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**Women’s Health** 

**Women’s Health PT includes:**

* Musculoskeletal dysfunctions of pregnancy & post-partum, prenatal & post-partum exercise program management
* Pain management for labor & delivery
* Hysterectomy & post-cesarean care
* Prevention & management programs for Osteoporosis
* Incontinence intervention
* Fibromyalgia management
* Pelvic pain intervention
* Post-mastectomy rehab & exercise
* Lymphedema management

**Treatment Goals & Parameters:**

* **Adolescence-** Develop good exercise habits. Cardiovascular fitness to ↓ body fat.
* **Menstruation**- Recommend easy exercise techniques to relieve pain. Examples: Lying down, bring knees to chest; rocking back & forth in chair; stretch abdominal wall; TENS for pain.
* **Women Athletes**- ↓ possibility of amenorrhea (cessation of menstruation). Exercise at a lower intensity. Teach pregnant athletes to monitor HR.
* **Prenatal**- Comfort during pregnancy; more efficient labor; ↓ pain; ↓ tension and fear during delivery. Exercises: Diaphragmatic breathing, functional exercises, pelvic floor exercise, posture & body mechanics, positioning, flexibility, strengthening, calf pumping & elevation to avoid LE swelling, abdominal strengthening.
* **Postpartum-** ↑ strength & endurance; encourage normal posture; improve self-image/return to previous appearance. Exercises: Calf pumping, pelvic floor exercises, pelvic tilts, partial sit-ups, leg slides, bent knee let-downs, bridging & general conditioning.
* **Menopause-** Physical therapy can encourage exercise with emphasis on Osteoporosis prevention. Weight bearing exercises like walking, stair climbing, and aerobics.
* **Osteoporosis**- Preventing and treating with proper exercise, improving posture and body mechanics. Exercise 30 min/day. Weight bearing & resistant exercises. Avoid exercises that flex the spine forward.
* **Hysterectomy**- Pain control is the primary goal; pulmonary hygiene; bed mobility & body mechanics; gas pain treatment; early mobility; upper body strengthening; posture awareness, TENS & moist heat packs for pain.
* **Incontinence-** Strengthening pelvic floor musculature; bladder retraining. “Squeeze & Sneeze” & “Mind over Bladder”. Biofeedback, stopping the urine stream, kegels, use of vaginal cones, E-Stim to relax, pelvic floor muscle exercises like PNF patterns & resistance to augment pelvic floor. Make sure the patient is contracting upward and inward. Use of a diary and schedule.
* **Mastectomy-** Self-image; posture; re-gain ROM by stretching, pulleys, wall or corner stretch; patient education; control lymphedema. Posture exercises, deep breathing, chest mobility, PNF, lying supine over ball, scar tissue massage, ball squeezing, help client get accustomed to new shape.

**General Home Program-**Proper sleep positioning, body mechanics when lifting, encourage rest, regular exercise 3x per week, exercise or stretch during commercial breaks, proper breathing techniques, posture, proper warm-up before and cool-down after exercising, relaxation techniques, kegels-you can do them anywhere!, use of modalities.

**General Precautions and Contraindications:** Pain, use of improper body mechanics, patient becomes dizzy or fatigued, Valsalva’s maneuver, pressure over incision of hysterectomy & cesarean site.

**Contraindications for prenatal exercise**: Incompetent cervix, vaginal bleeding, placenta previa, membrane rupture/loss of amniotic fluid, premature labor, maternal heart disease, maternal diabetes, maternal hypertension, multiple gestation, anemia, systemic infection, extreme fatigue, complaints of pain, overheating w/ exertion, phlebitis, diastasis recti & uterine contraction.

**Contraindicated exercises during pregnancy**: Bilateral SLR, fire hydrant, quadruped hip extension, unilateral WB exercises.

**General precautions to Mastectomy**: Avoid obesity, Excellent nutrition, avoid alcohol/nicotine, meticulous cleanliness & skin & nail care, limb elevated during sleep, use hypoallergenic soap/fragrances, lymphedema & infections