

HEAL CON 2026, lets
celebrate teamwork!

Holistic Pelvic Health Solutions, Boosting the Biomes Dr Maureen Mason DPT

Neuro → Ortho → Pelvic PT

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@centralstationpt

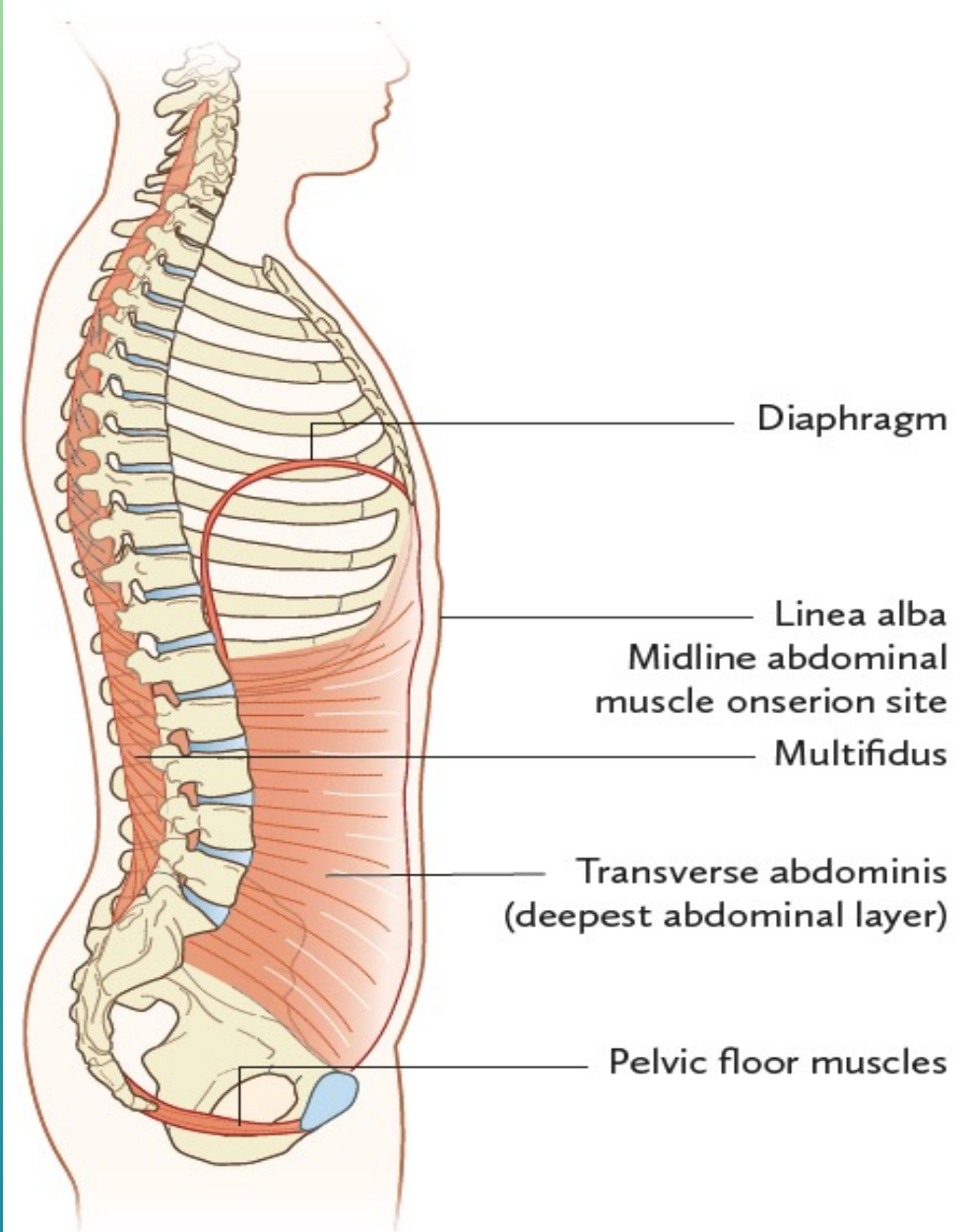


Figure 2.12 Lumbopelvic core.

Key concepts to gain today: Understand and broaden your toolkit for healing

1. Abdominal-Pelvic Synergy and Dyssynergia
2. Somatics and fun interoception practices for gastrointestinal and genitourinary health
3. The need for manual and visceral therapies, methods to help optimize digestion and assimilation
4. Clinical practice guidelines in pelvic health as silo care methods vs integrative teamwork
5. Screening for pelvic floor dysfunction
6. Gut, bladder, urethra and vaginal biome roles in health and disease

Nutrition providers: Notice, Screen, Begin Education and Empowerment for:

- Antibiotic Stewardship, Safety, Recovery, Resilience
- Overactive Bladder as a possible hidden auto-immune/inflammatory condition
- Pelvic Floor Dysfunction, leaks, OAB, IC, bowel problems, pain, sexual health
- Genito-Urinary Symptoms of Menopause
- UTI Prevention and Recovery

Resource:

Pelvic Rehabilitation, The Manual Therapy and Exercise Guide Across the Lifespan

Maureen Mason DPT

Handspring Publishing 2023, Code MASONM20 for savings

Amazon : Text and kindle

A global text for the public and health care educators, providers.

Physical Therapy, expanding specialties...

Dr Maureen Mason, MS, DPT, WCS, PYT, CCI

- My story: Career shifts and job satisfaction from: Seek solutions, learn new strategies, implement, teach and train, mentor, support. Repeat
- Neuro to Ortho, Chronic Pain to “Pelvic Rehab”
- Bladder Treatment: Urinary Incontinence, OAB, IC, females, males, and non-binary
- Pelvic Pain, low back, SI
- Pelvic Organ Prolapse
- Digestive health, Bowel Care
- Sexual Medicine
- Integrative Care, teamwork
- Coaching, Lifestyle Medicine
- Teaching, book writing, private practice

Integrative care in PT, Neuro-ortho-pelvic, trauma- sensitive, coaching style. Patient resources and interests, what matters?

- Current ID of the importance of :
- Adverse childhood experiences (ACE scores). <https://www.cdc.gov/aces/about/index.html>
- Biopsychosocial aspects of illness and health, barriers and assets to wellness
- THE BIOMES, our soil.
- Genetics, signature profiles of conditions, with pharmaceutical drives to target metabolism
- ID of systemic inflammatory markers, and systemic effects of hormones.
 - Who gets better, resiliency? Who stays stuck?
 - Mindset, the nervous system, tuning parasympathetic, social support
- Low income. low health literacy, high need for care: Provide community support links, resources

Historical foundations in pelvic health, moving to integrative care strategies as the best practice

Insurance based care: Often siloed, focus on one body part and diagnoses for reimbursement. Example: MD “orders” biofeedback training for urinary incontinence. Physical therapist focuses on muscles and habit training. Old school: Kegels, Pelvic floor muscle (PFM) strengthening fixes most pelvic problems

New School: The drivers for pelvic health problems such as urinary incontinence (UI) are often multifactorial. PFM relaxation may be needed, digestive health (IBS-C, IBS-D), pressure systems, genetics, life-stage, co-morbidities such as fibromyalgia and autoimmune illness’s may be contributing factors.

Total body exercises, head to toe, are often needed.

Hormone status is key in pelvic health.

DPT level education is now the norm. Direct access is available in most states, medical screening and rehab. Functional and lifestyle medicine strategies are used by some practitioners in PT

Pelvic Floor Dysfunction: “PFD” Profiles in Challenges

- Females
- Bladder: UI, bladder pain, OAB, IC
- Pelvic Pain
- Pelvic organ prolapse: POP
- GI, Colo-rectal: IBS –C, IBS-D
- Sexual Dysfunction

These are all affected by the Pillars of Health and +
Nourishment, Nutrition vs Inflammation status

<https://www.voicesforpfd.org/>

- Males
- Bladder; UI, Bladder pain, OAB, IC
- Pelvic Pain
- GI, Colo-rectal, IBS-C, IBS-D
- Sexual Dysfunction

These are all affected by the Pillars of Health and +
Nourishment, Nutrition vs Inflammation status



How can nutrition professionals support pelvic health recovery, resilience?

- Medical screening of “embarrassing topics”
- Help PREVENT SEPSIS FROM UTI by recognizing hidden symptoms
- Screening for nervous system upregulation, and therapy
- Direct to movement, optimum “mechanics”
- Helping boost immunity
- Reducing inflammation
- Support: biome and digestive health
- Refer clients to resources for self-care
- Teamwork with PT, OT, RN, NP, ND, PA, MD
DC, Health coaches, fitness trainers

Let's look at the pelvic floor, PFD, and
symptom presentations

Then, “simple” screening methods

Stigma, shame, and embarrassment accompany pelvic health
conditions

Siloed care, specialization, means patients may only see one provider
such as bladder-centric pharmaceutical approaches

MD do not have the time or training to screen neuro, ortho, muscular,
pain, and biopsychosocial influences, as well as “WHAT MATTERS” to the
patient

More professions are adding or referring to integrative care

Vocal, Abdominal-Diaphragmatic and Pelvic Floor Muscle Synergy: “Synergy”

How do we breathe? Upper chest, middle, abdominal?

