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Background - POP affects QOL and possibly may result in decreased activity level - ref 4 (we know this is the case in patients with UI). PFMT decreases POP symptoms.

Purpose - to determine if improving PFM function will result in increased activity level in patients with POP.

Subjects - 31 patients with stage 2 or 3 POP (2 dropped out)

Intervention - 6 sessions PFMT at start, 2,4,6,8,12, 16 weeks
External visualization and palpation only was used to teach PFM contraction
Lifestyle advice (avoid strain, "knack", contraction PFM during exertion)
Exercises were recorded on a exercise diary
3 sets of PFM exercises per day including
  • four rapid (1-2 sec) contractions
  • eight 6 to 8 second contractions with 6 sec rest between
  • done in supine, sit, and stand

Outcomes -
Validated triaxial accelerometer one week before and one week after PFMT
  • step count
  • activity calories
  • total calories expended
  • duration of light exercise
  • duration of moderate exercise
  • duration of vigorous exercise
Tudor-Locke and Bassett classification of physical activity levels
  • sedentary (<5,000 steps/day)
  • low active (5,000-7,499 steps/day)
  • somewhat active (7,500-9,999 steps/day)
  • active (>10,000 steps/day)
Adherence to wearing accelerometer and doing PFMT was recorded
PFM strength - perineometer
POP-Q measured by a blinded MD
P-QOL questionnaire

Results
data from 5 women was not available due to low adherence to wearing the accelerometer (?sig?)
Change in physical activity level page 1810 - table 2 - before PFMT ave over 7,000 steps
PFM strength sig increased after PFMT 30%
No correlations between increased strength and POP-Q, symptoms, QOL scores, or physical activity changes
POP-Q two points where sig improved in the overall group. 2 women has worse POP-Q scores and 9 women improved
Table 5 QOL scores

Summary
Improved PFM strength, POP sx and QOL and elevation of the anterior wall
No change in physical activity

Discussion - the women in this study were already very physically active.
Less active women tended to show an increase in activity level
No change in "feeling bulge/lump in vagina" or :heaviness or dragging feeling as the day goes on"
Nygaard study showed 36% of women had increased activity level after POP surgery
No RCT of the effects of physical activity interventions in women with UI or POP

Limitations
No control group
selection bias
single center small sample size
unknown sample size by power analysis

Questions
What activities do you notice patients are self-limiting?
Can you patients do more after therapy?

Most agree they see patient limiting activities before POP treatment and are able to increase activities after.