Balance365 Episode 30 Transcript

Annie: Welcome back to another episode of Balance365life radio. Today we have a special guest for you who also happens to be a good friend of mine, Libby Trausch. Libby is a doctor of physical therapy and owner of Breathe PT in Des Moines, Iowa. After ten years in the field, Libby has specialized her practice in persistent pain, women's health and pelvic floor dysfunction. Her treatment techniques are based on movement and posture retraining, quality manual therapy and yoga. Her expertise is in helping people with the most complicated medical histories see a way forward, find relief and even more importantly, rediscover hope.

What I love about Libby is that she's made it her mission to help women maintain or return to activities they love while resolving pain and symptoms. I've personally seen Libby for physical therapy, myself, as well as referred many women to her.

On today's episode, we provide a real and honest discussion about what a woman can expect from her first women's health physical therapy appointment. We cover all the questions like, "Do I have to get naked? Will they do an internal exam? And when is a good time to make an appointment?" It's full of great information.

Before we dive in, though, I want to invite you to subscribe to our podcast if you haven't already so you don't miss any juicy episodes and if you like what you hear today, we're always down for a rave review on itunes. Enjoy!

Libby, thank you so much for coming on our podcast, how are you?

Libby: I am wonderful, though, we are recording this at 9 o'clock at night and it's kind of my bedtime. But I'm hanging in there.

Annie: I know, I appreciate you not only did you turn this around in one day but you're doing it way past your bedtime. So I appreciate you showing up for us. And Jen, you can't see Jen, but Jen is actually in my basement right now, I'm upstairs in my office, Jen's in my basement, and she's like wrapped up in a blanket.

Jen: Yeah, because I'm in Des Moines, Iowa. The arctic.

Libby: Annie keeps her house at arctic temperatures.

Jen: It's very cold in here. Very.

Annie: Better too chilly than too hot. I mean, you can always add layers, right?

Jen: Yes. Or a blanket.

Libby: Or a blanket in the middle of summer.

Annie: Yes. Yeah, I mean, whatever. To each their own. So I was thinking about how I actually got to know Libby and I think I maybe just googled your name for a pelvic floor physical therapist. Does that sound right?

Libby: I very clearly remember the email that I got from you that said something about "I'm looking for a pelvic floor pt, could you tell me a little bit about your influences or something like that" and so I went into all my influences and you were like SOLD. "You are exactly the person I was looking for." You quizzed me and I gave you the right answers.

Annie: Because I was looking for a referral to send women in our community too a pelvic floor physical therapist and what I learned and what Jen and I want to talk about is that as a pelvic floor physical therapist you've had some additional training, correct? Like, not all physical therapists are specialized or qualified in the pelvic floor. Is that correct?

Libby: Right, so I have a doctorate in physical therapy and then 9 years ago in August, I took my first pelvic floor physical therapy class that is in addition to a regular physical therapy education and so I've had several other classes and trainings in addition to a regular physical therapy education plus I taught the content at Des Moines University here in Des Moines to students and have had additional yoga training and other training on my own. So the pelvic floor is one of my specialties but it's really just part of the bottom of the pelvis so I consider myself an orthopedic specialist but I know pelvic floor really well too.

Annie: Because you personally do, I guess, I would assume that you see a lot of your clients for pelvic floor issues but you treat the whole body, not just the pelvic floor.

Libby: Right. A good majority of people come to see me because they have some kind of a pelvic issue and then I say, "Well, do you also have any neck pain and headaches, knee pain, ankle pain, anything else, back pain going on?" And then we just incorporate all of the pelvic floor stuff into full body exercise that improves posture from the neck down or feet up. Or pelvis out. From the foundation outward.

Jen: Libby, in my experience the pelvic floor physiotherapists, or I guess physical therapists as you call yourselves in the US, right?

Libby: Whatever you want to call us.

Jen: The ones I've worked with that have been amazing, they always look at the whole body in addition it's seemed like it starts at the pelvic floor it expands outwards.

Libby: It's true. There are a lot of physical therapists that are really good at pelvic floor stuff and might not be so great at looking at the entire picture so I think that you can get, with a pelvic floor problem, you can get relief or help from someone who just really kind of focuses in on the pelvic floor and doesn't see the whole rest of the body, for that specific problem, you just might not get a full whole body assessment.