What happens to the pelvic floor muscles as we breathe?

Optimum relaxed function:

As we inhale, the abdominals relax, the diaphragm and pelvic floor muscles descend in synchrony.

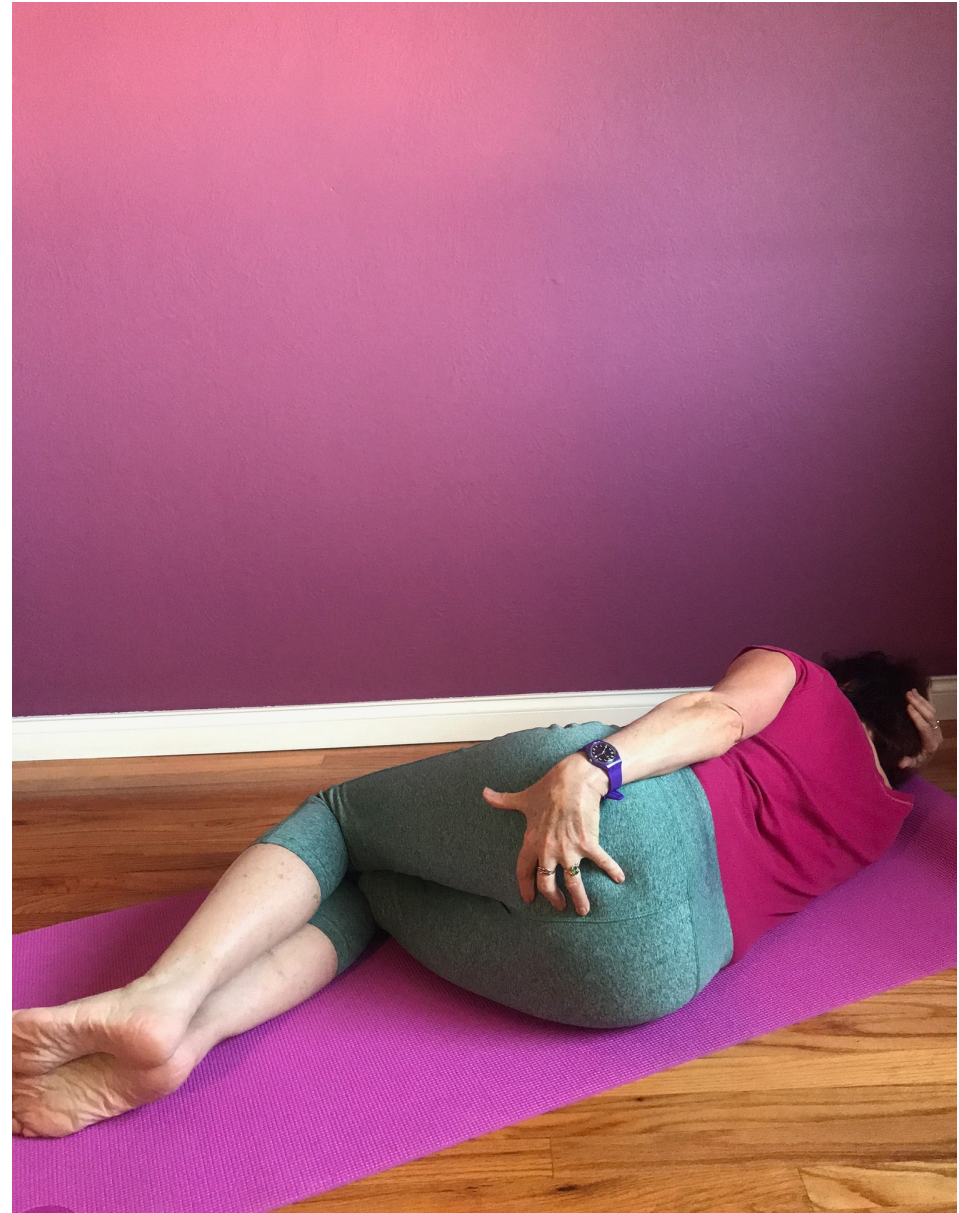


Check yourself, inhale: hand on chest, belly, side ribs, back ribs



Pelvic Floor Dyssynergia: Contracting PFM during inhale, or attempted voiding or defecation. PFM should be able to relax and elongate...

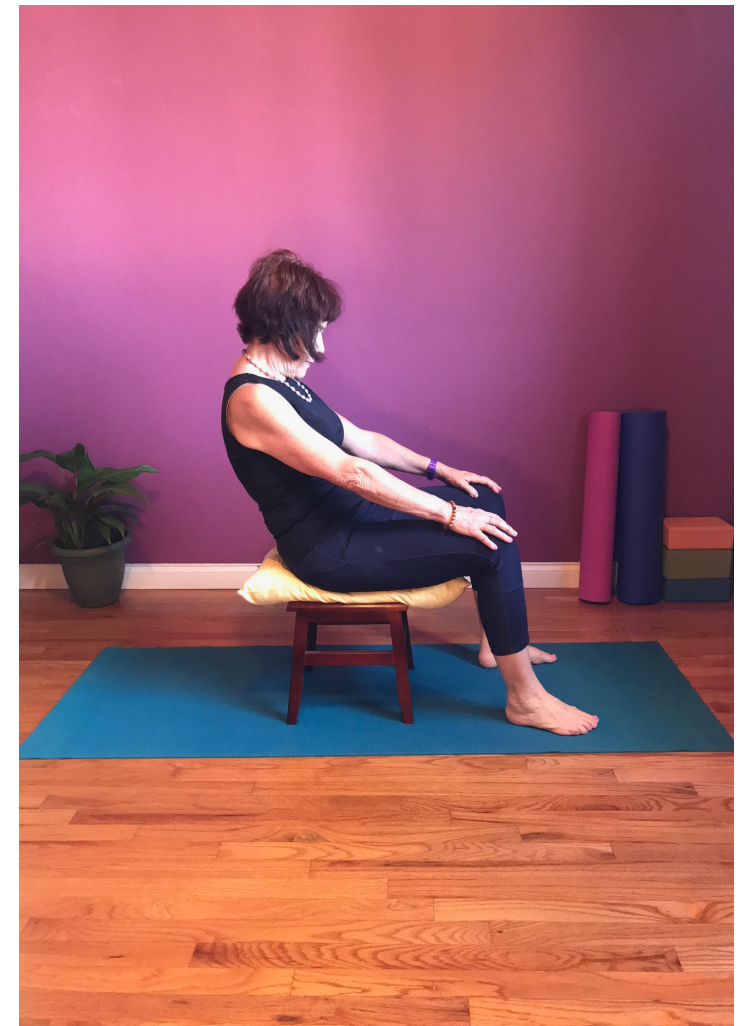
- Pelvic floor muscles are in layers from superficial (surface), to deep organ support
- Automatic “tone” exists, autonomic nervous system control. Bladder and bowel relax and store at rest.
- Volitional active support exists as well, involving contracting and relaxing the muscle group as needed.
- Bladder function requires recognition of the signal of filling, transport to the toilet, volitional relaxation of the PFM, at which point the bladder muscle then contracts and squeezes urine out of the bladder.
- Bladder related PFM dyssynergia: individuals may clench the PFM while also bearing down and trying to push urine out. “Pushing to pee” should not be required. “Relaxed, seated or standing urination is optimum”.



PFM Dyssynergia: Incorrect “mechanics”

- Bowel related PFM dyssynergia : individuals may clench the PFM while trying to eliminate stool. This may aggravate hemorrhoids and rectal prolapse.
- Bearing down to eliminate is normal, with a firming of the abdominal wall, yet with a relaxed PFM group.
- Constipation: Extreme bearing down may not produce emptying and even lead to rectal intussusception. Constipation and dyssynergia, extreme bearing down, aggravates the bladder, pelvic organ prolapse, and pelvic pain.
- Urinary retention and bowel retention, incomplete bladder and bowel emptying, can lead to other medical problems, such as leakage, pain, distension of the organ, and other medical conditions.

Pelvic Clock



Saying “hello” to the PFM.
Flowers open, and close.
Body scan, breath, relax
belly, relax “butt”, and saddle
area. Inhale, relax, palpate
for drop-release. Exhale,
“wink” anus as if stopping
gas, notice any lift?



Screening for Dyssynergia

Observe breath, quality, ease.

Are they pulling up shoulders and sucking in abdominals?

Train diaphragm, lateral-costal, and basal breathing, with pelvic floor muscle(PFM) relaxation via visual cuing, imagery.

Offer the client options to self-palpate abdominals, glutes, posterior midline PFM.

The pelvic floor muscles and fascia (myofascia) provide sphincteric and visceral support, sexual function, and work with core muscles for posture, mobility, and exertion. The muscles may react to inflammatory conditions and become painful.

Pelvic health conditions once thought “organ –specific” solely, are now recognized as part of systemic inflammatory, and auto-immune conditions.

