:
 - Bladder descent; the front wall of the vagina comes down
 - Rectal wall descent; the back wall of the vagina comes down
 - Uterine descent; the uterus comes down
- Chronic Pelvic Pain can come on with no apparent cause or can be secondary to trauma, there are many different types:
 - Perineal Pain or Vulvodynia; both external in presentation
 - Pudendal Neuralgia; a nerve related pain, can be internal or external
 - Overactive Pelvic Floor Disorders; vaginismus, anismus or rectal pain, where the muscles of the pelvic floor are too tight



The Pelvic Floor

It is important to be seen by a Chartered Physiotherapist with a special interest in treating conditions related to Women's Health. Conditions that are left untreated will naturally deteriorate over time as muscles and other soft tissue shorten and tighten around the dysfunction.

Chartered Physiotherapists treating Pelvic Floor Dysfunction & Chronic Pelvic Pain:

Maeve Whelan

Noreen Dockery

Ruth O'Connor

Chartered Physiotherapists treating Pelvic Girdle & Back Pain in pregnancy:

Mary McGuinness

Helen MacDevitt

Stephanie Crossland

Hana Burrow

Jennie Cronin

Ruth O'Connor

Sinead O'Loughlin

Suzanne Skelton

Chartered Physiotherapist using Acupuncture in Women's Health:

Sharon McNally

We will be happy to advise you over the phone
and you can visit our websites:

www.milltownphysiotherapy.com

www.pelvicphysiotherapy.com



← Map

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