Jen: Right.

Libby: From those people. It's complicated to see the whole body-

Jen: Totally. I don't know how you guys do it-

Libby: It's taken me a long time.

Jen: -to be very, very knowledgeable and have a certain type of brain I think to really get around that.

Libby: Yeah.

Annie: But what we really want to spend the bulk of our time talking about is what a woman could expect from their first pelvic floor physical therapy appointment and I think the first question I would like you to answer, Libby, in your experience, when should a woman see a pelvic floor physical therapist. Is it ever too soon, is it ever too late?

Jen: Just to preface that before we get into it is that, I'm not sure where the bulk of the referrals comes from, Libby, but I would say in different places that I've been a trainer in now that pelvic health is coming more to the forefront of people's minds and it's trending right now, I think women are getting referrals from personal trainers as well as doctors, midwives, doulas even, and they're getting these referrals and they have no idea what they're getting into and what to expect on that first appointment and we hear this frequently in our Facebook community, women are posting and saying, "I have my first appointment on Tuesday, what can I expect?"

Libby: So, we send out a letter ahead of time and just give a heads up that probably on your first visit if the issue is vaginal or bladder related or bowel related, chances are good that we are going to do an internal measurement or assessment of the pelvic floor muscles. So we send out a letter ahead of time so that it's not a big surprise when they show up.

So on the first visit we spend a lot time trying to figure out, understanding what the problem is and then I always get out my pelvic model and show where the pelvic floor muscles are and why they are important and how they work together

with the abdominal muscles and the diaphragm and how they incorporate in the hips and how they're just a set of muscles but they are on the inside of the pelvis and then I describe where the urethra is and where the vagina is and where the anus is and how the only way to get to those muscles to assess effectively is to check internally.

I always tell them that this is not like any other internal measurement or assessment that you've ever had before because usually obstetricians or gynecologists or midwives are using a speculum because they want to see what's inside the vagina.

Pelvic floor physical therapists don't usually look, we're not usually too interested in what we can see inside the vagina, though we do tend to look at the outside and see if there's anything that's out of the ordinary that might give us a signal of what's going on with the muscles so we take a glance at the outside.

Jen: Like scar tissue or that kind of thing.

Libby: Yeah, we're looking for scar tissue, or any kind of sometimes there's prolapses so sometimes we can see a loss of support so sometimes we can -

Jen: Like a bulging or-

Libby: Bulging or even some people have, we've talked about how overactive pelvic floor muscles, we look at the outside and people with overactive pelvic floor muscles, it can look like the perineum is up too high. So just a quick assessment to see what the outside looks like.

And then, we don't have to, we never to have to do this on the first visit, we always ask permission if it's okay, we can do a lot of assessing of looking at hip range of motion and back range of motion and look at abs and strength of the hips and posture and just get comfortable with each other on the first visit, we never have to do an internal assessment if someone is uncomfortable with it and very rarely after we describe everything, we talk about the anatomy, why we need to check the muscles, what we're going to do, why is it important, almost every time, I mean I can only think of maybe 2 people in 9 years who have said I really don't want to do it today and that's cool. That's just fine.

We can do a lot externally and I can tell pretty well what's going on from the outside now but not always, not great. So we check, I just use one finger and all I'm feeling for is what the muscles are doing. I want to know how well you can do a kegel exercise, how well you can relax after we do a kegel exercise, want to feel the right side of the pelvic floor muscles and the left side of the pelvic floor muscles to see if they're the same or if there's differences from right to left and then I kind of push on the muscles to see if there is discomfort, I want to push on the muscles to see if those muscles create that discomfort which would give us an idea of what is causing the discomfort in the first place.

And I often describe how I got into being this kind of physical therapist, so it is even more clear to people. I had pelvic floor problems myself so I often tell that I have them, tell people my story which makes them feel even more comfortable.

Jen: Right, right, there's just a level of empathy there, that you know what's going on and you understand how they feel and you're there to help.