Endometriosis: Endo Overactive bladder: OAB

Interstitial cystitis; IC

Pelvic Pain conditions, often post -infection

High association of anxiety and depression, sleep disturbances, gut dysbiosis/digestive problems and chronic pain with these conditions.

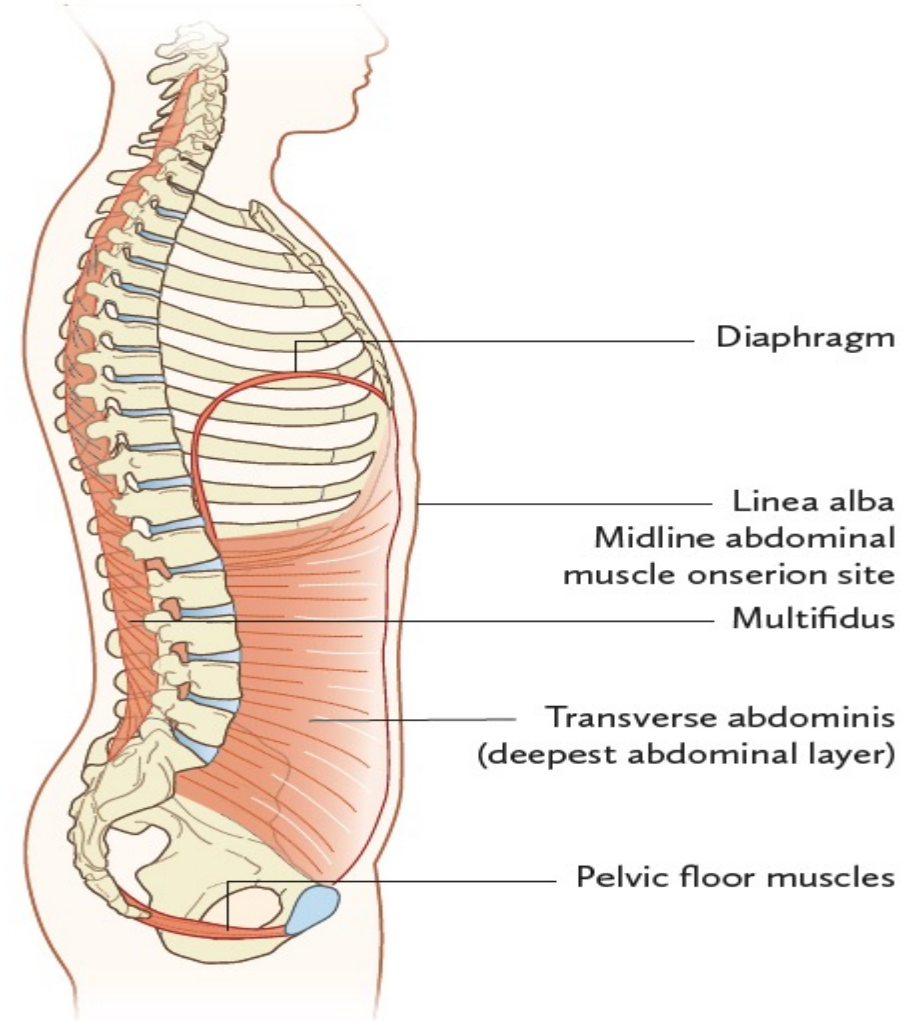
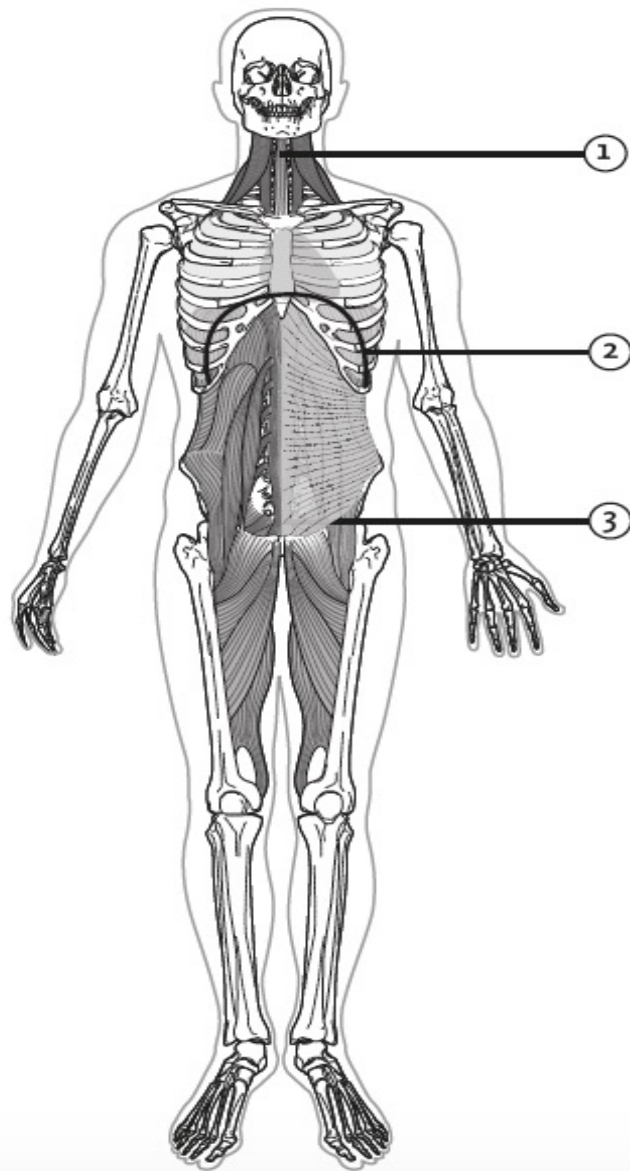
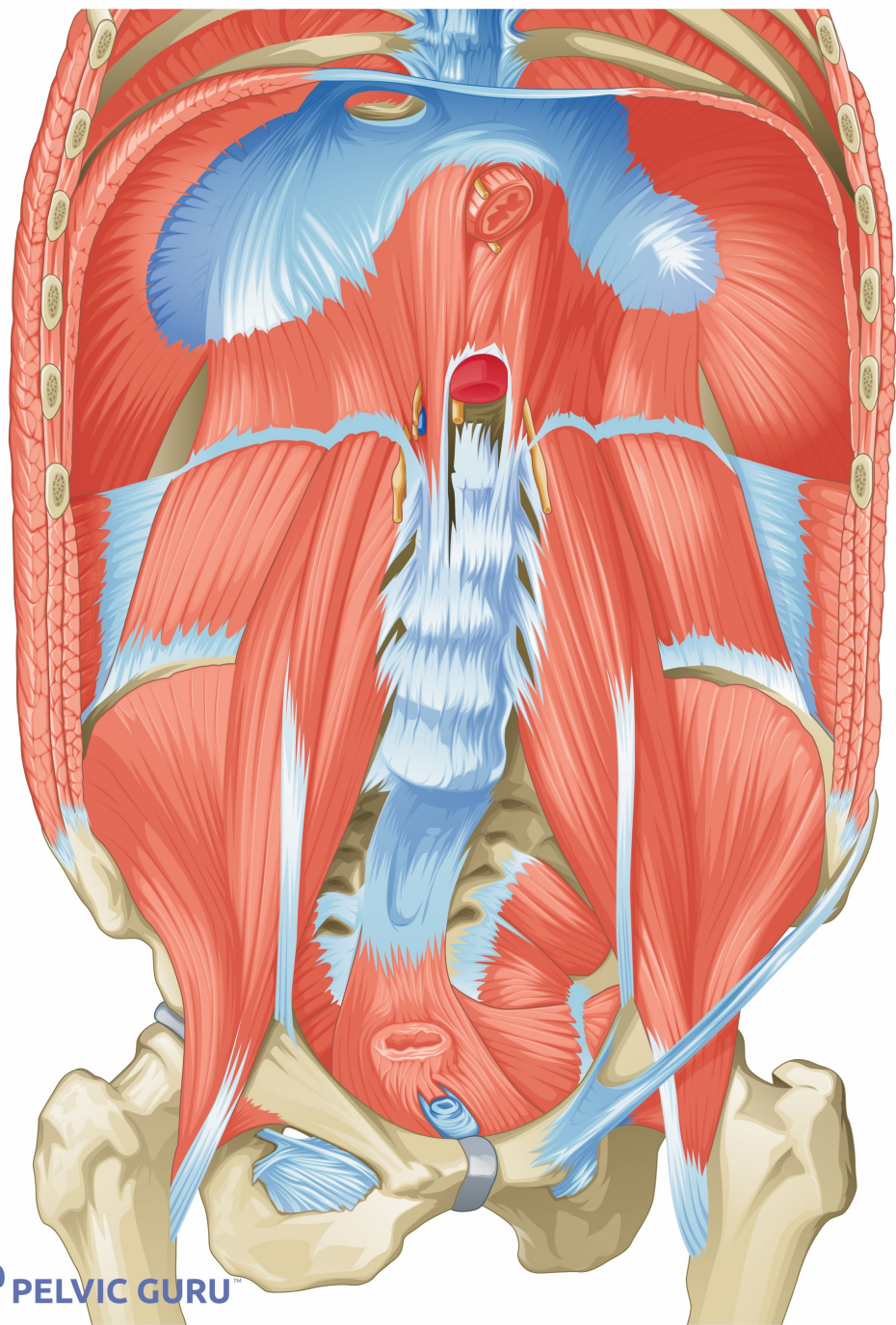


Figure 2.12 Lumbopelvic core.

