



What is Women's Pelvic Health Physiotherapy?

Specialist assessment and treatment for bladder, bowel, pelvic pain, pregnancy-related and sexual health concerns

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Women's Pelvic Health Physiotherapy is a specialist area of physiotherapy focused on the assessment and treatment of bladder, bowel, pelvic floor, pelvic pain and sexual function conditions across the lifespan. It includes care during pregnancy, after birth, after gynaecological or colorectal surgery, after cancer treatment, and during peri-menopause and menopause.

A specialist pelvic health physiotherapist understands how these symptoms can affect comfort, confidence, exercise, work, sleep, daily activity, relationships and intimacy. Assessment and treatment are always individualised.

What symptoms and conditions can be treated?

- Stress urinary incontinence
- Urge urinary incontinence
- Mixed urinary incontinence
- Urinary urgency and frequency
- Overactive bladder
- Nocturia
- Difficulty emptying the bladder or dysfunctional voiding
- Postnatal bladder dysfunction
- Bladder pain symptoms
- Faecal or anal incontinence
- Flatal incontinence
- Bowel urgency
- Constipation
- Obstructed defecation and straining disorders
- Pelvic organ prolapse symptoms, including vaginal heaviness or bulge
- Pelvic floor muscle weakness
- Overactive or non-relaxing pelvic floor
- Chronic or persistent pelvic pain
- Sexual pain, including dyspareunia (painful intercourse)
- Vaginismus
- Vulvodynia
- Pregnancy-related pelvic floor symptoms
- Pregnancy-related pelvic girdle or lumbopelvic symptoms where pelvic floor and core function are relevant
- Antenatal pelvic floor education and prevention

- Postnatal recovery and rehabilitation
- Birth-related pelvic floor trauma, including obstetric anal sphincter injury (OASI)
- Perineal scar pain or perineal recovery issues
- Endometriosis-related pelvic pain and pelvic floor dysfunction
- Fibroid-related pelvic pressure or symptom management where physiotherapy input is appropriate
- PCOS-related pelvic pain, sexual pain or pelvic floor dysfunction where relevant
- Menopause-related pelvic floor symptoms
- Pelvic floor dysfunction in later life
- Recovery after gynaecological surgery where pelvic floor rehabilitation is needed
- Late side effects after pelvic cancer treatment and rehabilitation needs
- Breastfeeding-related problems such as blocked ducts, mastitis and cracked nipples where women's health physiotherapy input is appropriate

What is not normal — and what you do not have to just live with

- Leaking urine with coughing, sneezing, laughing, exercise or urgency
- Needing to pass urine more frequently than every 3–4 hours
- Getting up repeatedly at night to pass urine or open your bowels
- Pain in the bladder, pelvis, vagina, vulva or rectum
- Feeling that your bladder or bowel does not fully empty
- Being unable to hold back wind or stool when you need to
- Planning your day around toilet access
- Avoiding food, drink, exercise, travel or intimacy because of bladder, bowel or pelvic symptoms
- Pain with sex, penetration, tampon use, smear tests, oral sex or masturbation
- Persistent pelvic heaviness, dragging or bulge symptoms

What to expect from a consultation

It is completely normal to feel unsure about what happens during a pelvic health physiotherapy appointment. This is a highly specialised form of physiotherapy and it is different from what many people think of as “traditional physiotherapy”.

Your consultation may include a detailed discussion about your symptoms, goals and concerns. You may be asked about your medical history, surgical history, medications, obstetric and gynaecological history, bladder and bowel function, pain, sexual function, exercise, sleep and lifestyle factors. You only need to discuss what you feel comfortable sharing.

A physical assessment may include examination of posture, breathing, abdominal wall function, scars, hips, lower back and pelvic floor function. Where clinically indicated, and only with your informed consent, an internal vaginal or rectal examination may be offered. In some situations, a genital examination may also be clinically relevant as part of sexual pain or pelvic pain assessment. You can decline any aspect of assessment, ask questions at any stage, or withdraw consent at any time.

Internal assessment can help your physiotherapist understand pelvic floor muscle strength, coordination, relaxation, pain, tissue sensitivity, scarring and your awareness of how to use these muscles. Gloves and examination gel are used.

What treatment options may be used

Treatment is always individualised. Not every assessment or treatment option is appropriate for every patient, and some treatments may be offered only when clinically indicated. Your physiotherapist will explain what is recommended for you and why.

- Education around anatomy, pelvic floor function and body function
- Individualised rehabilitation programme
- Pelvic floor muscle isolation, strengthening, coordination or relaxation training
- Rectal and vaginal examination where clinically indicated
- Genital examination where clinically indicated
- Biofeedback
- Real-time ultrasound (RTUS)
- Point-of-care ultrasound (POCUS)
- MAPLe assessment and treatment where appropriate
- Neuromuscular electrical stimulation (NMES) for selected patients, including grade 0–1 muscle testing only where appropriate
- Tibial nerve stimulation (TTNS) for overactive bladder symptoms where appropriate
- Myofascial release and other manual therapy techniques
- Sexual education, including lubrication advice, positional advice and planning around sexual activity
- Dilator education and vibrator education where appropriate
- Toileting techniques
- Balloon catheter biofeedback for bowel dysfunction where appropriate
- Bowel plans and bowel habit retraining
- Laser treatments where appropriate and within scope of practice
- Medication review and symptom monitoring in conjunction with the medical team
- Anal irrigation assessment and referral where indicated
- Referral for appropriate complementary consultations and therapies where relevant
- Close communication with referring doctors and the wider multidisciplinary team (MDT) to achieve the best possible outcomes

A note about specialist care

Pelvic health symptoms are common, but they should not be dismissed as something you simply have to put up with. Specialist assessment can help identify what is contributing to your symptoms and which treatment options are most appropriate for you.