Libby:Right and most pelvic physiotherapy office, not most, they're always private, it's not, nobody's doing an internal assessment of the pelvic floor muscles in the middle of a busy physical therapy gym, it's always in a private room, it's always covered with a sheet, usually most physical therapists don't have stirrups or anything like that, it's just a flat table with feet flat on the ground

because the stirrups, stirrups are meant to get the legs wide apart so the practitioner can see inside. But since we are not looking internally we don't need to have the legs spread so wide apart so we can keep the legs pretty close together.

Jen: Right, right.

Annie: Libby, correct me if I'm wrong, your office in particular has also some instruments to also help you do an assessment. Are those internal as well?

Libby: So are you talking about biofeedback? Is that what you are thinking about?

Annie: Yeah.

Libby: So biofeedback is any sort of external way to see or understand a biological process so our biofeedback is called Surface EMG Biofeedback and most physical therapists that's what they have. So there's two different ways.

What Surface EMG Biofeedback does is it picks up the electrical activity in the muscles and shows a picture on a computer screen or on a handheld, it looks like a little electronic device to show what the pelvic floor muscles are doing.

Sometimes if necessary we use internal sensors as well but mostly that's outside. And for people who are really uncomfortable or for people who are on their periods and don't really want to do it today, they'd like to wait until next time we can always use that external sensor on the outside as well.

Jen: What about in pelvic floor physiotherapy rectal exams? Do you them and why would you need to do them?

Libby: Well there's this whole sex, they only have the one hole to get to the pelvic floor muscles.

Annie: Men.

Libby: So men have pelvic floor issues too so to assess a male pelvic floor we have to do it rectally. For a female, things like tailbone pain, or really bad constipation or leaking poop, fecal incontinence, anal pain, sometimes people think they have tailbone pain but then you really get down to it and it's really rectal pain. It's really like they have a severe tear after the baby was born and the tear goes all the way through to the anus and the anus is what's hurting.

So, in that situation then we do opt for rectal assessments so the pelvic floor muscles and you know, nobody loves that, that's not super exciting for anybody, but most of the time by the time people get to me with these issues they just want to feel better and trust that we're doing the right thing.

When we do a rectal assessment, we're feeling exactly the same thing that we're feeling vaginally, how well can you do a kegel, how well you can relax after you do a kegel exercise. If we do a rectal assessment, we can feel the tail bone, where we couldn't feel the tailbone vaginally we just can't get back far enough.

So that would be all reasons to do a rectal assessment. It's very different, the bulk of the pelvic floor muscles, the majority of the pelvic floor muscles are more

in the back, like I love it when the Australian call it the 'Back Passage'. The whole back portion of the pelvic floor is a lot bulkier and so sometimes for pelvic pain that we just can't get better vaginally, doing it rectally can be so much more effective.

Jen: Right.

Annie: I'm going to steal that term the 'Back Passage'

Libby: The 'Back Passage'

Annie: I like it.

Libby: Anthony Loews who I've heard say it most often I enjoy it a lot.

Annie: I really like that. It's a perfect description. So moving on, after the exam, and I know this is going to be such a grey, complex answer here, but can you talk to us about follow up appointments, how long do you typically see a client, what can you expect as a game plan to walk away with?

Libby: Well, that's totally, totally, totally depends on what the problem is. A lot of times for just simple, the most simple straightforward thing in addressing incontinence, which is peeing your pants when you cough or laugh or sneeze or jump or even exercise, a lot of times with that kind of a thing, we really only need to assess the pelvic floor muscles internally once or twice, just to make sure, just to confirm that the person feels what I also am feeling just to confirm the pelvic floor muscles are doing what they think they are doing and something like that could be three to six visits total, just depends on how coordinated the person is, I

think a lot of people know how quickly they catch onto physical things and exercise so people who are really have a lot of good body awareness.

I've had people with really great body awareness who only need one or two visits and they've got it. A lot of people with really great body awareness I love to see them, come in quick after the baby's born, let's just do a quick assessment, make sure everything's working like I think it is and that's only one visit.

For things that are more complex, like pain, when there's pain, it can be a lot of visits, sometimes it takes a long time for pain to resolve completely, sometimes there's complicated things like pain and weakness and so when there's pain and weakness, somebody has to learn how to relax the pelvic floor muscles first before we can strengthen them and that can take months and there's a lot of, it depends on where the woman is or man in their healing process, depends on if I'm the first person they've seen or the 18th person they've seen.

