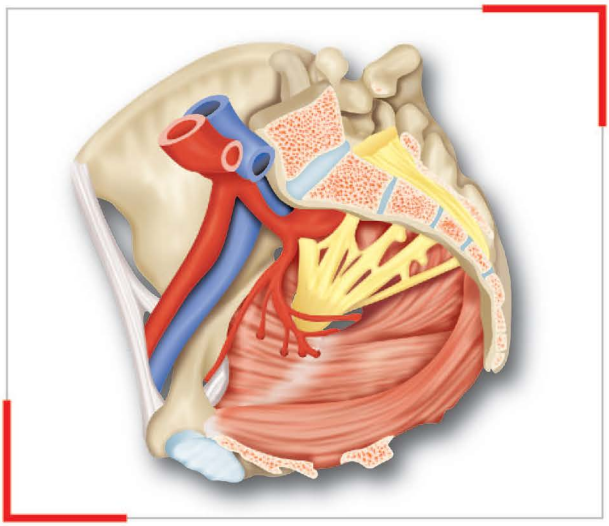
HET'S Manual of PELVIC FLOOR REHABILITATION



Het Desai

JAYPEE

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Chapter 4

Assessment of Pelvic Floor Muscles

INTRODUCTION

When it comes to pelvic floor dysfunction (PFD), each patient is a teacher. Thorough examination and detailed assessment is very important to find out the exact problem and will help in proper treatment and plan of care (POC). The therapist should take proper:

- Subjective history
- Objective history

Subjective	*Objective*
• Age • Habits • Lifestyle or occupation • Chief complaints of: – Pain – Discomfort – Heaviness • Past history of: – Injury or trauma – Childbirth – Sex life – Surgeries – Pelvic organ prolapse (POP)	• Assessment of posture • Vulvar or perineal observation • Vaginal and rectal examination • External palpation of urogenital triangle/ anorectal triangle • Internal palpation of deep pelvic floor muscle • Pelvic ultrasonography • Electromyography (EMG) • Anorectal manometry or rectal balloon expulsion • Perineometer

SUBJECTIVE HISTORY

It is very important to take detailed subjective history. Following parts of history taking are essential to understand type of PFD:

Chief complaints: Exact complaint in patient's own words would easily be able to provide a signal toward type of PFD.

- Take detailed history of childbirth, type of childbirth, number of pregnancies, number of children, age of the youngest or oldest child, any complications during pregnancy or childbirth, history of cesarean section (C-section) or laparotomy, tear, episiotomy, etc.
- *Urinary leakage*: Detailed history about types of activities that create leakage, number of times of leakage, ability to hold urine for prolonged

time, e.g. while traveling, amount of leakage, need to wear or change pads, urine leakage during sexual intercourse, etc.
- *Pelvic organ prolapse*: Detailed history about pelvic pain, heaviness, ball-like sensation, deep pressure, something coming out of vagina, sitting on a ball kind of sensation, something falling down, difficulty walking, etc.
- *Sexual health or pelvic pain*: Detailed history about pain, discomfort, diminished sensation or reduced pleasure during sex, pain during penetration, spasms, tightness or looseness, reduced intensity of orgasms, reduced frequency of sexual intercourse, reduced libido, couple distress. Female sexual function index (FSFI) is a good form for subjective history and progress measurement.

Other Medical History

- Back pain, postural dysfunction, referred pain, leg pain, other related musculoskeletal syndromes, particularly in around the lumbopelvic junction.
- Conditions like diabetes.
- Respiratory conditions like cough, allergies, sneezing.
- Gastrointestinal (GI)–bowel dysfunctions: Vomiting, irritable bowels, fecal incontinence, constipation, hemorrhoids, or inability to control flatus, rectal pain, etc.
- Neurological conditions.
- Psychosocial issues that may alter outcomes including affect, understanding about condition, compliance, marital or sexual status, etc.
- Activities of daily living (ADLs): Factors contributing to symptoms like heavy lifting, prolonged standing, sitting.
- Exercise history: Past and current exercise techniques utilizing Valsalva or high impact that may be exacerbating symptoms, etc.
- Dietary issues: Weight gain, fiber intake, other.
- Smoking, alcohol or any other form of addiction.

OTHER KEY POINTS IN PELVIC FLOOR EVALUATION

Health History Specific to This Diagnosis

- Present illness:
  - Onset of symptoms
  - Patient's chief complaints (functional problems)
  - Patient's perception of the severity of condition.
  - Past or present treatment for this condition
  - Effectiveness of past treatment
  - Patient's primary goals for physical therapy.
- Urinary symptoms:
  - Number of accidents per day
  - Quantity of urine loss
  - Number and type of pads used per day

- Bladder volume, number of voids per day
- Causes or triggers of incontinence: Cold, bladder irritants, cough, laugh, sneeze, giggle, orgasm, other urgency, frequency
- Frequency of nocturia, enuresis
- Difficulty level: Starting urination, dribbling after urination
- Fluid intake: Amount in relationship to age, activity and medical condition.

