

# LET'S TALK ABOUT WOMEN'S HEALTH & ROLE OF PHYSIOTHERAPY IN IT



SPEAKER:

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# INTRODUCTION TO WOMEN'S HEALTH

- Overview of women's health concerns across different life stages.
- Importance of a holistic approach to women's health.
- Current statistics and trends in women's health.

# Overview of women's health across different life stages

AGE	STAGE		HEALTH ISSUES
10	FIRST PERIOD		MENSTRUAL DISORDER-PRE MENSTRUAL SYNDROME (PMS) SEXUALLY TRANSMITTED DISEASE UTERINE MYOMA (ENDOMETRIOSIS)
20			
30	PREGNANCY	CAREER BUILDING	UTERINE CANCER BREAST CANCER OVARY CANCER
	CHILD BIRTH		
40	CHILD RAISING	MENOPAUSE	SYMPTOMS OF MENOPAUSE  LIFESTYLE RELATED DISEASE (HYPERTENSION, DYSLIPIDEMIA, OBESITY)
50	HOUSE KEEPING		
60	ELDERLY CARE		
70			DEMENTIA
80			

► **1. Adolescence (10-19 years)**

Menstrual Health: Onset of menstruation, menstrual disorders (e.g., dysmenorrhea).

Growth and Development: Musculoskeletal changes, nutritional needs, and body image concerns.

Mental Health: Impact of hormonal changes, stress, and identity formation.

► **2. Reproductive Age (20-40 years)**

Reproductive Health: Pregnancy, fertility, contraception, and menstrual disorders.

Musculoskeletal Health: Pregnancy-related changes (e.g., back pain, pelvic pain).

Mental Health: Stress management, postpartum depression, and work-life balance.

# ADOLESCENT

POSTURAL CHANGE	CONDITIONS	IMPAIRED FUNCTIONS
Excessive thoracic kyphosis	Idiopathic spinal/extremity dysfunctions	Decreased ROM
Scoliosis	Sports or musculoskeletal injuries	Pain with movement, with weight bearing or with static postures
Hyper lordosis		
Head forward posture		
Protracted shoulder girdle		
Genu valgus/varus		
Excessive pronation/supination (foot)		

# ADULT

POSTURAL CHANGE	CONDITIONS	IMPAIRED FUNCTION
Excessive thoracic kyphosis	Idiopathic spinal/extremity dysfunction	Decreased ROM
Scoliosis	Sports or musculoskeletal injury	Pain with movement, with weight bearing or with static postures
Hyper-lordosis	Repetitive strain disorders	Vestibulitis
Head forward posture	Occupational trauma	Vaginismus
Altered shoulder girdle position	Pelvic pain	Positional headache
Genu valgus/varus		
Excessive pronation/supination (foot)		
Chronically shortened muscles. Egs- pectoralis major, hip flexors		

► **3. Perimenopause (40-50 years)**

Hormonal Changes: Irregular menstruation, hot flashes, and mood swings.

Bone Health: Early signs of osteoporosis, joint stiffness.

Mental Health: Anxiety, depression, and sleep disturbances.

► **4. Menopause and Postmenopause (50+ years)**

End of Menstruation: Hormonal decline, hot flashes, and vaginal dryness.

Bone Health: Increased risk of osteoporosis and fractures.

Cardiovascular Health: Higher risk of heart disease.

Mental Health: Coping with aging, empty nest syndrome, and emotional well-being


# MENOPAUSE

POSTURAL CHANGE	CONDITION	IMPAIRED FUNCTION
excessive thoracic kyphosis	osteopenia	Decreased ROM
dowager's hump	osteoporosis	Pain with movement, with weight bearing or with static postures
hyper/hypolordosis	Idiopathic spinal/extremity dysfunction	Decreased exercise endurance
Head forward posture	Sports or musculoskeletal injury	Decreased balance
Altered shoulder girdle position	Non pathological stress incontinence	
Genu valgus/genu varus		
Excessive pronation/supination (foot)		

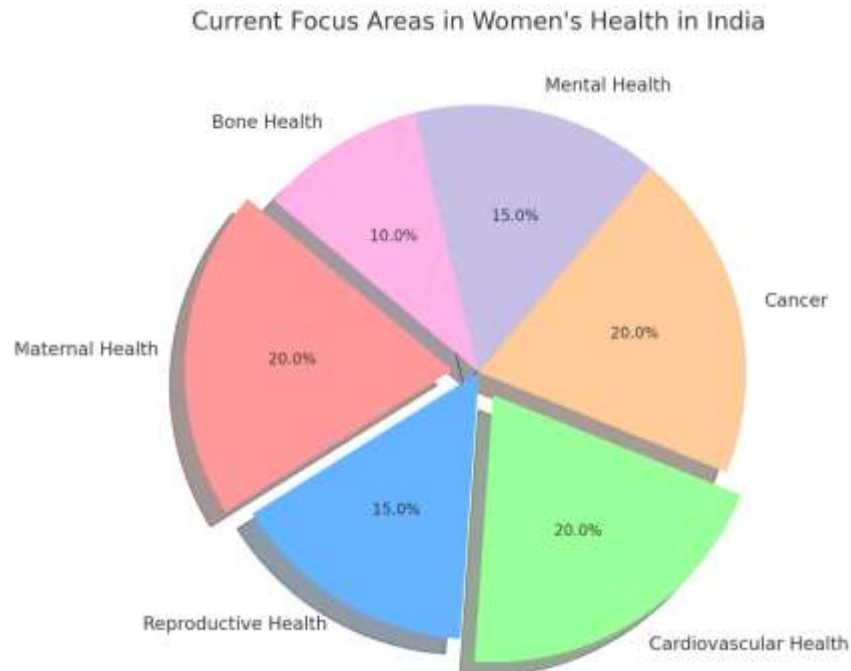


# Importance of holistic approach to women's health

- ▶ A holistic approach to women's health recognizes the interconnectedness of physical, mental, emotional, social, and spiritual well-being.
- ▶ This comprehensive perspective ensures that care is tailored to the unique needs of women across different life stages.
- ▶ Physical health is supported through regular check-ups, exercise, and balanced nutrition.

- 
- ▶ Mental and emotional well-being are nurtured by managing stress, fostering resilience, and creating supportive environments.
  - ▶ Social health emphasizes the importance of strong community and family ties, as well as access to healthcare resources.
  - ▶ Spiritual well-being is addressed by respecting personal beliefs and promoting inner peace. Together, these elements create a balanced approach that enhances overall quality of life and long-term health outcomes.

# Current Statistics and Trends in Women's Health in India



- ▶ Only 51% of pregnant women receive four or more antenatal visits.
- ▶ Estimated 10-15% of couples face infertility issues
- ▶ Heart Disease is the leading cause of death among women, with a rising prevalence of hypertension and diabetes.
- ▶ Approximately 1 in 5 women suffers from mental health issues, but stigma and access to care remain barriers. Suicide Rates are high among women, with married women particularly vulnerable.



- ▶ Adolescent fertility: In 2022, 16 out of every 1,000 girls between the ages of 15 and 19 gave birth in India.
- ▶ Reproductive health problems: Around 50 million women in India suffer from reproductive health problems.
- ▶ Anaemia: A significant percentage of women in India suffer from anaemia
- ▶ Leading causes of maternal death: The leading causes of maternal death in India are obstetric haemorrhage, pregnancy-related infection, and hypertensive disorders of pregnancy

# Common Health Issues in Women

- **Reproductive Health**
  - Menstrual health and disorders (e.g., dysmenorrhea, PCOS).
  - Pregnancy-related issues (e.g., back pain, pelvic pain).
  - Postpartum recovery and challenges.
  - Menopause and its impact on physical health.
- **Musculoskeletal Health**
  - Osteoporosis and bone health.
  - Arthritis and joint issues.
  - Chronic pain conditions (e.g., fibromyalgia).
- **Mental Health**
  - Stress, anxiety, and depression in women.
  - Impact of hormonal changes on mental health.

# Menstrual health and disorders (e.g., dysmenorrhea, PCOS).

- ▶ Normal menstrual cycle: 21-35 days, lasting 3-7 days
- ▶ **Dysmenorrhea**
- ▶ Definition: Painful menstruation
- ▶ Types:
  - ▶ **Primary Dysmenorrhea:** Pain due to menstrual cramps, usually starts 1-2 days before menstruation.
  - ▶ **Secondary Dysmenorrhea:** Pain caused by underlying conditions (e.g., endometriosis, fibroids).
- ▶ Symptoms: Cramps, nausea, headache, fatigue.
- ▶ Management:
  - ▶ Pain relief (NSAIDs)
  - ▶ Hormonal contraceptives
  - ▶ Lifestyle changes (exercise, heat therapy)

▶ **Polycystic Ovary Syndrome (PCOS)**

▶ Definition: Hormonal disorder causing enlarged ovaries with cysts

▶ Symptoms:

▶ Irregular menstrual cycles

▶ Excess hair growth (hirsutism)

▶ Acne and oily skin

▶ Weight gain

▶ Causes: Insulin resistance, hormonal imbalance.

▶ Management:

▶ Lifestyle modifications (diet, exercise)

▶ Medications (birth control, metformin)

▶ Fertility treatments (if desired)

▶ **Conclusion**

▶ Importance of seeking medical advice for menstrual disorders

▶ Regular monitoring and management can improve quality of life

# Fibroids

**Definition:** Fibroids, also known as uterine leiomyomas or myomas, are noncancerous growths of muscle tissue in the uterus. They can vary in size, number, and location within the uterus.

**Symptoms:** Many women with fibroids experience no symptoms. However, when symptoms occur, they may include:

- ▶ Heavy or prolonged menstrual bleeding
- ▶ Pelvic pain or pressure
- ▶ Frequent urination
- ▶ Difficulty emptying the bladder
- ▶ Pain during intercourse
- ▶ Back pain

**Causes:** The exact cause of fibroids is not well understood, but factors that may contribute include:

- ▶ Hormonal influences (estrogen and progesterone)
- ▶ Genetic factors
- ▶ Growth factors that regulate cell growth
- ▶ **Diagnosis:** Fibroids can be diagnosed through:
  - ▶ Pelvic exam
  - ▶ Ultrasound
  - ▶ MRI
  - ▶ Hysteroscopy (inserting a camera into the uterus)

**Management:** Treatment options depend on the size, location, and symptoms:

- ▶ Monitoring (if asymptomatic)
- ▶ Medications (hormonal treatments to manage symptoms)
- ▶ Minimally invasive procedures (uterine artery embolization, myomectomy)
- ▶ Surgical options (hysterectomy for severe cases)

**Impact:** Fibroids can significantly impact a woman's quality of life, particularly if they cause symptoms, and may affect fertility in some cases.



