Academy of PHYSICAL MEDICINE

Transcript

379R- Case-Based Discussion with Toosie Bawden

Steven Bruce

Good afternoon, and welcome to today's lunchtime learning. Now normally this would have been a straightforward case based discussion. But we've decided to do these a little bit differently. today. I have the wonderful Tuesday, Borden joining me by video link to talk about women's health issues in particular pelvic floor dysfunction. And another issue, which we'll come on to. So it's a little bit like a standard broadcast, except for Tuesday, we'll be putting this in the context of a couple of very real cases. So it's still effectively a case based discussion, which means if you're an osteopath, it still counts as an objective activity for your CPD record. But a housekeeping course, if you aren't joining us through teams, then please keep your microphone muted, unless you're actually commenting. That just helps avoid all those annoying background noises. But it is very useful if you've got your camera turned on because it makes it feel much more personal to me because I'm going I can see you on the screen in front of me here. Now, Tuesday is as I said, a physiotherapist she's been in the business for over 20 years, she specialized in pelvic obstetric and Guinee issues. So this really is it's a fantastic opportunity for you to get perhaps a slightly different take on women's health care, but also, to put your questions to an expert to Z. Great to have you with us. Thank you for joining us.

Toosie Bawden

Thank you for having me on I appreciate it.

Steven Bruce

Now on top of all this massive experience you've already got as a physiotherapist and optimum Guinee practitioner, you you're doing a an Australian Women's Health diploma as well on you what's does that add to your skills.

Toosie Bawden

Um, it's more really just to update them. And you know, one of the joys of COVID is that all the foreign universities have put all of their courses online. And so it gives you the opportunity to add to your skill set. So I've obviously done the British women's health. So it's given me the opportunity to do the Australians, when get all the theory updated. And then if there was ever a time, I'd want to go and work in Australia that obviously expect you to do the practical components. But it's just a it's a nice way to do other courses really? Well. It's probably one of the biggest blessings, I think of COVID.

Steven Bruce

You're making me wonder if Australian women are vastly different to British women?

Toosie Bawden

No, not at all. I just, you know, I just I thought I would either do that, or the Canadian one maybe do both. I don't know. It's nice, because there's different approaches to physios in different countries. And obviously being South African, I know that we have a slightly different way of learning then when I came to Britain, and so I was just interested to see if another country would be give me something different, updated version. You know, this

Steven Bruce

is a bit off topic, but I mean, is the way of practice different in South Africa compared to the UK Do you think?

Toosie Bawden

Um, so I think I think possibly we're a little bit more hands on. I think that's what my patients told me that South African physio is a little bit more hands on. I, I have to say, rather, annoyingly, for my British experience, I've actually only worked in a physio dominate, sorry, South African physio dominated practice for the last 16 years. So I feel like I basically work in a mini South Africa. So I'm going to throw it out there maybe a little bit more hands on, but otherwise, I don't think so. I think we all have

Steven Bruce

a little good little good. Audience because you know, osteopaths and chiropractors liked the idea of hands on work, we're going to look at a couple of cases on where the first one vaginismus, which is not something which all of us many of us will have dealt with in our clinics, what have you got for us?

Toosie Bawden

No, so I have a study about a young lady, but I was hoping just before we start, if we could, perhaps bring up the anatomy, picture on the screen, give you a little, a little Yes, a little bit of a thing. So I've got my anatomy model here which is a bit graphic, my apologies, but just so that we can go through it. So on the left hand side of your pictures, the anterior floor superficial floor, or as I like to say to my patients, the front floor, it basically makes up the vaginal diamond. And it's literally its only function is to close the vagina and stimulate you sexually. And then the posterior floor, which is the levator AMI, which has all the all the staff here at the the back the deeper floor. That's really the functioning floor, you know, that's

Steven Bruce

the front floor again, Suzy because we had your slider, so first mentioned that.

