

Book review

Pelvic Floor Recovery Essentials

By Sue Croft

Pelvic Floor Recovery Books, Highgate Hill, Queensland, 2013, 90 pages, paperback, AU\$20.00 (non-health professionals)/AU\$16.00 (health professionals)
ISBN 978-0-646-57883-5

Sue Croft's first publication, *Pelvic Floor Recovery: A Physiotherapy Guide to Gynaecological Repair Surgery* (Croft 2011), was reviewed in the Spring 2013 edition of *JACPWH* (McClurg 2013). *Pelvic Floor Recovery Essentials*, the second book in her series, is aimed at women who do not need surgery, or those who are trying to avoid it. The current economic climate and limited resources mean that a greater emphasis is being placed on attempting conservative treatment measures before surgical options are considered. This strategy is supported by an increasing body of evidence demonstrating the benefits of conservative

management in pelvic floor dysfunction (Hagen *et al.* 2006).

Rather than focusing on the pelvic floor muscles (PFMs) in isolation and generic "pelvic floor exercises", *Pelvic Floor Recovery Essentials* considers the pelvis as a whole. It includes essential information on bladder control, lifestyle modification, bowel function, prolapse prevention and sexual function, and this material is clearly presented and made relevant to the problems that women experience.

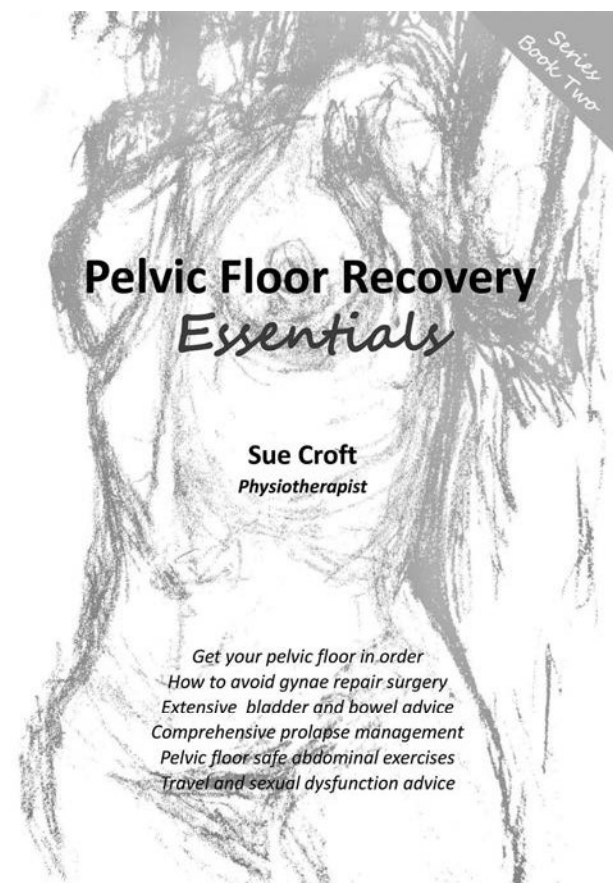
The author describes this book as being for "women of all ages who wish to maintain a healthy pelvic floor" (p. 4), with the emphasis being on the importance of prevention as well as treatment.

Pelvic floor dysfunction is recognized as manifesting in various forms, including: faecal and urinary frequency, urgency and incontinence; prolapse of vaginal or rectal walls; evacuation disorders; and pelvic pain. Croft's holistic approach is in line with current clinical practice, in which the pelvis is regarded as a single unit, rather than the previous system of compartmentalizing symptoms.

It is good to see that prolapse prevention is recognized as a key factor in the conservative management of pelvic floor dysfunction, particularly in light of recent research stating that 50% of women who have had children will suffer prolapse during their lifetimes (Hagen *et al.* 2011), and the present high rate of redo repair surgery.

The author discusses simple preventive measures, and takes the approach that, if maintained throughout life, these may help to prevent the insidious, progressive nature of many types of pelvic floor dysfunction.

Pelvic Floor Recovery Essentials is divided into nine short chapters. The first describes the anatomy of the pelvic floor from a functional perspective, looking at the role that the PFMs play in relation to the support these offer to the pelvic organs. Croft discusses the functioning of a well-activated pelvic floor, and importantly, what can be done to enhance this performance and the risk factors for pelvic floor dysfunction. This information is subsequently linked to the anatomy and function of the deep abdominal



muscles, and the author then moves smoothly on to the role of the diaphragm and breathing awareness. Croft ends this chapter by linking these components together, relating each part to signs of a weakened pelvic floor, poor abdominal control and bladder dysfunction, and summing up with a logical summary.

Chapter 2 takes a more practical approach to PFM training. There is a detailed section on the techniques involved in this form of exercise, but it is a little too wordy at times and could prove somewhat confusing to follow. Reference is made to the science behind exercise physiology in relation to working out the structure of a programme, and this could also baffle readers at points. However, the text does reinforce the time period involved in PFM training, and how it may take 8–12 weeks before an improvement is noted. This is useful since many women feel that they should notice the difference quickly and without too much effort! A useful and concise list of the dos and don'ts of PFM training follows, along with a section on practical issues, such as varying position and how to know if the correct technique is being employed. Croft finishes by summarizing the importance of “bracing”, and how it should become a habit or knack (the term we commonly use). It was encouraging to read her words of caution warning against overzealous practising of bracing and tightening, which can result in levator spasm and pelvic pain. She emphasizes gentle recruitment of the PFMs and abdominal muscles, and advocates focusing on the relaxation component as much as the lift element.

The third chapter briefly describes the importance of posture, and the role that the PFMs and abdominal muscles play in maintaining good posture. Croft includes pictures that illustrate correct and incorrect posture, and descriptions of how to correctly tackle simple movements (e.g. lifting, and getting in and out of bed).