Or depends on if it's pain, it depends on how long the pain's been going on, if pain's only been going on for a little while it goes away a lot faster. If pain's been going on for three years it's going to take a lot longer to get it to ease up. So the answer is "One visit, to 2 years."

Jen: Right, it's depends.

Libby: It's usually less than that.

Annie: It depends.

Libby: It's usually less than that.

Annie: It's our favorite answer when it comes to exercise and nutrition questions. Our answer is 9 times out of 10, "It depends." And that's not a cop out, it's just people are individuals and there's so many various situations.

I do want to add though that I came and saw you at like 6 weeks postpartum, I wasn't symptomatic, it was just a kind of good health check up just as I was going to my six week OB check up I think I came to you the following week just to make sure everything was looking as it should and you gave me a few exercises for homework and that was it and so I wasn't even symptomatic and I still made an appointment and still got value out of it.

Jen: How early postpartum do you like to see people, Libby?

Libby: Okay, so incontinence is normal after a baby is born. It should be gone or almost gone by six weeks. So it's really pretty normal to have some leaking after a vaginal delivery but it should be gone or almost completely gone by 6 weeks. If it's not gone or going away by 6 weeks we really need to see somebody, see a woman after that.

If there's pain, if there's any kind of pain, as soon as she feels like leaving the house, we would love, within a week even if she feels like leaving the house if there's a lot of pain. There's so much, and in that situation, we're not doing an internal assessment, we're giving ideas for gentle exercises and how to use heat or how to breathe or how to sit or how to breastfeed in a comfortable way.

There's so much more in those first early weeks where we may not even do an internal assessment but there's so many questions we can answer, we're really experts in what's going on down there after a baby's born and there's so many questions that nobody knows the answers to. But the answer that is my standard

answers, as soon as we feels like leaving the house is fine. It doesn't need to be a standard wait, a certain amount of time.

Jen: And we've talked a lot about pelvic health issues, but we should quickly touch on, we don't need to get into it too much, I just want everyone to know that pelvic floor physiotherapists are typically the people you see for diastasis recti as well.

Libby: Yes, yes, yes. And I would say, that's such a topic, isn't it? I could talk about this one for the whole time.

Jen: it's a huge topic but I guess when women have diastasis recti and I refer them to pelvic floor physiotherapy, they are asking me, "Why am I seeing a pelvic floor physiotherapist for something going on with my stomach?" And it is, it's a huge explanation but long story short is it's all connected.

Libby: It's all connected and I actually would prefer to be called maybe a woman's health physical therapist instead of a pelvic floor physical therapist just because, or a woman's physical therapist or a pelvic physical therapist because as I said the pelvic floor is just one teeny tiny part of the whole rest of the system that we want to know what's going on there. I'm really excited and really proud the clinic that I own, that's been in business a year and a half, we really focus on being a women's ortho clinic. So, any woman with any problem can come to our clinic and we all can address diastasis recti. I never know how to say it right. People ask me that all the time.

Jen: Everyone in different countries says it differently and I've lived in three different countries as a new mom and everybody said it differently in every country.

Annie: DR.

Libby: I guess it depends on if you're Canadian or not.

Jen: Yeah.

Libby: It's just because not only pelvic physical therapists but a lot of extended study and prenatal and postpartum bodies and how that all works together. So most people who are interested in pelvic floor physiotherapy are interested in women and pregnancy and postpartum and that's just kind of how it all sort of fits together for the most part.

Annie: I do like that term, I think that a woman's health physical therapy is considerably more all encompassing and more reflective of what you do. Okay, so we've discussed the examination, the follow up appointments vary greatly depending on the individual and the issues at hand. Can you talk to us about the cost, the investment, do I need a referral from my OB, the kind of more back end stuff.

Libby: So it depends. So in the state of Iowa, in the United States, you don't need a physician referral to see a physical therapist. There are states in the United states where you do need a physician referral to see a physical therapist and I don't know how it is in other countries.

