Pelvic Floor Dysfunction

53-year-old female coming to P.T. with complaints of pelvic floor pressure, frequent UTIs, urgency, and dyspareunia. Symptoms started 1.5 years after breast cancer treatment including a bilateral mastectomy, chemo, radiation that was three years prior. Estrogen driven breast cancer. She had been seen by me 12 weeks post mastectomy surgery for PRI manual work, pec and neck inhibition and PRI facilitation techniques. She was PRI neutral in the neck, trunk, and pelvis post treatment with HAdLT scores at a 4/5 at discharge 1.5 years prior. She felt her current symptoms were related to the UTI's, however when the symptoms were present without the presence of UTI she wanted to check in to see if it was related to her posture or positioning. She was getting frequent UTIs after sexual intercourse with exacerbation of her symptoms.

Objective:

	LEFT	RIGHT
Cervical Axial Rotation	+	+
Cervical Lateral Flexion	-	+
HG IR	+	+
Shoulder Horizontal Abd	+	+
ADT	+	+
PADT	+	+
PART	-	-
EDT*	-	-
SLR*	90-95°	90-95°
SRT*	0 inches	
Functional Squat Test	1/5	
Hruska Abduction Lift Test	1/5	1/5

***PRI Patho Test Results**

Gait: Currently wearing Saucony Omnis. Extended with increased hip flexors and no trunk rotation. Decreased bilateral heel sense. Increase sense of outside and balls of feet with left and right stance.

HEP: Focused on inlet extension (posterior pelvic tilt) with hamstrings, IO/TAs, back and rectus abdominis inhibition with PME.

1. Wall and Chair Supported IO/TA
2. 90-90 Hip Lift (small towel roll under tailbone to assist with rectus abdominis inhibition)

*With techniques, focused on exhalation for internal pressure regulation via Kazoo

Other activities and considerations:

- Throughout day wear tennis shoes and try to avoid wearing high heels shoes if able. Sense heels.
- Pick a leg to stand on L>R—sense heels.
- Hold weight training until HALT 3/5 demonstrating pelvic stability.
- Walk and swing arms.

Assessment: All PRI tests were negative post-treatment with decrease pressure noted.

Plan: Follow up in two weeks unless problems arise.

Visit Two:

Subjective: Home program assists with symptoms; however, symptoms return quickly. Still a lot of pressure and she noticed increase rectus abdominis throughout the day after last P.T. appointment with discomfort at pubic symphysis.

Objective:

	LEFT	RIGHT
Cervical Axial Rotation	-	-
Cervical Lateral Flexion	-	-
HG IR	-	-
Shoulder Horizontal Abd	-	-
ADT	-	-
PADT	+	+
PART	-	-
*EDT**	-	-
*SLR**	85°	85°
*SRT**	0 inches	
Functional Squat Test	2/5	
Hruska Abduction Lift Test	2/5	2/5
Apical Expansion Test	+	+
Posterior Outlet Mediastinum Expansion Test	+	+

HEP: Continued to focus on bilateral inlet extension and IO/TA's with rectus abdominis and back inhibition with posterior mediastinum expansion.

1. Squatting Bar Reach 2/5 to 3/5
2. 90-90 Hip Lift with no towel roll and continue with kazoo

Other activities and considerations:

- Up and Down from chair/couch/toilet sense heels and let knees go forward sitting.
- Continue to walk and no weight lifting.

Assessment: All tests above were negative post-treatment with decrease pressure noted.

Plan: Follow up in 2-3 weeks. Earlier if problems.

Third Visit:
Subjective: Doing a lot better. Decrease pressure and pain noted. Symptoms increase at the end of the day, but able to go almost all day symptom free. Decrease heel sense with Saucony Omni's noted throughout the day.

Objective:

	LEFT	RIGHT
Cervical Axial Rotation	-	-
Cervical Lateral Flexion	-	-
HG IR	-	-
Shoulder Horizontal Abd	-	-
ADT	-	-
PADT	-	-
PART	-	-
EDT*	-	-
SLR*	85°	85°
SRT*	0 inches	
Functional Squat Test	2/5	
Hruska Abduction Lift Test	3/5	3/5
Apical Expansion Test	-	-
Posterior Outlet Mediastinum Expansion Test	-	-

HEP: Patient tested – bilaterally with PADT and Hruska Adduction Lift Test improved, but PRI Squat 2/5 and due to symptoms still present, practitioner continued to focus on pressure regulation with PME with inlet extension and IO/TAs.

1. Squatting Bar Reach 1/5 to/from 3/5 with respiratory focus. Exhalation into and out of squat with inhalation holding top or bottom of squat. Emphasized placed on pausing at end of exhale and not clenching bottom with inhalation.
2. Standing Supported Bilateral IO/TA
3. Supine Hooklying T8 Extension

Other activities and considerations:

- Brooks Adrenaline recommended. Able to sense heel, arch, and toes in left and right stance.

Assessment: Tolerated well and increase grounding noted post treatment.

Plan: Follow up in 2-3 weeks for progressing lumbo-pelvic stability.

Fourth Visit:
Subjective: Pressure and pubalgia pains are gone. Painful intercourse and/or UTI after intercourse better, but still present. Adrenalines are awesome and assist with whole foot sense throughout the day.

	LEFT	RIGHT
Cervical Axial Rotation	-	-
Cervical Lateral Flexion	-	-
HG IR	-	-
Shoulder Horizontal Abd	-	-
ADT	-	-
PADT	-	-
PART	-	-
EDT*	-	-
SLR*	85°	85°
SRT*	0 inches	
Functional Squat Test	3/5	
Hruska Abduction Lift Test	4/5	4/5
Apical Expansion Test	-	-
Posterior Outlet Mediastinum Expansion Test	-	-

HEP: Started to integration frontal plane left pelvis with inlet adduction and outlet abduction with IO/TA integration.

1. Squatting Bar Reach. She can get down to 4/5 PRI Squat with Bar but unable to reach. Goal to reach by next appointment.
2. All Four Right Arm Reach
3. Standing Supported Left Posterior Outlet Inhibition

Other activities and considerations:

- Topical creams suggested with handout provided. Also, encouraged patient to discuss with MD regarding an estrogen topical cream. Patient concerned as her breast cancer was Estrogen feed. Explained topical creams are topical and not systemic.
- Resume biking, weight lifting, and activity as desired.
- Footwear variability. Wear causal shoes that keep Hruska Clinic shoe list criteria for a “good” shoe.

Assessment: Tolerated well with no increase in symptoms.
Plan: Follow up in one month.

Fifth Visit (6 weeks):

Subjective: Pain free with intercourse and no UTI's since the last appointment. No pressure or pubalgia pain. Best she's felt in almost two years. Increased activity with working out and doing great without symptoms.

Objective:

	LEFT	RIGHT
Cervical Axial Rotation	-	-
Cervical Lateral Flexion	-	-
HG IR	-	-
Shoulder Horizontal Abd	-	-
ADT	-	-
PADT	-	-
PART	-	-
EDT*	-	-
SLR*	85°	85°
SRT*	0 inches	
Functional Squat Test	5/5	
Hruska Abduction Lift Test	5/5	5/5
Apical Expansion Test	-	-
Posterior Outlet Mediastinum Expansion Test	-	-

Home Maintenance program:

1. Squatting Bar Reverse Reach
2. All Four Belly Lift
3. Decline Retro Walking

Assessment/Plan: Patient discharge from P.T. services at this time. Patient will follow up if symptoms arise in future.