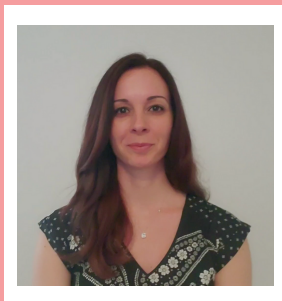


Biofeedback for the Treatment of Functional Constipation

Improving Dyssynergia



Evidence and case study for biofeedback
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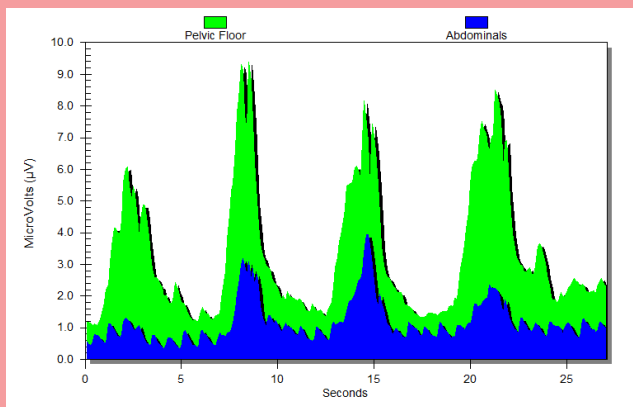
As specialists of pelvic muscle dysfunction at Connect Physical Therapy, we assess bowel function and coordination during each pelvic physical therapy evaluation. This includes screening for functional constipation according to Rome IV criteria. Treatment provided includes pelvic and abdominal muscle coordination using biofeedback from BCIA board-certified physical therapists for pelvic muscle dysfunction. Research supports 4-6 visits of biofeedback. Patients often report benefits within a week and have follow-up visits to reinforce new muscle coordination.

Evidence supporting the use of biofeedback for constipation

- Found to be superior to stool softeners and Diazepam (1)
- 80% of patients had improvement of symptoms. Follow-up at 44 months had lasting improvements (1,3)
- Superior symptom resolution to education, laxatives, and scheduling evacuation by 70.7% (1,4)
- Helps to eliminate the mechanical barrier of the pelvic floor contraction and the anorectal angle (1)
- Helps eliminate retrograde peristalsis (1,2)
- Demonstrates enhanced gut microcirculation (2)
- Normalized transit time in patients with slow transit constipation (2,8,9)
- Improved transit time can improve elimination of estrogen and symptoms of estrogen dominance (7)
- Improved symptoms in patients diagnosed with IBS-C (5,6)
- Useful for neurogenic bowel disorders and spinal cord injury as well as patients with MS (10)

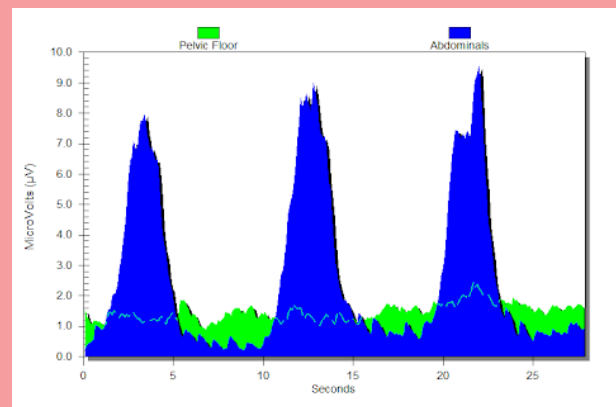
Patient case study

This patient is a 39-year-old female with a past medical history that includes IBS, diastasis recti 5 cm, asthma, cystocele, rectocele, and uterine prolapse. Her bowel complaints include fecal incontinence, hemorrhoids, strong bowel urgency, abdominal pain and bloating, and > 25% of the time she had complaints of: incomplete emptying, straining, manual techniques to evacuate stool, type 1-3 stool. Prior to biofeedback, she had several sessions that included education on proper bowel habits, posture, and positioning. Her bowel symptoms had not improved, and she was referred for biofeedback. Below is her initial coordination during evacuation attempts, followed by coordination after biofeedback.



Initial Biofeedback Graph

Excessive pelvic floor activity during attempts at bowel evacuation creates a mechanical barrier to evacuation and demonstrates dyssynergia.



Post Biofeedback Session Graph

The patient is able to keep her pelvic floor muscles relaxed and use her abdominal muscles to increase intra-abdominal pressure for proper bowel movement coordination.

Patient Outcomes At 1 Week

The patient reported decreasing symptoms of functional constipation. She no longer reports straining or pain, no longer notices her hemorrhoid, has decreased need for splinting, and feels able to empty completely.

Call our office to recommend biofeedback for your patients with functional constipation!

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