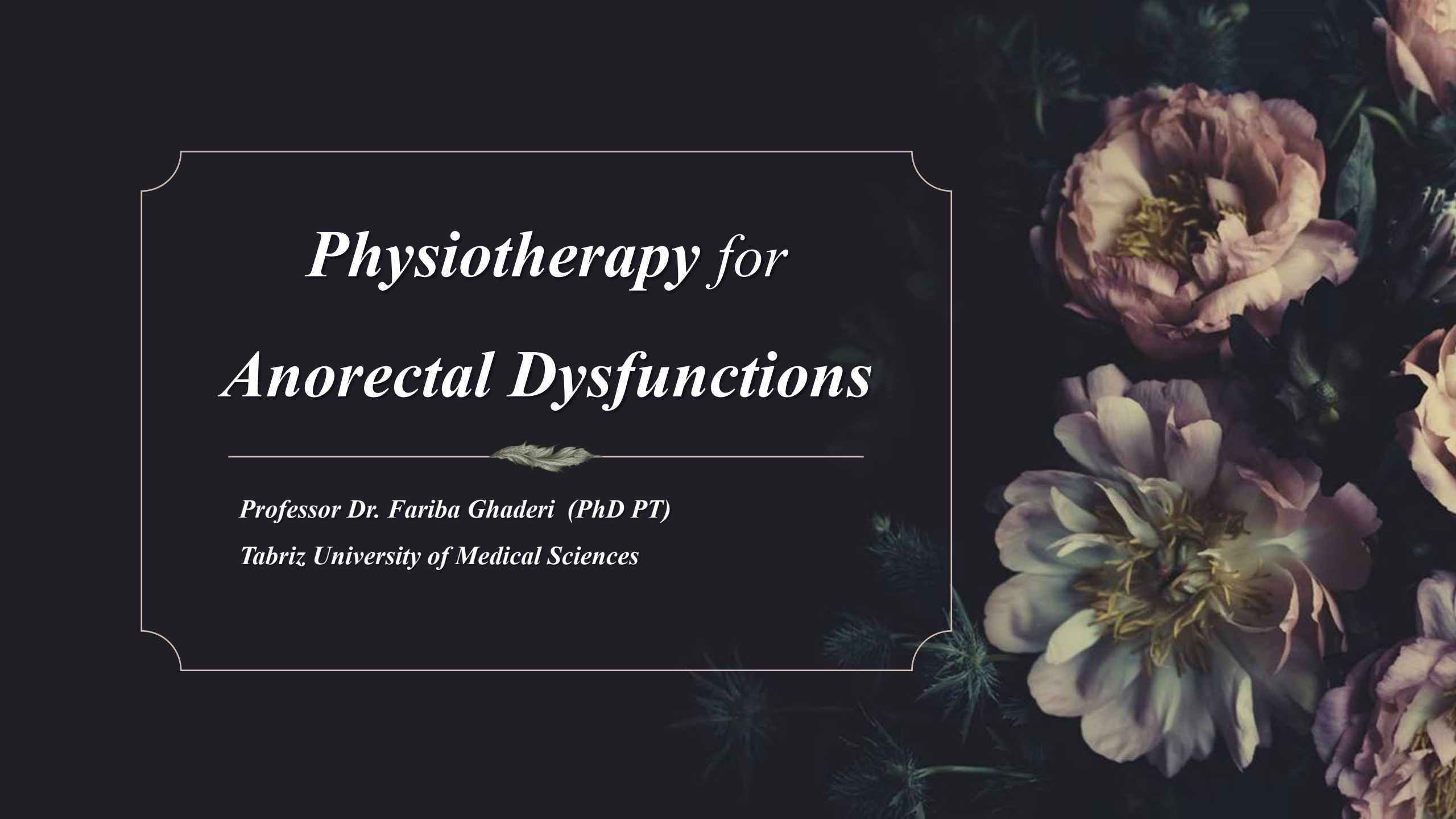
Physiotherapy for Anorectal Dysfunctions

