Podcast Introduction and Guest Welcome

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Have you made it past menopause, or are you going through it now? I'm Dr. Pat McShane, and on the Women's HealthSpan Voices podcast, I'll guide you through the health challenges of the menoppausal years and beyond, guiding the way to thriving in this powerful era of your womanhood.

Hello and welcome. I'm Dr. Pat McShane and this is Women's Health Span Voices. i'm delighted to have with me today a wonderful voice in our field who is Amanda Olson and she has a doctorate in physical therapy and has specialized in pelvic health for now most of her career and um she is an author and an educator a clinician and does some work with devices that are intended for women in the clinical space.

So, Amanda, thank you so much for being with us today. Thank you, so, much, for having me. You expressed that people are often surprised to learn about the approach to pelvic health, and maybe you could tell us a little bit more about that.

Absolutely. I think that when people hear pelvic-health physical therapy or pelvic floor physical postpartum and they think like right after baby addressing problems around pregnancy and post partum.

Pelvic Health Across the Lifespan

And that is absolutely something that we address but it's one small period of time and one smaller diagnosis we in public health physical therapy treat all genders and all ages.

So we see people through all the phases of life. We also help manage constipation, pelvic pain, whether it's from endometriosis or an injury or postoperatively.

And then we also helped women through the paramenopause and beyond phase. So sometimes in that phase of live, women think, Oh, I had babies 30, 40 years ago.

What could possibly be done at this point? What's done is done. I can't be helped. And that is absolutely not true. I have worked with people, both men and women, 95, 96. i think my oldest patient was 97 and they did fantastic.

We reached their goals and it improves quality of life. So how might a postmenopausal woman defined you through her primary care or OBGYN? Those are the most common routes.

Absolutely. Primary care and OB-GYN. I would say that now with the movements in social media and with more broad stream media picking up what we do, a lot of patients are self-referring and we in physical therapy, we bill insurance.

So we are able to bill Medicare and private insurance and we're available in private practice settings and in hospital-based outpatient settings. There are some cash- based more concierge type practices available as well, but some patients are self-referring.

And so there's a lot of different ways to do it. Certainly oncology and specialists within different avenues such as gastroenterology, and endocrinology also refer patients as well.

So we get to know providers really broadly across the medical spectrum. And the kinds of things that people might come to you wanting some help with might be incontinence, I presume urinary incontinent, pelvic pressure, pelvis pain, sexual difficulties.

Did I leave any of the major ones out? Yeah, pelvic organ prolapse associated with that pressure, post-cancer treatments, even breast cancer. So a lot of people, when they think breast- cancer, they very exclusively of the breast tissue and the shoulder and surrounding tissues there, but the treatments especially the estrogen-suppressing medications that breast patients are placed under have significant changes in the vaginal tissue, and in pelvic floor health that can impact urinary health and sexual health very drastically.

Common Symptoms and Referral Paths

So we are here for that phase of life as well. And the experience out there is that many of the perimenopausal symptoms and early menopause symptoms get better, but some of pelvic health symptoms tend to get worse as we get older.

Has that been your experience as Absolutely. Unfortunately, a lot of people think that if they wait that the pelvic health symptoms will get better, but they don't.

And the reason being is because pelvic floor muscles are muscles just like everywhere else. So if you think about your shoulder and you thing about it's painful and have these movement patterns associated with it and don t make any changes, That shoulder often is not just going to get better until changes are made.

And maybe you need to strengthen the muscles or maybe the muscle are too tight. So in pelvic floor health, especially in the perimenopausal state, a lot of women think that they are to weak.

Sometimes that is indeed the case. Lower levels of estrogen are associated with declining muscle mass systemically. In our arm muscles, our leg muscles and pelvic-floor muscles.

But sometimes those muscles are actually too tight and that can be from a guarding reflex that people have that's involuntary. They're not doing it on purpose, they're aware that they are doing, but it's protection from stress or a guiding reflex because your back hurts.

So your pelvic floor muscles were trying to stabilize through your pelvis so that you don't hurt your body further. There's a lot of different reasons why, but those muscles could be too tight.

And then when they're too, tight, we can have issues like constipation and issues with penetration. That could mean sexually or even with the speculum during a exam.