Toosie Bawden

Okay, so then this is the front floor. Yeah. So on the slider to the left hand picture. And then this is then the deeper floor. Yeah, around the anus. And and not that you can really see because the organs are in a way but it basically attaches into all the coccyx. That's why the other picture is better. And so basically you've got these two floors, the deeper floor that basically does everything. It helps you helps you open your bowels open your blood to have an orgasm, hold your organs and, you know, keep your core strong. So it's the bigger muscle. So therefore, because it's bigger, it causes more of the drama, then the front floor. But what it does do, it doesn't inhibit the front floor because of course, they linked together at the anus. And so when this is tight, it actually inhibits how this works. And then that leads to a whole nother set of situations. So if we go on to talking about vaginismus, what ends up happening is that the vaginal canal, it narrows, and it narrows, like everything in the medical world, there's a sliding scale, and it can narrow a little bit or it can narrow a lot. And so somewhere in there, it goes from being a hypertonic pelvic floor and like a high toned pelvic floor into vaginismus. And generally, we accept that people with a high turn pelvic floor can still have six people who can't have sex or can't have anything inserted. Anything penetrative fingers speculums. Anything else, they would be termed vaginismus. And so vaginal swabs is very, I think it's a very, very complicated condition. Because in the good old days, they used to often think it was just a head issue. But unfortunately, as we know with a body if you anticipate something you're going to tense so if you think that sex is going to be saw you then 10 said is saw your mind then goes Haha, you see it is so and then it just carries on closing and closing and closing.

Steven Bruce

So does that mean then sorry, Tuesday to interrupt here? Couple of things. But does that mean that sex might be painful, but inserting tampons might not? So you could you could suffer vaginismus for one reason, but not for others?

Toosie Bawden

And generally, it's almost it would start out with six being sore if you were on the calm interventionist must say, Yeah, so the high end of hypertonicity I think in veganism is would be six is

painful, but you can still have digital stimulation, you can maybe tolerate a speculum and maybe do a tampon. The high interventionist was not even a tampon not even a finger. It's

Steven Bruce

inevitable it an inevitable consequence of a hypertonic pelvic floor?

Toosie Bawden

No, not necessarily. Not necessarily. Because that that would then almost indicate to me that there's a gradual buildup of tightness. And actually, it doesn't seem it doesn't play the game as nicely as that, you know, there's some people that just, they just have this low grade, high toned pelvic floor, where and then there are other people that seem to have gone from nothing to vaginismus. And, and because the etiology of the whole situation is so complicated, it can be something as really traumatic, say, like a rape or something that goes straight to vaginismus. The, in particular, the case study that I'm going to talk about, she's a really interesting one, because part of hers is cultural. It's all about, you know, she comes from a country where FGM is, is very, very prevalent. And so therefore, there's a different discussion, thought belief around sexual practices, tampons, and that sort of thing. And she feels she can't pinpoint the link, except for the fact that she started her periods really early at age of eight. And she remembered her mom trying to force the tampon in to stop her bleeding all over a white dress she was wearing. And so that might possibly have been the trigger, it could possibly have not been the trigger. Because of course, she was never to know until she wanted to become sexually active, that it was then going to be a problem. But

Steven Bruce

now Tuesday, I interrupted you in in mid discussion just a moment ago, but I got one thing for my tech team. I'm still seeing that there are members of the the audience in the lobby of teams, and I wonder if they can check to see that they've admitted everybody. But now yes, please get me where you were.

Toosie Bawden

Okay. So, right. So if we go if we get onto if we get on to the case study. So just just so you know, with the Virgin, dismiss the things that can cause it, partner issues, sexual identity, sexual abuse, lifestyle factors, so that all sort of comes in, but we'll discuss that as we go in the case study. So this young lady was really, really interesting. She found me by listening to two people talking in a Sainsbury's cue about how they'd been to see a woman's health physio for their pelvic floor. And she had been passed from pillar to post seven or eight guy near she'd seen them at her home country here. She'd been to psychologist she been to a plethora of GPS. And nobody had really given her any really helpful type of advice. And when she arrived, she was highly anxious. I mean, I don't think I've ever been in a situation where a patient is so almost aggressive, but not really. And she was sort of very angry at me that I was down the road from her and she didn't know I was here and why was on my advertising property. And she sort of spat all of this stuff out, which for me, I just, I felt it was just anxiety about what was going to happen. So I gave her a few moments to calm herself. And actually,

