

The Pelvic Floor

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Forewords

The functional significance of the pelvic floor is often underestimated or misunderstood. A malfunctioning pelvic floor can cause various types of urinary and fecal incontinence, as well as sexual dysfunction, often leading to considerable social difficulties for those affected. This book successfully undertakes a multispecialty description of the structure and functions of the pelvic floor. It establishes pathophysiological interconnections and details diagnostic measures, particularly in the field of physiotherapy. The task facing the editor was to present as far as possible all of the phenomena associated with pelvic floor dysfunction, ranging from anatomy through the causes of pain to psychosocial problems—a task requiring a highly specialized team of authors. The editor has not only been able to gather together an internationally renowned team of this type, covering many specialties, but has also arranged the chapters in such a way that the information and critical clarifying illustrations run side by side as a clear thread leading through the whole work.

Genuinely relevant physiotherapeutic and physical procedures are described in detail and applied to problems peculiar to children, women, and men. The book provides a cornucopia of treatment suggestions on ways of dealing with obscure pain syndromes that often frustrate physicians' efforts. It includes comprehensive data that are useful not only to physiotherapists but also to physicians in a variety of specialties, and it addresses an area that often seems clouded by a haze of diagnostic and therapeutic obscurity.

No other books of this type are currently available in English. After reading just a few pages, it will be evident to any reader that this was a gap that needed to be filled. I feel certain that the book will be widely read in many specialties. It enhances our understanding of the functional significance of the pelvic floor and is sure to contribute to improved treatment of patients with conditions affecting this part of the body.

Professor Manfred Stoehrer, M.D., Ph.D.

It is indeed a great pleasure for me to have been asked to write a foreword for Beate Carrière's new book, *The Pelvic Floor*, which must now stand as the current definitive treatise on this subject. Nearly 15 years ago, when John DeLancey and I wrote our paper "The politics of prolapse: a revisionist approach to disorders of the pelvic floor in women,"* the idea that the pelvic floor could be considered a unique bodily organ system in its own right, worthy of sustained investigation and specialist treatment, seemed like a bizarre idea to many readers. Today, as this volume ably attests, this is an idea whose time has come. No longer constrained by the "blindness" of their individual specialties, many gynecologists, obstetricians, urologists, and colo-rectal surgeons are discovering that pathological processes (both intrinsic diseases as well as "functional" disorders) cross traditional specialty boundaries and require collaborative efforts among many different practitioners in order to produce the best outcome for patients. The muscles and fascia of the pelvic floor, along with their myriad (and, as yet, poorly understood) neurological interconnections, form the common bond which links together all of the specialties whose clinical domain includes the pelvic floor. As practical specialists in disorders of muscular function, physical therapists have a unique and important role to play in helping each of the traditional "organ bound" medical specialties advance the welfare of their patients and in finding new and previously unsuspected interconnections among disorders of the lower urinary tract, the genital system, and the ano-rectum. All three of these pelvic compartments ultimately rest on the pel-

vic floor, and I am proud to acknowledge the community of physical therapists as valued partners in the quest for better outcomes in the care of patients with disorders in this area.

Those who remain skeptical of this stance would do well to read this book, which covers the current state of our knowledge of the muscular structures of the pelvic floor and their contributions to pelvic health and illness in both breadth and depth. From basic anatomy and physiology to pain and posture; through psychosocial influences on pelvic floor function; to specific treatment techniques for women, men, and children; from antenatal preparation for childbirth through labor and delivery and the postpartum state; with regard to pelvic organ prolapse and urinary, sexual, and anorectal dysfunction; this book forms a comprehensive treatise that can be consulted with profit by any and all of those whose scope of practice involves patients with pelvic disorders. More than anything else, however, I am proud to recognize the support that this book offers to a belief that I have held throughout my career, namely: if you want to be a better doctor, if you want to be a better surgeon, if you want to improve your patients' outcomes and their satisfaction with their treatment: work with a physical therapist!

L. Lewis Wall, M.D., D.Phil

* Wall LL, Delancey JOL. The politics of prolapse: a revisionist approach to disorders of the pelvic floor in women. *Perspectives in Biology and Medicine* 1991; 34:486-496.

Preface

“Therapy is always something more than treatment. It begins where treatment ends.” It was this statement by my medical teacher, Ilse Schuh, that encouraged me to put together a book that would be able to serve as a basis for therapy.

