

Pelvic Floor Physical Therapy for the Male Patient

Marie Woerner, PT, DPT, WCS, CLT
Woerner Physical Therapy

Our Doctors



Dr. Marie Woerner



- Graduated with her doctorate from Texas Tech University
- 10 years of experience and residency trained
- Certifications:
 - Board Certified in Pelvic Health
 - Functional Dry Needling
 - Lymphedema Treatment
- Teaching
 - Adjunct faculty in the OMM Department at UNTHSC
 - Held dual appointment in physical therapy and OBGYN at the UNTHSC
 - Guest speaker for a variety of events in the DFW area
- Started private practice in 2015

Dr. Tonda Berry



- Graduated with her doctorate from UNT Health Science Center
- 5 years of experience treating neurological and orthopedic conditions in addition to pelvic floor dysfunction
- Additional training:
 - Functional Dry Needling
 - Strain/counterstrain techniques
 - Mechanical Diagnosis and Treatment
 - Visceral mobilization
- Memberships:
 - APTA
 - Section of Women's Health
 - Internal Pelvic Pain Society

Dr. Allison Ball



- Graduated with her doctorate from Hardin Simmons University
- Experience in treating adult and pediatric pelvic floor dysfunction
- Additional training:
 - Functional soft tissue mobilization
 - Kinesio-taping method
 - Chronic pain
- Memberships
 - APTA
 - TPTA

Objectives

- To understand the anatomy of the male pelvic floor
- To understand the primary functions of the pelvic floor muscles
- To understand how prostate cancer interventions can impact urinary continence
- To understand how pelvic floor physical therapy can improve the function of the pelvic floor

Statistics

- 1 in 6 men will be diagnosed with prostate cancer
- Approximately two-thirds of all men diagnosed will be over the 65 years old.
- Having a father or brother with prostate cancer more than doubles your risk of developing prostate cancer
- Urinary incontinence post robotic prostatectomy ranges from 8-87% at 6 months and 5-44.5% at 12 months.

What is Pelvic Floor Physical Therapy?

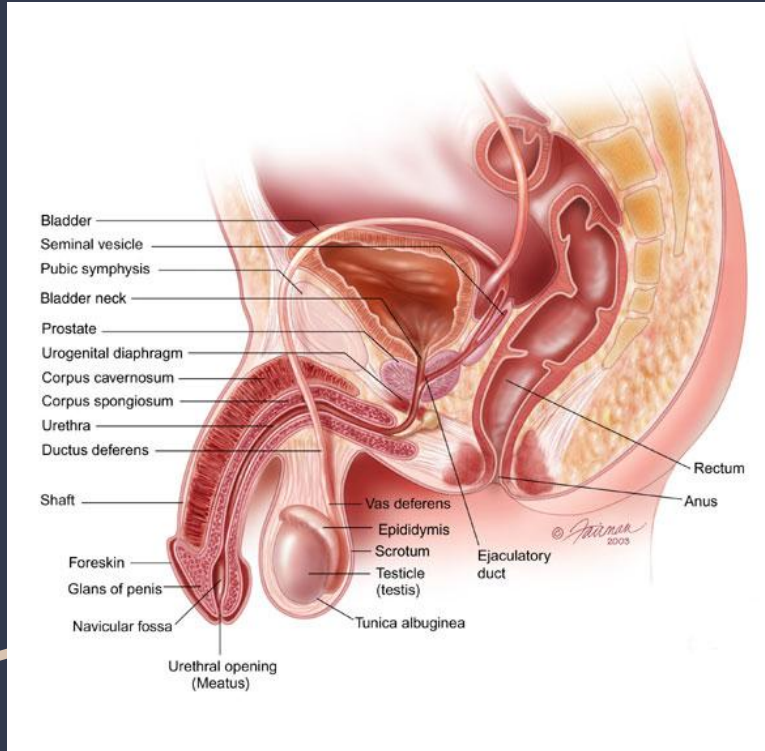
- Educating patients on normal bladder and bowel habits, the pelvic floor muscle anatomy, and the muscles role in our bodies
- Understanding a patient's prior level of function
- Assessing the patient's current condition and pelvic floor muscle strength, endurance, and coordination
- Re-training the muscles to work efficiently during our daily lives
- Providing patients with the tools to be successful in their recovery in and out of the office

Do all Physical Therapists do this type of therapy?

Ask about qualifications.