# Pregnancy-related issues (e.g., back pain, pelvic pain).

## ▶ Back Pain in Pregnancy

▶ **Prevalence:** Affects approximately 50-80% of pregnant women

### ▶ **Causes:**

- ▶ Hormonal changes (relaxin hormone loosening ligaments)
- ▶ Increased weight and changes in posture
- ▶ Stress on the back from the growing uterus

### ▶ **Symptoms:**

- ▶ Lower back pain, often radiating to hips and legs
- ▶ Muscle spasms

### ▶ **Management:**

- ▶ Exercise (pelvic tilts, stretching)
- ▶ Physical therapy
- ▶ Heat/ice application
- ▶ Proper posture and body mechanics
- ▶ Supportive pillows

## ▶ Pelvic Pain in Pregnancy

▶ **Prevalence:** Common in late pregnancy

### ▶ **Causes:**

- ▶ Round ligament pain (stretching of ligaments)
- ▶ Pelvic girdle pain (joint instability in the pelvis)
- ▶ Pressure from the growing fetus

### ▶ **Symptoms:**

- ▶ Sharp or aching pain in the pelvic area
- ▶ Discomfort during walking or changing positions

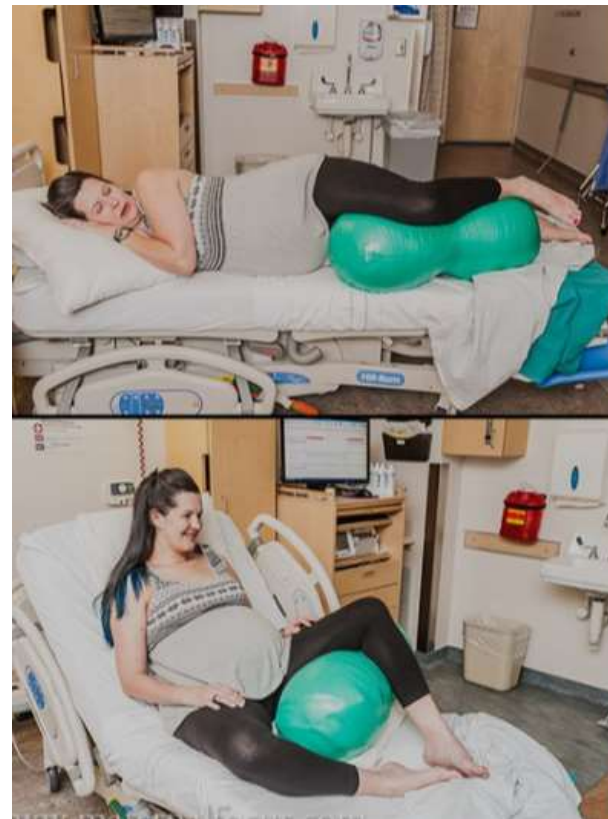
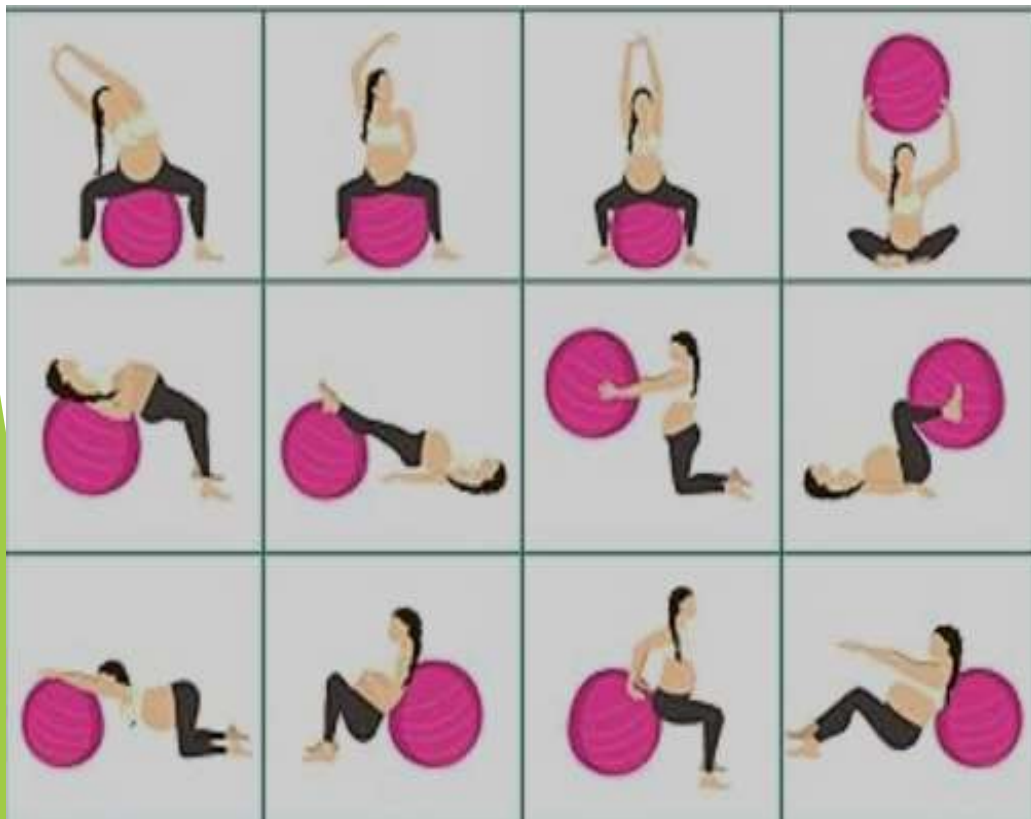
### ▶ **Management:**

- ▶ Pelvic support belts
- ▶ Gentle exercises (walking, swimming)
- ▶ Rest and avoiding high-impact activities
- ▶ Physical therapy for strengthening and mobility

# PREGNANCY AND POST-PARTUM

POSTURAL CHANGE	CONDITIONS	IMPAIRED FUNCTIONS
Head forward posture	Thoracic, lumbo-pelvic, sacroiliac and pubic symphysis dysfunction	Antalgic gait
Protracted shoulder girdle	Diastasis rectus abdominus	Decreased activity and sitting tolerance
Excessive thoracic kyphosis	Carpal tunnel syndrome	Joint instability
Altered lumbar lordosis	Stress urinary incontinence	Pain with movement, with weight bearing or with static postures
Knee hyperextension	Pelvic floor trauma	
Excessive pronation/supination (foot)		

# PREGNANCY- From swiss ball to peanut ball to enhance process of labor

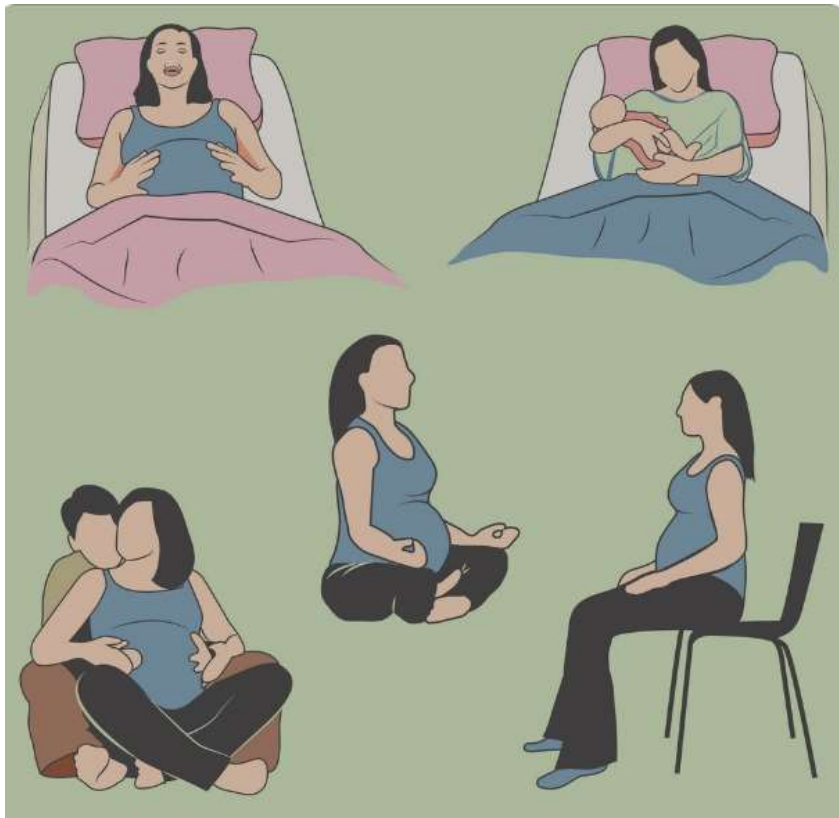


# REBOZO- For aligning the baby in optimal birthing position



- ▶ REBOZO , the technique involves using a scarf or other strong piece of fabric to gently rock the woman's body, bringing relief to the muscles and ligaments around the abdominal and pelvic region.
- ▶ This technique involves wrapping the rebozo around the woman's belly as she kneels over an exercise ball. However the rebozo may also be wrapped around the hips or buttocks as she leans against a wall or lies on a bed for support. A support person holds the ends of the rebozo and uses it to gently rock the woman's hips or belly from side to side in a rhythmic motion. These movements have been described as pelvic massage, rocking or jiggling.
- ▶ This technique is used to massage or shift the woman , thereby encouraging fetal rotation and optimum positioning during Labour.
- ▶ Best pain relief during labor

# LAMAZE breathing to manage labor pain



- ▶ Lamaze breathing is a conscious breathing technique that focuses on slow, deep breaths. It is also known as the psychoprophylactic method.
- ▶ It was popularized in the 1950s by French obstetrician Fernand Lamaze.
- ▶ In Lamaze classes, Women move, change position, slow dance, sway on birth balls, learn massage, and identify the countless other ways they normally relax and find comfort.



