

Cracking the Code Of Internal Pelvic Floor Treatment

The Missing Links to Successful Intravaginal Work



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The Pelvic Floor Muscles

LAB: External Pelvic Floor Muscles

INTENTION: To see if pelvic floor muscles have even tone and mobility



PATIENT POSITION	Supine, hooklying, prone, sidelying
HAND POSITION	Along inside edge of ischiums and coccyx as your boney landmarks for the pelvic floor muscles
DIRECTION OF MOTION	Feeling for muscle tone side to side
ASSESSMENT	Palpate medially of ischiums to coccyx to see if muscles give and have spring to them. Looking for even tone of muscles
TREATMENT	Direct pressure into tighter muscles until release occurs. Compressing ischium medially and coccyx anteriorly to facilitate release.

Special Notes: Only assess for difference in muscle tone in supine, prone or hooklying but not in sidelying. Sidelying is just a good treatment position.

LAB: Internal Levator Ani Release

INTENTION: To release the pelvic floor muscles internally



OR



PATIENT POSITION	Supine
HAND POSITION	Internal finger facing down on levator ani muscles. Other hand fingers and palm cupping both ischiums OR Fingers on coccyx and palm on same side ischium hand coming in at 45 angle
DIRECTION OF MOTION	Ischiums are brought together OR coccyx anterior, ischium medially as pressure is placed on tight pelvic floor muscles internally
ASSESSMENT	Increased tension in pelvic floor muscles
TREATMENT	Compress coccyx up toward ceiling, ischium medially as pressure downward on levator ani muscle internally until release is felt.

Special Notes: If muscle is not releasing within a minute start with breath and awareness then use other steps mentioned in lecture. NEVER FORCE THE MUSCLES TO RELEASE and NEVER CREATE PAIN!

LAB: Coccyx/Coccygeus Release

INTENTION: To make sure coccyx is midline and freely moving and coccygeus muscle is released



PATIENT POSITION	Supine
HAND POSITION	Outside hand- place fingers on coccyx and palm on ischium. Internal finger facing down deep in pelvic floor muscles on one side of coccyx. Mobilize coccyx externally to help find coccyx and muscles internally.
DIRECTION OF MOTION	Compression of both muscle and coccyx and ischium medially
ASSESSMENT	Increased tension in pelvic floor muscles on either side of coccyx
TREATMENT	Compress coccyx up toward ceiling, ischium medially as pressure downward on coccygeus muscle internally until release is felt.

Special Notes: Important to treat with this technique for any tailbone injuries. If can't reach coccygeus muscle move your hand toward the table to get underneath the rami bones and press hand into perineal tissues to reach further inside. Feel for movement of the tailbone and move laterally to know you are on coccygeus muscle.

LAB: External Anal Sphincter

INTENTION: To release tone in external anal sphincter muscle.



PATIENT POSITION	Supine
HAND POSITION	Index finger on perineal body and thumb on external anal sphincter. Other hand fingers on tailbone.
DIRECTION OF MOTION	Use a pinching pressure to check out connection between fingers, then take thumb and press around the clock of the anus feeling for any knots or restrictions in the sphincter
ASSESSMENT	To feel if any restriction/tone in perineal body tissue and in anal sphincter muscles. To make sure EAS is closed tight.
TREATMENT	Find knots in anal sphincter and compress between perineal body and anus to release upper half of sphincter and just press into knots in lower half with your fingernail until release is felt. Fingers of outside hand on coccyx compressing toward ceiling for release.

Special Notes: May need several rounds of assessment, treatment and reassessment to clear EAS.