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Subjects:

- ✓ Brief overview of anorectal disorders
- ✓ Rationale for physiotherapy intervention
- ✓ Assessment strategies
- ✓ Evidence-based physiotherapy techniques
- ✓ Clinical outcomes and indications



Anorectal Disorders: Overview

Common conditions:

- ✓ Fecal incontinence
- ✓ Chronic constipation & dyssynergic defecation
- ✓ Anorectal pain syndromes (levator ani syndrome, proctalgia)
- ✓ Post-surgical anorectal dysfunction
- ✓ Pelvic floor dyssynergia

Multifactorial etiology:

- Neuromuscular dysfunction
- Behavioral and biomechanical factors
- Postpartum and aging-related changes



Role of the Pelvic Floor

Components:

- Levator ani
- Puborectalis
- External anal sphincter

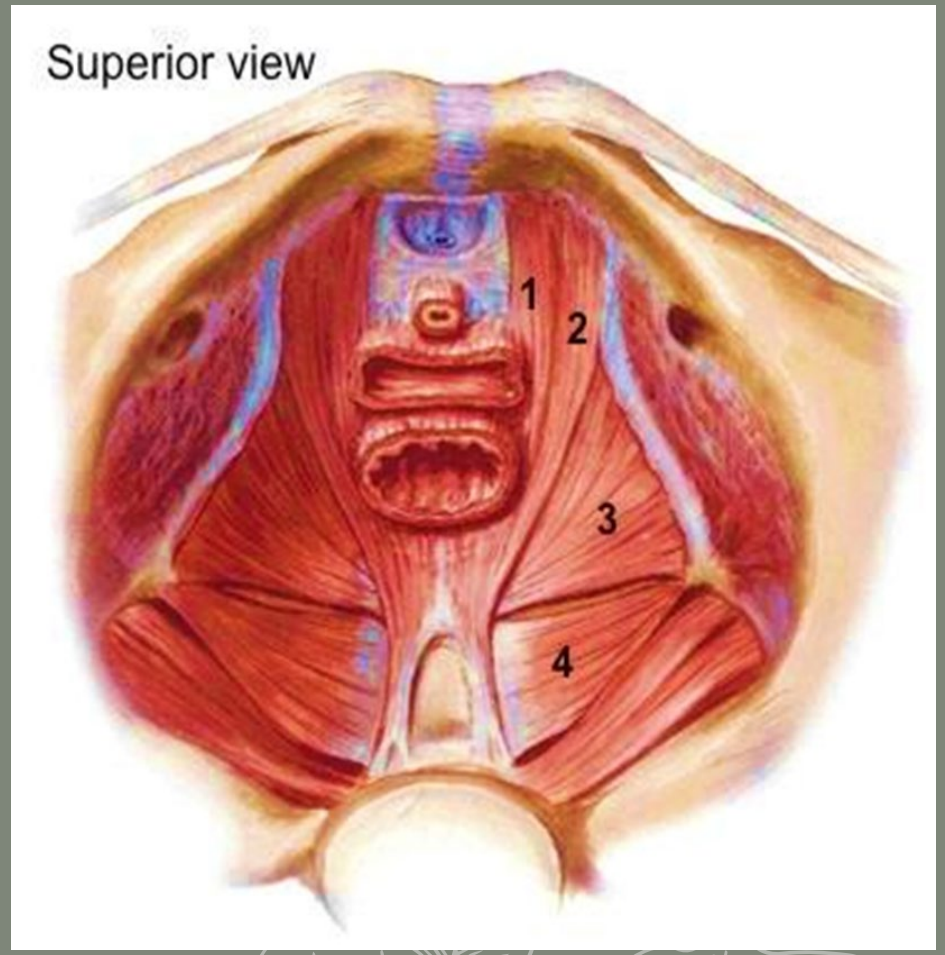
Functions:

- Continence
- Defecation coordination
- Anorectal angle regulation

Dysfunction:

Weakness → incontinence

Overactivity / poor relaxation → constipation, pain



Why Physiotherapy?