Chapter 4 is a lengthy one that begins by discussing normal and abnormal bladder function in physiological terms. Following on from this is a list of definitions of various types of urinary incontinence, and descriptions of how these may be recognized. Croft goes on to discuss lifestyle modification, providing practical tips on how to tackle these bladder problems. The chapter ends with a section on treatment strategies for urinary incontinence and overactive bladder, including conservative approaches, pessaries, medication and surgical options. The practical information included here could be useful for patients, and

help to reinforce the advice and education received during treatment sessions.

The fifth chapter gives a brief outline of pelvic organ prolapse that includes a list of definitions and causes. Clear diagrams support the descriptions, and these images are a considerable aid to the reader. A list of management strategies, including conservative treatment, is given, but no details are included.

Normal and abnormal bowel function are described in Chapter 6, and the link between poor patterns of defecation and problems with pelvic organ prolapse and bladder function are explained well. Croft identifies the signs of obstructive defecation along with pelvic floor dyssynergia, using everyday language that is easy to understand. Position, coordination and stool consistency are identified as key factors for effective defecation, and these are all described in some detail. The author then reminds the reader that, while all the information given is valid and useful, it should not replace the need to seek the opinion of a physiotherapist specializing in continence and pelvic floor dysfunction. This is followed by a comprehensive section about what to expect during such a consultation.

Chapter 7 is entitled “A Short Word on Chronic Pelvic Pain”. Croft includes this section in order to explain the importance of a moderate approach to the concept of tightening the abdominal wall and PFMs, and to show how excessive tightening can be a risk factor in the development of chronic/persistent pelvic pain (CPP). The common causes of CPP are outlined, and treatment strategies, many of which are centred on relaxation techniques and breathing awareness, are described.

The penultimate chapter raises awareness of the importance of understanding how to exercise appropriately with regimens that incorporate activation of the pelvic floor. Croft points out that pelvic floor dysfunction in men and women may be caused by inappropriate exercise routines. She describes exercises that are very similar to those included in the *Pilates in Women's Health Physiotherapy* leaflet (ACPWH 2011), providing detailed but easy-to-follow instructions, and clear illustrations. This approach integrates the activation of the PFMs and transversus abdominis muscle with gentle, moderated exercise, and it emphasizes the quality rather than the quantity of movements.

In Chapter 9, “Sexual Function and the Effects of Ageing”, Croft describes sexual dys-

function as a common, yet silent, problem, identifying various forms of this condition, and providing an overview of management strategies. Her final note on ageing discusses the physiological effect on the urogenital tract and how this can exacerbate problems. However, the author's message is clear: it is never too late to tackle these problems using the strategies and approaches discussed in her book.

To summarize, *Pelvic Floor Essentials* offers, as advertised, simple, easy-to-implement information and advice. It regularly underlines the importance of recognizing that a key factor to success is making changes to habitual beliefs and behaviours. The text includes an appropriate amount of anatomy and physiology, all written in a straightforward way, which assists the reader in gaining an insight into what causes the problems under discussion. This makes the book suitable for both patients and clinicians, and it may be helpful to physiotherapists who are new to the speciality since it provides a broad overview as well as some useful practical information.

Pelvic Floor Essentials is available to download as an e-book from Amazon for £4.99, a price marginally more than the average glossy magazine, so it would be ideal to recommend to patients. Croft writes in a clear and positive style. Her aim is to enlighten and empower women so that they can take control of their lives, and make lifestyle changes that will either prevent or treat pelvic floor dysfunction.

The author, who is a physiotherapist working in Australia, also has an online presence (<http://suecroftphysiotherapistblog.wordpress.com>) This blog is regularly updated with interesting posts covering all the key areas of her practice within the field of pelvic floor dysfunction, and is another useful resource.

Printed copies of Sue Croft's books are available from her website (www.pelvicfloorrecovery.com), and may be purchased either individually or, for health providers, in bulk at a reduced rate

(these orders must be sent via e-mail). These can also be purchased from Stress No More in the UK (www.stressnomore.co.uk/pelvic-floor/books-dvds/books.html), but this is an expensive option since this company charges £19.95 for each volume. In contrast, purchasing multiple printed copies from Australia works out at AU\$16.00 each (approximately £8.89), plus international postage.

Pelvic Recovery Books will issue a revised and expanded second edition of this book soon. Retitled *Pelvic Floor Essentials*, this will also include updated information.

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References

- Association of Chartered Physiotherapists in Women's Health (ACPWH) (2011) *Pilates in Women's Health Physiotherapy*. Association of Chartered Physiotherapists in Women's Health, London.
- Croft S. (2011) *Pelvic Floor Recovery: A Physiotherapy Guide for Gynaecological Repair Surgery*, 2nd edn. Sue Croft, Highgate Hill, Queensland.
- Hagen S., Stark D., Maher C. & Adams E. J. (2006) Conservative management of pelvic organ prolapse in women. *The Cochrane Database of Systematic Reviews*, Issue 4. Art. No.: CD003882. DOI: 10.1002/14651858.CD003882.pub3.
- Hagen S., Stark D., Glazener C., *et al.* (2011) A multicentre randomised controlled trial of a pelvic floor muscle training intervention for women with pelvic organ prolapse. [Abstract.] *Neurourology and Urodynamics* **30** (6), 983–984.
- McClurg D. (2013) *Pelvic Floor Recovery: A Physiotherapy Guide for Gynaecological Repair Surgery*, 2nd edn. [Book review.] *Journal of the Association of Chartered Physiotherapists in Women's Health* **112** (Spring), 54–55.