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Karen Snowden PT, DPT Lehigh Valley Health Network, Karen. Snowden@lvhn.org

Lauren Garges PT, MS Lehigh Valley Health Network, Lauren. Garges@lvhn.org

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Snowden, K., & Garges, L. (2011). Improving Symptoms of Stress Urinary Incontinence for Patients with Dyspareunia Utilizing Physical Therapy: A Case Report. LVHN Scholarly Works. Retrieved from http://scholarlyworks.lvhn.org/medicine/30

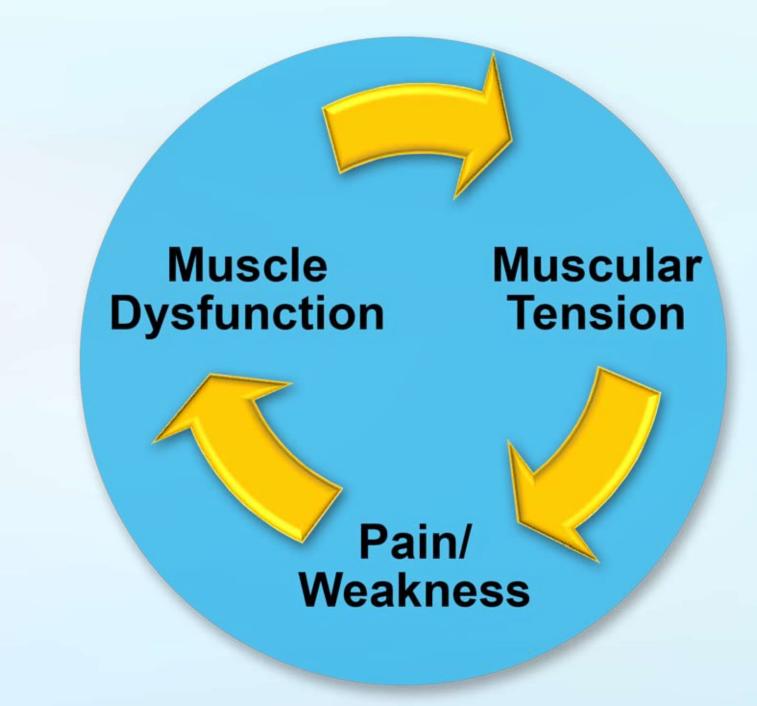
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Improving Symptoms of Stress Urinary Incontinence for Patients with Dyspareunia Utilizing Physical Therapy: A Case Report

Karen Snowden, PT, DPT; Lauren Garges, PT, MS Lehigh Valley Health Network, Allentown, Pennsylvania

Background:

Patients referred to physical therapy with a primary complaint of dyspareunia may also report symptoms of stress urinary incontinence and exhibit hypertonic pelvic floor muscles.



Purpose:

Treatments to reduce pelvic floor muscle tone may be beneficial in reducing symptoms of dyspareunia and stress urinary incontinence.

Patient History:

41 yo G2, P2 female presented with 6 yr h/o dyspareunia, vulvar vestibulitis, low back pain, and stress urinary incontinence (SUI).

Tests and Measures:

- Lower quarter screen within normal limits except mild hip rotator tightness and moderate hip flexor trigger points
- Pelvic floor examination revealed a Grade 2 cystocele and rectocele, and bilateral obturator internus and levator ani trigger points
- sEMG testing revealed elevated resting muscle tone of 4.9 uV and net strength averaging 9.9 uV with a 3 second holding endurance

Diagnosis:

Patient impairments - postural dysfunction, hypertonicity of pelvic floor muscles, weakness of pelvic floor muscles, muscle tightness, trigger points and pain.

Functional deficits - dyspareunia, stress urinary incontinence, disrupted sleep, poor sitting and standing tolerance, fatigue, and anxiety.

Functional Goals:

- Pain-free intercourse
- 90% improvement in SUI symptoms
- Pain-free sitting and standing
- Improved sleep

Treatment:

Therapeutic exercises - pelvic floor contraction and relaxation with emphasis on relaxation for downregulation, muscle stretching, and core stabilization

Manual Therapy:

- Muscle energy techniques for pelvic obliquity
- Trigger point release with ischemic compression
- Scar tissue massage along cesarean scars
- Modified Thiele massage for increased circulation, proprioception and relaxation

Electrotherapy - Pathway MR-20 sEMG and Synergy software program utilized for assessment and visual feedback training for pelvic floor relaxation and coordination

Self-Care Education - patient education regarding pathophysiology, body mechanics, posture training, relaxation exercises, stress management strategies, use of vaginal dilators and husband-assisted pelvic floor massage

Outcomes

	Initial	Outcome
Numeric Pain Rating	0/10-9/10	0/10-3/10
Quality of Life Score	5 "Unhappy"	1 "Pleased"
Vulvar Pain Questionnaire	11/33	5/33
Urinary Distress Inventory	62.5/100	37.5/100

Discussion:

- Hypertonic pelvic floor muscles can cause symptoms of dyspareunia and stress urinary incontinence
- Some patients performing pelvic floor muscle contractions may increase pelvic floor muscle tone, failing to improve symptoms of stress urinary incontinence
- Pelvic floor muscle contractions will not benefit all patients with stress urinary incontinence
- Teaching patients with stress urinary incontinence to relax their pelvic floor muscles may be more effective than teaching strengthening exercises when muscles are hypertonic
- Thorough physical therapy examinations are necessary to accurately determine if treatment for hypertonicity or hypotonicity will be most effective when treating patients with pelvic floor dysfunction

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