Conservative, non-invasive, cost-effective

Targets functional rather than structural problems

Recommended as first-line treatment in many guidelines

Addresses:

- Motor control
- Strength and endurance
- Sensory awareness
- Behavioral retraining



Physiotherapy Assessment

Subjective Assessment

- ✓ **Bowel habits**
- ✓ **Stool consistency (Bristol scale)**
- ✓ **Wexner / Cleveland Clinic Incontinence Score**
- ✓ **Constipation Scoring System**
- ✓ **Incontinence episodes**
- ✓ **Pain characteristics**

Objective Assessment

- **Digital rectal examination**
- **Pelvic floor muscle strength (Oxford scale)**
- **Balloon expulsion test**
- **Endurance & coordination**
- **Defecation dynamics**

Key Physiotherapy Interventions

- Pelvic floor muscle training (PFMT)
- Biofeedback therapy
- Behavioral and toileting training
- Breathing and relaxation techniques
- Manual therapy (selected cases)
- Electrotherapy (FES, IF, Tecar, magnet)



Pelvic Floor Muscle Training

Progressive, Individualized, Supervised

Goals depend on disorder:

Fecal incontinence → strength & endurance

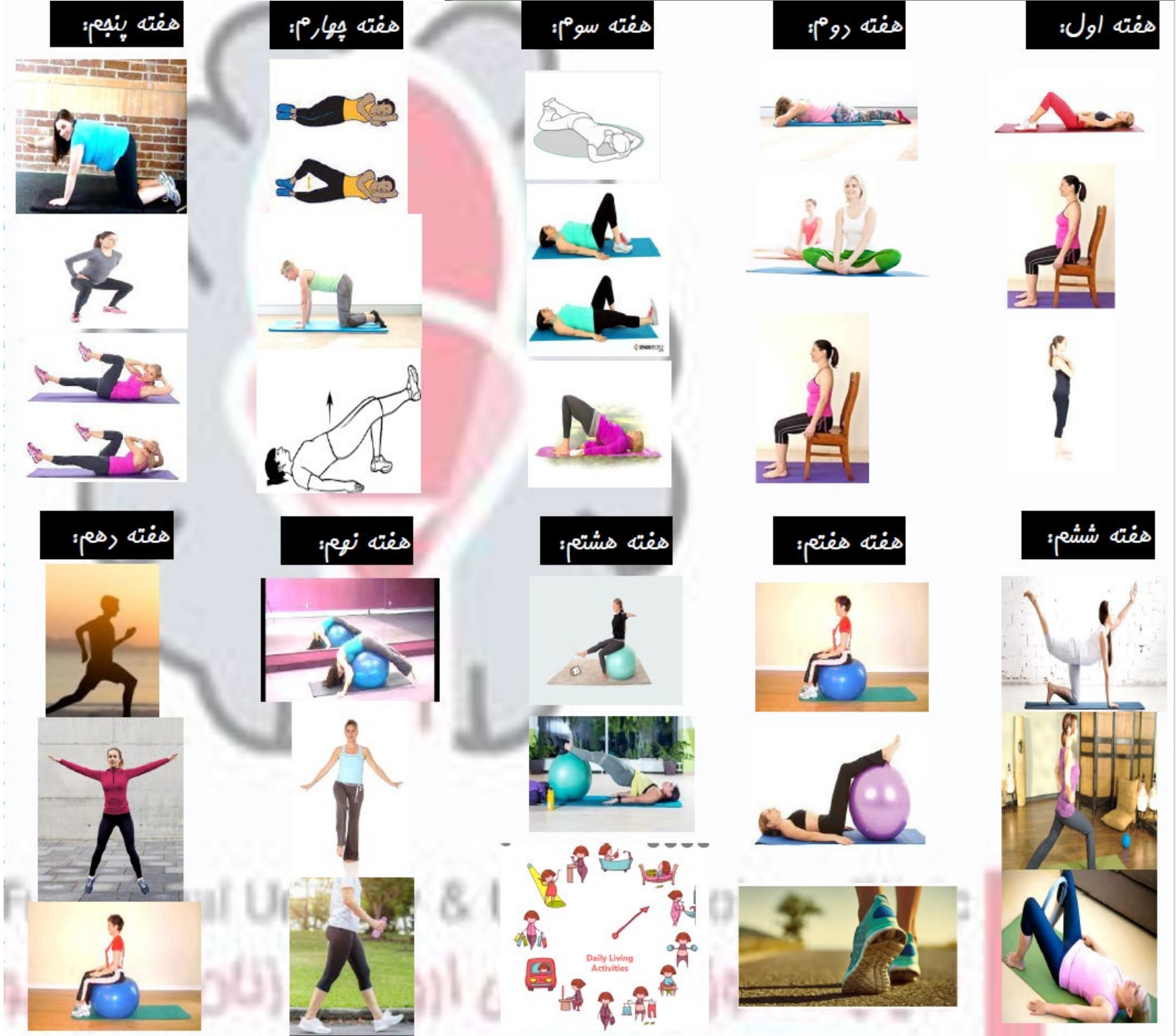
Constipation / dyssynergia → relaxation & coordination