Jen: In Canada, Australia and New Zealand, three countries I've lived, you do not need referrals. You can book. Unless you're going through a government subsidized program. So there's different cities in Canada have programs where pelvic floor physiotherapy is free, covered under healthcare, usually you need a more severe pelvic floor issue like a fourth degree tear to get that referral but

otherwise you go through private clinics and some people's insurance will cover those appointments up to a certain amount and

some people, like myself, pay out of pocket for those appointments.

Libby: So, yes, insurance in the United States, most insurance covers pelvic floor problems of any kind just fine, at our clinic we only take one insurance that is the easiest to work with and so the only expense is whatever the copay is or the co-insurance or the deductible or whatever your insurance responsibility would be. Otherwise, again at our clinic, and I think this is pretty standard, it kind of depends across if you didn't have that one insurance that we take it is like $175 for the first visit and $100 for follow up visits and it's so worth it.

Jen: Yeah, that's similar to what I paid in Canada. It was $160 for my first appointment and then around $100 for follow up appointments.

Libby: We try to keep it pretty similar to what insurance would pay, we try not to mark it up to what our insurance contract would pay.

Jen: I also found physiotherapists because I've referred a lot of women to pelvic floor physiotherapy and the majority of them that I've worked with have been, I don't know if it's intuitive thing or a female thing but they have the financial situation is maybe discussed and they've taken that into consideration when asking them to book follow up appointments and prescribing the exercises. Because if you can't afford it, you can't afford it and if you can get there once every two months is better than never coming back kind of thing.

Libby: Especially, for, like I said, simple incontinence, we don't need a ton of visits and they don't need to be super frequent. It only depends on, and again, it also depends on the coordination, how easy it is to get the exercises. If somebody comes in and they really can't figure out how to do a kegel, letting them go for a

week or two weeks or three weeks or a month before the next appointment, that will turn out to be a waste of money because a month between the appointment would be, you forget what you came in for the first time.

Jen: Right.

Libby: So we really take that into consideration and we do take the cost into consideration but also we really want you to get better. We take into consideration but we also want to make sure that we're doing the best to get better.

Jen: Right. That's why it's really fantastic when trainers and physiotherapists have a good relationship because I felt like my girls would go to, they'd come to see me first so they're first priority post partum, what comes to their minds is fitness, they come and see me, I refer them to pelvic floor physiotherapy and then I have open relationships with this pelvic floor physiotherapist and I know what's going on with each of their bodies and they are coming in to see me three times a week, because it's just significantly less expensive than going to see a pelvic floor physiotherapist, but at least you have somebody there who can reaffirm the strategy and we would always take time in our classes to, we would take time to make sure they are doing their rehab exercises as well, so that relationships is always really nice when a woman can find that kind of relationship in her community.

Libby: I almost feel like people like you are fewer and farther between than people like me.

Jen: It is. I think it's changing.

Libby: It's hard to find that. It's so good.

Jen: Yeah. Women, there are trainers interested in it. Well, that's too bad that you can't find it here. Where I came from in Canada, I was maybe the first in the city perhaps but, and there's more courses popping up for trainers now too where previously those courses have all been for physiotherapists.

I mean, the first course I went to was one of Julie Wiebe's courses in Chicago and her course was for physiotherapists. So there was a lot there that was just out of my scope but there wasn't anything for trainers back then, so that was my only choice. And you know I had to travel to Chicago from Canada, the course was very expensive, I couldn't use it for any continuing education, but it was really what I wanted to do. Now there's more that are very specific for personal trainers which is fantastic for the fitness community.

Libby: And I've been working with people. I've been trying to meet with anyone who is interested to guide, I will talk to you and teach you because I want places to send people to exercise to practice this stuff.

Jen: Right. Yeah. Yeah.

Annie: And I will add something about the connection between a personal trainer and a pelvic floor physical therapist or a women's health physical therapist and this is what I love in particular about you, Libby, is that you were willing to adapt and work with my exercise preferences, I was really hesitant to attend an appointment with the anticipation that you were going to say "No, we can't do any of that, you've got to stop X, Y, Z, right now and that wasn't my experience." You were like, "Okay, how can we work with this so your pain-free, you're symptom-free, we're moving in the right direction versus just a hard no.