# Is there any role of physiotherapy in labor dystocia? Or stalling of labor

- ▶ **What is labor dystocia or when labor stalls out?**
- ▶ Failure to progress in labor is a situation in which labor stalls out or stops. This can relate to the cervix not dilating enough, the baby's head not engaging with mother's pelvis, differences between the size of baby's head and mother's pelvis or contractions not being sufficiently strong or frequent to push the baby out among other factors.
- ▶ There may be different names for abnormal labor patterns. Officially, abnormal labor is called labor dystocia, but is also known as prolonged labor, protracted or arrested labor or protracted and arrested descent among other names.

# PROLONGED LABOR

- ▶ **When labor fails to progress?**
- ▶ Medical professionals have established timelines for what is considered a “normal progression” of labor. If some of the markers of progress (such as cervical dilation and effacement) are delayed or stalled, staff must evaluate whether there is an “arrest of labor”. If there is, medical professionals should try a number of interventions to assist with vaginal birth. However allowing a labor to continue for too long carries health risks for both the mother and child, including oxygen deprivation in the child, hemorrhaging, permanent injury, infection and trauma. Therefore if initial attempts to intervene are unsuccessful, medical professionals must be prepared to move onto a C-section delivery in order to ensure that harm from prolonged labor is avoided.

# LABOR POSITIONS



Side Lying



Tuck Position



Semi Sitting Lunge



Fire Hydrant



Forward Leaning



Straddling



Pushing



Sims Position



# Postpartum recovery and challenges

The postpartum period is a critical time for new mothers.

Challenges can include physical, emotional, and social adjustments.

## ► Common Postpartum Challenges

Physical recovery (e.g., perineal pain, C-section recovery)

Emotional health (e.g., postpartum depression and anxiety)

Sleep deprivation

Breastfeeding difficulties

Adjusting to new roles and responsibilities

# POST PARTUM HEALTH ISSUES AND PATIENT'S CONCERNS

CONDITION/ CONCERN	DIAGNOSTIC CONSIDERATION	TREATMENT CONSIDERATION	NOTES
URINARY INCONTINENCE	Evaluation includes history, examination including cough stress test with a full bladder and assessment of urethral mobility, urine analysis and measurement of post void residual urinary volume	Bladder training, weight loss, pelvic floor exercises effective as first line treatment	More an one third women experience moderate to severe urinary incontinence in 1 <sup>st</sup> year of post partum
HAEMORRHOIDS & CONSTIPATION	Consider effects of medicines and supplements such as iron	Increased dietary fiber and water intake. Osmotic laxatives (polyethylene glycol (Miralax) or lactulose) recommended for constipation Stool softeners for haemorrhoids May need excision or ligation for refractory haemorrhoids or grade III or higher	Constipation may affect upto 25% of women in the 1 <sup>st</sup> year post partum

sexuality	Symptoms of low postpartum libido caused by low estrogen levels and psychosocial factors	Reassurance usually appropriate, resolves over time	Address earlier return of sexual activity with contraception to avoid unintended closely spaced pregnancies
contraception		For women who are breast feeding progestin only methods can be used immediately postpartum Timing: offer progestin only methods immediately (no estrogen until 3 weeks postpartum) to all women regardless of lactation	Immediate use is not harmful to infant Can improve pregnancy spacing Intervention during pregnancy is superior to postpartum period Earlier introduction of contraception

## Recent Advancements in Postpartum Care

### Enhanced Mental Health Support

- ▶ **Integration of Telehealth Services:** Increased access to mental health resources through virtual therapy sessions, allowing mothers to seek help from home.
- ▶ **Screening Tools:** Adoption of standardized screening tools (e.g., PHQ-9, Edinburgh Postnatal Depression Scale) to identify and address postpartum depression early.

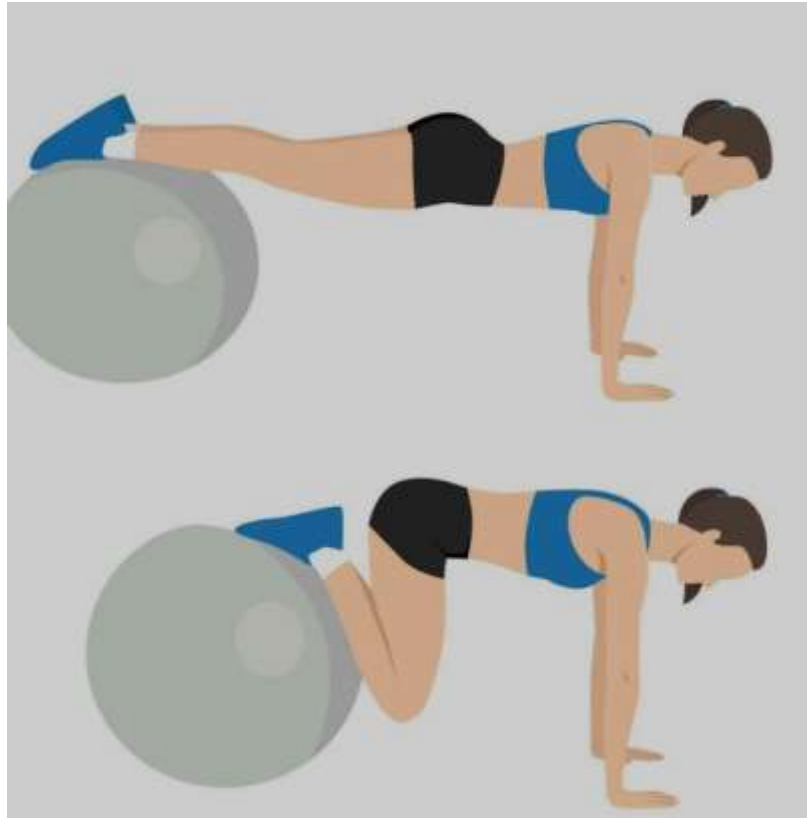
### Personalized Recovery Plans

- ▶ **Customized Care Approaches:** Tailored postpartum recovery plans that consider individual health histories, lifestyle, and preferences, improving outcomes and satisfaction.
- ▶ **Holistic Approaches:** Incorporation of nutrition, physical therapy, and mental wellness into recovery plans, recognizing the interconnectedness of physical and emotional health.

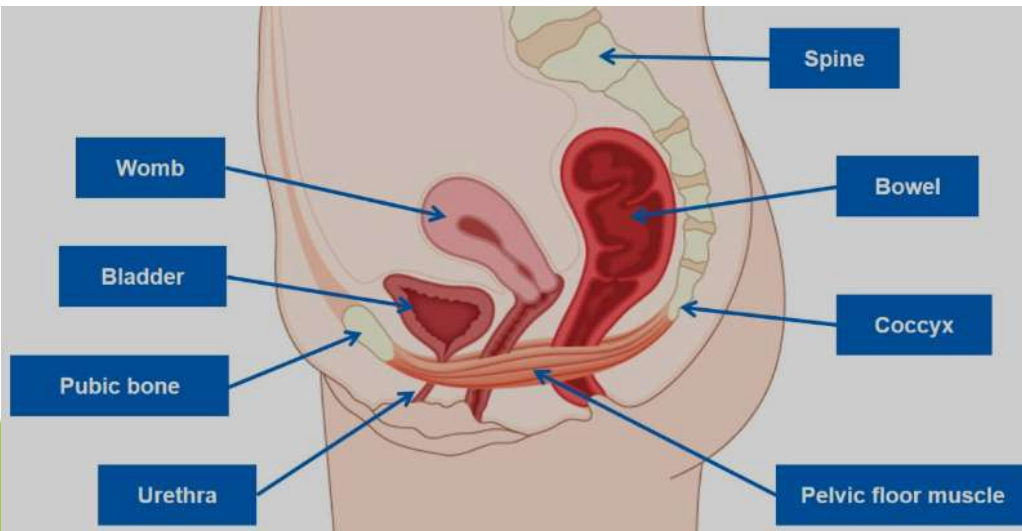
### Technology-Driven Innovations

- ▶ **Wearable Devices:** Use of wearable technology to monitor physical recovery (e.g., heart rate, activity levels) and support mental well-being through mindfulness and relaxation apps.
- ▶ **Mobile Apps:** Development of postpartum care apps that offer resources for self-care, tracking recovery, and connecting with healthcare providers

# Post partum exercises



# Pelvic floor- levator ani (pubococcygeus, puborectalis, iliococcygeus)



- ▶ Structural support & maintain continence
- ▶ Pelvic organ prolapse and incontinence results from obstetric causes and hormone related ligament laxity.
- ▶ Other causes: chronic coughing, obesity, weak muscles, long term heavy weight lifting, smoking, connective tissue disorder, operative vaginal delivery, prolonged labor, multiparity.

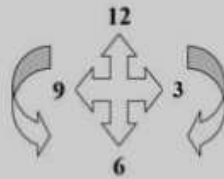
# KEGELS- pelvic floor rehabilitation





# Pelvic clock exercises

## PELVIC CLOCK



Lie on your back with knees bent and feet shoulder width apart.

**12 o'clock:** Slowly draw in your stomach muscles toward your spine as you roll your front hip bones toward your head and flatten your back onto the mat. This puts your pelvis in a "posterior tilt."

**6 o'clock:** Drop your front hip bones down toward your feet and roll onto your tailbone. The stomach muscles will relax and your back should arch off the mat slightly. This puts your pelvis in an "anterior tilt."

**3 o'clock:** Drop your left hip bone down toward the mat and as you do your right hip bone should lift toward the ceiling. Be careful not to hike your hip up toward your shoulder. You want to feel that your pelvis is trying to face left.

**9 o'clock:** Repeat as for 3 o'clock but drop your right hip bone down toward the mat, lifting your left up one toward the ceiling. The pelvis will try and face to the right.

