



Physical Therapy Considerations for Prostate Cancer

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What is Pelvic Health Physical Therapy?

Pelvic Health Physical Therapy:

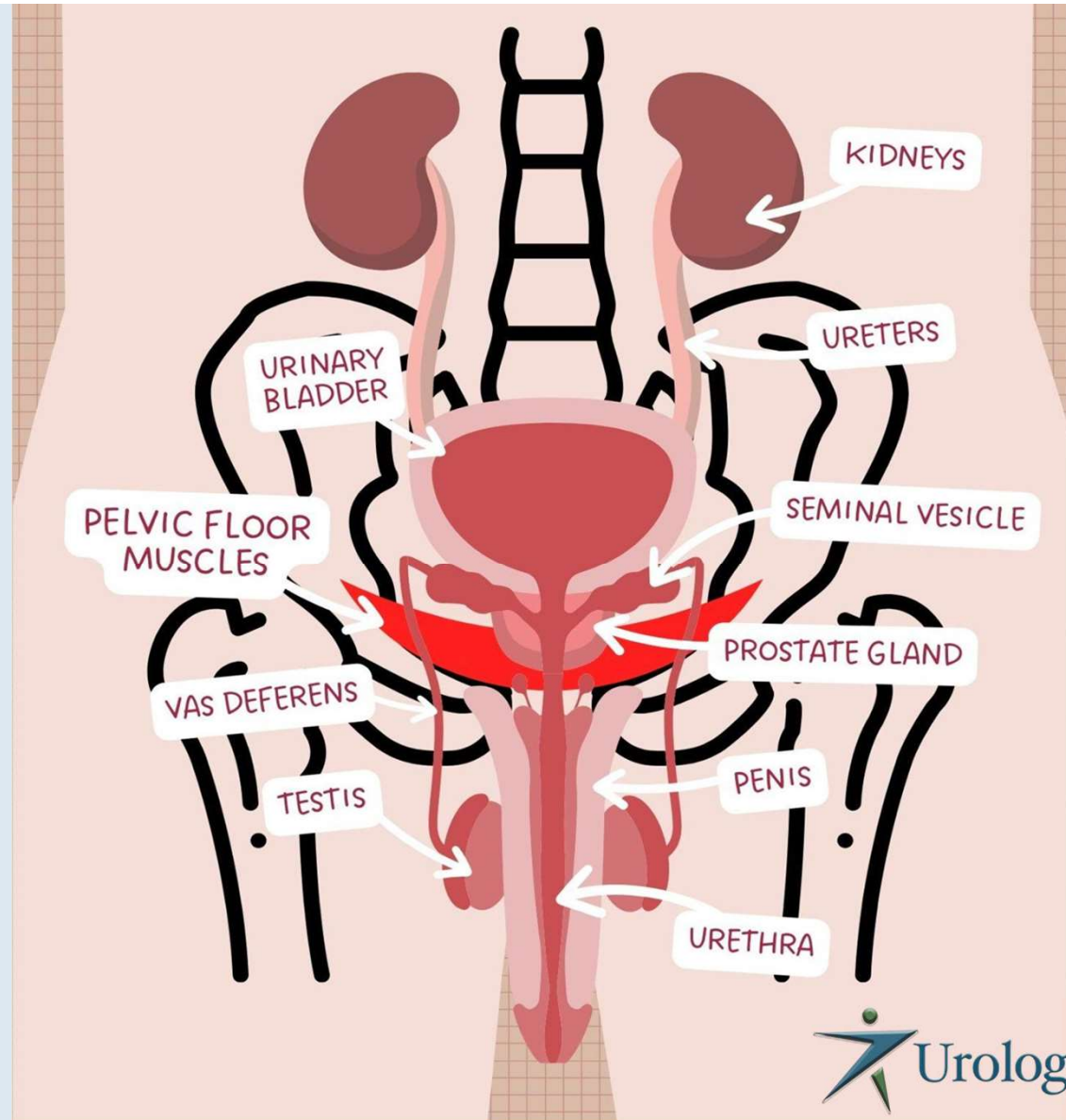
- A specialized form of PT which focuses muscles, nerves, bones, connective tissue, and joints that affect the urinary, reproductive, and gastrointestinal systems.
- Targets the Pelvic Floor Muscles (PFMs)

First Appointment:

- Pre- & Post- Treatment
 - Physical assessment
 - Education
 - Anatomy
 - Diet
 - Post-treatment restrictions/precautions
 - Post-treatment expectations
 - Exercise Prescription

Male Anatomy

- The prostate sits directly under the bladder.
- The urethra runs from the bladder through the prostate and out through the pelvic floor muscles into the penis.
- There are many nerves surrounding and sitting on the prostate.





The Pelvic Cavity

- The pelvic floor muscles span from the pubic bone to the tailbone, from one hip to the other hip.
- The urethral sphincter is considered a pelvic floor muscle.
- The pelvic cavity also holds the rectum.