Medications

- Hormone replacement therapy
- Diuretics
- Bladder drying agents
- Pain medications
- Antidepressants, etc.

Obstetrical History

- Number of pregnancies and deliveries
- Type of deliveries, vaginal or C-section.
- Birth weight of babies
- Duration of labor
- Birth trauma (episiotomy, lacerations, forceps)
- Postpartum problems
- Back pain prenatal or postpartum.

Gynecological History

- Gynecological surgeries like bladder suspensions, hysterectomy, myomectomy, laparoscopic surgery, repair of prolapsed organs, and other abdominal surgeries
- Hormonal status; hormone replacement therapy, menopausal issues and pelvic pain syndromes: Nature and location of the pain, related to muscle or organ dysfunction. Pain intensity
- Fibroids, cysts, warts, human papillomavirus (HPV).

Sexual Activity

- Change in sexual feeling
- Pain with intercourse, at penetration or deep
- Problems with lubrication
- History of sexual abuse. Patient may not be comfortable to share this at the first visit but may share after a relationship has been established with the therapist
- Other or miscellaneous relevant informations which are significant in the rehabilitation outcome of this patient.

Diagnostic Tests

- Het's MMT
- Ultrasonography
- Electromyography.

Others: Perineometer, etc.

External Observation

- Gait pattern
- postural assessment
- Feet: Pronation, supination
- Lumbar ROM or other symptoms radiating from lumbar spine
- Thoracic spine or lumbopelvic mobility or other symptoms.

The Pelvic Girdle

- Bony landmarks
- Pelvic alignment
- Sacral alignment pubic symphysis
- Sacroiliac joints
- Level of anterior superior iliac spine (ASIS) and posterior superior iliac spine (PSIS).

Most Commonly Affected Muscles and their Symptoms

- Pelvic girdle:
  - Adductors
  - Hamstrings
  - Psoas
  - Quadratus lumborum
  - Glutes
  - Piriformis
  - Coccygeus
  - Obturator internus
  - Other
- Soft tissue assessment:
  - Trigger points—extra pelvis
  - Scars: Mobility and/or pain
  - Fascial restrictions
  - Connective tissue assessment

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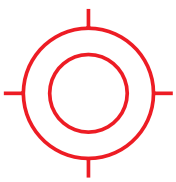
PELVIC REHAB CLINIC

M.ID	:	Consulted by	:
Date	:	Chief Complain	:
Patient Name	:	Referred by	:
Age	:		

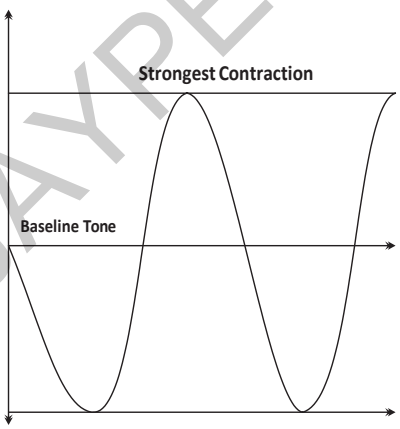
OBJECTIVE ASSESSMENT

Perineum Observation/Palpation

- Static:
- Dynamic:
  use of accessary muscles.
- Responses of perineum to cough:
  Inward/outward.



Het's MMT



Het's SERF

	S	E	R	F
Goal	-3 |+3	10 sec	10	10
Current				

Het's RR scale/level :_____

Het's FMT Scale :

- Vagina-Fit/Level :
- Vagina-Dilate/level :

Type of PFD

Sessions required:

ADVICE

GENERAL QUESTIONS

- Do you have regular periods cycle?
  a. Yes ☐ b. No ☐
- Do you suffer from any gynaec problem?
  a. Yes ☐ b. No ☐
- Are you using any birth control measure?
  a Yes ☐ b. No ☐
- Are you pregnant?
  a. Yes ☐ b. No ☐
- Pregnancy history
  a. Number of Pregnancy_____
  b. Number of deliveries_____
  c. Mode of deliveries_____
- Are you aware of any episiotomy or incision during delivery?
  a. Yes ☐ b. No ☐
- What was the weight of your kids during delivery? _____
- How long was your labour? _____
- Have you gone through menopause?
  a. Yes ☐ b. No ☐
- From how long? _____