**Clockwise:** Sweep around the clock, touching each number in a clockwise direction.

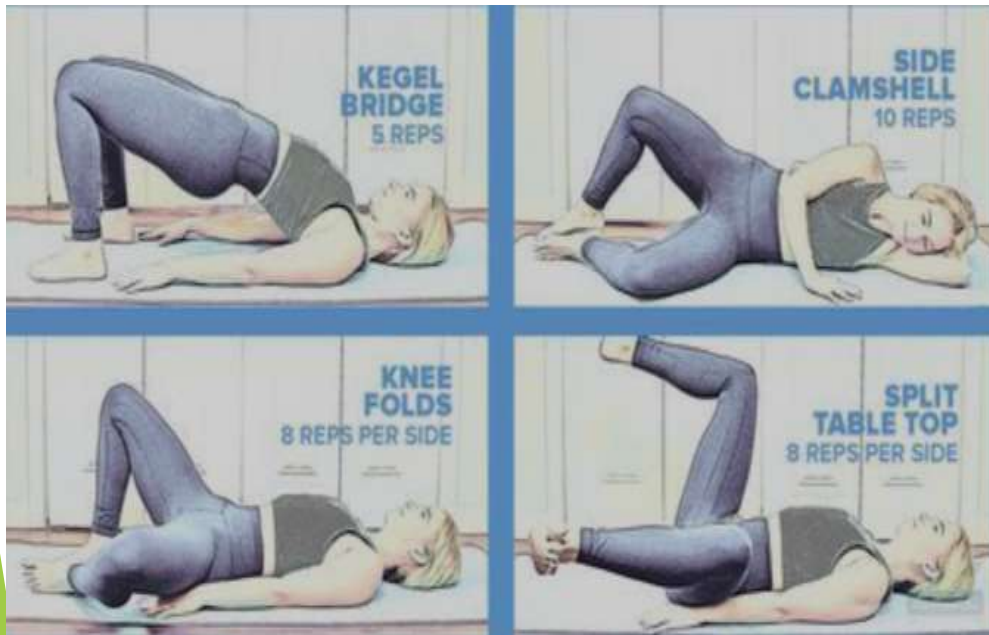
**Counterclockwise:** Sweep around the clock, touching each number in a counterclockwise direction.

- All motion should come from your pelvis (relax your upper back and neck)
- Avoid pushing through your feet
- Minimize leg movement from side to side
- Breathe normally – through your rib cage not your stomach
- Discontinue the exercise if you experience pain/discomfort





# Pelvic floor strengthening



# REVERSE KEGELS



## Pelvic Floor Muscle Training

Correctly Contract



Completely Let Go



Active at right times

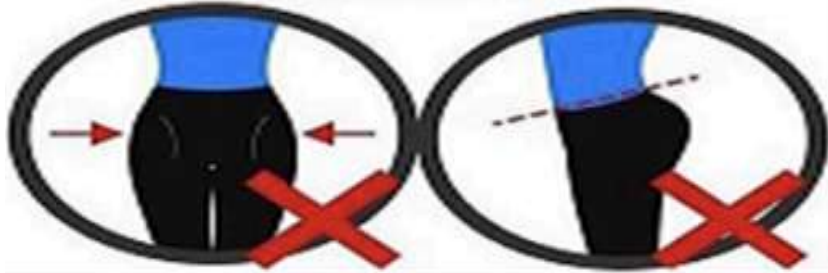


Relaxed at right times



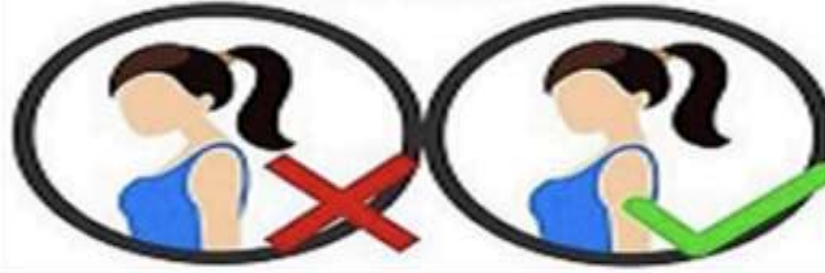
## #1 HIP ALIGNMENT

- A. STOP CLENCHING YOUR GLUTES!
- B. STOP STICKING YOUR BUTT OUT!  
(ANTERIOR PELVIC TILT)



## #2 HEAD ALIGNMENT

- NO FORWARD HEAD POSTURE. MAKE SURE YOUR HEAD IS BACK IN LINE WITH YOUR BODY.



# 5 WAYS TO IMPROVE YOUR PELVIC FLOOR

@DrSarahDuvall

## #3 COORDINATE DIAPHRAGM & PELVIC FLOOR



DEEP INHALES HELP BUILD STRENGTH NATURALLY. SHALLOW INHALES LEAD TO DYSFUNCTION.

## #4 DEEP CORE EXERCISES

STRENGTHEN TRANSVERSE ABDOMINALS



## #5 MIDBACK MOBILITY

A STIFF, HUNCHED MIDBACK CAN DECREASE GREAT BREATHING AND IMPACT THE PF.



# Pelvic tools used for exercising



# Transverse abdominis activation

## Core Activation

### Transverse Abdominis Activation

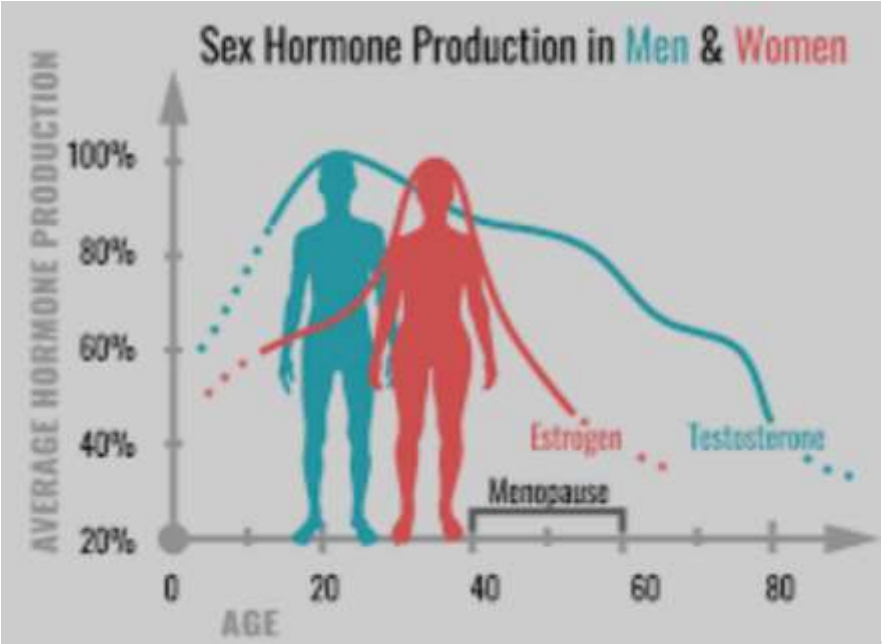
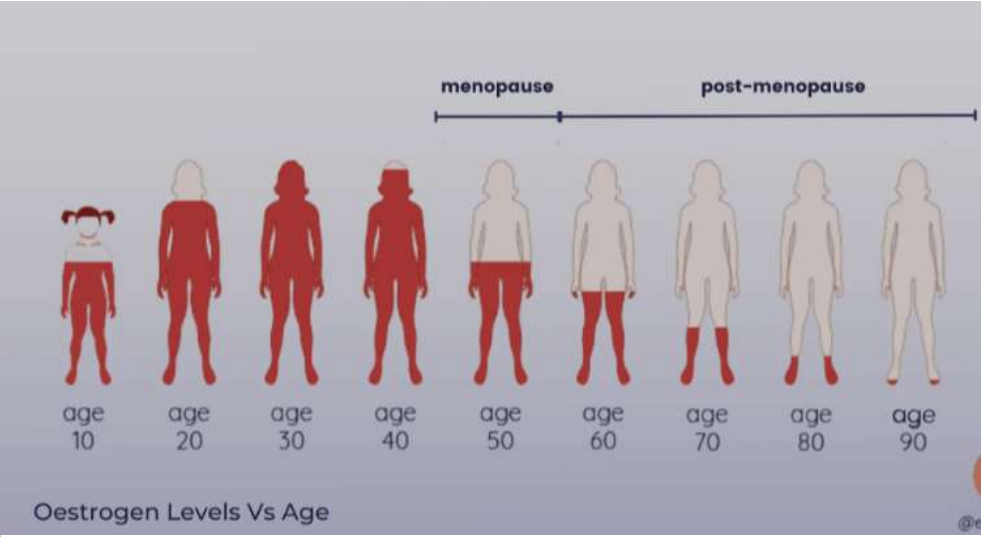
- Place fingers above the iliac crests and activate the TA
- Once activated, squeeze the ball and hold for 5-10 count



# Menopause and its impact on physical health

- ▶ **What is Menopause?**
- ▶ Menopause is a natural biological process that marks the end of a woman's menstrual cycles, typically occurring between the ages of 45 and 55. It is officially diagnosed after 12 consecutive months without a menstrual period. The transition to menopause, known as perimenopause, can start several years earlier and is characterized by hormonal fluctuations, primarily a decrease in estrogen production.

# Decrease in estrogen





# Symptoms of Menopause

Menopause can lead to various physical and emotional symptoms, including:

**Hot Flashes:** Sudden feelings of warmth, often accompanied by sweating and flushing.

**Night Sweats:** Hot flashes that occur during sleep, disrupting rest.

**Mood Changes:** Increased risk of anxiety, depression, and irritability due to hormonal changes.

**Sleep Disturbances:** Difficulty falling asleep or staying asleep, often exacerbated by night sweats.

**Vaginal Dryness:** Decreased estrogen can lead to thinning vaginal tissues, causing discomfort during intercourse.

**Urinary Changes:** Increased risk of urinary incontinence and recurrent urinary tract infections (UTIs).

**Changes in Menstrual Cycle:** Irregular periods leading up to menopause

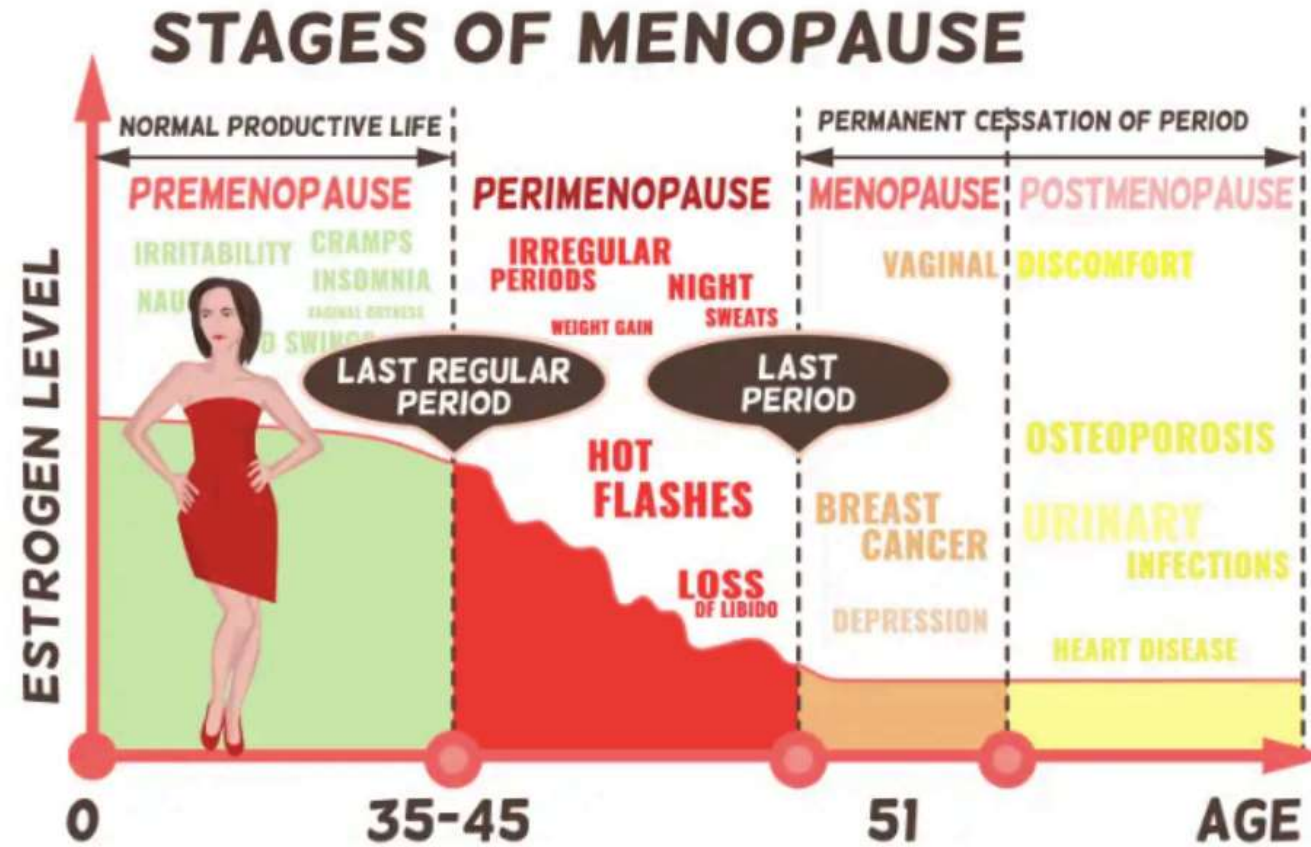
# s/s of low estrogen & progesterone



## SYMPTOMS OF LOW ESTROGEN

- Irregular or missed periods
- Mood swings
- Hot flashes
- Tenderness of breasts
- Headaches or worsening of migraines
- Depression
- Fatigue
- Trouble concentrating
- Decreased or absence of libido
- Pain during intercourse
- Lack of vaginal lubrication
- Vaginal loosening

# What are the different stages of menopause?



# Long-Term Health Impacts

## Bone Health

- ▶ **Increased Risk of Osteoporosis:** Estrogen is essential for bone density. Its decline during menopause increases the risk of osteoporosis and fractures.

## Cardiovascular Health

- ▶ **Higher Risk of Heart Disease:** Estrogen has protective effects on the cardiovascular system. After menopause, women may experience an increase in LDL cholesterol and a decrease in HDL cholesterol, raising the risk of heart disease.

## Weight Gain and Metabolism

- ▶ **Changes in Body Composition:** Hormonal shifts can lead to weight gain, particularly around the abdomen, and a decrease in metabolic rate.

## Mental Health

- ▶ **Increased Risk of Cognitive Decline:** Some studies suggest that menopause may be associated with a higher risk of cognitive decline and conditions like Alzheimer's disease.

## Sexual Health

- ▶ **Impact on Libido:** Hormonal changes can affect sexual desire and arousal, leading to challenges in intimate relationships.

# Management and Support

## Lifestyle Modifications:

- ▶ Regular exercise, a balanced diet, and weight management can help mitigate some symptoms and health risks associated with menopause.
- ▶ Stress management techniques, including mindfulness, yoga, and therapy, can support emotional well-being.

## Medical Treatments:

- ▶ **Hormone Replacement Therapy (HRT):** HRT can help alleviate many menopausal symptoms by replenishing estrogen and progesterone levels. It may also reduce the risk of osteoporosis and heart disease in some women.
- ▶ **Non-Hormonal Medications:** Options such as antidepressants or medications specifically for hot flashes can be effective for those who cannot or prefer not to use HRT.

## Regular Health Check-Ups:

- ▶ Routine screenings for bone density, cardiovascular health, and overall wellness are essential for monitoring and managing health risks during and after menopause.



# Menopause

And moving through it

## Her non-negotiables:



### 1. A flowing warm up

Prepare your joints, muscles and mind for a great workout



### 2. A low intensity movement

Lie down, let go and stretch



### 3. Hydrate

Stay hydrated before, during and after your training / session



### 4. Remember pelvic floor

Two minutes of pelvic floor exercise per session



### 5. Fuel right

Fuel sensibly - give the body the energy it needs

## Moving in menopause

The five families of exercise



### Cardiovascular Fitness

**Exercises:** netball, running, swimming, cycling, dancing



### Strength training

**Exercises:** squats, press-ups, resistance training, body pump



### Impact & coordination

**Exercises:** walking, dancing, netball, skating



### Mobility

**Exercises:** yoga, dance classes, aqua aerobics, pilates



### Breathing

**Exercises:** tai-chi, mindfulness classes / apps, singing, yoga

## 5 Tips

for better body literacy



### Ask for help early

Know what's normal for you, and at the first whiff of menopause symptoms, see your GP



### Do what works for You

Moving, exercising and playing should feel good and give you joy



### Track your everything

Track not just exercise but also menopause symptoms, sleep, energy levels and mood



### Bladders and bowels

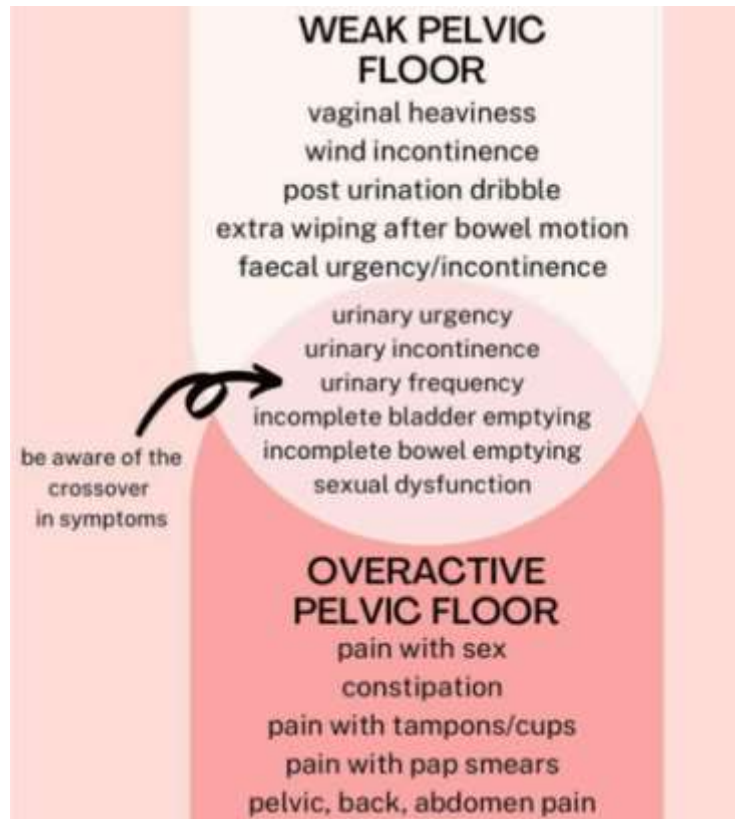
Notice how regularly you go, whether you're constipated and whether you or your bladder is in control



### Know your elephant

Stimulants like alcohol, sugar, and caffeine can pack a punch. Be aware of your habits which may not be helping your health

# Is there a difference between rehab protocol between a weak pelvic floor and tight pelvic floor?



### **Tight Pelvic Floor**

- ▶ A tight (or hypertonic) pelvic floor occurs when the muscles are too tense and do not relax properly.

#### **This can lead to:**

- ▶ Pelvic pain
- ▶ Painful intercourse
- ▶ Difficulty urinating or having bowel movements
- ▶ Constipation
- ▶ Lower back pain

#### **Causes:**

- ▶ Stress or anxiety
- ▶ Overuse of the pelvic muscles (e.g., from excessive Kegel exercises)
- ▶ Holding in urine or bowel movements frequently
- ▶ Trauma or injury
- ▶ Chronic conditions like interstitial cystitis or endometriosis

### **Weak Pelvic Floor**

- ▶ A weak pelvic floor occurs when the muscles are not strong enough to properly support the pelvic organs or control the flow of urine and bowel movements.

#### **This can lead to issues such as:**

- ▶ Urinary incontinence (leakage of urine)
- ▶ Fecal incontinence (leakage of stool)
- ▶ Pelvic organ prolapse (when the pelvic organs drop due to lack of support)
- ▶ Sexual dysfunction

#### **Causes:**

- ▶ Childbirth
- ▶ Aging
- ▶ Obesity
- ▶ Chronic coughing (from conditions like asthma or smoking)
- ▶ Heavy lifting



# EXERCISE PROTOCOL

## For Weak Pelvic Floor:

- ▶ **Kegel Exercises:** The most common exercises for strengthening the pelvic floor.
  - ▶ **How to do them:** Contract the pelvic floor muscles as if you're trying to stop the flow of urine. Hold for 5-10 seconds, then relax for the same amount of time. Repeat 10-15 times, 3 times a day.
- ▶ **Bridge Exercise:**
  - ▶ **How to do it:** Lie on your back with your knees bent and feet flat on the floor. Lift your hips towards the ceiling, squeezing your glutes and pelvic floor muscles. Hold for a few seconds and then lower down slowly. Repeat 10-15 times.
- ▶ **Squats:**
  - ▶ **How to do them:** Stand with your feet shoulder-width apart, lower your body as if sitting in a chair, and squeeze your pelvic floor muscles as you come back up to a standing position. Repeat 10-15 times.

