PHRC

PELVIC HEALTH & REHABILITATION CENTER

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Irritable Bowel Syndrome

Irritable Bowel Syndrome is a disorder characterized most commonly by cramping, abdominal pain, bloating, constipation, and diarrhea. As many as 20% of the adult population, or one in five Americans, have symptoms of IBS, making it one of the most common disorders diagnosed by physicians. It occurs more often in women than in men, and it begins before the age of 35 in approximately 50% of people. Some patients diagnosed with IBS do not respond well to traditional treatments such as stress management, diet, and prescription medications. These patients often return to their treating physician desperate for an alternate therapy. This patient population may actually have pelvic floor dysfunction in addition to or instead of IBS. Pelvic floor dysfunction commonly causes abdominal pain and constipation due to hypertonic or tight pelvic floor muscles, poor pelvic floor muscle motor control, and restricted connective tissue. The physical therapists at the Pelvic Health and Rehabilitation Center are specifically trained to successfully treat pelvic floor dysfunction and can relieve symptoms that may have been attributed primarily to IBS.

Anismus

Anismus (also known as pelvic floor syndrome or anal sphincter dyssynergia) is a persistent contraction or spasming of the external anal sphincter. It can cause pain before, during or after a bowel movement and is often associated with straining during defecation. The pain can be described as burning, fissure-like in nature, discomfort with sitting or a feeling of fullness in the rectum. When the individual is unable to volitionally relax their pelvic floor muscles to defecate, constipation and ribbon-like stool can occur. In addition, surgeries such as sphincterotomies and hemorroidectomies can lead to scar tissue formation and myofascial trigger points in the anal sphincter and levator ani muscles giving rise to anismus. With specialized physical therapy, normal muscle tone and motor control can be restored to the pelvic floor muscles. Persistent scar tissue restrictions and myofascial trigger points can be eliminated with appropriate manual therapy techniques, resulting in elimination of the patient's dysfunction and pain.

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