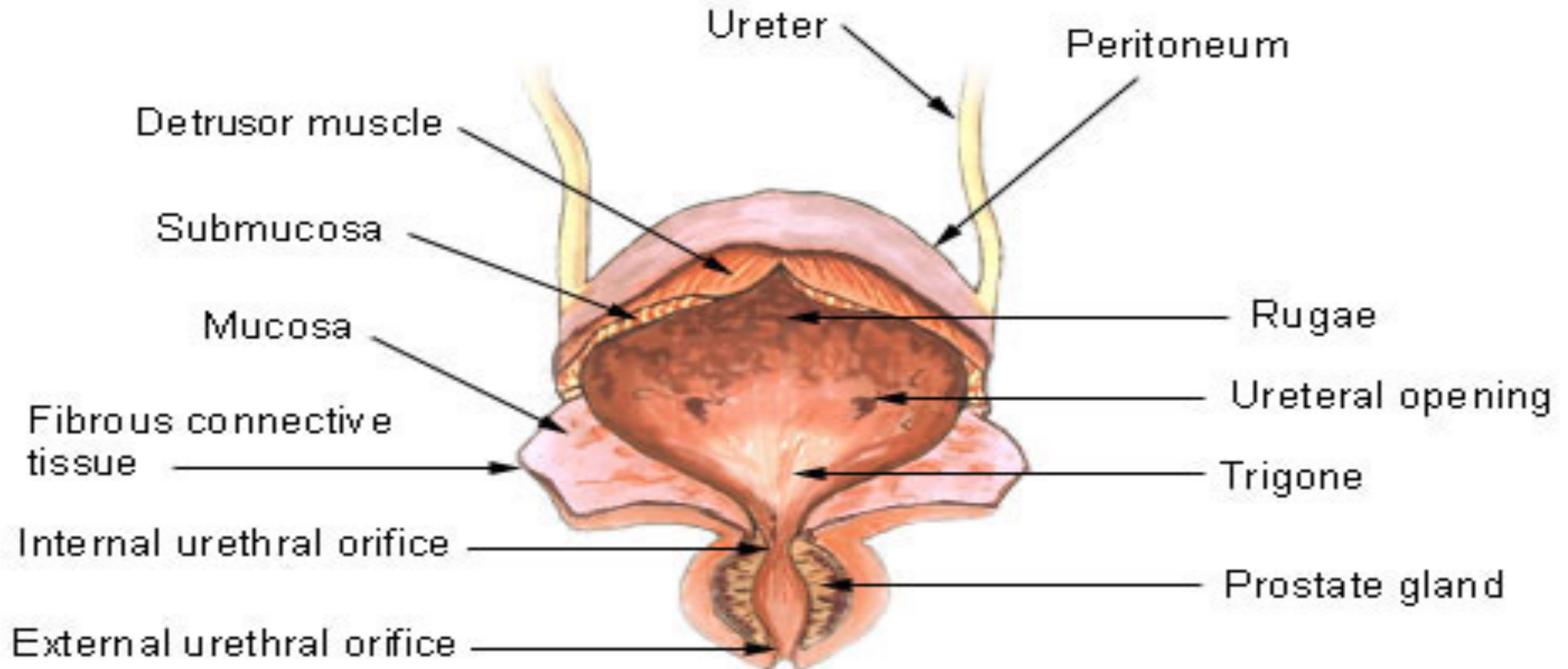


“The gut” sits
inside “the core”.
Diaphragm view,
and hip flexors

The diaphragm works
as a piston, ideally.

Bladder: Storage, Emptying. Brain, Spinal, Local Reflexes for control.
Autonomic reflex control with volitional “master” control.

Urinary Bladder



Organs: Cross talk, up-regulation of “neighbors” with illness, infection, pain. Local and central nervous system up-regulation possible.

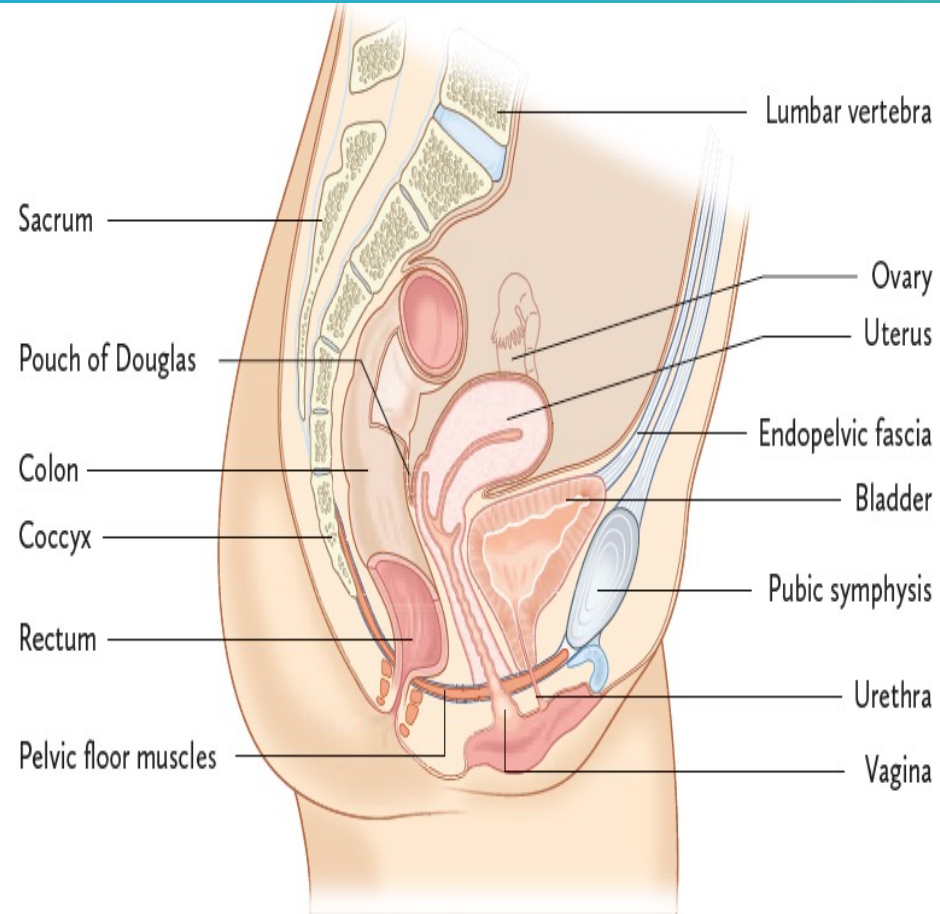


Figure 1.4 Lateral view of female pelvis and organs.

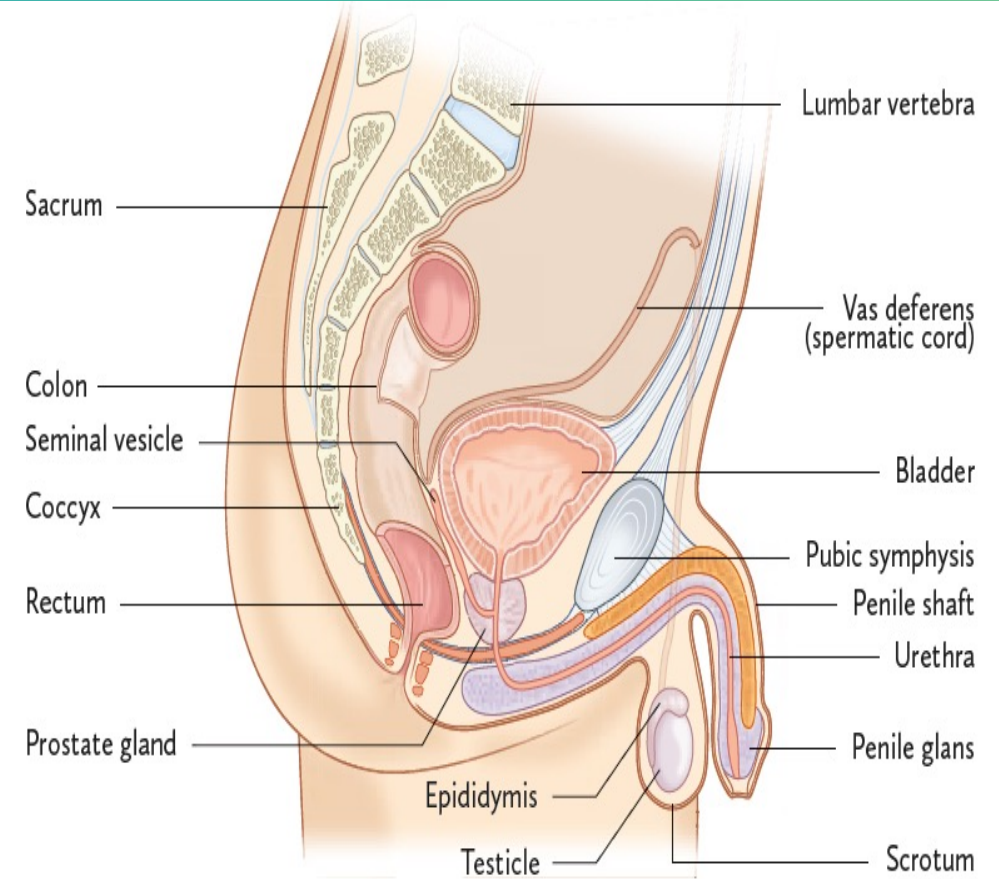


Figure 1.5 Lateral view of male pelvis and organs.