## For Tight Pelvic Floor:

- ▶ **Diaphragmatic Breathing (Deep Belly Breathing):**
  - ▶ **How to do it:** Sit or lie down in a comfortable position. Breathe deeply into your belly, allowing it to expand as you inhale and contract as you exhale. Focus on relaxing the pelvic floor muscles as you exhale. Practice for 5-10 minutes daily.
- ▶ **Child's Pose (Yoga Pose):**
  - ▶ **How to do it:** Kneel on the floor, sit back on your heels, and stretch your arms forward, resting your forehead on the ground. Focus on relaxing your pelvic floor and breathing deeply. Hold for 1-2 minutes.
- ▶ **Pelvic Floor Drop:**
  - ▶ **How to do it:** Sit comfortably with your feet flat on the floor. Inhale deeply, then as you exhale, consciously relax and "drop" the pelvic floor muscles. Imagine your pelvic floor lowering or letting go. Repeat 10-15 times.

# PELVIC ORGAN PROLAPSE (POP)

- ▶ Pelvic organ prolapse (POP) is a condition where one or more of the pelvic organs (bladder, uterus, rectum, or small intestine) descend or herniate into or outside the vaginal canal due to weakness or damage to the pelvic floor muscles and tissues. Prolapse can affect women of all ages but is more common in older women and those who have had multiple vaginal deliveries.

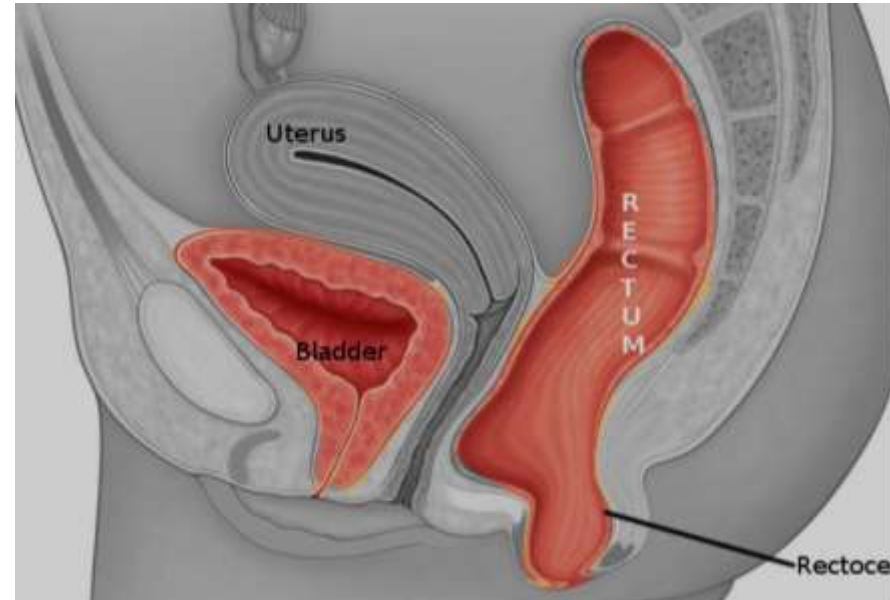
# Cystocele (Anterior Prolapse)

- ▶ Occurs when the bladder drops into the front wall of the vagina.
- ▶ Symptoms: Urinary incontinence, frequent urination, incomplete bladder emptying, and a feeling of pressure in the pelvic area.



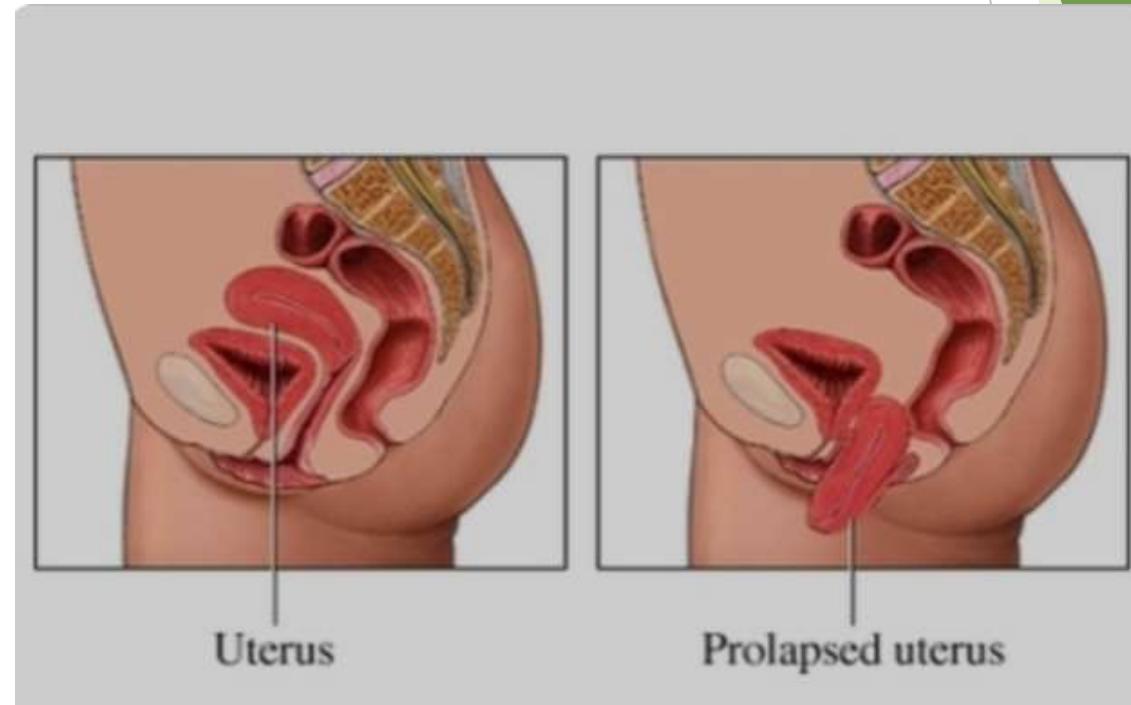
# Rectocele (Posterior Prolapse)

- ▶ Occurs when the rectum bulges into the back wall of the vagina.
- ▶ Symptoms: Difficulty with bowel movements, constipation, a sensation of rectal pressure, and the need to manually push the rectum back into place during bowel movements.



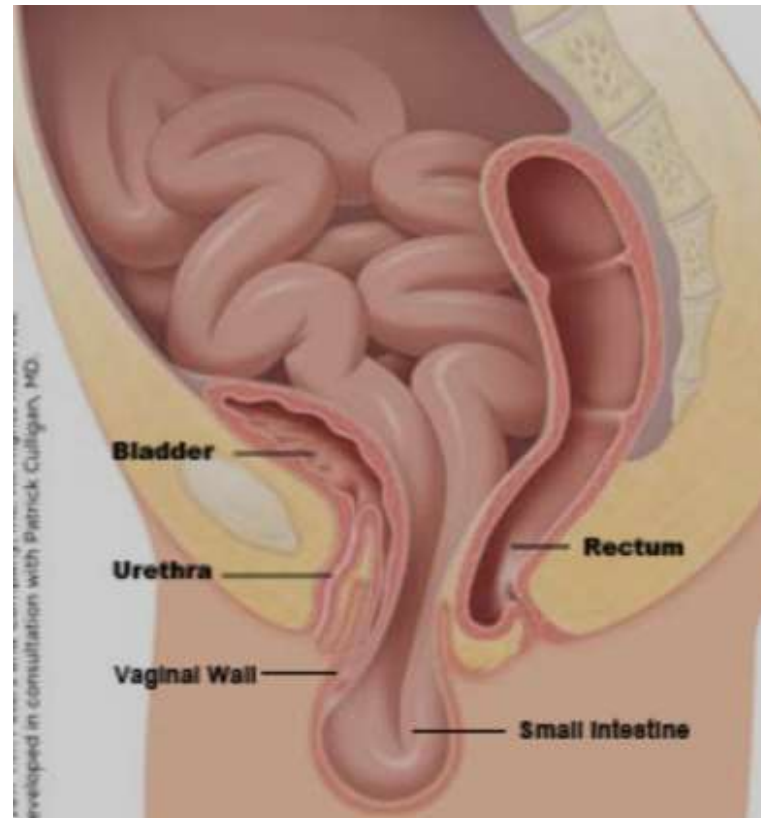
# Uterine Prolapse

- ▶ Occurs when the uterus descends into or outside the vaginal canal.
- ▶ Symptoms: A sensation of heaviness or pulling in the pelvis, tissue protruding from the vagina, lower back pain, and difficulty with sexual intercourse.



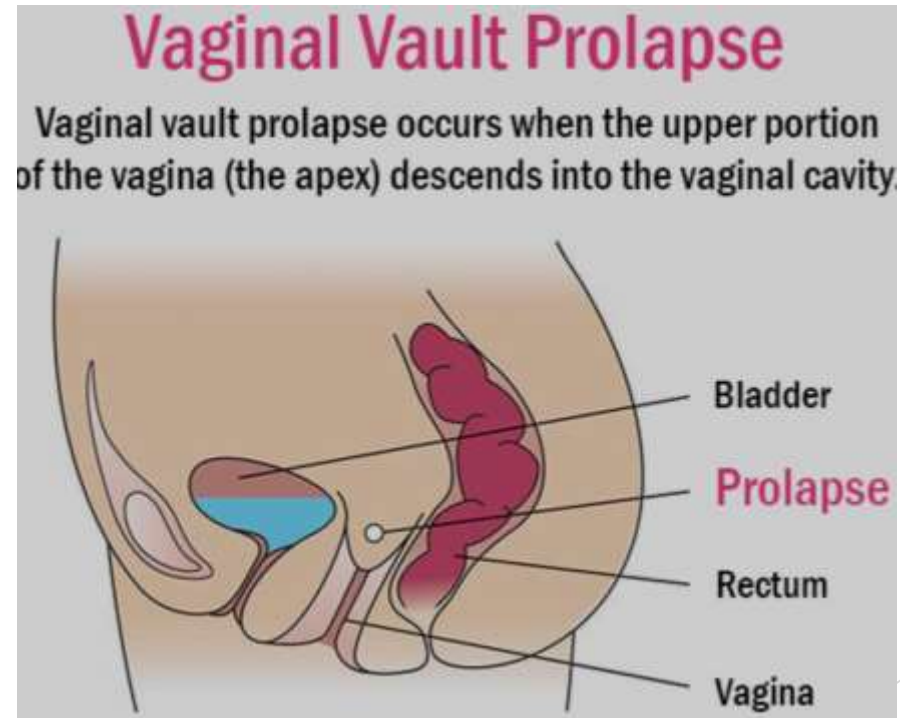
# Enterocoele (Small Bowel Prolapse)

- ▶ Occurs when the small intestine drops into the lower pelvic cavity and presses against the vaginal wall.
- ▶ Symptoms: Pelvic pressure, lower back pain, and a bulge in the vagina.