In the present volume, an internationally recognized team of physicians and therapists throw light on the dark recesses of the pelvic floor, helping us understand and grasp the many connections and interfaces between the systems in the human body and helping develop a comprehensive therapy for the pelvic floor.

For a disturbance to be removed permanently, its cause has to be investigated. To do this, the therapist and physician need to be sensitive to any defect in the functioning of the various systems of the body. Does the patient need connective-tissue massage, therapeutic exercises, electrotherapy, manual visceral therapy, or treatment for trigger points?

Specific syndromes are deliberately not described systematically in this book. They appear as examples in the various chapters.

Readers should realize that in order to provide therapy they need to acquire extensive knowledge and expertise in courses given by recognized experts. This book is designed to stimulate attendance at further education and training courses in order to extend the reader's knowledge and expertise. It should not be assumed that one can apply the methods of treatment described here simply because they appear in this book. Each country has different laws that prohibit or authorize therapists to carry out certain procedures with or without medical supervision, and readers will have to observe the locally applicable laws and refer patients to the relevant specialist when appropriate.

Whenever possible, treatment should be based on available evidence. However, this requirement

should not limit treatment. Clinical evidence showing measurable treatment success is particularly important when the therapist is traveling down his or her own path in the absence of relevant studies, hopefully arriving at the desired goal. Obviously, this approach requires thorough documentation. Successes in these instances serve as case studies that should stimulate scientists to confirm and illuminate the results through scientific research.

The aim of this book is to expand awareness of international scholarship and research on the topic, which in many cases may lead to therapies that can restore dignity to patients with pelvic floor disorders.

I would like to dedicate the book as a sign of respect and admiration to my teacher, Ilse Schuh, a perfect example of the type of teacher who encourages us to think for ourselves.

Writing a book requires idealism and implies the hope that the experiences recorded will be able to help others. It would be much easier to keep one's knowledge and expertise to oneself! A writer needs support from an understanding family, as well as discipline, hard work, and a willingness to sacrifice leisure time. I am particularly indebted to all of the authors who contributed to this book, and also to their families. Their collaboration has been a tremendously enriching experience for me. I am especially grateful to Cynthia Feldt, my co-author, for her valuable help in reviewing the manuscripts.

Many people are involved in the production of a book at a publishing house. I am grateful to everyone involved, and special thanks go to Cliff Bergman for his vision in publishing the book in English, Gabriele Kuhn for her helpful cooperation, and finally Oliver French for his careful translation of the German text.

Beate Carrière

Your pelvic floor muscles sling from your pubic bone at the front to your tailbone at the back of your pelvis forming trampoline-like support at the base of your pelvis. Feel the position of your sit bones when you sit. Your pelvic floor muscles are located between your sit bones inside (not outside) your pelvis. Pelvic floor exercises do not involve your buttocks or the muscles inside your thighs. Your buttocks and thigh muscles should stay relaxed during your pelvic floor exercises. How to Feel Your Pelvic Floor Exercises. Having strong pelvic floor muscles gives us control over the bladder and bowel. Weakened pelvic floor muscles mean the internal organs are not fully supported and you may have difficulty controlling the release of urine, faeces (poo) or flatus (wind). Common causes of a weakened pelvic floor include childbirth, obesity and the associated straining of chronic constipation. Pelvic floor exercises are designed to improve muscle tone and prevent the need for corrective surgery. What are pelvic floor muscles?

Your pelvic floor muscles sling from your pubic bone at the front to your tailbone at the back of your pelvis forming trampoline-like support at the base of your pelvis. Feel the position of your sit bones when you sit. Your pelvic floor muscles are located between your sit bones inside (not outside) your pelvis. Pelvic floor exercises do not involve your buttocks or the muscles inside your thighs. Your buttocks and thigh muscles should stay relaxed during your pelvic floor exercises. How to Feel Your Pelvic Floor Exercises. The pelvic floor or pelvic diaphragm is composed of muscle fibers of the levator ani, the coccygeus muscle, and associated connective tissue which span the area underneath the pelvis. The pelvic diaphragm is a muscular partition formed by the levatores ani and coccygei, with which may be included the parietal pelvic fascia on their upper and lower aspects. The pelvic floor separates the pelvic cavity above from the perineal region (including perineum) below.