Libby: Oh heavens, yes. I really, I want everybody to do whatever it is that they enjoy doing and we can figure out a way to make it keep happening. In this situation of heavy lifting, I might ask you to back off some of the weight for a while you figure out the coordination of it, but there's always a way to do what you want to do, whether it's, gosh, you know, if you want to heavy lift, maybe we might need to throw in a pessary so that you can do what you want to do. There's always something.

I just had somebody just she had hip pain with running, she really wants to be able to run 13 miles at a time and 25 miles a week and she's got this really bad hip pain and she's like, "Do you think I need to stop running?" I'm like, "No, how far can you run without it hurting?" and she's like "It starts to hurt about 4 miles." And I'm like, "Let's just keep it about 3.8 miles for now as we build up."

There's very occasionally I might say, "If you cannot do any of this exercise without having symptoms, no matter what we try, you might have to back off of it for a little while" but almost always we can find a way to keep doing whatever it is you love to do. That's my whole goal in life is to keep people doing the things they love doing. Not just without. It really is my whole goal in life. To keep you doing what you love to do.

Annie: That's awesome.

Jen: Right.

Annie: The other thing I thing I think is worth noting too for any of our listeners that haven't been pregnant or given birth, you can still have pelvic floor issues, symptoms, dysfunction even if you haven't carried a child or given birth. This happens in non-childbearing women as well.

Libby: For sure, I mean, personally, my pelvic floor problems started before I had a baby and I didn't really understand it all how it all worked together but my pelvic floor problems certainly may have trouble once I knew about it. I had pain with sex at first and I went to all these different doctors and said "There's a scratch inside of me. There's a scratch. There's a raw, open sore." And you know they all looked inside and said, "No, there's nothing there. Here's some medicine, it's probably a yeast infection."

And then come to find out on one of my clinical rotations, I was telling her about my back and hip pain and she said "Does sex hurt?" And I said "YES!" so she did an internal assessment on my pelvic floor muscles and she pushed on a muscle knot that was exactly the sharp scratch feeling that I was feeling and this was when I was 26 or something, this was before I had kids, so that was, and she said, "Okay, and do a kegel" and so I pushed out like I was having a bowel movement because that's what I thought and this was while I was in PT school.

I thought I was a super smart physical therapist and knew all about all my muscles so I was bulging instead of pulling up and in to do a kegel so my pelvic floor problems certainly started before I had children but then I'm 100% certain, 150000% certain, that because I had really overactive pelvic floor muscles I ended up with a c-section with my first for failure to progress, on my second I have a severe tear even though I had him vaginally I had a severe tear and I learned a lot after that second one and by the time I had my third one I spent that entire third pregnancy relaxing, relaxing, relaxing and he just kind of fell out and there was no more ...

My body just did it, I didn't really push, he just kind of came out when my body contracted on its own. But I do think, and I will tell you, he is my most chill child, I focused the most on relaxing during that third pregnancy.

Jen: So, ladies, you hear that? Relax your pelvic floor muscles, you'll have a relaxed baby.

Libby: That's totally science, right there.

Jen: The connection.

Libby: I'm going to do a study on that.

Annie:The other thing I want to say too is that you can go see a pelvic floor physiotherapist while you're expecting as well.

Libby: Oh my gosh, this is my new favorite thing is seeing women in their second and third trimesters and assessing pelvic floor to see if they know how to push.

Jen: We did a podcast on this, it was just, we kept it strictly to pregnancy and pelvic floor physiotherapy and unfortunately, a lot of women just don't know they can do this until they have a problem. It's more of a reactive. It ends up being more of a reactive thing, like going to the doctor, rather than a proactive.

Libby: Right. Most of the people that we see with that have had a problem in an earlier pregnancy and they want to prevent it with the next pregnancy or it's a doula or a really astute home birth midwife.

Annie: You can go for good health, you can go for just a check up, if that's in your time and budget. You can do that. You don't have to be in pain to make sure that everything is working as it should.

Libby: Honestly, I think you or if a woman, specifically related to childbirth, if a woman expects to do high level of exercise, like any sort of heavy lifting or running or a lot of boot camp style workouts I really think that every woman should get a quick checkup, let's just make sure everything's where you think it is and you know how to do those exercise and let's reassess posture quick to make sure, because posture changes so much with pregnancy and pelvic floor is just part of it so let's have a quick talk about how to get your glutes to fire and how your pelvic floor is doing and just a quick checkup.