# Vaginal Vault Prolapse

- ▶ Occurs in women who have had a hysterectomy when the top of the vagina (vaginal vault) drops.
- ▶ Symptoms: Vaginal bulge, pelvic pressure, and difficulty with bowel movements.





# Prolapse

## Causes and Risk Factors

- ▶ **Childbirth:** Vaginal delivery, especially with large babies, multiple births, or difficult labor, can stretch or tear the pelvic floor muscles and connective tissues.
- ▶ **Aging:** The risk increases with age, particularly after menopause due to decreased estrogen levels, which weakens the pelvic tissues.
- ▶ **Genetics:** Some women are genetically predisposed to weaker connective tissues.
- ▶ **Obesity:** Excess weight puts additional pressure on the pelvic floor.
- ▶ **Chronic Cough:** Conditions that cause chronic coughing (e.g., smoking, lung conditions) can weaken the pelvic floor.
- ▶ **Heavy Lifting:** Regular heavy lifting, especially without proper support, can strain the pelvic floor muscles.
- ▶ **Constipation:** Straining during bowel movements increases pressure on the pelvic floor.

## Symptoms

- ▶ **Vaginal Bulge:** A visible or palpable bulge from the vagina, especially when standing or straining.
- ▶ **Pelvic Pressure or Heaviness:** A sensation of fullness or pulling in the pelvis.
- ▶ **Urinary Problems:** Incontinence, frequent urination, difficulty starting urination, or a weak urine stream.
- ▶ **Bowel Issues:** Constipation, difficulty emptying the bowels, or a feeling of incomplete evacuation.
- ▶ **Sexual Dysfunction:** Discomfort or pain during intercourse.
- ▶ **Lower Back Pain:** Persistent or intermittent lower back pain.



# PROLAPSE

## Surgical Treatments:

- ▶ **Vaginal Repair Surgery:** Surgery to repair the prolapsed organ(s) by lifting and supporting the tissues.
- ▶ **Hysterectomy:** Removal of the uterus may be recommended for uterine prolapse.
- ▶ **Sacrocolpopexy:** A surgical procedure that uses mesh to support the vaginal vault or uterus, typically done through the abdomen.
- ▶ **Colpocleisis:** A procedure that closes the vaginal canal, usually reserved for women who are not sexually active.

## Prevention

- ▶ **Pelvic Floor Exercises:** Regular Kegel exercises can help strengthen the pelvic floor muscles and prevent prolapse.
- ▶ **Maintain a Healthy Weight:** Reducing excess weight can decrease pressure on the pelvic floor.
- ▶ **Avoid Heavy Lifting:** If lifting is necessary, use proper techniques and avoid straining.
- ▶ **Manage Chronic Conditions:** Treating conditions that cause chronic coughing or constipation can reduce the risk of prolapse.

# Endometriosis

**Definition:** Endometriosis is a chronic condition where tissue similar to the lining of the uterus (endometrium) grows outside the uterus, often on the ovaries, fallopian tubes, and pelvic lining.

## Symptoms:

- ▶ Pelvic pain, often associated with menstruation
- ▶ Pain during intercourse
- ▶ Pain with bowel movements or urination
- ▶ Heavy menstrual periods or bleeding between periods
- ▶ Infertility

**Causes:** The exact cause is unknown, but potential factors include:

- ▶ Retrograde menstruation (menstrual flow backward through the fallopian tubes)
- ▶ Genetic predisposition
- ▶ Immune system disorders

## Diagnosis:

- ▶ Pelvic exam
- ▶ Ultrasound
- ▶ Laparoscopy (surgical procedure for a definitive diagnosis)

## Management:

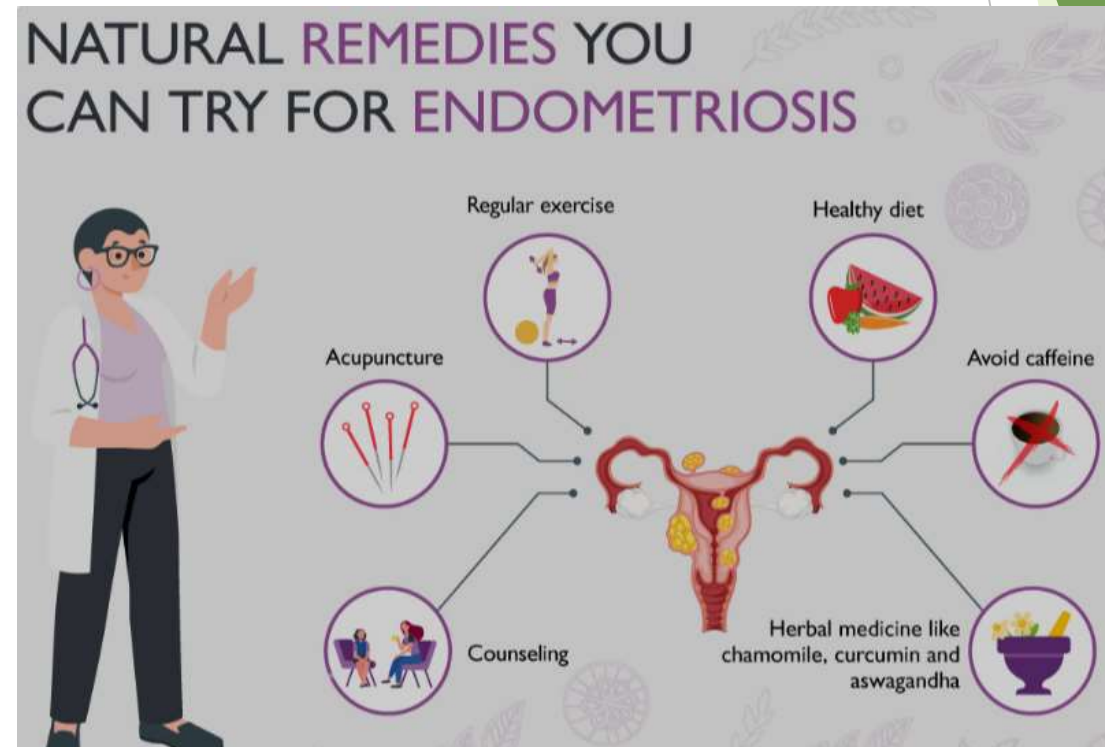
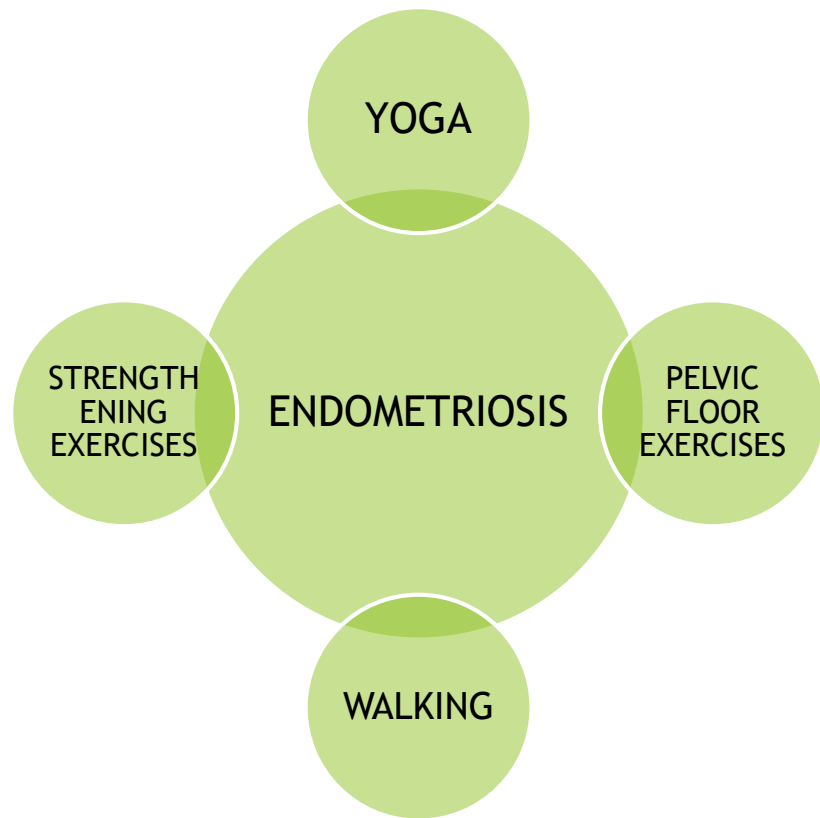
- ▶ Pain relief (NSAIDs)
- ▶ Hormonal therapies (birth control, GnRH agonists)
- ▶ Surgical options (laparoscopy to remove endometrial tissue)
- ▶ Lifestyle changes (diet, exercise)

**Impact:** Endometriosis can significantly affect quality of life, emotional well-being, and fertility, making early diagnosis and management crucial.

# WHAT IS THE ROLE OF PHYSIOTHERAPY IN INFERTILITY, ENDOMETRIOSIS AND PCOD



# TOP 4 THINGS TO DO FOR ENDOMETRIOSIS



# YOGA FOR ENDOMETRIOSIS



# STRENGTH TRAINING





# ROLE OF PHYSIOTHERAPY IN FOURTH TRIMESTER AND POST PARTUM DEPRESSION

## THE FOURTH TRIMESTER Baby Edition

First 3 months of baby's life

Baby adjusts to being outside the womb

Give baby warm baths to imitate the womb

Baby is mixing up day and night

Anticipate lots of crying and fussiness

Swaddling can help to calm baby

Skin to skin is encouraged

Your baby is recovering from being born

You and baby are going through a major transformation

@labor\_nurse\_mama

## The Silent Struggle Understanding Postpartum Depression

- Postpartum depression is a type of depression that affects new mothers
- It is characterized by feelings of sadness, hopelessness, & worthlessness.
- Symptoms may include anxiety, irritability, and loss of interest in activities
- Postpartum depression can make it difficult to bond with the baby.
- Hormonal changes, lack of sleep, & stress are possible causes of postpartum depression.
- It is a common condition that affects up to 1 in 5 new mothers.

