

Pelvic Floor Therapy - The Therapy You Didn't Know You Needed

An Interview with Susan Winograd

By Danina Avery

As a doula and childbirth educator for many years, I've seen the damage that being a woman can do to our pelvic floor: whether it's from birth, exercise, pregnancy, or hovering over a dirty public toilet while we pee. I've also seen the miraculous results many have experienced while working with a physical therapist who specializes in pelvic floor health. There have been some cases of women who have been told they would have to deal with their ailments for the rest of their lives, only to be able to resolve them within weeks or months after seeing a qualified therapist.

Susan Winograd is a Jewish woman living in South Florida and has been a physical therapist for 26 years— she owns her own business (Pelvicore Rehab). They specialize in pelvic health and wellness, along with bowel, bladder, sexual, and GI dysfunction. She earned her master's degree, began as a general physical therapist, and then moved on to the specialty of pelvic floor when she realized that there were men and women who were experiencing issues in their daily lives caused by the muscle and fascia of the pelvic area.

I asked Susan how someone can determine who needs pelvic floor therapy. She's a big fan of using a non-clinical acronym: the 4 Ps (Peeing, Pain, Pressure, and Poop). If you have any kind of urine leakage, disrupted stream, urgency, frequency, retention, or hesitancy. If you have pain in your pelvis, groin, low back, bra-line area, pain during sex, or in your hips, it can all be an indicator that your body has a pelvic floor issue. Pressure in the perineum, like something is falling out, the feeling of a golf ball in the rectum, or pressure in the rectum. The last one is poop. Susan believes that pelvic floor therapy should be the first line of treatment for constipation and incomplete evacuation. Fecal urgency, frequency, or fecal incontinence along with the inability to hold back gas are indications that there is a problem. These are the foundational components of what a physical therapist should be sought out for.

I asked her something that I've been led to believe all my life: "Isn't peeing yourself just a part of being a mom and an aging woman?" I had been told over and over by adult women that this was just what happens and we just deal with it by no longer jumping, by crossing your legs when you sneeze, or wearing a pad daily. Susan responded by saying that although leaking is common, it is absolutely not normal. She gave me the example of an 82-year-old lady who was a housekeeper and had bladder leakage. Her

doctor told her that she shouldn't be cleaning houses at her age, and that there was no cure for her leaking. She found Susan through Google and after two sessions, her urine pressure management issue was gone. The leaking totally stopped. The lesson here is that leaking should never be considered normal and that regardless of your age, there's always hope!

This led our conversation towards Kegel exercises. The million-dollar question is always "to Kegel or not to Kegel" and the answer is that Kegels can actually sometimes make pelvic floor dysfunctions worse. Some pelvic floors are actually too tight and Kegels cause more tension in the muscles... especially because many women don't actually know how to do Kegels properly. During a visit with your PT, they should be doing an internal examination to see whether you are using the correct muscles or not. Susan mentioned a study where 80% of women were doing them incorrectly. This is also why it's important to have an individualized plan created for you by your PT, rather than following a generic program.

We talked about exercise during pregnancy and how it can affect the pelvic floor. There's an outdated thought that women need to stop working out during pregnancy or that they can only do gentle exercises like yoga and walking. This is so far from the truth. Susan has worked with pregnant women who lift weights, are equestrians, and do many more high-intensity exercises throughout their pregnancy. There should, however, be some guidance to help women learn how to support their pelvic floor and abdominal walls so that their pregnancies and recoveries can be much easier. She said many of us do not create our strength from the inside out— we instead do it from the outside in and that causes a lot of muscular dysfunctions. After pregnancy, she recommends that every single mother sees a pelvic floor therapist to make sure they are reconnecting with their deep core system and are generating support in the right way before they get back to any exercise. When we learn our anatomy, we are able to monitor and modify exercises to make sure they are helping us rather than hurting us. There is no such thing as a "bad exercise" however, there is only a "bad way to do exercise."

The conversation moved on to methods of delivery. Any woman who has given birth, whether it's via cesarean or vaginally, has experienced 40 weeks of stretching and pulling of the pelvic floor. Their pelvic floor muscles need to be rehabilitated. If they had a vaginal birth, it's common that we'll see issues like leakage, scar tissue tightness in the perineum if there was a tear, or sometimes a prolapse of the bladder or uterus. For cesareans, common issues Susan sees are scar tissue adhering to the bladder or other organs and pain with sex. Releasing the scar tissue is of utmost importance for anyone looking to have a VBAC. For both types of deliveries, she evaluates the rib cage,

diaphragm, linea alba (for diastasis recti), bones, pelvic floor, and any scar tissue that needs to be released.

I asked Susan if she could talk to me about a “squatty potty” because I know pelvic floor physical therapists *love* them! It is a stool that elevates your knees to be higher than your hips while you are moving your bowels. Historically, this is how humans were made to use the toilet so that the anal-rectal angle can open up, the puborectales muscle can release tension, and stool can easily move through and out through your lower digestive system. Engaging any of the lower abdominal or pelvic floor muscles while using the toilet, even if to pee, feeds the dysfunctions. Hovering over the toilet (maybe because a toilet is dirty) or squeezing out pee quickly because you are in a hurry are definitely not recommended.

For anyone who is having any of these issues and needs therapy, it’s hard to know how long it’ll take to heal. Everyone has different levels of severity and different comorbidities surrounding their pelvic floor. This is why everyone should have their own plan of care, and your PT might be able to give you a guesstimate as to how long healing might take. Some people see results in 1-2 sessions, others need 16-20. She also said that oftentimes, clients will need different modalities to achieve their healing. She provides cranial sacral therapy but also works with many other practitioners like nutritionists and physicians with other specialties to reach desired results.

This interview allowed me to have a huge insight into the intricacies and scope of a pelvic floor therapist. If you’re reading this and are thinking that you may need to schedule an evaluation, I asked Susan what she recommends that people use as a criteria for choosing a pelvic floor therapist. Not all PTs are cut from the same cloth. She has a total-body approach and she finds that this is what works the best. She recommended that when you are searching for someone, that you find a therapist with a diverse skill set and extensive training. Every single discipline and profession has good eggs and bad eggs, but working with someone who is passionate about the services they provide can increase your odds of getting proper care.

Finding out a therapist’s philosophy, approach, skill set, education, and what sets them apart from other physical therapists is important. As Susan has a large Jewish clientele and understands the laws of family purity, that gives her an edge to be able to help Jewish women. She helps them get to the mikvah, heal pain during sex, and even teaches them how to do bedikas (checks). She loves empowering women to help them get to the mikvah without pain or fear. There are many strategies to help anyone who is having pain with sex, and since reuniting with our partners on mikvah night is such an

important part of our religious practices, having individualized care from someone who is well-versed in this area is especially helpful.

At the end of the interview, I asked Susan what message she wanted to share with all women reading this article. She said that she really wants us to stop accepting and just living with these things that make us feel uncomfortable and in pain. If we are experiencing dysfunctions, there is help out there for us. We shouldn't have to live like this. Education is empowerment, and living a life without pain is so worth it. So if you have realized that maybe you should schedule an evaluation with a pelvic floor physical therapist, please do not hesitate any longer and take care of yourself! You deserve it!