

Clinical Considerations **(PTOT-2.0)**

Pelvic Considerations (PTOT-2.6)

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Pelvic dysfunction is typically characterized by pain, limitations in mobility, strength, function, sensation, and coordination of associated pelvic anatomy. Pelvic conditions can be a result of pregnancy, trauma, various surgeries, structural deficiencies, neurological dysfunction, or disease processes. Functional deficits in specific activities of daily life such as bowel and bladder continence, pelvic organ stability, and sexual function may present in varying degrees. Pelvic conditions may present in combination with other musculoskeletal and neurological conditions. They may also present with various complexities and complications which may affect their rehabilitation prognosis. They may range from acute, sub-acute, or chronic states expressed as varying levels of pain and disability.

Consideration of the need for skilled care necessitates determining that an individual presents with a specific problem that significantly limits their ability to perform daily functions related to the pelvic region and organs. Standardized, valid, functional outcome- and performance- based measures are recommended to be used to demonstrate levels of dysfunction and measure appropriate response to care throughout an episode (See PTOT-2.0: Clinical Considerations).^{85,86,88,89} Due to the intimate nature of functions related to the pelvic region, some dysfunctions may also be monitored through patient reported performance based means such as bladder diaries to assess voiding/incontinence patterns, or tracking frequency of applicable incidents of a specified dysfunction. Measuring performance over time can be a useful tool in tracking response to care and progress. Where possible, it is still recommended that valid standard measures be used alongside performance measures.⁸⁵⁻⁹⁰

Gynecological, urological, gastrointestinal, or colorectal surgical interventions may be used to help correct a pelvic dysfunction; or the pelvic dysfunction may be an adverse result of a surgery to correct other abdominal/pelvic conditions. Surgical approaches and technique will vary. Each individual will respond to their procedure differently. The need for skilled care following any surgery will be assessed based on all clinical information presented that meets the indications for care (See PTOT-1.2: Criteria to Determine Medical Necessity for Skilled Physical/Occupational Therapy Care) in consideration of associated complexities and complications. This includes any consideration of specific post-surgical protocols.

Pregnancy and any subsequent postpartum recovery, are periods of rapid, significant, and often traumatic changes to the pelvic anatomy. These relatively rapid changes may result in pelvic discomfort, pain, altered posture, and instability. An individual may seek skilled care to help address pelvic problems associated with pregnancy and the postpartum period. Uncomplicated pregnancy and delivery, although potentially traumatic, is often self-limiting, and

recovery generally occurs gradually over time, without skilled care, as the individual returns to their normal lifestyle. However, complications during pregnancy, delivery, and postpartum do occur. These complications, and any associated interventions, can vary significantly from one individual to another.^{86,87} An individual's need for skilled care related to pregnancy and postpartum recovery will be assessed case-by-case based on their current functional deficits and all pertinent clinical information that meet the indications for care (See PTOT-1.2: Criteria to Determine Medical Necessity for Skilled Physical/Occupational Therapy Care).

There are recent published guidelines and reviews that provide recommendations of reasonable skilled care for pelvic dysfunctions.⁸⁵⁻⁹⁰ Strong recommendations have been made that skilled services be customized to the individual and include active strategies such as pelvic floor muscle training and increasing physical activity as first line skilled care options.⁸⁵⁻⁹⁰ Familiarity with current exercise recommendations and contraindications for individuals during the antepartum period is strongly supported.^{86,90} It is recommended that individuals be empowered to complete a regular home program that is tailor to the individual's needs. Home programs incorporate active treatments into daily life.⁸⁵⁻⁹⁰ Use of manual therapies may be beneficial as a short term adjunct to facilitate active strategies.⁸⁶ Evidence for the general use of passive treatment modalities such as biofeedback, and electrical stimulation for pelvic dysfunctions is inconclusive. Stimulation may be recommended for individuals that cannot actively contract their pelvic floor musculature.^{88,89} Passive treatments; during acute stages may allow better tolerance to active care, but is not supported by published guidelines to be the majority of care provided.⁸⁵⁻⁹⁰