



**GLOBAL INTERSTITIAL CYSTITIS,
BLADDER PAIN SOCIETY**

NEWSLETTER

VOLUME 2, ISSUE 6 (SEPTEMBER 2020)



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PELVIC FLOOR PHYSIOTHERAPY IN MANAGEMENT OF IC/ BPS

Guidelines put forth by AUA (American Urology Association) places physical therapy as the second line of treatment, first being patient education and self-care techniques. Pelvic Physical Therapy, in-fact, is the only treatment modality currently with the evidence Grade A in the AUA guideline⁷.

How do treating muscles of the pelvic floor affect the bladder symptoms?

The idea that chronic pelvic floor dysfunction can cause irritation in the bladder/pelvic organs can be attributed to the crosstalk between the organ and peripheral tissues and receptors. Prolonged stimulation of the pelvic organs due to any noxious peripheral stimulus can lead to neurogenic inflammation and sensitization.^{3,4,5}

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Conversely, in response to IC, pelvic floor can develop tightness, trigger points, inflammation which in turn can cause pain and other symptoms such as urinary urgency/frequency and pain with urination among others.

In addition, because of the constant supportive, sphincteric and sexual function of the pelvic floor, it is more vulnerable to myofascial trigger points and dysfunction^{2,3}. Studies show that almost 85% of population with IC has pelvic floor dysfunction (PFD). In some cases, PFD can be present by itself and in other instances, it exists alongside IC^{2,5}.

Physical Therapy at its core is functional movement science and hence the goal with pelvic physical therapy is also to move away from the bladder centric approach on part of the PT and to treat the patient as a whole and restore the urinary, bladder, sexual function along with restoring the normal movement patterns.

Below is the list of symptoms that can be caused by pelvic floor dysfunction that overlap among IC patients^{2,3,5,6}:

- Pain with Sex
- Lower abdominal/ Bladder Pain
- Back/ Hip/ Leg Pain
- Urinary urgency and frequency
- Night time voiding
- Burning/ Pain with Urination
- Difficulty initiating the urine / feeling of incomplete voiding

What is Pelvic Floor Physical Therapy?

Pelvic Floor Physiotherapy does not mean Kegels, nor, does it ONLY mean “intravaginal massage”. Pelvic physical therapists are musculoskeletal experts in the areas

Plan of Care, can include but is not limited to, the below treatment techniques:

- Patient Education: to education about the disease and to improve treatment compliance
- Self-Management: through behavioral modification, exercises and home program
- Manual therapy: Intravaginal/Intrarectal or external manual therapy treatment to improve the muscle activity and circulation, reduce soft tissue restriction¹.
- Neuromuscular Re-education Techniques: to restore and optimize normal muscle coordination and movement¹.
- Therapeutic Exercises: to normalize muscle length, strength, and function¹.
- Biofeedback: Can help with down-training or uptraining of pelvic floor

Lastly, integrative and coordinated care on part of a pelvic physical therapist with other members of the health team can provide greater benefit to the patient while reducing the burden on any one segment of healthcare infrastructure when it comes to management of chronic conditions.

AUTHOR



Dr. Bhavti Soni PT DPT

Pelvic Health Specialist
TMJ & Headache Specialist
Owner,
Warren Physical Therapy & Wellness
New Jersey, USA
Email : drsoni@pelvic-clinic.com

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5. Rovner, E. S. (2008). *Prevalence of Pelvic Floor Dysfunction in Patients with Interstitial Cystitis. Yearbook of Urology*, 2008, 56.
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GLOBAL INTERSTITIAL CYSTITIS
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SCIENTIFIC PROGRAMME

Organizing Chairperson (GIBS) & Convenor - Dr. Rajesh Taneja
Organizing Secretary (GIBS) - Dr. Sanjay Pandey

Scientific Session 1

5th September 2020
(Saturday, IST 5pm - 8pm)

Day 1

Welcome Address	Mr. Vishal Jajodia (Founder Patron - GIBS)
Opening Remarks	Dr. Anant Kumar (President - USI)
GIBS: The Journey so Far	Dr. Sanjay Pandey
Do GAG Replenishment Work ?	Dr. J J Wyndaele
Investigations in a Suspected Case of IC/BPS	Dr. Tanvir Singh
What is New in IC/BPS	Dr. Amit Agarwal
Intravesical Treatments	Dr. Amit Shah
Self-help... How to reduce cost	Dr. Sandor Lovasz
The Nomenclature Today - The Current Status of Hunner's Lesion	Dr. Philip Hanno
What a Urologist should know about Female Pelvic Pain	Dr. Mauro Cervigni
Methodology of Cystoscopy in IC/BPS	Dr. Sanjay Pandey

Scientific Session 2

6th September 2020
(Sunday, IST 2pm - 5pm)

Day 2

Opening Remarks	Dr. Rajeev T. P. (Secretary - USI)
Newer Treatments for IC/BPS-Indian Experience	Dr. Nagendra Mishra
Management of Chronic Pain of Bladder Origin	Dr. Navita Purohit
IC/BPS Experience in a Urologist's Practice in India	Dr. Shailesh Shah
Case Based Panel Discussion	Moderator: Dr. Shivam Priyadarshi
Current Status of Oral PPS in IC/BPS	Dr. Rajesh Taneja
IC/BPS Algorithm as recommended by GIBS	Dr. Amita Jain
Closing Remarks	Dr. Sanjay Pandey



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For any assistance Contact:

Ms. Deepti Paliwal (GIBS Administrative Secretary)

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