

Use of Kegel Exercises in a Specialized Outpatient Pelvic Floor Physical Therapy Clinic

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Abstract

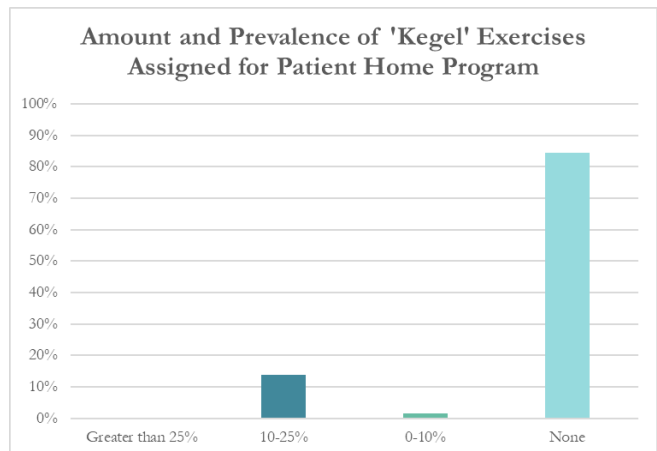
Objective: Much of the research into pelvic floor physical therapy has focused on the use of Kegel exercises, or the voluntary contraction of the pelvic floor. In some applications these have shown positive clinical outcomes, specifically with stress urinary incontinence. In other diagnoses, Kegel exercises have been shown to be ineffective or less effective than manual physical therapy, or in cases of pelvic floor hypertonicity are even contraindicated.

Because much of the literature on pelvic floor physical therapy has focused on Kegels and biofeedback, this may influence clinicians to overutilize Kegel exercises to the exclusion of other options for patients, and many physicians associate pelvic floor physical therapy solely with these voluntary contractions. In this retrospective chart review, we examine the use of Kegel exercises in 129 consecutive patients with a variety of diagnoses and pelvic floor dysfunction.

Methods: This retrospective analysis examined consecutive patient charts of patients with confirmed pelvic floor dysfunction. For each patient, it was determined: 1) whether they were given Kegel exercises to do, and 2) if so, what percentage of their home program consisted of Kegel exercises. Results were gathered from a retrospective chart review. One hundred twenty-nine consecutive patients were evaluated over May-June 2018. Results were analyzed by primary diagnosis.

Results: In total, 20 patients of the 129 (15.5%) received Kegel exercises as part of their home program. In no case did Kegels comprise more than 25% of a patient's home exercise program. For 18 patients (13.9%) Kegels consisted of between 10 and 25% of their home exercise program, while for two patients (1.5%) Kegels constituted less than 10% of their program.

The results were highly dependent on the primary diagnosis of the patient. No patient with primary complaints of sexual pain (9 total) or bowel dysfunction (9) were given Kegel exercises. Of the 88 patients presenting with pelvic pain, two (2.3%) were given Kegel exercises as part of their home program. For the twenty-nine patients with urinary symptoms as their primary complaint, seven (29.1%) were assigned Kegels. Diastasis recti patients received Kegel exercises 67% (two of three) and 100% of patients (9 of 9) with prolapse were assigned Kegels.



Conclusion: In clinical practice, this data indicates that positive clinical outcomes are possible when Kegels comprise at most a small part of a home exercise program for specific patients. Kegels are used most prominently for patients with a diagnosis of pelvic organ prolapse and diastasis recti, and secondarily for urinary diagnoses like incontinence. Kegels were either infrequently used or contraindicated for use for patients with pelvic pain, sexual pain, or bowel dysfunction.

Medical professionals referring to pelvic floor physical therapy need additional education in how a physical therapist can identify, assess, and address the underlying cause of pelvic floor dysfunction.

Recent Publications

1. Cozean, N. and Cozean J. *THE INTERSTITIAL CYSTITIS SOLUTION*. Fair Winds Press, 2016
2. Cozean, N. *Pelvic Floor Physical Therapy in the Treatment of a Patient with Interstitial Cystitis, Dyspareunia, and Low Back Pain: A Case Report*. J. of Women's Health Physical Therapy, 19-27, 2017
3. Cozean N and Cozean J. *Creating a Screening Questionnaire to Identify Patients with Musculoskeletal Components to Pelvic Pain and Symptoms*, International Pelvic Pain Society, 2017.
4. Cozean N. *Benefits of Pelvic Floor Physical Therapy for Patients Diagnosed with Interstitial Cystitis (IC/BPS)* International Pelvic Pain Society, 2017



Biography

Dr. Bonnie Lasher and Dr. Sharon Thompson are pelvic floor physical therapists at PelvicSanity in Southern California, a specialty physical therapy clinic treating pelvic and sexual pain conditions in both women and men. Dr. Nicole Cozean is the founder of PelvicSanity, author of *The Interstitial Cystitis Solution*, serves on the Board of Directors of the ICA, and was named the 2017 Physical Therapist of the Year.