it's the first time I've ever done in my whole life. I did say to him, I'm so sorry, but you can't treat me like this, this is this is not good. So I'm, I'm gonna go to the toilet. And if you'd like me to continue to treat you, you need to calm yourself down, and you can stay here. But if this is how you're gonna behave, I'm so sorry, I'm gonna have to ask you to leave. And so I gave her a few minutes. And actually, it calmed her down, she just needed she needed that reassurance that I was going to help her I think and often often listening to the history, you get the emotional anxiety of a woman in a seven years unconsummated relationship, where all she can think about is this man is going to leave me if I don't have sex. You know, we we married, we still can't have sex, I can't have a baby. And it all comes tumbling out. And you know, it's really important, especially for me, I have an hour first session with the women's health patient, because I need to understand all of that, to get to grips with why your pelvic floor feels the way it is, what sort of emotional content are you holding in your floor. And so yeah, so as we work through that, that was the big thing. They hadn't had sex, and we went through it, or she can't wear tampons. But apart from that, medically, you know, really fit no other issues. A bit of a stressful job bit of a weird family situation, you know, they'd sort of fled her home country because they wanted to avoid FGM. And, and there was all sorts of weird things going on there. Anyway, so how our treatment started, was me not doing any internals for four weeks. So I saw her every week for four weeks initially, because it's just too much with that level of anxiety and vaginismus because she couldn't have anything inserted no tampons or anything. It's all about building up that trust that she's okay, so we did quite a lot of perineal massage in her thighs, you know, she was holding so much tension in her belly, you know, hips. So we did quite a lot of that we worked on breathing, just to try and offset the pelvic floor. And then and then I lit Okay, so today we're going to do a little bit of insertion work. And, and it basically was about releasing from that anterior flow. So that front diamond, softly releasing and just gradually, each week going more in and more in and breathing and working through it. And, and eventually, you know, and then we got to a situation where I could actually do some good triggerpoint work in there some good muscle therapy, we then worked on muscle functioning, you know, how is she doing what's happening to the coccyx, etc. And it's at this stage that we discussed her upcoming holiday to Greece, and how she hated going to hot places. Because if she got her period, she she couldn't go out she couldn't swim, she couldn't do anything. So we took one entire session where we did tampon insertion education, and it seems it seems fairly easy. You just pop a tampon, and that's what you do. But actually with someone like vaginismus, who has vaginismus, it's very traumatic. And so it was a really interesting experience, we, you know, we worked out which positions could be better how she could hold it, we worked in an art, which actually is as a sideline gig is actually quite a good treatment, because it does help stretch a bit. And, and then the plus side of that was for the first time in her whole life, she was able to have a period, have a nice holiday and go swimming. And that for me is a quality of life when there really Yeah. And then so we then as she she could do a little bit more at home. And we then let her go further and further apart treatment wise. And then we started broaching the subject of was she ready for sex because at that stage, she'd been having digital stimulation, and it seemed to be going well. And we had a really long discussion about not making sex into an act, because then it puts too much pressure and then and then involuntary. You are going to then close and it's going to undo all the work that we've done. Because she kept talking about Oh, but I want to Baby I want to baby and I said you're not and I understand that but you are young, you've got plenty of time, blah, blah, blah, blah, blah, knowing full well that if she just relaxed had good sex didn't put pressure on it. The chances are she would actually if she if she was fertile enough she would fall pregnant because there would be no emotional I'm all negative emotional association with sex. So I banned her from trying to have a baby for six months, I said, we, you know, we need some good sexual activity. And, you know, within four months she was pregnant. And for me it was it was really beautiful. And then we walked work the whole way through her pregnancy to try and keep her floor

loose. Because one of the downsides with vaginismus is that extreme tightness brings you as a woman a feeling of heaviness. And an almost like your muscles can't cope with your floor and then adding to that the baby, the destabilization of the pelvis, etc, as you get pregnant. And then when we got closer up to birth, it was a little bit challenging for us because I saw her probably 10 years ago now. And at the time, there was not so great a feeling on on asking for a C section. And so we had to do quite a lot of work to get the midwifery team on our side. Because there is an I think it's quite an outdated school of thought that if you have a baby naturally, it magically solves your vaginismus. And but we all know that that can't possibly be true. Because if it's too tight, it can't let the baby out. Or you apprehensive and you don't push and you tear you scar you don't heal well, are you sutured all of that sort of birth trauma can actually then make vaginismus worse. And so. So for us, we elected to have the C section, baby was having none of it, baby came out thick and fast before anything could be done, naturally, a 38 weeks. And actually, I think from all of the work that we had done to release her out, she had a really beautiful birth experience, which was great, no tearing, no scarring. And then we carried on our treatment, because we then had to then get her post pregnancy back into a routine of having regular sex being okay with that, because unfortunately, vaginismus being so emotionally Linked In periods of stress, the symptoms then do come back maybe not as bad. So we tend to use to have sort of like regular sessions. And now she's on like a yearly emoti with me, where she comes in, we say