So tell us a little bit about how you would go about evaluating somebody who has some of these symptoms. Sure. So the first visit, and we in Pelvic Health Physical Therapy tend to see patients from 45 minutes to an hour.

And we see them usually once a week for anywhere from six weeks to 12 weeks. If the diagnosis is pain or it's associated with cancer, that plan of care does tend be longer and sometimes we'll see that more often.

But on the very first is that we're doing a lot of talking. We're gathering your history.

How Pelvic Floor Evaluations Work

we are learning what's following you and what your goals are. And a lot of people think, especially if it's a sexual health goal, maybe it is embarrassing or it isn't important medically, and it absolutely is.

We want to help reach that goal. So, we're there to figure out what those goals are. And then the first part of the evaluation actually looks very similar to an orthopedic physical therapy evaluation where we are watching how your back moves, watching your hips move, measuring your strength.

And then we do a very brief intravaginal assessment. So we measure pelvic floor muscle strength, flexibility of the tissue, and we are examining for pain points throughout the muscles.

Just the same way you could have a knot in your neck and you push on it and it kind of zings and gives you a headache. we can have those tender points in the pelvic floor muscles as well.

So we put on gloves, we don't use the speculum typically, and we assess the muscles for all of these different properties, strength, flexibility, painful points, then we base our treatments off of what we find.

And you would be giving a woman an exercise program basically that she would do every day or several times a day going forward? Yep, dependent on what we find, if the muscles are too weak, we're going to be giving strengthening exercises for the pelvic floor and the surrounding hip.

So the hip and pelvic floors, they share a fascial plane. A lot of people think about those as two separate entities, but they are connected via tissue.

So if weakness is an issue, we're giving strengthening. If too tight is a issue we are going to be giving exercises. And then we do advise patients in the use of tools.

So I've designed and patented and created tools that cover everything from urinary incontinence to radiation care and the cancer space too. There's a lot of different types of tool where patients can use them at home so that they can get better faster.

So this is a progression often of exercises as you may strengthen or stretch out a muscle.

Treatment Plans, Exercises, and Lifestyle Changes

Other things may come into play, so it becomes kind of a learning process over time is my sense of it. Is that correct? Absolutely, and we do do a lot of patient education around lifestyle changes, mild adaptations.

So, for example, if urinary incontinence is an issue, we might be having you keep a journal for three days of everything that you're drinking and how frequently you urinating and when you are leaking.

and we look at those behavioral patterns in conjunction with what you're taking in, and oftentimes we'll make some recommendations. Really fun things in life, like caffeine, alcohol, chocolate, all of those things tend to be bladder irritants, so we might make suggestions to limit those.

We're never going to take everything away, but making suggestions if you are experiencing leaking while we're working on getting you towards your goals is pretty common.

And would most of your postmenopausal patients already be on some kind of vaginal estrogen therapy or other hormone therapies? Is that something that you would want to have another clinician on the case with you?

100% the hope is that they're already on some local estrogen or perhaps they are using another avenue for a more complete hormone replacement therapy program like an estrogen progesterone combination.

Oral patch whatever is working best for them between them and their provider but at the very least. local vaginal estrogen to help support that tissue health.

So if they're not on it and they come to us in physical therapy, we're then going to make the suggestion that they have that conversation with their provider.

Okay. So that's kind of the foundation for most of your patients. Yep. And my experience has been that systemic application of estrogen or the other hormones may not actually give enough of a vaginal dosing to get the job done, and you may need to add on a vagina ring, various options, cream, suppository.

Absolutely. It's so interesting, because when we think about the role of estrogen and we thing about cognitive function and musculoskeletal and how it helps with the broader regulation of our temperature and all of those parts of being a person, the oral route or the patch route sometimes doesn't get specifically into that vaginal tissue, but it addresses all the other things.

So that's where it becomes the art of the prescribing provider of getting it just right for them. Tell us a little bit about your success rate with these different approaches and who might not expect to be successful with this approach.

Yeah, I would say by and large people reach their goals in physical therapy as long as they understand that it is going to a journey. You know, nothing gets better overnight.

The medical term is be compliant. So if they are able to follow their plan of care and do the exercises, they have a great success There are some people who may require surgical intervention.