Bladder dysfunction:
Urinary incontinence: stress, urge,
mixed, and functional UI.

Urgency, Frequency, OAB, IC

Bladder /uterine, / prostate cancer, surgeries, radiation , chemo

intermittent catheterization,

Indwelling catheters,

Neo bladders

Stress, Urge, Mixed UI are common. Functional UI: Can't make it to the toilet. PFM may be too weak, or too tight. Lumbar, pelvic, hip muscles, and nervous system status: influence bladder control.

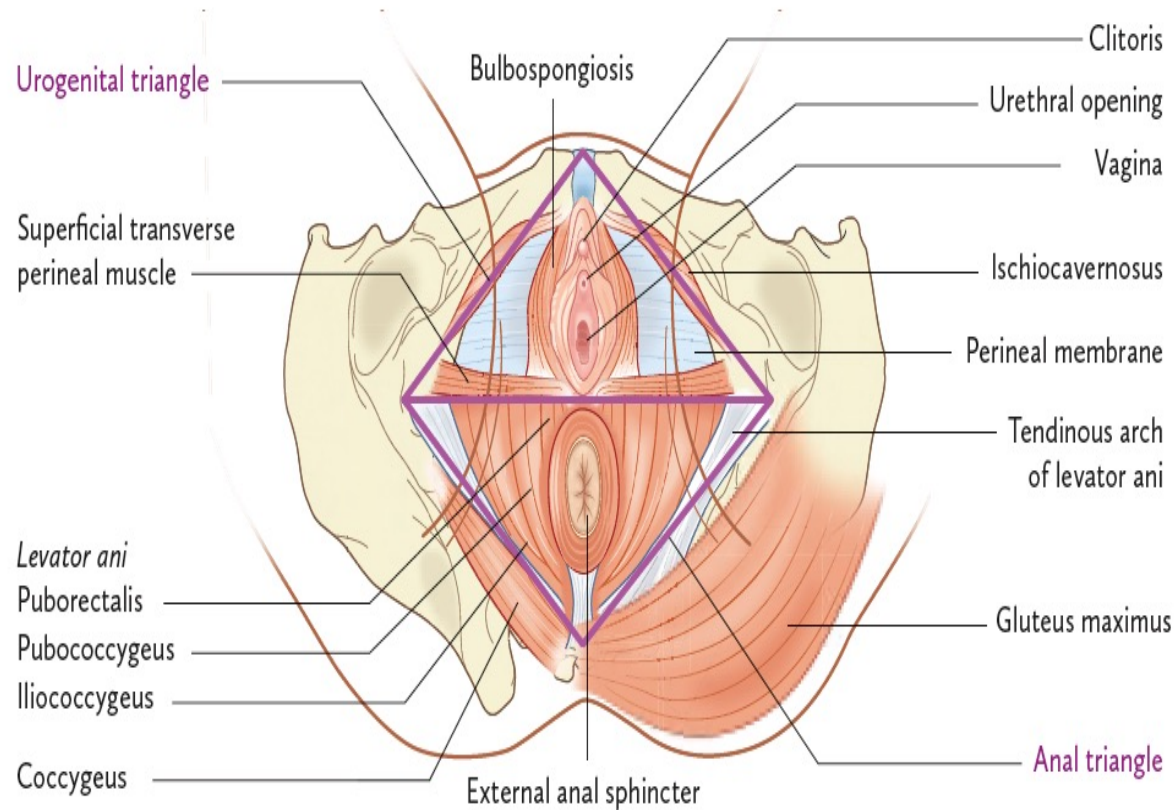


Figure 1.8 Urogenital and anal triangle, female.

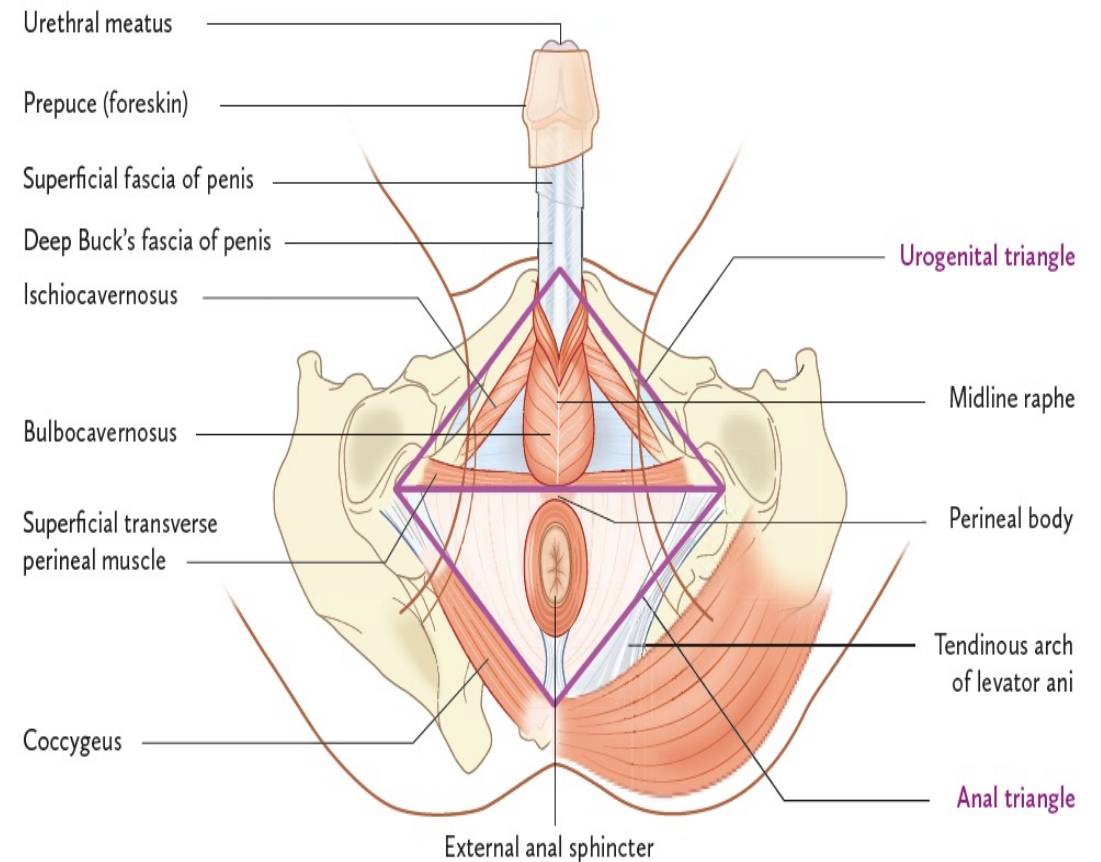


Figure 1.9 Urogenital and anal triangle, male.

OAB: Causes are multifactorial.
Meds in use for decades cause dry mouth,
constipation, bloating, and dementia.

Vesicare: Solifenacin sulfate

Detrol: Tolterodine tartrate

Enablex: Darifenacin (aka emselex)

Other meds are available by MD

Risk of dementia associated with anticholinergic drugs for overactive
bladder aged > 55: a nested case-controlled study

<https://bmjmedicine.bmj.com/content/3/1/e000799>

Pelvic floor tender and trigger points are highly associated with OAB, bladder pain syndrome, and can be significantly helped with pelvic PT myofascial release and nervous system regulation, relaxation



Bladder Pain syndrome (OAB+pain), Interstitial cystitis (IC)?

- “Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic condition that generally includes symptoms of bladder-associated pain, pressure, and/or discomfort [1].
Historically the condition was believed to affect women about ten times more commonly than men, but more recent data support a narrower ratio
- FEMALES: 2.7-6.5%. MALES: 1.9-4.2%
- “pelvic floor hypertonia/dysfunction may be commonly co-occurring with IC/BPS, with one study reported that 87% of women with IC/BPS had findings consistent with pelvic floor dysfunction ” direct quotes
- Werneberg G, Moldwin R, et al, Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS) Diagnosis:Diagnostic Definition, Neurology and Urodynamics 2025, <https://onlinelibrary.wiley.com/doi/full/10.1002/nau.70112>
- K. M. Peters, D. J. Carrico, S. E. Kalinowski, I. A. Ibrahim, and A. C. Diokno, “Prevalence of Pelvic Floor Dysfunction in Patients With Interstitial Cystitis,” Urology 70, no. 1 (2007): 16–18.