Steven Bruce

there was an emotional component in this. But I thought earlier on in our discussion, Tuesday, you said that the emotional component is rather over emphasized. But clearly in this case, you're saying that, if she can overcome those psychological blocks, then the regimen is most would build a pelvic floor hypertension would go away to a degree.

Toosie Bawden

It does go away to a degree. But realistically, every single woman, when they are stressed, will squeeze their pelvic floor because it's the one place you can squeeze that nobody can see. So you can clench it. And the problem with a vagina that's had vaginal isthmus is it's almost too easy to default back into that patterning. And it's some I think it's similar to a lot of body issues that people experience where the default is going to come back into a learned posture. Now for her, in theory, this was a learned posture from eight to 28. So that's, that's quite a big developmental deck two decades there that, you know, as she's growing, she's growing this floor. Her vaginas, Miss Chauvin, who actual vaginal isthmus has never returned. Her high tone pelvic floor fluctuates, you know, so she is always I feel going to be on the higher end of normal tone. And we manage it well.

Steven Bruce

So I got a couple of questions for you. First of all, Carrie has asked how old the patient was more. Yeah. When you saw her tenure?

Toosie Bawden

She was she was 28 at the time. Yes. Okay.

Steven Bruce

And I'm not sure. Is there a typical age of onset for this sort of problem? Or is it something that could be taneous Lee at any stage? Yeah. You

Toosie Bawden

know, it's, it's less likely post menopausal Lee actually. Or in my experience, the people who have come to me wanting help with it, are the ones that actually want to be sexually active. You know, it's a very difficult thing to broach when you're talking to so when when I when I do a women's health session, I will always ask them, How is six and I basically that's exactly how I said, How is six and there are a lot of women who will say to me, we just don't have sex anymore. And I will then open the conversation of Do you want to have sex because if you want to, we can help you. But if you don't want to for whatever reason you choose, you don't want sex your libido is decreased. Your partner is no longer attractive To you, you're single, whatever, then that's when I leave that there because that, for me is a woman's preference, she's chosen not to have sex. In that instance, a lot of women will come forward and go, you know, I really would love to get my sex life back. And then and then we'll discuss how the how I can help pelvic floor wise to do it. So most of the women coming in with vaginismus are younger. they're younger, and they seek help, because they're desperate to fall pregnant. That's that's

Steven Bruce

possibility is a possibility that, particularly the older generation won't seek help, because it's an aspect of their body, which they're not comfortable talking about.

Toosie Bawden

Yes, totally. Which,

Steven Bruce

which leads me on to another question, and which is, you are a specialist in OB GYN issue. So people like this, this lady you've been talking about has come to you specifically with this problem, because she quite coincidentally found out that you dealt with it. But have you come across patients? Are we likely to see patients who will come in with a different muscular skeletal issue, but we might by some method, discover that they they have a pelvic floor problem have vaginismus?

Toosie Bawden

Yes. So it's, I think, I think it's difficult if you are male, sometimes to ask these questions. Whereas as a female, it's not. So one of the things that I've educated my male members of my team here is, just