Key principles:

Correct muscle identification

Avoid compensatory patterns

Functional integration (cough, urge control)



Biofeedback Therapy

Visual or auditory feedback using:

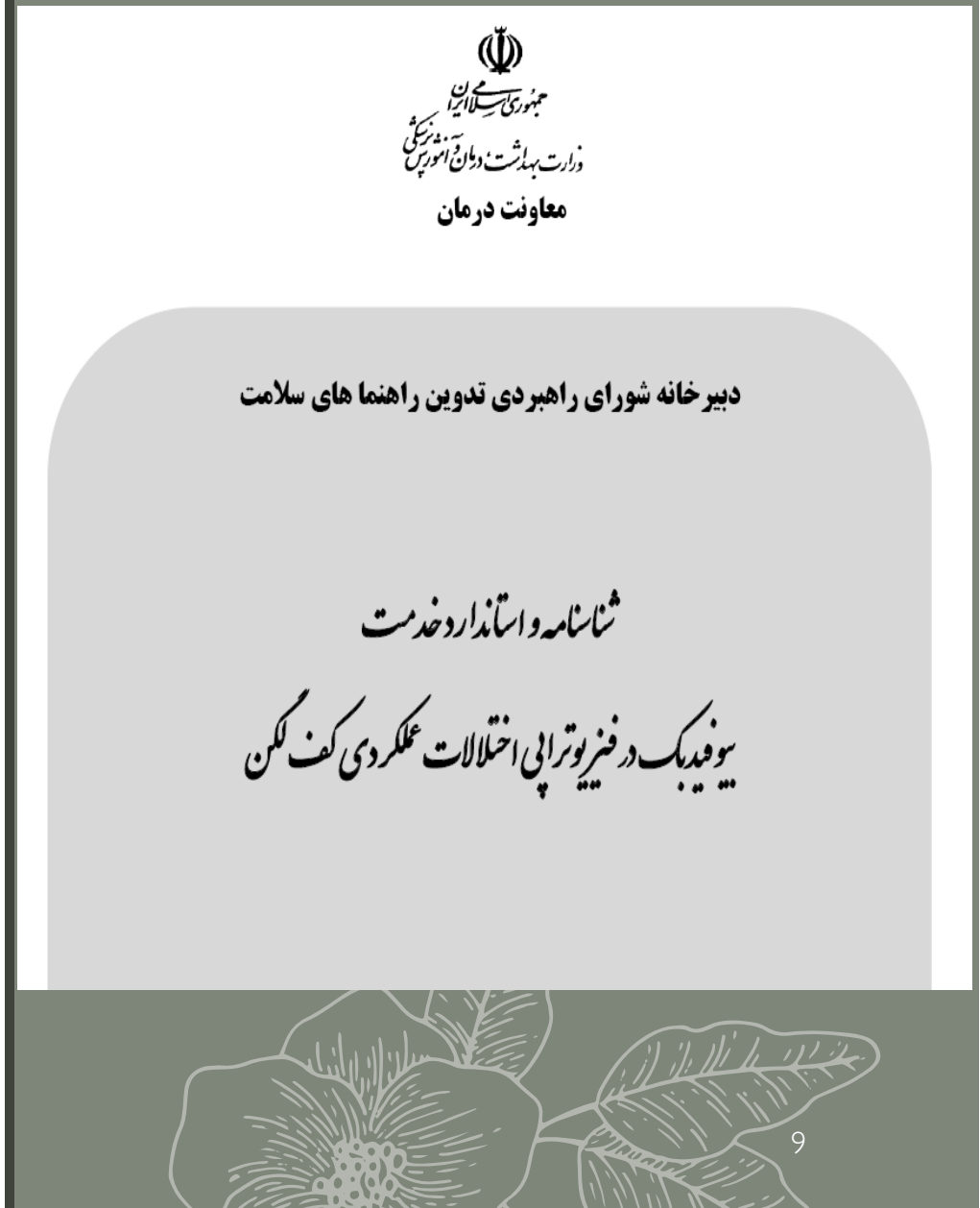
- EMG
- Pressure sensors

Improves:

- Sensory awareness
- Voluntary control
- Defecation coordination

Strong evidence for:

- Dyssynergic defecation
- Fecal incontinence



Behavioral & Toileting Training

Proper defecation posture

Hip flexion >90°

Footstool use

Avoid excessive straining

Timed toileting

Education on urge suppression strategies



Breathing and relaxation techniques

Breathing directly influences pelvic floor muscle (PFM) tone

Poor breathing patterns ↑ intra-abdominal pressure and PFM overactivity

Essential for patients with:

Dyssynergic defecation

Anorectal pain syndromes

Pelvic floor hypertonicity

Key Technique: Diaphragmatic Breathing

Inhalation:

Diaphragm descends

Pelvic floor lengthens and relaxes

Exhalation:

Gentle abdominal recoil

Avoid forced PFM contraction

Clinical Application

Used during toileting

Integrated with biofeedback and down-training programs

Manual therapy

- Abdominal Massage: Clockwise, deep pressure following colon path. Stimulates peristalsis, reduces transit time, and alleviates pain. Effective in Multiple Sclerosis.
- Connective Tissue Massage (CTM): A reflex therapy applied from sacral to cervical regions to reduce sympathetic tone and improve visceral function.
- Osteopathic Manipulative Treatment (OMT): A holistic manual approach to address somatic dysfunctions affecting organ function.

Direct Evacuation Techniques & Sensory Retraining:

- Digital Rectal Stimulation (DRS): For UMN/Reflexic Bowel a gloved finger performs circular motion in rectum to trigger reflex peristalsis and sphincter relaxation. Effective for stool of normal consistency (Bristol Type 4).
- Rectal Balloon Training: Used for assessment and retraining. Balloon inflation simulates rectal filling to measure sensory thresholds (first sensation, urge, max tolerance). Helps treat sensory hypersensitivity or hyposensitivity.

Take-Home Messages

1. Anorectal disorders are often functional and treatable
2. Physiotherapy plays a central role in management
3. Assessment guides targeted intervention
4. Multidisciplinary approach enhances outcomes



Thank you for your attention