BLADDER HEALTH SAMPLE ASSESSMENT

1. Do you smoke/consume alcohol?
2. Have you ever had /have:
   a. Cough
   b. Severe vomiting
   c. Constipation
   d. Any Urinary infection
   e. Pain

Please specify your symptoms

1. Do you have urine leakage?
   a. Yes b. No
   On a scale of 0-10, 10 being excessive, how much_____
2. When have you experienced urine leakage?
   a. Coughing b. Sneezing
   c. Laughing d. Exercising
   On a scale of 0-10, 10 being excessive, how much_____
3. How much urine leakage happens?
   a. None b. Few drops
   c. Approx. one Table spoon d. Large amount
4. Do you have leakage with sexual intercourse? If Yes
   a. Sometime b. More often
   c. Frequently d. Always
   On a scale of 0-10, 10 being excessive, how much_____

5. Did you have urine leakage during pregnancy? If yes which trimester
   a. First b. Second
   c. Third
6. Did you ever have urine leakage in childhood? If yes, when
   a. During sleep b. During daytime
7. Do you feel strong urge of voiding/passing urine but you can control?
   a. Yes b. No
8. Do you feel strong urge of voiding/passing urine but cannot control?
   a. Yes b. No
9. Do you have to put strain/pressure during the starting of urination?
   a. Yes b. No
10. Do you feel any pain/ irritation while passing urine?
    a. Yes b. No
    On a scale of 0-10, 10 being excessive, how much _____
11. Do you feel your bladder does not get completely empty?
    a. Yes b. No
    On a scale of 0-10, 10 being excessive, how much_____
12. Do you feel drops of leakage /dribbling even after urination?
    a. Yes b. No
    On a scale of 0-10, 10 being excessive, how much_____
13. Do you feel like going again immediately after urination?
    a. Never b. Sometimes
    c. Always
14. Do you feel you have to go frequently for urination again after passing urine?
    a. Never b. Sometimes
    c. Always
15. Do you urinate more than 8 times a day?
    a. Never b. 10 times
    c. 15 times d) 20 times
    e. More than 20 times
16. Do you have to wake up multiple times to urinate at night?
    a. Never b. Sometimes
    c. Often d. Frequently
17. Did you ever have any episodes of urine leakage at night?
    a. Never b. Sometimes
    c. Often d. Frequently
18. Do you wear pad/Diaper if yes, how many in a day?_____
19. Does your problem affects your daily routine (any functional activity)?
    If yes how much on a scale of 1 to 10 where 10 being most affected._____
20. Since when are you suffering from this problem?_____
21. Have you ever had any treatment for the same problem?
    a. Yes b. No
22. If answer to the above question is yes than, from the scale of 1 to 10, 10 being most effective. What was your success rate?_____

Please specify your fluid intake in 24 hours

No. of glass of water _____ No. of cup of tea _____

No. of cup of coffee_____ No.of any other fluid intake_____

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SAMPLE FORM FOR VAGINAL LAXITY AND PELVIC ORGAN PROLAPSE

- Are you feeling looseness down their?
  a. Yes ☐ b. No ☐
  c. Sometimes ☐
- Do you feel like you are sitting on a ball?
  a. Yes ☐ b. No ☐
- Do you feel like something is coming/dropping out of the vagina?
  a. Yes ☐ b. No ☐
  c. Sometimes
- If yes then, is it affecting your sexual life?
  a. Yes ☐ b. No ☐
  c. Sometimes
- Do you have urine leakage with sexual intercourse?
  a. Never ☐ b. Sometime ☐
  c. More often ☐ d. Frequently ☐
  e. Always ☐
- If yes then, is it affecting your sexual life?
  a. Yes ☐ b. No ☐
  c. Sometimes ☐
- Since when are you suffering from this problem? _____
  Is it affecting your social life?
  a. Yes ☐ b. No ☐
- Confidence level
  a. Yes ☐ b. No ☐
- Have you taken any treatment before for this problem?
  a. Yes ☐ b. No ☐

If the answer to the above question is yes, then on a scale of 0-10 where 10 being the most effective. What was your success rate? _____

Please describe your problem in your own words_____

HET'S FSF SCALE (PAIN-HYPERTONUS) (Female Sexual Function)

- Are you sexually active?
  a. Yes ☐ b. No ☐
- If yes, what is your current frequency of sexual intercourse?
  _____/week
  _____/month
- What was your past frequency of sexual intercourse?
  _____/week
  _____/month