just be delicate about it. So I have a climber coming to see me. She was seeing my colleague downstairs for a hip issue. And when he said to her, okay, you can go back to climbing and she said, him, actually, I'm not sure I can climb anymore. And he said to her, is it because of your hip? Or is there something else that you worried about? And she said to him, Lady issues. And, and I think that was a really nice way of just going. So of course, now she's been referred to me, she had no idea existed, even though I'm in the same practice. And it was just very much, you know, I fixed your hip, you should be able to rock climb. So why aren't you rock climbing? And it's just a very, is there any? Is there anything else we want to talk about? Now? For me? I will always go or, you know, I'm the women's health specialist. Yeah. Is there anything else I can help you with? You know, are you not running? Is there any other reason why you wouldn't be running? Especially if they, if they, they kind of mentioned it? And sometimes women will say things like, well, you know, after two babies, and then like, No, I don't know, after two babies, what does that mean? And then we open this conversation of like, you shouldn't just set off to two babies, you're gonna leak when you run. And a lot of the time it's, it's that sort of semi casual, but not really casual conversation that people will find out where you are. The other thing that I always do is in a social situation. Now, I always tell people, I'm a women's health physio. And I very seldom say that I started off, uh, well, I mean, obviously, I am a normal one, as well and do normal ask MSK. But I feel like it opens a conversation, specially for men, where they'll go, I don't know what that is. And you tell them and the amount of times that a social function A man has surreptitiously come to me and gone. What could I have your card? I think my wife needs you. And it's about opening, opening the discussion. And, and I'm so passionate about it. I'm not really embarrassed to talk about it. And so if there's any way

Steven Bruce

helpful in terms of communication, in terms of communication, if you are in the least bit hesitant or shy about it, it would reinforce that reaction in your patients, wouldn't it the fact that you're open and this is a normal thing to talk about? encourages them to open up? Can I go back to what you said about trigger points? Because I don't know if you know, there's an osteopath, Sydney and Neil Asha, who's done a lot of work on trigger points and has developed an app for trigger point mapping and so on all the trigger points which are typically associated with vaginismus.

Toosie Bawden

Mmm hmm. No, I wouldn't say I think the in theory yes, that you know, what would be your pubic OxygenOS mainly, I think and Ilya corsages, they the main ones, and then definitely around the issue of Kevin Gnosis that those you'll get trigger points. But women are quite internally, they're quite left and right. And just because you sought out that trigger point doesn't necessarily sort out the vaginismus. So some come with no trigger points at all. They just come with taut bands. So I personally don't feel there's anything particularly, but there is an occurrence of them. Yes. And

Steven Bruce

perhaps the last one on this case, again, I'm thinking back to discussions I've had with an osteopath, who does for a certain amount of PR work treating coccyx in terms of getting consent from patients, his policy and I think it's supposed to be standard policies that they have to have a 24 hour cooling off period. So they have to sign to say they're happy with internal work, but he has to give them a

cooling off period wherein they can change their mind. What's the process for you? The law is the same for health care for all practitioners. So?

Toosie Bawden

Um, well, I think so most of the time, people are coming to me for an internal. So they already know

Steven Bruce

they're going for an internal as well, but he's still required to give them this morning. So

Toosie Bawden

I don't tend to give them a cooling off period. My feeling is if they've sought me out because they want their pelvic floor checked, they know it's going to be an internal, obviously, I get them to sign an internal consent form. And we go through all the the pros and the cons and, and my big thing is that at anytime they wanted to stop at my stop, I think it's slightly different because i i tend very rarely to go per rectally. I just don't feel so I don't deal with men, I only deal with women. And most of the stuff that I deal with can be dealt with through the vagina. And most women are happy with that. And if if people are saying to me, and they don't know that a pelvic floor check comes with an internal, I will never do it on the day. No, I will go through it. Sometimes they'll go up. Yes, I'm fine with that. Actually, I'd really like that. And then I get them to sign the consent form. If they go oh, I wasn't really sure. Then I'll always give them I'll go look, well, we won't do it today, but have a think about it. And next time if you'd like to, we'll sign the concerns.

Steven Bruce

Have you ever had any problems with consent? You know, it's an area where if there's going to be a complaint, it's probably quite a likely one, isn't it?

Toosie Bawden

I think so. Um, but no, no, because as I say, I think most women know that if they want their pelvic floor checked, it's going to be an internal and I think because I'm called a gynecological physio, they've already got Guinee in their head. Most most people coming to me their biggest worry is actually the speculum. Like, because they think I'm going to use a specter speculum. That's probably more than they're actually worried about the exam. Yeah, yeah.

Steven Bruce

Well, we've got a few questions have come in. But I think you've probably stunned my audience into silence actually, because it's too slow, too sensitive initially. For them? Did SIRs asked whether the patient you've described was in constant pain.

