



Stress Incontinence

Involuntary leakage on effort, exertion, sneezing, or coughing. "Often when I go for a run I end up leaking urine, so I wear a pad".

Urge Incontinence

Involuntary leakage accompanied by or immediately preceded by urgency. "When I get home from work I put my keys in the door I get a strong urge to urinate and leak".

Mixed Incontinence

A combination of the above definitions.

Dyspareunia

Pain with intercourse.

Prolapse

The descent of a pelvic organ, such as the bladder or uterus, into the vaginal canal.

Pelvic Pain

Non-cyclic pain greater than six months duration from abdomen at belly button to low back and pelvis to inner thighs.

Urinary and fecal incontinence

Pelvic organ prolapse

Bladder and bowel dysfunction

Chronic pelvic pain

Painful bladder syndrome /
interstitial cystitis

Painful sexual intercourse

Vulvodynia

Vaginismus

Pre- and post partum therapy

Coccyx pain

Male pelvic health

Breast cancer rehab



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Find out more online www.mvz-physiorehab.com

Physical Therapy in Ramstein
**Women's
Health**





Women's Health Physical Therapy includes the examination, evaluation and treatment of health conditions that are specific to or more prevalent in women, or present differently in the female population.

How can a physical therapist help?

Physical therapists are experts of the human body as it relates to movement and the ability to perform daily activities. Many conditions that affect women, such as urinary incontinence are caused by muscle weakness in the pelvic floor region or dysfunction through the pelvis. Physical therapists evaluate each individual and develop a personalized treatment plan to restore function, decrease pain and prevent disability.

The Pregnant and Postpartum Female:

- Assessment and treatment of musculoskeletal pain and dysfunction related to pregnancy, childbirth, and infant care
- Sacroiliac joint dysfunction, low back pain etc.
- Diastasis recti (separation of the abdominal muscles)
- Prolapse
- Pre-natal and postpartum exercise programs
- Prevention and management of pelvic floor dysfunction

What kind of treatment will I receive?

We will make sure that each patient has a good understanding of their diagnoses, what to expect during the treatment sessions, and what tools and training they will need to successfully manage the problem.

Pelvic Floor Dysfunction

The pelvic floor consists of muscles, ligaments, and fascia and functions as a unit to:

- Give support to the pelvic organs
- Assist with postural core stabilization
- Provide sphincteric control (urinary and fecal continence)
- Sexual function

These Conditions can lead to Symptoms in the following Categories

- Lower urinary tract symptoms (urinary incontinence, urinary frequency, mixed incontinence)
- Bowel symptoms (functional constipation, obstructed defecation, rectal /anal prolapse)
- Vaginal symptoms (pelvic organ prolapse)
- Sexual function (orgasmic dysfunction, dyspareunia)
- Pain (chronic pelvic pain, pelvic pain syndrome)

Q & A

What can I expect as a patient the first day?

- Your initial evaluation will be 45 minutes of one on one time in a private room with your physical therapist to complete a thorough evaluation.
- An individual treatment plan will be designed, just for you.
- The evaluation may consist of an external evaluation of the pelvic girdle and low back and, with your consent, an external or internal evaluation of your pelvic floor muscles.

I thought urinary leakage or incontinence is an expected occurrence postpartum as we age?

NO! Urinary incontinence may occur postpartum, post surgical, and as we age. However, it is treatable and not a symptom that you have to live with. We can help you take back control of your life!

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