



# Pelvic Floor Rehabilitation and Stimulation: A Non-Invasive Treatment

**Northern Virginia  
Pelvic Continenence  
Care Center**  
The Urology Group

---

Dr. Darlene Gaynor-Krupnick

Dr. Nicholas G. Lailas

Julie Spencer, CUNP

---

19415 Deerfield Avenue  
Suite 112  
Lansdowne, VA 20176  
703-724-1195

1860 Town Center Drive  
Suite 150  
Reston, VA 20190  
703-480-0220

[www.virginiapelvicare.com](http://www.virginiapelvicare.com)



## What is Pelvic Floor Dysfunction?

For good bladder control, all parts of your system must work together. The muscles of the pelvic floor control the flow of urine and support the organs found within the pelvis like a “hammock.” The pelvic floor muscles hold up the organs, the sphincter muscles control the flow of urine, and the nerves activate these muscles to function. When one or more of these components becomes weak, the system is unable to provide the needed support to keep the urethra closed tightly. The result is a pelvic floor disorder.

## Individualized Plan of Care

Your treatment is based on the information obtained from your health history and the pelvic floor muscle measurements taken during the initial consultation. Your therapy may include:

### Pelvic Floor Rehabilitation

It will be determined whether or not you are contracting the correct muscle, and when the muscle begins to fatigue. Using this information, a customized muscle strengthening routine will be prescribed.

### Pelvic Floor Stimulation

This is done with an internal sensor, which stimulates the pelvic floor muscles, causing a comfortable, timed contraction of the pelvic floor. Low frequency, low intensity stimulation, along with muscle strengthening, calms the contractions and symptoms of an overactive bladder.

### Bladder Retraining

Once strength is improved to the pelvic floor, the bladder can be “retrained” to hold a larger volume so bathroom stops are not so frequent and sense of urgency can be controlled.

### Dietary Changes

Some people can help alleviate symptoms with simple dietary modifications, which will be discussed during therapy.

## Pelvic Floor Rehabilitation and Therapy: What to Expect

Pelvic muscle rehabilitation, bladder retraining and diet modification has shown to be significantly effective in 8 out of 10 people. It is often tried before having surgery for pelvic floor disorders. This is a treatment program that can help you live more confidently.

## Pelvic Floor Rehabilitation and Stimulation: A Non-Invasive Treatment cont.

Pelvic floor therapy is an individualized treatment to increase the strength and control of your pelvic floor muscles. The first appointment is 60 minutes, and every appointment after that is 30 minutes. It is important that you arrive on time to each appointment, and remember to bring your probe. Unfortunately if you forget your probe, you will have to be rescheduled. Below is a description of what to expect during your visits.

- 1. Manual Examination:** First we must assess the strength of your pelvic muscle. You will be asked to “squeeze” (do a Kegel) on the therapist’s gloved finger. Your strength will be measured on a scale of 0-5. The pelvic muscles are then checked for spasms and tenderness. This procedure insures that you are performing the Kegel correctly.
- 2. Electromyography (EMG):** A sensor is placed in the vagina (or rectum in males) and you will do a pelvic floor contraction (Kegel) for 10 seconds and then rest for 10 seconds for a total of 10-20 repetitions. This procedure is particularly helpful in letting the therapist know if the pelvic floor muscles are adequately resting. If the muscles do not rest, they are kept in a weakened and fatigued state.
- 3. Anal Manometry:** As the vaginal sensor is measuring the resting state, we are able to measure when the pelvic muscles fatigue. This measurement is done with a small sensor placed in the rectum. This procedure is very important because it tells the therapist how many Kegels can actually be performed and how long each Kegel can be held by the patient.

- 4. Muscle Assessment:** Your abdominal muscle is checked for its strength and also its coordination with exhalation. It is important to be able to do a Kegel without holding your breath and bearing down. The abdominal muscle’s activity is also monitored during the vaginal EMG and rectal manometry with an adhesive electrode placed on the abdominal muscle (like an EKG patch).

With all the information received by doing these important assessments, you will begin a customized home exercise program, and be instructed in bladder retraining and diet modification (if necessary). After the initial session, you will be scheduled for 5 more sessions, each 30 minutes. At these sessions your pelvic floor muscles will be reassessed with the EMG and anal manometry to monitor gains in strength and endurance and to assess tone changes. Your home program will be upgraded as you improve. Additional information is given as needed for bladder retraining and behavior modification.

You will receive an additional part of treatment between your 2nd – 6th session that will help strengthen and normalize the tone of your pelvic floor muscles. You will also get electrical stimulation to your pelvic floor muscles through the vaginal sensor. This is done at a comfortable level and helps strengthen the pelvic floor muscles.

This information is provided as general health guidelines and may not be appropriate for your actual condition. Your individual health circumstance and any necessary medical treatments can only be properly addressed and diagnosed by a professional healthcare provider. The Urology Group, Northern Virginia Pelvic Continence Care Center and any other contributors are not liable for the content or any errors or omissions in the information provided.