Toosie Bawden

Heaviness, the heaviness you described, it's not that the pain is on the activity. So it'll be very painful, like sharp, tearing, pulling. But on a day to day basis, she just got used to her vagina feeling heavy. And generally, then what happens is, then, once we've done some release work, she came in one day, and she goes, I now know what a vagina should feel like, because she's not feeling it. And that's quite a big thing for women is to not be aware of their pelvic floor, that's normal. To have an awareness of it is not normal. You know, like, she had so much awareness. She always knew what how it felt, and she shouldn't it should be.

Steven Bruce

But when you go to the toilet, you already do this. But I wonder if there's a role for people like yourself doing talks at school, and for your counterparts in men's health talking to boys at school because as you say, most of us grow up very unaware of our own anatomy and what it should be like and how it should behave.

Toosie Bawden

So I would love to do that. I'm in so I'm obviously Park London pod Cambria, in Cumbria, the health visitors, nurses, they do these sorts of tours. I think it's very difficult as a private practitioner, because it's almost like you're stepping on toes because that would be the NHS remit, wouldn't it?

Steven Bruce

But it sounds from what you said earlier as though the NHS isn't doing its job very well because this lady you saw Yeah, a couple of its Anita says she has a patient who she's seen in the practice last week with the la vita a nice spasms. This has post repair of what she would like this as post repair after retro zo and sister co repair patient has had two natural births. I worked with consent over clothing. Is that something you've had to do working over clothing as you can't do an internal examination over clothing, but is that?

Toosie Bawden

So I think, look, my feeling is if you're going to touch a vagina and anus, you must have consent. You've got to have it. So if you're going to work with no clothing or some clothing, you must have concerns. Me personally I would I have no need to do anything with clothes on because I do the internals and for me the levator NISP as M is better sorted out internally, I have the skills to do it. So I do it that way. Yeah, sure. Someone was

Steven Bruce

says that the patient has spasm spontaneously at night. And she suspected some scarring caused by S for pudendal nerve. Any suggestions? Welcome, says Anita. This is for her patient with a low beta laboratory nice present.

Toosie Bawden

So it would be quite difficult for you to assess scarring on the pudendal nerve unless you've done an internal the knightly knightly spasms, because the rest of the body is relaxed. And so because it can't relax that spasms if it's if it's too tight, and it might be too tight because they've over tightened didn't surgery, or it might be a response to surgery, like we would get normal muscle issues post surgery. And my feeling on that sort of thing is that if she does not want an internal or you can't provide an internal she should possibly refer her to someone who can. If one of my patients didn't want an internal, I would probably ask them if they want to dry needling into the levator MI, that's also a little bit of a not everybody likes needles there, but actually, I have to say it works very well. And if a person is conducive to it, it does. But that really would be my my thing there is I feel that it's probably if you can't do an internal you should probably refer her to someone who can. Yeah,

Steven Bruce

okay. Just to get him Christian assessment question from Dominic here who says what did your annual mot involve with this patient?

Toosie Bawden

Um, so we went through so my first thing is I'll I'll do an internal and I'll go through all muscles, how they feel on the band's tight do I need to release the band's? How's the coccyx feeling? Is it still straight? Is it left as right? What's your pelvic girdle looking like? And then we just, we go through her exercise regime, and we see if it's still, what I found in the pelvic floor is necessary for her exercise regime that I've, I've prescribed to her. And, and sometimes it's, it's just, it's actually sometimes just a security thing. She just wants to make sure that she's still okay. So it depends on it depends on what we kind of do. A lot of the time it is, as they progress a lot more about Okay, are you doing this with a transversus activation, how's your Pilates going? I see your breathing isn't doing well. that'll affect your pelvic floor. So it's not quite as narrow as just the pelvic floor check on an MOT. We'll do kind of I hate using the word call that kind of diaphragm to sort of pelvis type.

Steven Bruce

Yes, yeah. Yeah, we'll go a twosie. I mean, we nice if we can move on for a few minutes to your next p your next patient your next case study. But I've got a couple of observation. Three observations here. Sarah says thank you very much for what you said about the after two babies comment, because it's something we all hear so much, and it's encouraging to know that we can signpost them or help ourselves.