What to expect during/after medical treatment

- Radical Prostatectomy

- 1-2 nights in the hospital
- 1-week with catheter
- Minimal abdominal or pelvic pain
- Constipation
- Urinary leakage
 - Avg. 3-6 months time to continence post-op
- Erectile dysfunction
 - Avg. 9-12 months time to full erectile function post-op

- Radiation

- Hormone therapy
- Radiation 5x/week for 8 weeks
- Possible cystitis & blood in the urine
- Possible proctitis & diarrhea
- Urinary Leakage
- Erectile Dysfunction

Restrictions/ Precautions

- Post-Op Radical Prostatectomy
 - 6-week duration
 - No lifting heavier than 10-20lbs
 - No strenuous exercise/ sports (tennis, pickleball, running, etc.)
 - No riding a bike, motorcycle, horse, or lawn mower
 - No swimming, soaking in a bathtub or hottub
 - No sexual activity
 - No straining during bowel movements
- Radiation
 - During the course of radiation & immediately afterwards
 - No swimming
 - Manage infection/illness risk
 - Be cautious not to over stretch the radiated area

Diet

- Pre-Medical Treatment

- Calcium
- Vitamin D
- Decreased alcohol intake
- Cessation of smoking/ tobacco products

- Post-Medical Treatment

- Limit Bladder Irritants
 - Alcohol & smoking
 - Caffeine
 - High sugar
 - Spicy foods
 - Citrus
- Increase fiber/ bowel supplements to avoid constipation

Physical Activity

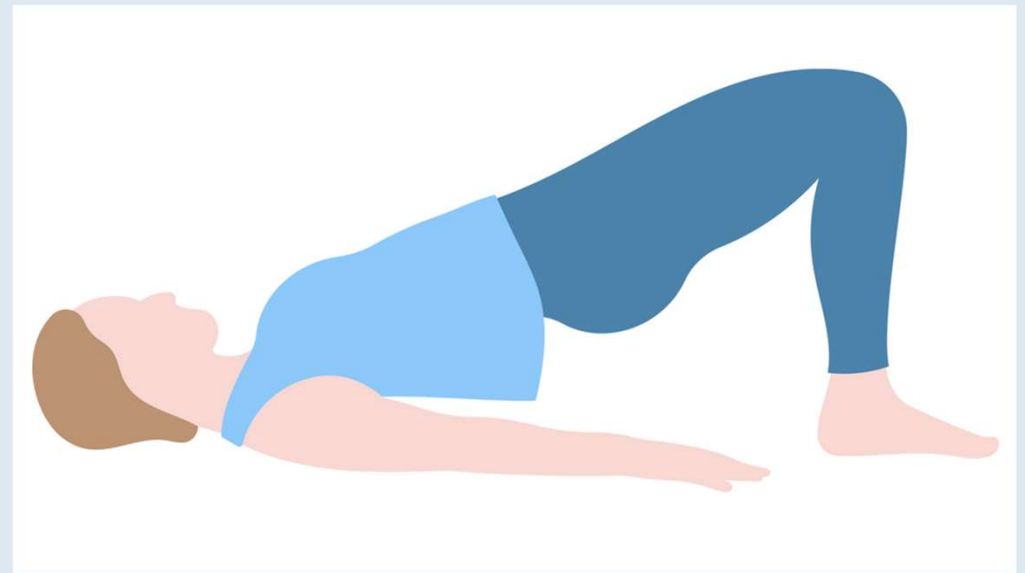
- Pelvic Floor Muscle Training (PFMT)/ Kegels
 - Laying down → Seated → Standing → Movement based
- Diaphragmatic Breathing
 - Breathing in through the nose & expanding the belly
- PFM Stretches
 - Child's Pose
 - Cat/ Cow
 - Lower Trunk Rotation
 - Piriformis Stretch
 - Double Knee to Chest

Physical Activity

- General exercise guidelines
 - Weight bearing to help maximize bone density & improve balance
 - Moderate intensity aerobic & resistance training
 - Aerobic activity 3-5 days/week
 - Resistance training 2-3 days/week
 - Flexibility exercises daily
 - For pts undergoing current treatments, increase daily physical activity over the course of 1 month

How to do a PFM Contraction/ Kegel

- Start laying down with knees bent
 - 5 second holds x10
 - Quick flicks x10
 - Squeezing knees together x10
 - Squeezing knees together x10
 - Bridge x10
- Do's:
 - Stop the flow of urine
 - Lift your testicles up & in
 - Hold in gas
 - Exhale as you squeeze
- Don'ts:
 - Squeeze your abdomen & glutes
 - Hold your breath
 - Bear down/ push



When to do a Kegel

- During times of increased pressure in the abdomen
 - Before & during functional transitions
 - Sit to stand
 - Laying down to sitting
 - Getting in/out of car
 - Kneeling to standing
 - When coughing, sneezing, blowing your nose, laughing
 - During jumping / high impact activities
 - During exercise
- During a strong urge to urinate
 - 5 quick flicks to help delay the urgency/ leakage
- In combination with any activity that causes urinary leakage

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