Understanding the Pelvic Floor

Without running to Google, how many of us really understand our pelvic floors. How many of us, both men and women, understand its function and importance in our daily life? The truth is many of us are unaware that there are muscles inside our pelvis that serve important roles and like any other muscles in our body can become dysfunctional.

The Pelvic Floor

The pelvic floor muscles are voluntary, skeletal muscles. This means that we have control over their action, similarly to how we can contract our biceps or hamstrings at will. These muscles are located at the base of the pelvis and completely close its bony outlet. This network of muscles therefore provides support for our bladder, rectum, uterus (in women) and prostate (in men). They prevent the downward displacement or prolapse of these pelvic organs mentioned above, which is common occurrence in women over 50 years of age.

The pelvic floor muscles also wrap around the openings in our pelvis i.e. the urethra, anus and vagina (in women). In doing so these muscles work as sphincters, keeping these channels closed to prevent unwanted loss of urine, faeces or gas, therefore maintaining our continence.

As we can see thus far, pelvic floor muscles are necessary for a good quality of life. These muscles will contract and relax as we move, functioning as a pump to prevent pelvic congestion. They also allow for healthy sexual relationships; promoting arousal and allowing for penetration, erections and orgasms.

As if this was already not enough work for the pelvic floor muscles, they go on to promote the integrity of the joints in our bony pelvis and lumbar spine. Very often pain in our pelvis, lumbar spine and perineum are as a result of dysfunctional pelvic floor muscles.

Pelvic Floor Dysfunction

By now I am sure you are wondering exactly what constitutes dysfunction of these muscles. Maybe you are already suspecting some dysfunction in your own pelvic floor. Let us see.

Dysfunction in the pelvic floor of both men and women occurs either because the pelvic floor is loose and weak i.e hypotonic, or tight and weak i.e. hypertonic. There can also be situations where there is a combination of hypotonic and hypertonic muscles.

A few risk factors for hypotonic pelvic floor muscles include, abdominal/pelvic surgery, being overweight, multiple births or repetitive downward pressure on the pelvic floor e.g. chronic cough, heavy lifting or constipation. This hypotonicity means that these muscles are relaxed, weak and find it difficult contract. As a result, these muscles are unable to maintain continence, support the joints of the pelvis/lower back or support the pelvic organs. It therefore manifests as stress incontinence, joint pain/dysfunction and prolapse of pelvic organs into the vaginal space in women.

The idea that pelvic floor muscles could become over active i.e. hypertonic is a relatively new finding. Before, all dysfunction associated with the pelvic floor was being blamed on underactive, hypotonic muscles. Research has now shown that due to chronic pain, poor posture and trauma to the pelvic floor e.g. traumatic birth or sexual assault, to name a few, the pelvic floor muscles can lose their ability to relax.

Hypertonic muscles are weak and unable to contract effectively because they are rigid and stuck in one position. This weakness manifests in a number of ways including urge incontinence, pelvic pain including pain in the genitals/perineum and pain with sexual intercourse. Hypertonic pelvic floor muscles are also closely associated with Irritable Bowel Syndrome, Interstitial Cystitis and Chronic Non Bacterial Prostatitis.

Managing Pelvic Floor Dysfunction

Although the common thread in pelvic floor dysfunction is weakness, strengthening exercises are never indicated when there is tightness in the pelvic floor. Ideally, the length and tension of our pelvic floors should allow for strong contractions of the muscles, as well as complete relaxation.

Pelvic health physiotherapists have been specially trained to assess, prevent and treat pelvic floor dysfunction in men and women. It is therefore important to be assessed by your pelvic health physiotherapist to determine the type of dysfunction occurring in your pelvic floor muscles. Every pelvis/pelvic floor is different depending on the life experiences we have had. Treatment must be customized for each individual based on the findings of their examination. In the case of a hypertonic over active pelvic floor, relaxation techniques and exercises must always be started before strengthening exercises, commonly referred to as Kegels, are done. Kegels can often cause more harm than good when done at the wrong stage of treatment and when done incorrectly.

Many of us are unable to isolate our pelvic floor muscles and often contract muscles in the lower limbs when trying to contract our pelvic floor. Often times, persons will complain that they have been doing Kegels for years and are still incontinent. After an assessment and to their surprise they have been using the wrong muscles all along! It is therefore necessary to be initially taught these exercises while being given manual feedback from your pelvic health physiotherapist to ensure the correct muscles are being isolated.

Most important to note, is that symptoms such as incontinence, pelvic pain and others mentioned above, under any circumstance, especially after child birth or surgery should not be accepted as the norm. At any age, these symptoms are indicators of dysfunction which can be corrected by seeing your pelvic health physiotherapist. Should you be experiencing any of these

symptoms, contact a medical professional or pelvic health physiotherapist. Help is available and should be sought.

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Jasmine Evelyn is chartered physiotherapist and registered yoga teacher with special training in pelvic health. She has dedicated her practice to restoring pelvic health for everyone through physiotherapy and yoga.