Fitzgerald M, et al, Randomized multicenter trial of myofascial therapy in women with IC/Painful bladder syndrome and pelvic floor tenderness, J Urology 2012, 187(6)

RCT: Science standard ;hypothesis, intervention vs control; measured outcome, results

Myofascial treatment BPS/IC:

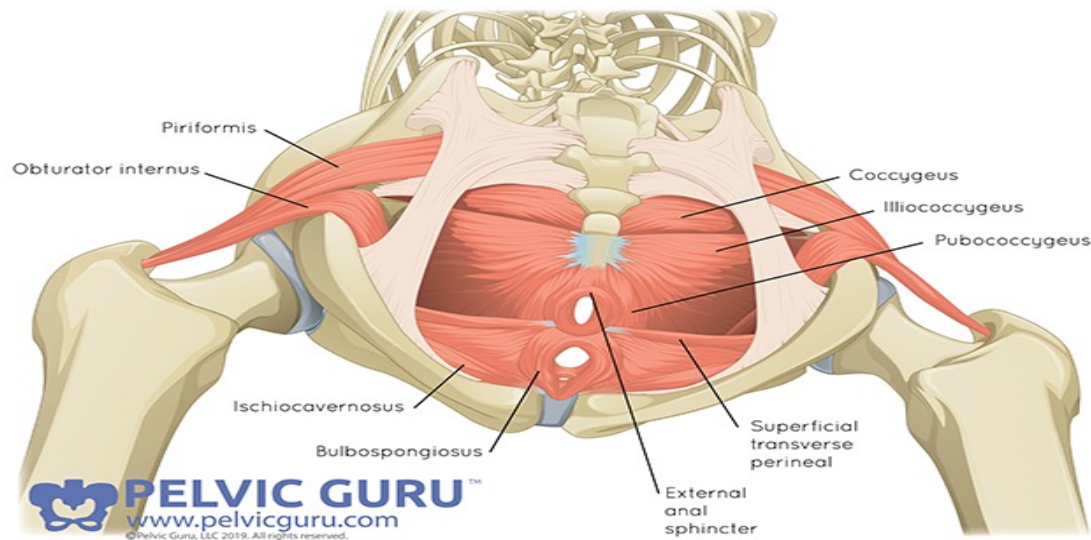
- 59% improved with pelvic PT
- 26% improved with global therapeutic massage

Conservative care practices such as PT do not easily make it into scientific journals and advertising, which are financed by the medical-industrial pharmaceutical complex, primarily in the US.

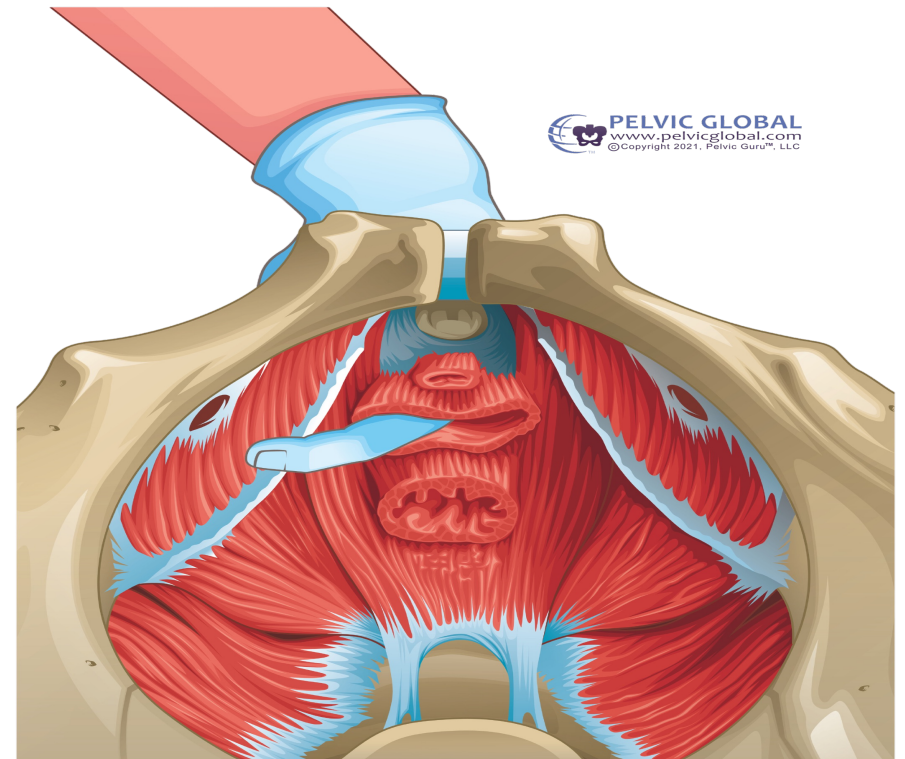
- Integrative care: pillars of health and compassionate provider: optimize patient options and results

PFM: The deepest layers, levator ani. An associated non -PFM is the obturator internus, a hip rotator. PFM may have tender and trigger points, from injuries, visceral-reflexes, or in isolation.

- Posterior view PFM, Hip muscles, coccyx



- Pelvic floor internal mapping, testing, release





UTI's,
pain,
antibiotics

Seeking
resilience and
recovery
programs that
work

Urinary tract infections: UTI

- affect 40%+ of women, and often become recurrent UTI (rUTI)
- Antibiotic treatment is the mainstay
- Antibiotic resistant bacteria and biome disruptions occur following meds
- UTI may cause UI, urgency, frequency, pain, OAB, or lead into the development of these conditions

WHAT HAPPENS TO TRANSMITTER PRODUCTION WHEN THE BIOMES ARE SHUT DOWN? WHAT HAPPENS TO DIGESTION, ENERGY, IMMUNITY, METABOLISM?

Digestive problems, bowel
dysfunction

Constipation, Fecal/flatal
incontinence, aka Anal Incontinence
(AI!)

Colon cancer, surgery, ostomies, IBS C, IBS D,
Mixed

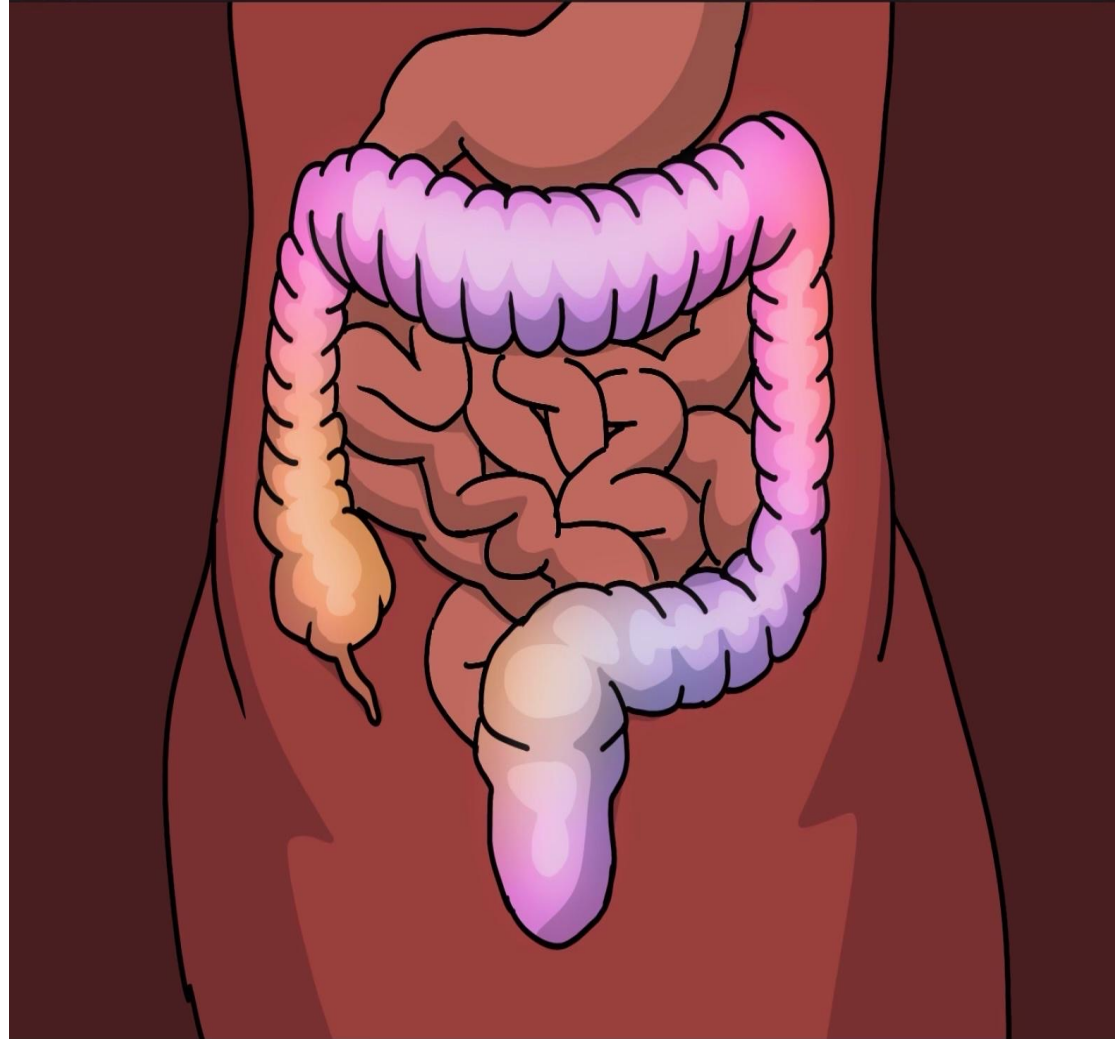
Crons, celiac disease

These conditions may all be affected by
Antibiotics and HIGH ACE Scores

Hello belly.
Hello digestion.
Abdominal and colon
palpation.
Large clockwise
circles along the
colon are a good intro
to paying attention.