Jen: As far as returning to exercise, I am more comfortable with a pelvic floor physiotherapist clearance to exercise than I am the doctors. The doctors have their place, but when they do their exam at 6 weeks postpartum, they're more looking for tissue healing and things like that. Is that right, Libby?

Libby: They are almost entirely checking to see if your uterus has shrunk down to normal size.

Jen: Oh, okay. So that's their place.

Libby: And the cervix is closed. That's basically what they check for.

Jen: Right. And then a pelvic floor physiotherapist can pick up there and you are going to be assessing function and muscular coordination and healing and your readiness to exercise and handle the pressure of exercise.

Libby: One of the things is, people will say, "Okay, it's six weeks, go have sex. Go exercise." I mean, gosh, if you've been waiting six weeks to start walking as just an exercise, that's kind of a long time. We should be out walking, getting moving,

much earlier than six weeks for postpartum depression avoidance and for feeling good and getting endorphins going and taking the baby out in the sunshine.

You should be getting mild exercise much earlier than that but yes, I agree, physical therapists can assess how well the pelvic floor is for higher level for any sort of jumping, any sort of heavier lifting or even, that kind of thing. You're exactly right.

And a midwife/obstetrician/gynecologist, whoever is checking is also checking to see, "Okay, your scar is healed, or this tear is doing fine." Yeah, definitely they are assessing for that kind of thing too.

Jen: Right.

Libby: But that's about it.

Annie: Wonderful. Libby do you have anything else to add before we jump off here about what women can expect from their first appointment that we didn't cover already?

Libby: Just like a quick summary that I think you should feel very comfortable with the pelvic floor physical therapist, most of the people who get into pelvic floor physiotherapy are really, really caring and want to give people the best explanation and really make a woman feel comfortable before doing anything internal. It should be a really comfortable, way more gentle, than getting a speculum exam. It should be far less invasive than that.

Jen: It is. I just had my annual physical and the last time I had an internal was by a pelvic floor physiotherapist and the difference is shocking. Shocking. I mean, as comfortable as an internal exam can be, it is. But the other thing is, if you're not comfortable and you're really tense, that probably must make an assessment a little more difficult if a woman is really tense and not able to relax.

Libby: The wonderful part about physical therapists doing it is that we have really, really finely tuned sense of touch in our fingers and our hands so we can be really gentle and I can tell when it hurts and I can just barely touch and figure out what's going on without creating anymore pain. I don't have to put a speculum in and ram the muscles apart to figure out what's going on. I'm sorry that's a little bit graphic.

Jen: I'm having flashbacks.

Libby: No PTSD. She's suffering.

Annie: That is a pretty accurate description, though.

Libby: it should be far more gentle, it should be far less. It could still be very uncomfortable if there's a lot of pain involved. So it should be far less uncomfortable than other kinds of internal assessments.

Annie: Libby, for any local listeners, can you tell them where you can find you?

Libby: Thanks for asking. Our website is www.breathedsm.com and we just got a new phone number and I don't know it so I can't tell you that. But we are in Des Moines, it's Breathe Physical Therapy and Wellness and I was really, I was like, "I

don't have anything on my website for out of town listeners yet, but someday soon we will. We'll have some things soon.

Jen: Awesome. That's awesome.

Annie: And your Facebook has a lot of really great information. You do a lot of live videos and informational educational tools so if they want to check you out on Facebook we can put that link in the show notes as well.

Libby: You are so right. Thanks for remembering that. We really, really, really, really are proud of our Facebook page, so go to our Facebook page even more than our website if you're an out of towner.

Annie: Yeah. Well, thank you so much for staying up past your bedtime I hope you can sleep tonight.

Jen: Thanks, Libby.

Libby: Now I'm going to be all revved up and it's going to be way past 10:30 before I get to bed.

Annie: Living on the dangerous side.

Libby: Thank you so much.

Annie: Thank you so much, we'll talk soon.

Libby: Okay, bye bye.

Jen: Bye.

Annie: Bye bye.