

Restore your Core®

QUESTIONS TO ASK
YOUR PELVIC HEALTH
PROVIDER



SYMPTOMS AND ISSUES ADDRESSED BY YOUR PELVIC HEALTH PROVIDER INCLUDE:

- Urinary urgency/frequency
- Incontinence (leaking) urinary and fecal
- Difficulty emptying bladder
- Constipation
- Diastasis Recti (DRA or DR)
- Pelvic Organ Prolapse (POP)
- Painful intercourse or inability to have penetrative sex
- Difficulty reaching orgasm (Dyspareunia)
- Erectile Dysfunction (ED)
- Difficulty/pain inserting tampon
- Pelvic Girdle Pain (PGP)
- Sacroiliac Joint Dysfunction (SIJ Dysfunction)
- Symphysis Pubis Dysfunction (SPD)
- Hip pain
- Low back pain
- Chronic prostatitis (inflammation of the prostate)
- Hernia
- Hemorrhoids

QUESTIONS TO ASK YOUR PELVIC HEALTH PROVIDER:

Do you have experience with _____ (insert concern) and what is your success rate?

Every therapist will have different training and experience within the subspecialty of pelvic health. You want to know they have experience working with patients with similar concerns. Can they refer you to a colleague if this is not an area they specialize in?

What are your thoughts on Kegels? Can pelvic floor tension make things worse?

Kegels can be an appropriate part of the rehabilitation process, but they shouldn't be the only thing. Pelvic health is a whole-body issue, and target treatment with Kegels will often worsen symptoms. I would RUN if they said, "Kegels are the main way to resolve pelvic floor issues." "They are the gold standard." "I use them on all of my clients."

What factors contribute to pelvic pain?

Pain is complex. We know that pain can be a combination of many elements - one of them being acute tissue injury. If the pain is persistent and past the acute phase, we look at other psycho/social areas like stress, beliefs, tolerance levels, fear avoidance, and movement avoidance. To address that, we would want you to feel safe, comfortable, relaxed, confident, empowered - while we address areas of posture, form, alignment, breathing and exercises to achieve less pain and aim for a lower sensitization of the nervous system. I would RUN if they were unable to address that PAIN is an output of the brain and if they began to answer in a way where it feels like the pain is a result of something wrong with me or my tissues.

Will my symptoms improve with therapy, or will I need surgery?

If someone tells you that there's nothing you can do and surgery is your only option, please get a second opinion. If surgery is required, it is still essential to address movement and breathing patterns to ensure the best possible outcome post-surgery.

Do you do internal exams? Do you do an internal exam for prolapse while standing?

I would insist on being checked for prolapse while standing. Many women will not present with prolapse while lying on the exam table; it can be dramatically different when standing. Some therapists will even do an internal exam while performing moves like a squat or lifting a weight from the floor to see how your body responds to the demand.

Do you have to do an internal exam?

For a variety of reasons, many women do not want an internal exam. Find a practitioner who will meet you where you are at and support your personal choices. Some women do not want to know the grade of their prolapse because it can increase their anxiety. If you consent to an internal exam, you can tell the therapist that you do not want to know the grade. They can still let you know of changes one way or another if that is something that you want to know.



Is exercise ok while I am in treatment? Can I continue with my current exercise routine?

I would RUN if they said movement is not recommended. Motion is lotion; our bodies get good at what we do, our bodies get stronger with repetition. You might need to adjust and modify your current routine, and I would not recommend something intense. Still, I would encourage whole-body movements that support the pelvic floor. Movement can help down-train the nervous system, lessen inflammation, lessen symptoms, and give much-needed input into the pelvic floor.

Who is supervising my appointments? Will I be working with you or an assistant?

Many therapists will have someone specializing in movement, and you may be working with them more frequently than the therapist. This is not a red flag but something to be aware of.

How do you feel about my goal to return to lifting heavyweights?

You want to work with someone that supports your goals. Many women return to lifting heavy weights after healing a pelvic injury with a slow and methodical approach.

How do you feel about a return to running?

You're looking for something like "let's see." You want to work with someone that will support your goals. The body is capable of amazing things. It is possible to return to running with the appropriate treatment and time to heal.

What lifestyle factors should I address to support healing?

Pelvic health is a whole-body issue, looking at things like; alignment, breathing, movement patterns, daily tasks, bathroom habits, relaxation, and hormones all play a role in pelvic health and should be addressed.

Do you do internal manual release?

Muscular tension and adhesions from scar tissue (from birth, c-section, or other trauma) can significantly impact healing, and manual release can be an invaluable part of your healing.

Do you use a biofeedback machine?

These machines can be helpful for training pelvic floor musculature, releasing tension, and increasing the brain-body connection, but are they incorporating other things like addressing alignment, movement patterns, and breathing?

Will I be using a biofeedback device at home, or other at home devices, such as vaginal dilators?

The cost of these at-home options can be prohibitive.

Do you use ultrasound? Why or why not?

At one time, this was a rarity, but technology has changed immensely in the last few years, and these machines have become widely available at a reasonable price.

How easy will it be to schedule follow-up appointments?

Some practitioners have a busy practice, and it can be difficult to schedule or reschedule follow-up appointments.

How long will I be in treatment? How long will my appointments be? How frequently will I see you?

You need to be aware of their expectations and will it work with your other commitments and your finances. If time and money are tight; let your therapist know this so they can prioritize what to work on while in session and give you lots of tools to work with on your own.

What will we be doing in these appointments?

Will you spend your time on biofeedback machines, manual release, or working on improving your coordination, strength, and breathing patterns? Or a combination of these?

When will I know if what I'm doing is working?

There can be huge variability here, and it will depend significantly on how much you're able to do on your own, but it's still a valid question.

Will I be given work to do on my own? If so, what is the time commitment?

Healing does take time and consistent effort. Your therapist will provide you with an idea of what they expect from you in between sessions to see results.

Will pregnancy make my _____ (insert concern) worse?

Future pregnancies do not guarantee that your pelvic floor concerns will get worse. If you want to have more children, work with someone that is optimistic and encouraging and will support you through pregnancy.

Do you treat pregnant people? Do you do internal work while pregnant?

Something to consider if you plan to have more children.

Are they open to questions as you progress through therapy?

For example, how is this _____ (insert exercise) going to benefit this _____ (insert condition)? Or any other questions you have along the way. Understanding the treatment protocol and the how and why of what you're being asked to do will make you a more active participant in your healing journey.