Colon massage: “Hello belly”. Teach patients to stimulate motility and mobility with clinical intervention: visceral work. This may be their first opportunity for self-care.



Effectiveness of Abdominal Massage and Visceral Manipulation in Adults with Constipation. A mini -review. Mohamed A, Mahrous, N, et al
Int PT Conference –Cairo U. volume 3-1, 2024
https://journals.ekb.eg/article_457158.html

- “Abdominal massage techniques involve stroking, effleurage, kneading, and vibration; leading to increased local and visceral circulation, stimulating peristalsis, decreasing colonic transit time, increasing the frequency of bowel movements in constipated patients, and decreasing the feelings of discomfort and pain that accompany constipation.”
- “This form of treatment for constipation is effective because the structures surrounding the peritoneal bowels may have lost their normal capacity for resilience. Although there are studies suggesting that abdominal massage and visceral manipulation are helpful treatments for constipation, the overall evidence is weak, and more studies are needed.”
- Direct quotes

Seated GI mapping, coaching the “train tracks” of digestion, with gratitude and curiosity. Somatics, Interoception.

- Cuing the sensations of these items below, with easy relaxed belly breathing.
- Gravity, ground, weight on a chair or table. Think about their favorite meal, with gratitude.
- Circle tongue around gums. Gently hold the u- shaped hyoid bone and swallow.
- Hold the L front chest below the heart; the gastro-esophageal valve. Cup the stomach under the left ribcage. Feel the pylorus as the stomach empties towards the duodenum.
- Hold the belly button/small intestine. Move to the r lower quadrant, the ileo cecal valve. Trace the colon from R ascending, across the top of the chest, and down to the left descending and towards/behind the bladder.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Digestive health screening:

Bristol stool chart:

Optimum Type 3 and 4

References for –

-Diaphragm/colon mobility, myofascia, and gastritis

-Manual therapy for constipation

- Melo TM, et al, Abdominal and Diaphragmatic Mobility in Adults With Chronic Gastritis: A Cross-Sectional Study. J Chiropr Med. 2023 Mar;22(1):11-19. doi: 10.1016/j.jcm.2022.05.004. Epub 2022 Jul 20. PMID: 36844992; PMCID: PMC9947977.
- “We assessed the following: restricted abdominal mobility in the transverse, coronal, and sagittal planes; diaphragmatic mobility; restricted cervical vertebral segmental mobility; restricted thoracic vertebral segmental mobility; and pain on palpation, asymmetry, and density and texture of the soft tissues on the cervical and thoracic spine. The measure of diaphragmatic mobility was assessed with ultrasound imaging.” Direct quote methods
- “In GG, 93% of the individuals presented restricted diaphragmatic mobility, with a mean mobility of 3.1 ± 1.9 cm, and in the CG, 36.8% with a mean of 6.9 ± 1.7 cm ($P < .001$). “
- Erdrich, Leon M. et al. International Journal of Osteopathic Medicine, 2020 Volume 36, 26 – 35
- systematic review yielded 7 studies, overall the level of evidence as manual therapy for constipation as an intervention: moderate, <https://doi.org/10.1016/j.ijosm.2020.05.003>

Connecting top
down:
breath,
swallowing,
stomach,
pylorus, small
and large
intestine,
“Saying hello”

1. Coaching healing ; via education, and empowerment
2. Embodiment, settling in, curiosity, body scans
3. Interoception, visceral-internal function signals
4. Habits: Nutrition, social support, stress, exercise, sleep, risky substances?
5. Bodily reactions? Energy vs discomfort?
6. Considering behavior change
7. Seeking knowledge, then action plans
8. New healthy habits, healthy lifestyle

Education: Nutrition and social nourishment followed by a walk, for boosting biomes, rest and digest, relax release.



Movement; Rotations, happy baby, yoga, breathwork: Holistic help for UI, digestion, pelvic pain, incontinence, stress control. Safe yoga: individualized, honoring limitations.

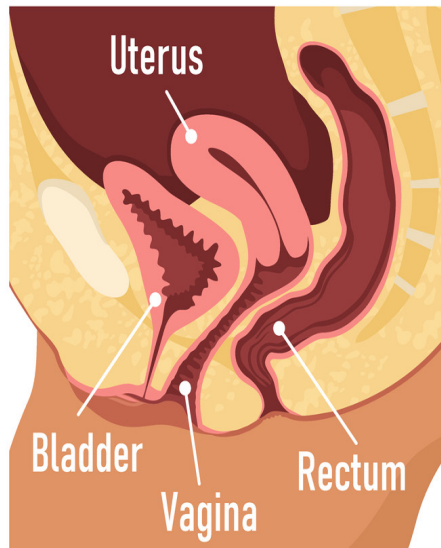


PFD: Pelvic organ prolapse: POP. Effects 40 % of females, a “hidden hernia”.

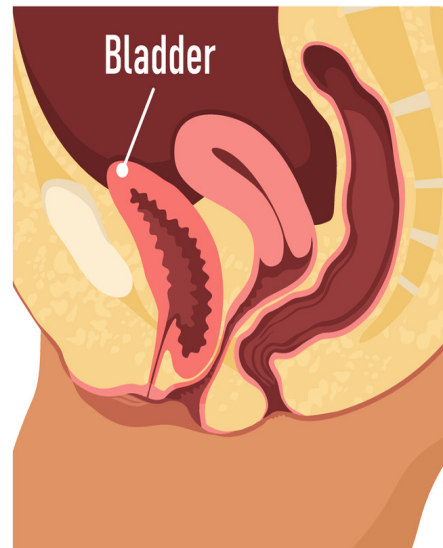
- POP is a common condition, mostly... postpartum. PFDI -20: best screening tool
- Highly affected by gravity, birth mechanics, interventions, parity, pressure systems, bloating/IBS, constipation, PFM muscle strength and power, core coordination, genetics, lifestyle, work demands
- POP sensation may be recognized as pressure, a bulge, ache
- May lead to obstructed urination, defecation, intercourse
- Activity limitations: none, to severe
- Lifestyle habits, posture, pressure management, hormone support, biotensegrity -based visceral/soft tissue mobilization, progressive movement-exercise training, pelvic exercise equipment, pessary support, and possible surgical intervention therapies

TYPES OF PELVIC ORGAN PROLAPSE

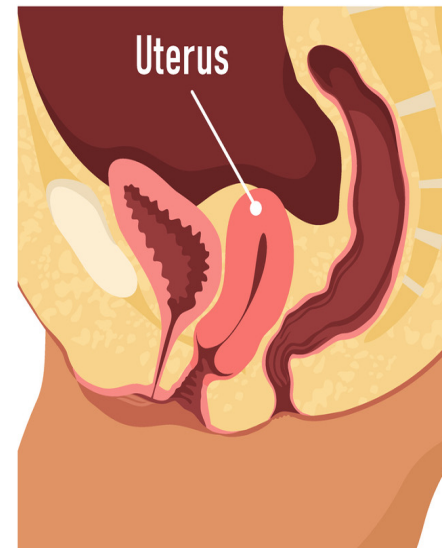
Normal Anatomy



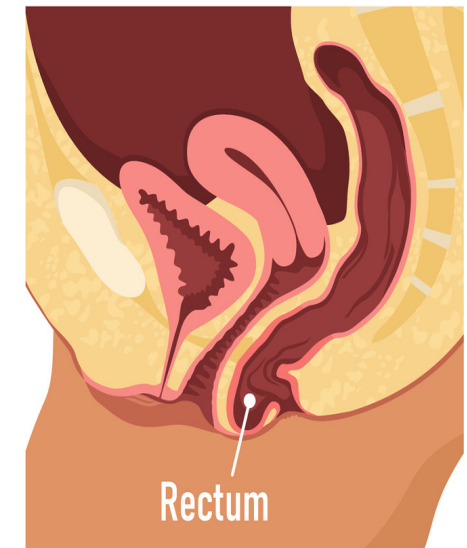
Cystocele



Uterine Prolapse



Rectocele





Female PFD: Often multiple symptoms

- Poor global health literacy in self-care, holistic methods
- New paradigms from research take decades to become “practice”
- Portman D, Gass, M, Genitourinary syndrome of menopause: New terminology for vulvovaginal atrophy , J Sexual Medicine II,12,557-563, 2014

- Even top athletes can leak, and have prolapse, pain

Power lifters:

- The prevalence of urinary incontinence (UI), anal incontinence (AI), and pelvic organ prolapse in women was 50.0, 80.0, and 23.3%, respectively. Stress UI (SUI) was reported by 41.7% of the women and 87.8% reported a negative influence on sport performance.



