Script – Print – Breaking the stigma of pelvic floor dysfunction

Millions of Americans quietly struggle with pelvic floor dysfunction – something Tracy Gallagher is working to change, one patient at a time. Seven years ago, Gallagher started focusing on this lesser-known condition affecting people who suffer in silence. Her reason was deeply personal.

"I became interested in it because I had family members that were living with incontinence," says Gallagher, who works at OSF HealthCare Saint Anthony Medical Center in Rockford, Illinois. "I think people sometimes feel that it's normal, especially after pregnancy, and they're not aware that help is out there. As I looked into pelvic floor therapy I knew I wanted to help that population and bring more awareness to it."

More than 11 million men, women and children suffer from some form of pelvic floor dysfunction, including postpartum changes such as posture, muscle length and strength, which can lead to pain and discomfort. The same goes for athletes, including runners and gymnasts.

"Pelvic floor dysfunction is the inability to control and contract and relax the pelvic floor muscles," says Gallagher. "That can create different issues, such as chronic constipation, urinary or fecal incontinence or pain."

The pelvic floor consists of three layers of muscle, connective tissue and ligaments that form a supportive "hammock" at the base of the pelvis. It supports the pelvic organs, manages pressure and maintains stability. These muscles can become overactive or underactive with aging, trauma and hormonal shifts. Besides bowel and urinary issues, pelvic floor dysfunction can also cause abdominal, back, hip and pelvic pain.

For women, pelvic floor issues happen when the muscles or tissues of the pelvic area become weak or injured – usually a result from childbirth, obesity, age or genetics. Pelvic floor dysfunction can affect one in four women at some point in their lives.

Childbirth increases the risk of developing pelvic floor disorders, strongly associated with incontinence and pelvic floor relapse. And changes to the nerves and muscles during pregnancy can lead to weakness or dysfunction, especially with each additional baby. Gallagher says pelvic floor therapy can help pregnant women who are experiencing back and pelvic pain with safe and effective exercises. That goes for post-delivery as well.

"Post partum patients might have some pelvic pain, or they might have pain around their incision site. If they had a C-section, we could address that with manual therapy," she says. "We can teach them exercises that might help if they're having urinary incontinence or any issues in that area as well."

Treatment options

Pelvic floor therapy offers many options for treatment. That includes exercises for the pelvic floor muscles, breathing exercises, diet and lifestyle changes. For example, eating a high fiber diet and increasing water intake can help with constipation, and losing weight can relieve pressure on pelvic organs.

"We utilize various manual techniques, breathing activities, exercises, there's pelvic floor relaxation positions that people can get into to kind of help relax those muscles and decrease the pain," says Gallagher. "Sometimes pelvic floor therapy might help lower back pain or pelvic pain that somebody's been having for an amount of time and tried other traditional orthopedic therapies."

Pelvic floor therapy treatment can last from a couple of weeks to months. Doing therapist-recommended exercises at home also helps patients recover quicker.

And while it might be uncomfortable to discuss these types of issues with your medical provider or therapist, it's an important step to feeling good again.

"They're embarrassed because they might have symptoms that may include incontinence or pain," says Gallagher. "Our goal is to give them that comfort level to attend therapy and return to that quality of life."

Learn more about pelvic floor therapy here.