Pelvic Physical Therapy Distance Journal Club
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Introduction:

- Constipation is not just the reduction of stool frequency
- Classification methods for constipation can include the Rome IV criteria and colonic transit time and anorectal testing
  - Rome IV criteria for adult functional constipation (symptoms must occur for 6 months or more and be present during the last 3 months and include 2+ of the following):
    - Straining during more than 1/4 of defecations
    - Lumpy or hard stools more than 1/4 defecations
    - Sensation of incomplete evacuation more than 1/4 of defecations
    - Sensation of anorectal obstruction/blockage more than 1/4 defecations
    - Manual maneuvers to facilitate more than 1/4 defecations
    - Fewer than 3 spontaneous bowel movements per week
    - Loose stools rarely present without the use of laxatives
    - Insufficient criteria present for IBS
  - When using colonic transit time and anorectal testing to determine the pathophysiology of a patient’s constipation, the physician can determine whether a patient has:
    - Normal transit constipation
    - Slow transit constipation
    - Defecation disorder
- Defecation disorders
  - Long toileting time to produce BM
  - Straining
  - Need to use manual assistance to empty rectum
  - Impaired by musculoskeletal and neurologic impairments including
    - Anismus (high anal resting pressure)
    - Abdominopelvic muscle incoordination (dyssynergia)
    - POP
    - Reduced anorectal sensation
    - Sensation of anal blockage or incomplete emptying
- PTs can manage constipation with:
  - Neuromuscular re-education (often with the use of biofeedback) to retrain pelvic muscle coordination
  - Dietary and fluid recommendations
  - Proper toileting techniques
  - Timely response to bowel urges
  - Abdominal massage
Aim/Primary Aim:
- Describe the evidence that is available for physical therapy interventions for adult functional constipation disorders
- Provide description of pelvic health physical therapy to policy makers
- Provide information to payers and claims reviewers about physical therapy for adult functional constipation disorders
- Create a reference document for physical therapists who manage this patient population (adults with functional constipation)

Study Design/Study Format:
- Systematic search and review by content experts

Methods:
- Academy of Pelvic Health Physical Therapy content experts performed search and review of literature:
  - 1990 to 2019
  - Articles related to interventional strategies of functional constipation
  - Databases:
    - MEDLINE via PubMed
    - Embase via Embase.com
    - CINAHL (Ebsco)
    - Cochrane Database of Systematic Reviews (Wiley)
  - Keywords: refer to Table 1

Results:
- Strong evidence for the use of electromyographic biofeedback (internal anal sensor or sEMG)
- Strong evidence for use of rectal balloon catheter biofeedback training
- Strong evidence for use of anorectal manometry biofeedback training
- Strong evidence for abdominal massage
- Moderate evidence for manual therapy including
  - Soft tissue mobilization (perineal self-acupressure, reflexology, connective tissue mobilization), joint mobilization, visceral mobilization
- Weak evidence for electrical stimulation

Discussion:
- What interventions have you found most helpful for those with functional constipation?

Clinical Application
- Can use the interventions with the strongest supporting evidence as first line treatments.

List discussion questions
- What questions do you ask in subjective portion of evaluation that assist in determining the type of constipation your patient has?