Someone who hasn't told me who they are has said Not everyone likes needles in the levator AI area must be the understatement of the year. And someone else again, anonymous says that they treated a lady with vaginismus many years ago, she referred her to a women's health practitioner but she did feel the pelvic floor and was isn't interested to feel the back area was much tighter than the front just as you described. And since she was fairly newly qualified at the time she felt it was

she now thinks it's nice to know there was a reason for what she felt there. Mike says there are obviously there are male gynecologist I get the feeling this is being portrayed as a female in the speciality or do females encourage male to take an interest in learning these techniques? How many female to male peers do you have?

Toosie Bawden

So, women's health wise, um, there are not very many male women's health, physios um I think it's quite complicated for a male to do this. Given given the complications I feel as a female and I have a vagina. Obviously Men's Health physios are both women and men. And so I work with a load of Men's Health physios, but in all of the people I work with the people that do both men and women are all women. And I don't know whether if it has to do with, unlike a gynecologist, I'm not in and out. I'm there for a half an hour or sometimes 14 minutes. And it's an it is quite a it's a very intimate thing. And I think as you said earlier, you know there's a certain generation of woman that might be okay going to gynecologist because he's just gonna expect things and then he's out of there, but to actually sit there and go, you know, I leak when I sneeze. I can't poop properly sexes really painful and I don't know if if whether or not they naturally go to a woman. I've never been on a single course with a male interested in women's health. Not Not a single one every single course I've been.

Steven Bruce

There's a big issue with expectations as you've said in that people coming to an osteopath, chiropractor physiotherapist, they're probably even though you've got going in your, your job description to certainly so they're probably expecting, you know, what we think of as a more conventional musculoskeletal treatment? Yes. It is, as you say, it's awkward for men to get involved perhaps in such an intimate area. Can we move on to your second case is when you've got 10 minutes left, and it'd be nice. Just cover that last one.

Toosie Bawden

Sure. So my second one, she's also super cool. She's an age group winning amateur elite, Ironman triathlete, so she's phenomenal. She's, she works really hard. But she is she's a postmenopausal athlete. And she came to me, because she has had this weird groin pain that wouldn't go away. But then the sideline, obviously, as we start talking, is actually when she does high intensity exercise. She feels like she's gonna open her balls, and then subsequently started leaking on any sort of post threshold high sprinter type of runs stuff. Now bike finds swim fine. Being too Everyone changed her diet changed her training. But she's now got to a point where, you know, she can only run in the morning and only if she doesn't eat and then she still has to run around the block a couple of times before she might go to the toilet. And she's got a super classic case of high toned pelvic floor where that whole levator Ni is just lifted. And so then of course, because it can't hold the full ball and do high energy activity, one's got to go. And so it'll be the bots. And so with her, she sort of came to me three weeks before this Ironman Triathlon that she wanted to podium maths. So it was a bit of a drama like, oh my god, what we're going to do in three weeks with this woman. Anyway, she actually was very open to the needling. Quite interesting. The one point I would say she's the only non medical person I've ever needled in the levator. Oni, which tells might say a few things about medical professionals. Hey, anyways, so she was really open to it because she really wanted it fixed.

She felt that she didn't run the quickest that she could in the marathon. Her pace was just a little bit off. But she managed to get through the marathon with a not having to stop for a poo, which I thought was a win 100%. But she did run the whole way, feeling like she had won, or like she could have won. So anyway, then I had six weeks between that Ironman triathlon and a 60k, cross country ski race, also pretty wild. And so what we did was we did weekly treatments, loads of release work, we needled her, we did tweak her, her her fuelling strategies a little bit. You know, I worked with a dietician to see if we couldn't get something better pre post, etc, etc. And then on the cross country ski, which took her six hours, she didn't feel like she wanted to poo she didn't have to. And she felt like she'd had a full clear art before. And there was no urinary leakage. But because skiing is not quite as heavy as running, we weren't really sure if it was that. And then I had a few more few more weeks before she was doing something else. And it basically just consisted of high end, trigger, point release, hold relaxed techniques, PNF, needling, anything I could do to release that floor. Now really, interestingly, she's obviously not a normal case of emotional anxiety relating to the floor. But when we high level energy, sprinting, we've got that adrenaline we've got our fight or flight going. And we are actually quite emotional. And it was it's, it's interesting with the pelvic floor because when you treating them we obviously chatting about daily things. And you can you can tell as you treating if somebody's daily thing flares their floor, like my mother in law, or, you know, oh my gosh, the husband won't take out the laundry or whatever like that. And she was really interesting until she started talking about her spring session. And she almost squeezed my finger to a pulp. And so then we started working with her sports psychologist to try and overcome this fear that she has that she's going to poop at high at high speeds. So it's actually been a really lovely situation because I've been dealing with dietitian, the sports psychologist and myself to try and conquer all of these things. And she's now on a period of two months training because she's Swedish so she goes home to Sweden, and but I keep getting these weekly updates from her. And she's going well, now obviously, because we couldn't do treatment on her, I sent her with a pharaoh wand, which is the most amazing piece of equipment looks like a little s. And so it has a short handle and a long handle, you hold the long handle, if you want to do the short work, you'd hold the short work if you want to do the long work and and I teach them how to trigger points and release their own floors, so that they can do a little bit of stuff helping at home. And we started that almost immediately with her. Because I knew I had this gap in in over the summer and I wanted her to be as proficient as she could be. So, so currently, that's where we at. I haven't quite fixed her I don't think but she's doing She's actually doing really well. But she was really quite like these elite athletes are very much of throw anything you've got at it. You want to needle me. That's it. I have treatment every week. That's it, because she was so desperate to podium. She actually did podium. So it was great. Really nice. Um, well,