Endometriosis is a big one. So the presence of endometreosis, even in that perimenopausal, postmenopause state, it can get better, but they can still have some lingering pain.

And surgery for excision of the endometric is really helpful and beneficial for those people.

Hormone Support and Success Rates

We come along behind that and support it. Pelvic organ prolapse is an interesting one because there are different grades and every person presents differently with different tissue needs.

So people that have really significant grades, so a grade three or a great four of prolaps where the organs have dropped down into the pelvic bowl, From a physical therapy standpoint, we would love to work with the provider to get them a pessary that is going to help like a splint.

So if you think about if he tore your ACL or your rotator cuff, you would get a split to helps support. And the pessaries is a device that goes inside and it just helps to support those organs while we work on strengthening and those other things too.

And then different people have different candidacy for surgery there, too, because if they have cardiac issues or the tissue is not really healthy and strong, then surgical intervention is no necessarily the best option for them.

So we just continue to work on what that individual is going to respond best to. We talked a little bit about, you mentioned caffeine and chocolate and alcohol, any other lifestyle things that typically come up in your discussions with people, diet, exercise, sedentary lifestyle, overweight, etc.

All of the above, absolutely. So educating people on 30 minutes of physical activity per day, making sure that they are lifting weights, especially for women that are perimenopausal.

I think a lot of times women think, oh, I don't want to be bulky or why do I need to do that? And when you think about a bag of groceries and it's on the floor and you need get that bag groceries onto your counter, you to have great strength to stay independent and do all of these things that you want be doing.

And physical activity also continues to drive agency into our aging years. So we want to be ensuring that we continue to challenge our balance so that when we get out we don't experience falls, that are able to get in and out of our vehicle safely, all of those good things.

and then not straining on the toy leg. So not sitting there and putting a lot of pressure to try to have that bowel movement. And that's where managing constipation looks like addressing pelvic floor restrictions, making sure people learn how to use their abdominal system better.

It's more complex than that, but it becomes a learning route so that people aren't just bearing down, which is

associated with pelvic organ prolapse.

Long-Term Management and Closing Advice

And then nutritional-wise, making sure they're getting plenty of protein and avoiding too much sugar and too many of the foods that aren't necessarily providing them with the energy they need to be able to complete their day.

Sounds like a good overall approach to life here. And I presume that for almost all of your patients, we're talking about a long-term plan, not a six or a 12-week plan that you're one and done, but tell me if I'm wrong.

No, we do. In physical therapy, usually we center our goals on different timelines and depending on what the patient's needs are and what their ability to attend appointments are.

Certainly we'd love to get them independent at some point, but yeah, a lot of those journeys do take time. It's not a quick fix and that's where it can be a little bit harder for people sometimes.

And whatever brought you to the imbalances in your pelvis in the first instance probably didn't go away just in six or 12 weeks that you're working with you and your colleagues, I presume.

Yeah. so different learning about how to approach daily life tasks and so on, I'm sure comes up too at times. So anything else that I did not ask you that you would like our viewers and our listeners to know, I would just say that there's nothing that we haven't heard.

So nothing you're going to say is TMI. You can share with us whatever it is that you want us to know because we really are here to help you reach your goals.

It's a little bit different in that regard as to our, like when we see your medical chart, we things that probably we want to be addressing with you, but whatever you prioritize are the things we're gonna talk about first.

That's great advice because I think in an earlier era, many of these kinds of things just got deep-sized and women would just constrain their lifestyle to accommodate their incontinence or their pelvic symptoms, you know, rather than seeking help.

And I hope we're in a new era and I that our podcasts here are helping people to realize that there is help out there and that in many cases it's not that difficult.

And, I like your approach of tell us everything that's important to you because we've heard it all and we want to help you. So, that is a great message.

Thank you for that. Absolutely. Well, it's been great to get a good update here on pelvic health approaches. And thank you so, so much for joining us today.

Thank you for having me. To our audience here, if this is the kind of information you treasure and appreciate, please share it with your friends so we will get the word out to more people.

We hope to see you again soon. Thanks for Thanks for listening to the Women's Health Span Voices Podcast. If today's episode spoke to you, follow the show and share it with a friend ready to take charge of her health.

And please leave a review. It helps more women find us.