

Post-natal physiotherapy

Why is it beneficial? What does Physiodynamix do?

Recovery from Caesarian Section

Citak Karakaya et al (2012) did a study to assess the recovery of women after caesarian section. They divided the women into an intervention group who received physiotherapy and a control group who received routine nursing care. The group that received physiotherapy were shown to have earlier return of postoperative ambulation and bowel function. They also had decreased incisional pain and difficulty with functional activities decreased significantly within 2 days post op. The study group also required significantly less medication for pain control. These are all strong indicators of the effectiveness of post caesarian physiotherapy in improving well-being after childbirth and therefore allowing a new Mum to focus on bonding with her baby.

Post caesar shoulder pain

Post caesarian shoulder pain is caused by gas (CO₂) that remains trapped in the abdomen post-operatively and ascends to cause pressure on the diaphragm. The diaphragm is supplied by the phrenic nerve and this often causes a



referred pain in the C4 distribution at the shoulder. Zirak et al (2012) found a prevalence of shoulder pain post caesar of 39.45%. This gas is normally resorbed within 48 hours but sometimes the diaphragm remains in spasm and shoulder pain can persist. Those patients who normally carry their tension in their neck and shoulders also often have residual pain long after the gas should have been resorbed as a result of the upper fibres of trapezius and levator scapulae going into spasm. Physiotherapy treatment includes soft tissue release techniques of the diaphragm, upper fibres of trapezius and levator scapulae. Diaphragmatic breathing techniques (that flatten the diaphragm) and percussion also break down a large gas bubble into smaller bubbles that are easier for the body to resorb. This can be incredibly intense pain and the relief with treatment is immense!

Normal Vaginal Delivery

Pregnancy and vaginal delivery are considered the main risk factors for development of pelvic floor dysfunction (Culligan and Goldberg 2007). Sigurdardottir et al (2011) found that pelvic floor muscle (PFM) strength is significantly reduced after vaginal delivery, with or without instrumentation. There is less PFM weakness after a caesarian delivery, but it is still significant. This confirms Morkved and Bo's (2000) finding that at a one year follow-up a significant number of women who have not done any pelvic floor muscle training report urinary stress incontinence. The women in Morkved and Bo's training group (8 week pelvic floor muscle training program in the



Starting to exercise again

The first 6 weeks following a caesarian section is a time for healing so strenuous exercise and heavy lifting is not advised. Pelvic floor muscle training and exercises to improve pelvic and abdominal stability are recommended from as early as the day after surgery. These improve the stability of the lumbar spine and pelvis and assist with the contraction of the uterus.

Gentle cardiovascular exercise, like walking can be started and gradually increased at a comfortable pace.

After the 6 week postnatal check, easing into a more challenging exercise program is recommended. This helps strengthen weak muscles, move tight/ stiff joints (including the spine) and with weight loss.

immediate postpartum period) showed significantly less stress incontinence and an increase in PFM strength at 16 weeks and 1 year postpartum. Thus, a specially designed postpartum PFM training course is effective in the prevention and treatment of stress urinary incontinence and the benefits of this muscle training are still evident a year postpartum

Breastfeeding Difficulties and Complications

Painful breasts are often the reason given for early weaning. Some of the reasons for painful breasts - and the treatment of these conditions - are listed below.

Breast Engorgement

Engorgement of the breasts occurs when the milk comes in on day three. Treatment involves preparing the nipple for the baby to latch and therapeutic ultrasound provides enormous relief. Teaching the new Mom coping strategies and self help techniques is an important part of early management.

Sore or cracked nipples

This results from incorrect latching. Treatment includes correcting the latching technique, breast and nipple care advice and photo- or laser therapy. Phototherapy (Chaves, 2012) has been shown to be effective in accelerating the healing of nipple trauma in breastfeeding moms.

Blocked milk ducts

Commonly occur and may lead to pain, decreased milk supply, mastitis and breast abscess. Self clearing techniques are often not effective. Cooper and Kowalsky (2006) found that physiotherapy intervention (including heat, ultrasound, specific massage techniques and patient education) significantly reduced pain, stress and difficulty breastfeeding. Mothers gained confidence in their ability to cope with breastfeeding and none of the cases progressed to mastitis.

Lavigne and Gleberzon (2012), similarly had positive results with therapeutic ultrasound as a treatment for blocked milk ducts.

They had success with between one and seven treatments. At Physiodynamix we find that on average, three treatments are sufficient.



Mastitis

Mastitis will not go away without treatment. Treatment often includes oral antibiotics, breastfeeding advice, resolving any blocked ducts with massage techniques and ultrasound. It is perfectly safe to continue to breastfeed or to express milk for the baby while mastitis is present.

Breast abscess

If mastitis is not treated timeously a breast abscess may develop. This might require drainage of the abscess and definitely requires an antibiotic. If possible continuation of breastfeeding is advised.

Lower Back or Pelvic Pain

Post natal lower back pain and/or pelvic pain could be caused by a multitude of factors including a previous history of lower back pain, pregnancy-related back/pelvic pain, hormonal and postural changes and poor conditioning prior to delivering (Bennett, 2014). Physiotherapy is helpful in restoring normal joint mechanics, soft tissue extensibility and improving strength and flexibility.

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