Steven Bruce

I will have to find a link to a thorough one for audience today. But it does remind me I mentioned Simeon Neal Asher earlier on, he was heavily into trigger points. He's actually developed his own device, which has got a little novelty thing on it for addressing trigger points. And he's called it knobs, which I think might be a heart might be a hard sell in this particular area of expertise. Mine. But yeah, we'll we'll put that one out as well. Sara says she's seen quite a lot of cyclists with pelvic floor problems. Is that just coincidence? You think it's

Toosie Bawden

really common? Yeah, really common. Really common? And you know, there I feel very. Yes. You know, I feel quite grateful there because I work in the practices I have in London. And I, I myself have dabbled in Ironman triathlons, and that's what's tough. I have a lot of friends who know exactly what I do. So I get quite a lot of that through triathletes, runners.

Steven Bruce

Right? Yeah. Yeah. Coming from Alistair Alistair says that he had a patient who has seriously torn vagina post pregnancy and the surgical repair had gone wrong. She had significant pain with her intercourse afterwards, but he treated her for low back pain. And in addition to his usual structural approach, he treated her pelvis cranially. I don't know how familiar you are with cranial sacral techniques. He was treating the pelvis cranial Lee, and he says that a combination of letting her talk and the basic work that he was doing allowed her to be comfortably intimate. Again, his observation being that you don't have to do internal or direct work to make a big difference. But maybe a torn vagina is slightly different from vaginismus. Or from hypertonic. Pelvic floor.

Toosie Bawden

So not to be very basic. Yeah, but her having sex is internal. And so what he's done there is he's allowed her to get into a position where her husband's penis is going to friction, that scar who orgasm is going to flood her floor with serotonin. And the act of sex itself is going to stretch her pelvic floor. Because you know, that's the irony with both hypertonic and vaginismus is the best thing for them is sex. And so the quicker you can get them having sex, the better the floors will be. So I think his approach was amazing. But he mustn't discount the the lovely work of her husband's member on that.

Steven Bruce

Good. Yeah, well, well done. Well done to Allister. Dominic says, Please explain again, how the higher tone led to the feeling of the need to defecate was it due to incomplete emptying?

Toosie Bawden

So it's it's partly that yes, because as the floor rises, it doesn't relax enough for you to fully complete, you don't fully open and clear. But also the other thing that goes back to a tight, a very taut muscle, that at some stage under load is just going to give way. So you know, at varying times, in our day, we were going to have feces in our rectum. And so, normally, all of us can just run around and do our own thing, and it's fine. But what happens with a high tone pelvic floors that goes I'm gonna hold no. And it literally opens a new poo. And, and it's a feeling it's, you know, it's like a knee would give away. Yeah, Tuesday,

Steven Bruce

I'm gonna have to stop you because we're almost over time at the moment. We have. We've got 390 plus people watching us this, this lunchtime, and a large number of said could you come back and do

a 90 minute show with us? Because I think we need more time to cover all this stuff. That has been great. Thank you Toosie.