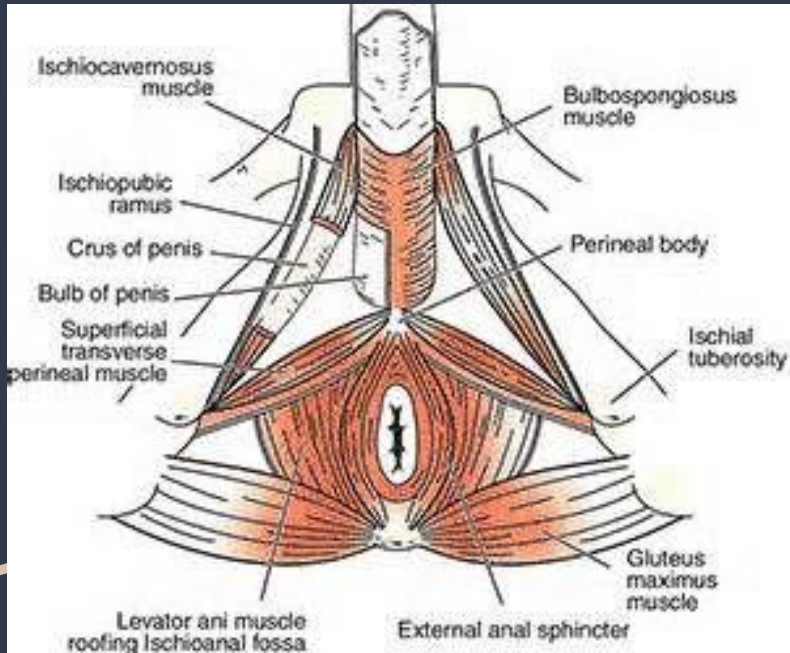
Board Certification
WCS

Male Pelvic Anatomy



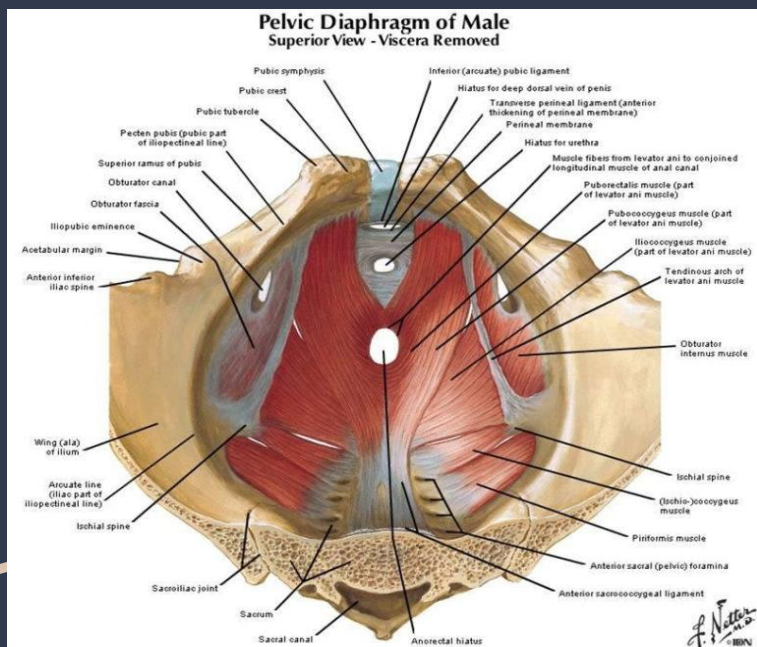
- Organs
 - Bladder
 - Urethra
 - Rectum
- Prostate Gland
- Seminal Vesicle
- Urogenital diaphragm

Layers of the Pelvic Floor Musculature




- Superficial layer
 - Superficial transverse perineum
 - Ischiocavernosus
 - Bulbospongiosus
 - Sphincters
- Deep transverse perineum

Layers of the Pelvic Floor Musculature



- Levator ani
 - Bowl of muscles within the pelvis
 - Surrounds and supports the urethra and the rectum
 - Made up of the puborectalis, pubococcygeus, and iliococcygeus

Functions of the Pelvic Floor

- Postural
 - Stabilization
 - Sphincteric
 - Sexual
- 

What you can expect on your First Visit?

History of symptoms, diagnosis, treatment

Education

Assessment of low back, sacroiliac joint (SI Joint), pelvic floor assessment.

Home Exercise Program

Prostate Cancer Interventions Contributing to Urinary Incontinence & Erectile Dysfunction

- Surgery:
 - radical prostatectomy
- Chemotherapy
- Radiation
- Hormone therapy
- External Beam Radiation
- Brachytherapy

Role of Physical Therapy Pre-Operatively

- **When:** 6-8 weeks prior to surgery
- **History:** fluid intake, bowel/bladder patterns, exercise, and sexual history,
- **Assessment:** spinal/pelvic alignment, lower extremity strength, flexibility, diastasis, breathing/movement strategies, and pelvic floor evaluation
- **Education:** bladder irritants, water intake, what to expect post-operatively, piston system, voiding techniques, and diet changes if applicable
- **Home exercise program:** pelvic floor exercises, walking program, and diet/fluid intake changes
- **Number of sessions:** Typically 1 to 4

Role of Physical Therapy Post-Operatively

- **When:** 2-4 weeks after surgery
- **History:** Gleason score, surgeon's expectations, current and pre-op bladder/bowel patterns, fluid intake, diet, exercise, sexual history
- **Assessment:** same as pre-op
- **Treatment:** SEMG biofeedback to improve pelvic floor muscle awareness, isolation, and coordination
- **Education:** same as pre-op
- **Home exercise program:** similar to pre-op HEP
- **Number of sessions:** 1 to 6

What does the research say?

- Increase in pelvic floor muscle thickness pre-operatively leads to decreased incontinence post-operatively
- Early pelvic floor rehabilitation and education reduces post-op incontinence recovery time
- 90% of men who are continent pre-operatively will remain continent for years post-operatively
- Pre-hab and exercise prior to surgery leads to less anxiety post-op
- Pre-op and post-op pelvic floor exercises improve post-op continence and erectile function

Questions?

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References

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