Male PFD: Often multiple symptoms co-exist.

Historically, men have been considered to have low rates of PFD compared to women

Male Pelvic Health Advocate: Dr Di Wu

<https://www.youtube.com/watch?v=Gb79VE4wupc>

The 4 horsemen of male pelvic pain, Di Wu (Woody) and Dr Ginger Garner

Newer research identifies multiple co-morbidities in males, and trends to increase conservative care

Men's mental status has been largely ignored:

OAB Meds: "There was a significant effect modification based on both gender and age; men and those aged ≤ 75 years on anticholinergics had the highest risk of dementia relative to similar beta-3 agonist users.

Powerlifters:

The prevalence of UI and AI in men was 9.3 and 61.8%.

References

- Bø K, Skaug KL, Engh ME, Frawley H. Prevalence of Pelvic Floor Dysfunction, Bother, and Risk Factors and Knowledge of the Pelvic Floor Muscles in Norwegian Male and Female Powerlifters and Olympic Weightlifters *Journal of Strength & Conditioning Research*. 2020;36(10):2800-2807. doi:10.1519/JSC.0000000000003919
- Petrov, Jessica C. MD, MSc*; Arasu, Shanya; Cangemi, David J. MD. S346 Pelvic Floor Dysfunction Is a Common Cause of Chronic Constipation: A Retrospective Review of Patients Referred to a Tertiary Center for Constipation. *The American Journal of Gastroenterology* 120(10S2):p S74, October 2025. | DOI: 10.14309/01.ajg.0001128844.82296.e9
- Welk B, McArthur E. Increased risk of dementia among patients with overactive bladder treated with an anticholinergic medication compared to a beta-3 agonist: a population-based cohort study. *BJU Int*. 2020 Jul;126(1):183-190. doi: 10.1111/bju.15040. Epub 2020 Mar 19. PMID: 32167223.

Clinical Practice Guidelines in Physical Therapy (CPG) for urge urinary incontinence, 2024

- <https://pubmed.ncbi.nlm.nih.gov/39172457/>
- McAuley JA, Mahoney AT, Austin MM. The Executive Summary of Clinical Practice Guideline: Rehabilitation Interventions for Urgency Urinary Incontinence, Urinary Urgency, and/or Urinary Frequency in Adult Women. Urogynecology (Phila). 2024 Sep 1;30(9):797-800. doi: 10.1097/SPV.0000000000001554. Epub 2024 Jun
- Recommendations, in order of strength of evidence, include behavioral interventions and pelvic floor muscle training (grade A) followed by electrical stimulation (grade B), and then lifestyle modifications (grades B and C).
- See the Supplemental Digital Content Video Abstract, available at: <https://links.lww.com/JWHPT/A115>.

PT CPG for
urgency UI do
not consider...



Post-antibiotic gut and bladder/urethra/vaginal
biomes

-Bladder soothing teas, beverages, anti-
inflammatory eating, and supplements



The potential role of scar/visceral restrictions.

The recently updated guidelines on urology and
the genital symptoms of menopause, which are
also present in low body weight athletes (REDS),
or during lactation, due to low estrogen.

CPG for Functional constipation

- LaCross, Jennifer A. PT, DPT, PhD(c)¹; Borello-France, Diane PT, PhD²; Marchetti, Gregory F. PT, PhD²; Turner, Rose MLIS³; George, Susan PT, DPT⁴. Physical Therapy Management of Functional Constipation in Adults: A 2021 Evidence-Based Clinical Practice Guideline From the American Physical Therapy Association's Academy of Pelvic Health Physical Therapy. Journal of Women's Health Physical Therapy 46(3):p E59-E84, July/September 2022. | DOI: 10.1097/JWH.0000000000000244
- Summary, in part
- offer biofeedback interventions to their patients with functional constipation, including either electromyographic, rectal balloon catheter, or anorectal manometry biofeedback. Moderate evidence supports the use of manual therapy, whereas weak evidence was found to support the use of electrical stimulation to manage adult functional constipation. Finally, although we were not able to grade the evidence for the use of patient education and therapeutic exercise in the physical therapy management of functional constipation, we did provide a summary of these interventions in the literature.

PT CPG for
functional
constipation do
not consider

Diaphragm mobility, trunk/thorax, abdominals

-Parasympathetic training

-Somatics, interoception, GI mapping

-Nutrition, foods and beverages

-Supplements

Pelvic floor function and dysfunctions are highly influenced by pressure dynamics, synergy, and inflammation. Gut Brain Bladder Bowel axis.

- Nutrition professionals can screen for PFD by asking health questions:
- May I ask you a few health questions about hydration, digestion, and pain?
- How is your hydration, are you able to store well, and need to empty 4-7 x a day? Any leaks or OAB, these things are common.
- Do you push to empty your bladder? Do you have bladder leaks, urgency, frequency?
- How is your digestion, any bloating, cramping or pain? Are you able to wait to use the restroom or do you need to rush? Any bowel leaks, they are more common than people realize.
- Do you have to strain or use any maneuvers to empty your bowels?

Perimenopause, Menopause, Perinatal :Estrogen changes!



New medical guidelines for the uro genital symptoms of menopause, 2025. Pain, OAB, UTI risks

- <https://www.auanet.org/guidelines-and-quality/guidelines/genitourinary-syndrome-of-menopause>
- Shared decision making , Genital symptoms of menopause may include genital urinary, sexual , and psychosocial symptoms . Examination.
- Refer to counselling, physical therapy PRN
- Clinicians should offer the option of local low-dose vaginal estrogen to patients with GSM to improve vulvovaginal discomfort/irritation, dryness, and/or dyspareunia. (Strong Recommendation; Evidence Level: Grade C)
- Clinicians should offer the option of vaginal dehydroepiandrosterone (DHEA) to patients with GSM to improve vulvovaginal dryness and/or dyspareunia. (Moderate Recommendation; Evidence Level: Grade C)

UTI Recovery, resilience and supplements

- Low estrogen, high, alkaline ph, absence of acidophilus: UTI risks increase.
- Use of topical vaginal estrogen or DHEA, and consuming acidophilus are helpful.
- Cranberry and D-Mannose for 12 weeks starting with the UTI
- HYDRATION!
- Dose oral probiotics in between antibiotics, guideline via Dr Robyn Chutkan Gastroenterologist
- <https://gutbliss.com/>
- Digestion and nutrition support via Ayurveda: The Prime, prime tea, digestive fire quiz, bone broth
- <https://www.penguinrandomhouse.com/books/253647/the-prime-by-kulreet-chaudhary-md-integrative-neurologist-with-eve-adamson/>

The tres amigas: support for women's health

- Tres amigas: They keep vaginal pH low, antibiotic, antibacterial, antifungal effects produced via estrogen, acidophilus, low pH.
- How do we get acidophilus to the bladder, urethral, and vaginal microbiomes?
- Top down, Oral route, must go eventually from the anus to the uro-genital area.
- Bottom up, direct route, as in topical vaginal estrogen,
- Vaginal suppositories? Vitanica brand, intermittent use, *Lactobacillus crispatus* and more.
- How do we support tissue hydration, DHEA? Topical and internal suppositories are available.

New integrative support systems for pelvic health

Screening for PFD, education and empowerment

Screening the biomes; Vaginal biome test kits, self-UTI tests, PH tests

Hormone support, non-systemic

Medical and allied health providers can support pelvic health via

Promotion of lifestyle medicine for:

Nutrition + supplements

Social support and stress management (soften/heal ACE scores)

Movement, plus somatics and interoception practices as beneficial

Monitor sleep and reduce/eliminate “risky substance” use



Standing movement experience, breath, rotation, self appreciation, energize, calm

1. Mountain
2. Upright mountain
3. Warrior I
4. Warrior 2
5. Tai chi arm swings
6. Hug –self, alternate L, R arm on top
7. Full breathing

Boosting the biomes, options, - nervous system regulation is key

- Gratitude: Parasympathetic calm
- Nourishing foods, cooked PRN
- Soil health, minerals, probiotics
- Fiber
- Chewing, bitters PRN
- Diaphragm mobility; piston for digestion
- Manual and visceral mobilization, ribs, diaphragm, soft tissues
- Hydration
- Movement (exercise!), sleep, social support





Manual work; Ribs, diaphragm, and more may be needed to help PFD and boost biomes

Embodiment, interoception, and habit change towards health and goals may happen in 1-2 sessions, or

Take place over a few years.

The Resilient practitioner:

Skovholt T, Trotter-Mathison M, burn out and compassion fatigue prevention, 2016



Finding pelvic
rehab providers for
teamwork ?

Look to
professional
groups, and
social media
options

Specialty care such
as men's pelvic
health is now
available

Thank you for attending
this
session and learning
about teamwork with
Integrative Pelvic
Physical Therapy!

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