Pain, Tightness and Discomfort

- Are you able to have sexual penetration?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- Do you feel any pain, tightness or discomfort during intercourse?
  a. Yes ☐ b. No ☐
- If yes, how frequently do you feel pain, tightness or discomfort during intercourse?
  a. Always ☐ b. Sometimes ☐ c. Rarely ☐
- What is your level of pain, tightness and discomfort during penetration?
  a. Intense ☐ b. Moderate ☐ c. Mild ☐
- Are you able to complete intercourse even with pain?
  a. Yes ☐ b. Most of the time ☐ c. Have to stop ☐
- If there is pain, does it lasts even after intercourse?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
  For how long_____
- Which is the most painful or uncomfortable position for sexual intercourse?
  _____
  Which is the most comfortable/pain free position for sexual intercourse?
  _____
- Do you have any history of sexual abuse or misconduct?
  a. Yes ☐ b. No ☐
  If yes, then when_____

1. Please rate how comfortable and pain free your sexual intercourse is.

0	1	2	3	4	5	6	7	8	9	10

Very uncomfortable and painful — Comfortable and pain free

Sexual Desire

- What is the level of your sexual desire or interest?
  a. High ☐ b. Moderate ☐ c. Low ☐
- Do you find yourself fantasising or thinking about sexual intimacy?
  a. Yes ☐ b. No ☐ c. Rarely ☐
- How will you rate your desire to have sex compared to past or before pregnancy?
  a. More Intense ☐ b. Same ☐ c. Less ☐
- Do you feel receptive towards partner's initiation?
  a. Yes ☐ b. No ☐
- If yes, how often do, you feel receptive towards partner's initiation
  _____/10

2. Please rate your overall desire to have sex.

0	1	2	3	4	5	6	7	8	9	10

No desire — High desire

Sexual Arousal

- Do you feel that getting sexually aroused is easy for you?
  a. Yes ☐ b. No ☐ c. Sometimes ☐

- Do you feel that you always have enough foreplay to be aroused?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- How satisfied you are with your arousal during sexual intercourse?
  a. Very satisfied ☐ b. Somewhat satisfied ☐ c. Dissatisfied ☐
- Are you able to maintain sexual excitement throughout the intercourse?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- How would you rate you confidence level for sexual arousal?
  a. High ☐ b. Average ☐ c. Low ☐
- How would you rate your sexual excitement compared to past?
  a. More Intense ☐ b. Same ☐ c. Less Intense ☐

3. Please rate your overall ability to get aroused during sexual intercourse

0	1	2	3	4	5	6	7	8	9	10

Inability Best ability

Lubrication

- Do you feel like you are well lubricated for penetration during sexual activities?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- How frequenly do you feel lubricated during sexual activity/intercourse?
  a. Always ☐ b. Sometimes ☐ c. Never ☐
- Do you feel any difficulty in achieving or maintaining lubrication throughout your sexual intercourse?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- How much lubrication you feel compared to past?
  a. Same ☐ b. Less ☐ c. More ☐

4. Please rate your overall ability to get lubricated.

0	1	2	3	4	5	6	7	8	9	10

No lubrication Best lubrication

Orgasm

- How frequently do you experience orgasm?
  a. Always ☐ b. Sometimes ☐ c. Never ☐
- How intense is your orgasm?
  a. High ☐ b. Moderate ☐ c. Low ☐
- Do you feel that you find difficulty/delay in reaching orgasm?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- Are you satisfied with orgasm you reach during sexual intercourse?
  a. Yes ☐ b. No ☐ c. Sometime ☐

5. Please rate your overall orgasmic experience.

0	1	2	3	4	5	6	7	8	9	10

No orgasm Best orgasm

Other Questions

- How well is your emotional bonding with your partner?
  a. Good ☐ b. Average ☐ c. Bad ☐
- How well is your intimate bonding with your partner?
  a. Good ☐ b. Average ☐ c. Bad ☐
- Do you feel that emotional distress negatively affects your sexual life?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- Do you feel that you get distracted due to some negative thoughts during sexual intercourse?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- How do you feel about your overall sexual life?
  a. Very satisfied ☐ b. Somewhat satisfied ☐ c. Not satisfied ☐
- Does your sexual well-being negatively affects other aspect of your life?
  a Yes ☐ b. No ☐

Please answer these questions:

Since when are you suffering from this problem? _____

- Have you ever had any treatment for this problem?
  a. Yes ☐ b. No ☐

If the answer to the above question is yes (specify), what was your success rate?

_____

Please describe your problem in your own words.