# THE 4TH TRIMESTER & TRANSITIONING INTO MOTHERHOOD

## WHAT I EXPECTED

## MY ACTUAL REALITY

To love every moment of the newborn stage with cuddles and embrace

To feel mentally and physically trapped with brain fog I don't know how to overcome, and an insecurity about it all

To nip any feelings of anxiety or depression right away because I anticipated it

Not having control over my emotions and googling everything because I don't know if I am doing anything right.

To be able to get into a routine within a couple months being able to juggle it all

There's no such thing as a routine with a baby, and my type A self needs to calm down and go with the flow

To do things I used to pre baby lifestyle with no feelings of guilt

Everything I do seems to bring some sort of guilt

To transition my baby into our new lifestyle

To feel isolated with a loss of freedom and my personal identity





# Which is the best exercise in menopause to prevent osteoporosis and sarcopenia as we target more on strength training?

- ▶ Weight-Bearing Exercises
- ▶ Resistance Training
- ▶ Core Strengthening
- ▶ Compound Movements
- ▶ High-Impact Exercises (if suitable)

# The Ultimate Magic Wand



Improves mood

Increases skeletal muscle mass

Prevents injury

Reduces inflammation

Releases beneficial myokines

Positively affects cardiovascular health

Promotes longevity

Makes you look good naked

## Optimize Your Strength Workouts



MAJOR MUSCLES FIRST  
COMPOUND EXERCISES



UNILATERAL IF  
HEAVY ISN'T AN OPTION



PULL MORE THAN  
PUSH



STAND WHEN  
POSSIBLE



STABILIZE  
WITH CORE



SMALL MUSCLES  
LAST

Activate Window  
Go to Settings to activate

## Be active

at least  
**150**

minutes  
moderate intensity  
per week  
increased breathing  
able to talk



OR

or a combination of both

at least  
**75**

minutes  
vigorous intensity  
per week  
breathing fast  
difficulty talking



to keep muscles, bones and joints strong

**Build strength**

on at least  
**2** days a week



**Minimise sedentary time**  
Break up periods of inactivity



**Improve balance**  
2 days a week



For older adults, to reduce the chance of frailty and falls

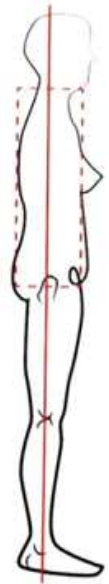
# VISCERAL THERAPY IN DISORDERS OF FEMALE REPRODUCTIVE ORGANS (2022)

- ▶ Dyspareunia is genital pain during sexual intercourse without constriction of the vagina.
- ▶ Dyspareunia can be caused by endometriosis. Premenstrual syndrome (PMS) is another common issue.
- ▶ All 3 can occur due to imbalance between female genital organs and their surrounding tissues with other structures of skeletal or visceral system.
- ▶ With impaired mobility and motility of organs, intra organ movement, vascular drainage, a pressure gradient between urogenital and diaphragmatic cylinders, dysfunctions in the area of the broad ligament of the uterus and fascial bonding occurs.
- ▶ In such situations, physiotherapy (egs. Visceral therapy) is very useful.

# Visceral therapy aims at restoring:

- Intra organ movement
- Reducing tension
- Focusing on the area of two cylinders of the trunk
- Supporting the functioning of vascular system in the vicinity of the uterus
- All these activities reduce pain and substantially change the functioning of the uterus and ovaries.

**Normal type**  
The normal central gravity line.  
From extremal auditory meatus to tivo-navicular joint.



**Posterior type**  
The central gravity line falls too far posterior.



**Anterior type**  
The central gravity line falls too far anterior.

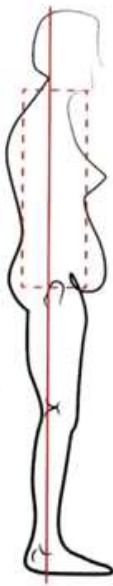


- ▶ In the **anterior projection** the internal organs tend to descend through the inspiratory position of the diaphragm. It is characterized with extensive tension within the trunk which results in an inappropriate pressure gradient. The pelvis is anteriorly tilted.

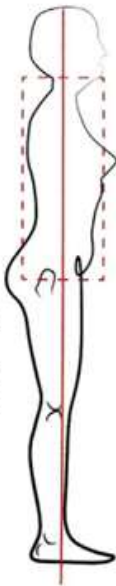
**Normal type**  
The normal central gravity line.  
From extremal auditory meatus to tivo-navicular joint.



**Posterior type**  
The central gravity line falls too far posterior.



**Anterior type**  
The central gravity line falls too far anterior.



- ▶ The posterior position features the expiratory position i.e a backward tilted pelvis, tension at the level of SI joints and the cervico-thoracic junction.



# Visceral therapy in somatic dysfunctions



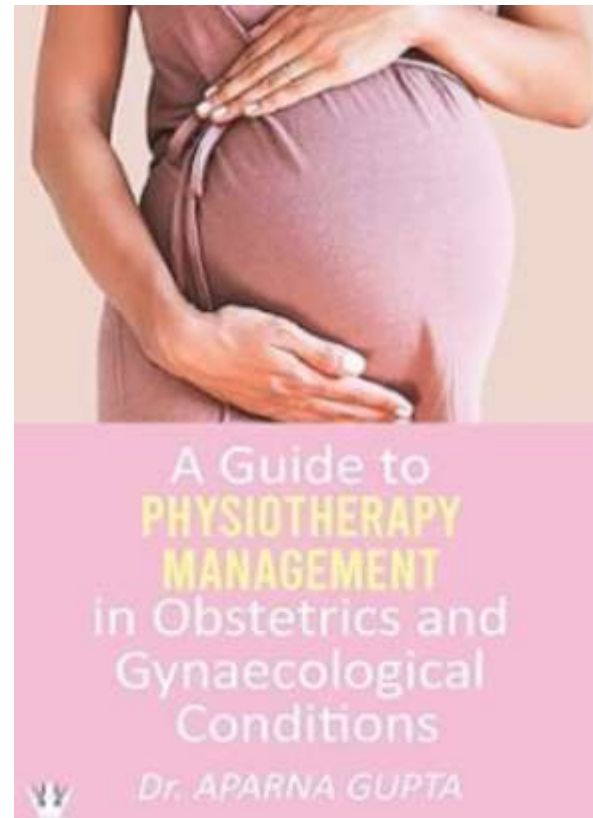
- ▶ Supporting the mobility and motility of the uterus also helps recover the mobility of the fallopian tubes and ovaries.
- ▶ This technique is important in the case of genital dysfunctions, as the restoration of vascular circulation, elimination of adhesions (fascial bonds within the organs), and coordination of organ movement with the respiratory rhythm and helpful for the organ to work.
- ▶ In the event of loss of uterine mobility, a general technique that relaxes the uterus is useful. It supports the drainage of blood vessels supplying this organ.



- ▶ Another option is indicated in the case of painful intercourse, premenstrual syndrome and painful periods.
- ▶ The procedure is based on regaining lost mobility in the area of the broad ligament of the uterus and consists of the patient lying down on her back placing her bent lower limbs on a couch and placing the therapist's hands close together on the patient's abdomen above the pubic symphysis.
- ▶ Delving into the tissues and displacement of the small intestine loop laterally allows a good contact with the uterus. It should be mobilised in this grip in order to obtain best tissue relaxation possible.

- ▶ The patient is lying on her back and the therapist is standing at the level of the patient's knee joints.
- ▶ The therapist places one hand on the sacrum of the woman and the other hand's wrist is above the pubic bone and the fingers are placed caudally. The tissues should be stretched up to the limit of resistance by moving both hands in opposite directions - with the hand upside down and forward, and the hand down at the bottom, up and backward.

# Book on PT in obs & gyn (available on amazon)



# Q & A

▶ THANK YOU

# COMMON PHYSIOTHERAPY MODALITIES IN OBSTETRICS AND GYNAECOLOGICAL CONDITIONS

- ▶ Pelvic floor exercises (PFE) egs. Kegels
- ▶ Deep breathing exercises (DBE)
- ▶ Graded strengthening exercises (GSE)
- ▶ Core stability exercises (CSE)
- ▶ Postural education (PE)
- ▶ Transcutaneous electrical nerve stimulations (TENS)
- ▶ Active assisted exercise (AAE)
- ▶ Ankle pump exercises (APE)
- ▶ Aerobic exercise (AE)
- ▶ Ultrasound therapy (UST)
- ▶ Massage therapy (MT)
- ▶ Positioning (PN)
- ▶ Assistive devices (AD) egs. Pelvic support belt, wrist support
- ▶ Relaxation technique (RT)
- ▶ Perineal massage (PM)
- ▶ Thermotherapy (TTx)
- ▶ Early mobilization (EM)
- ▶ Transfer training (TT)

# OBSTETRIC CONDITIONS

## ANTENATAL

low back ache (PE,PN,AD)  
Respiratory difficulty (RT, DBE)  
Pedal edema (APE, PN)  
Carpal tunnel Syndrome (EMS, AAE, TENS)  
Poor abdominal and pelvic muscle tone (GSE, CSE, PFE)



## INTRAPARTUM

Labour pain (TENS, RT, MT,TTX)  
Labour stress (RT, DBE)  
Childbirth related fatigue (PN,RT)



## POSTNATAL

Perineal pain (UST)  
Obstetric foot drop (EMS, AAE)  
Urinary incontinence (PFE)  
Symphysis pubic pain (TENS)  
Diastasis recti (GSE)  
Post caesarean (UST, DBE,PFE)  
Episiotomy and perineal tears (UST,PFE)



# GYNAECOLOGICAL CONDITIONS

## ▶ NON SURGICAL

- ❖ chronic pelvic inflammatory disease (TENS)
- ❖ Pelvic organ prolapse egs: uterine prolapse, cystocele, rectocele, vault prolapse (PFE, EMS)
- ❖ Urinary incontinence (EMS,PFE,EM)
- ❖ Dysmenorrhea (TENS)
- ❖ Cervical incompetence (PFE)
- ❖ Female sexual disorders egs. Vulvar pain, dyspareunia and vaginismus (PFE, EMS)
- ❖ Menopause symptoms egs. Joint pains and aches (GST,RT) hot flushes, insomnia (AE, MT)

## ▶ SURGICAL

- ❖ Hysterectomy (PFE, DBE, EM)
- ❖ Post operative pain (TENS, PM)
- ❖ Other gynecologic surgeries (EM,TT, DBE)
- ❖ Laparoscopic surgery (EM, TT, DBE)