

CHARL DE KOCK

PHYSIOTHERAPIST PR NO: 0387355

PELVIC FLOOR PROGRAM

The program that you have been referred to is a specific program designed to diagnose and treat a wide range of pelvic floor problems. Whether you suffer from stress incontinence, constipation or pain in the pelvic (floor) region, it is important to be able to relate the symptoms to a pelvic floor dysfunction with the aid of diagnostics. Your first visit will take approximately one hour. At your first visit, we will review your health history, your goals of treatment, the 2-day voiding diary, and other applicable feedback forms that you were given.

Good Candidates for Pelvic Floor Rehabilitation:

| | |
|-----------------------------|---------------------|
| Mixed Incontinence | Sexual Dysfunction |
| Irritative Voiding Symptoms | Pre- or Post-Partum |
| Urge Incontinence | Pelvic Prolapse |
| Stress Incontinence | Rectal Pain |
| Interstitial Cystitis | Fecal Incontinence |
| Prostatectomy | Overactive Bladder |

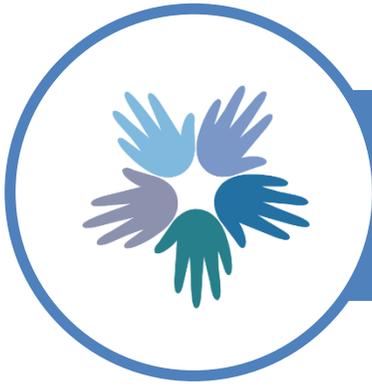
As part of my evaluation I usually do an internal vaginal and/or rectal examination. This is usually the first choice of evaluation to have a good understanding of the perineum and muscles. The pelvic floor is an unknown muscle for many people. There are no visual stimuli and it can also be difficult for people to feel where the muscle is and what its function is. It is precisely these factors that make the pelvic floor muscle specially suitable for treatment with EMG, Manometry and/or electrotherapy. The equipment provides the most current protocols for pelvic floor conservative treatment. It evaluates the strength of the pelvic floor by using a test called anorectal manometry. This test can easily quantify your own personal strength. The second test used is called EMG. The EMG can determine the nerve input and how long it is lasting for a particular contraction. It is used to assess whether or not the muscle is spastic, since weak muscles are more prone to injury and spasm. This information provides your exact strength and endurance and allows then your specific exercises program to be determined. Then after both of those tests are completed muscle stimulation is used to help the muscles get stronger faster.



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ANORECTAL MANOMETRY

This is done by placing a small sensor in the rectal opening and you will be asked to tighten the rectal muscle as if you were holding back gas. The reason for these instructions is all the pelvic floor muscles attach into the rectum. Therefore, it is easier to contract the larger muscle of the rectum and it automatically tightens the rest of the muscles which control bladder leaking or urinary frequency and urgency. The muscle testing is important because no two people are exactly alike. The level of exercises we recommend will be based on the muscle testing.

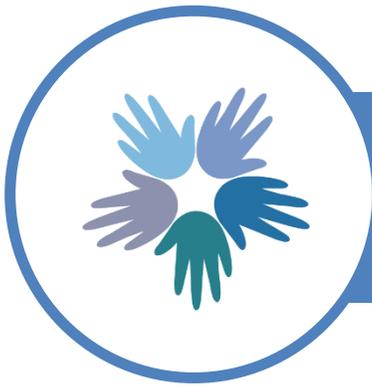
EMG

Electromyography (EMG) is a diagnostic procedure to assess the health of muscles and the nerve cells that control them (motor neurons). Motor neurons transmit electrical signals that cause muscles to contract. This is evaluated by placing a small sensor in the anus or vagina and placing 2 surface patch's on your rectus abdominal muscles. This allows us to see if you are isolating the correct muscles for rehabilitation or if you are also using your thighs, buttocks or abdominal muscles to tighten the pelvic floor.

THEN STIMULATION TO THE MUSCLE IS PERFORMED:

This is done with the vaginal sensor in women or a rectal sensor in men/women. You will feel a gentle tapping sensation and feel the muscle contract. This is the same type of therapy used for other muscles in the body to help them get stronger faster. It also helps those people who have difficulty with urgency and frequency by helping control the bladder.





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We find 75- 80% of the patients we see will attain significant improvement or cure with this type of therapy alone. We recommend appointments every week initially depending on your symptoms or progress. The average number of visits is 6-8. There are some people that require less visits and of course those who sometimes require more. Change in your symptoms should be noticed in 3-4 visits if this therapy is going to be successful for you. This does not mean you will be cured in 3-4 visits but you should notice gradual progress. Remember loss of bladder control did not just occur overnight. We are working with the same muscles that have become weak so success does take some time and most importantly it requires that the specific exercises and recommendations be followed.

We encourage our patients to continue any vacations or travels you may have planned. Instructions may be given to keep your status of rehabilitation until you can return.

- ❖ Please arrive 30 minutes prior to your first procedure so that you have the time to empty your bladder prior to your appointment. For follow-up visits 10 minutes may be sufficient
- ❖ If you need to reschedule your appointment we ask you to do so 24 hours in advance.
- ❖ If you are on your menstrual cycle it is fine to proceed with the appointment
- ❖ We look forward to seeing you at your visit.



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