_____

HET'S FSF SCALE (LAXITY-HYPOTONUS) (Female Sexual Function)

- Are you sexually active?
  a. Yes ☐ b. No ☐
- If yes, what is your current frequency of sexual intercourse?
  _____/week
  _____/Month
- What was your past frequency of sexual intercourse?
  _____/week
  _____/month

Sexual Desire:

- What is the level of your sexual desire or interest?
  a. High ☐ b. Moderate ☐ c. Low ☐
- Do you find yourself fantasising or thinking about sexual intimacy?
  a. Yes ☐ b. No ☐ c. Rarely ☐
- How will you rate your desire to have sex compared to past or before pregnancy?
  a. More intense ☐ b. Same ☐ c. Less ☐
- Do you feel receptive towards partner's initiation?
  a Yes ☐ b. No ☐
- If yes, how often do, you feel receptive towards partner's initiation.
  _____/10

1. Please rate your overall desire to have sex.

0	1	2	3	4	5	6	7	8	9	10

No desire — High desire

Sexual Arousal

- Do you feel that getting sexually aroused is easy for you?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- Do you feel that you always have enough foreplay to be aroused?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- How satisfied you are with your arousal during sexual intercourse?
  a. Very satisfied ☐ b. Somewhat satisfied ☐ c. Dissatisfied ☐
- Are you able to maintain sexual excitement throughout the intercourse?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- How would you rate you confidence level for sexual arousal?
  a. High ☐ b. Average ☐ c. Low ☐
- How would you rate your sexual excitement compared to past?
  a. More intense ☐ b Same ☐ c Less intense ☐

2. Please rate your overall ability to get aroused during sexual intercourse.

0	1	2	3	4	5	6	7	8	9	10

Inability — Best ability

Lubrication

- Do you feel like you are well lubricated for penetration during sexual intercourse?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- Do you feel any difficulty in achieving or maintaining lubrication throughout your sexual intercourse?
  a. Yes ☐ b. No ☐ c. Sometimes ☐
- How frequently do you feel lubricated during sexual intercourse?
  a. Always ☐ b. Sometimes ☐ c. Never ☐
- How much lubrication you feel compared to past?
  a. More ☐ b. Same ☐ c. Less ☐

3. Please rate your overall ability to get lubricated.

0	1	2	3	4	5	6	7	8	9	10

No lubrication — Best lubrication

Orgasm

- How frequently you experience orgasm?
  a. Always ☐ b. Sometimes ☐ c. Never ☐
- How intense is your orgasm?
  a. High ☐ b. Moderate ☐ c. Low ☐

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HET'S MANUAL OF
Pelvic Floor Rehabilitation

Salient Features

- A complete overview of functional anatomy, dysfunctions, causes, types of dysfunctions (hypertonus, hypotonus, incoordination, visceral), clinical assessment, diagnosis and rehabilitation of pelvic floor conditions in female, male and children
- Evaluation and rehabilitation for conditions like vaginal laxity, urinary incontinence (stress urinary incontinence, urge urinary incontinence and mixed incontinence), pelvic organ prolapse, sexual dysfunction, pelvic pain, endometriosis, interstitial cystitis, vaginismus and dyspareunia in female
- Evaluation and rehabilitation for conditions like erectile dysfunction, premature ejaculation, postvoidal dribbling, prostatitis, postprostatectomy rehabilitation and pelvic pain in male have been discussed
- Evaluation and rehabilitation for conditions like enuresis and encopresis in children
- Het's MMT, Het's SERF Assessment, Het's Ring Clock Assessment, Het's RR Scale and HPP guidelines. Most simplified practical approach to noninvasive, transvaginal and transrectal evaluation and rehab.
- Functioning of multiple types of biofeedback and rehabilitation devices like ultimate noninvasive, smart and extremely efficient technology PF360 for urogenital/urogynec/anorectal rehabilitation
- Basics of medical and surgical management of conditions related to pelvic floor dysfunctions.

Het Desai MPT, from Loma Linda University, USA, is Chairman and Founder of WOW group of businesses and International Institute of Pelvic Floor Research, Rehab and Education (IIPRE), which is recognized by Central Government of India. He is an entrepreneur, innovator and an author. He has given a great contribution to the medical fraternity in the form of Het's MMT (which is beyond the boundaries of Oxford MMT). He has also developed assessment techniques like Het's SERF and Het's Ring Clock Assessment & Het's RR Scale for the better and simple assessment of Pelvic Floor Muscle dysfunctions. He has developed HPP guidelines (Het's Providers Protection Guidelines). He has innovated multiple under patent, noninvasive technologies for pelvic floor rehabilitation for women, men and children and PF360 for doctors and rehabilitation specialists, which has got the recognition from the Central Government of India.

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ISBN 978-93-88958-62-2