

Pelvic Physical Therapy Distance Journal Club

October 5, 2022

Stacy Sutton

drstacysutton@suttonhealthadvocacy.com

Physical therapy management of functional constipation in adults executive summary: A 2021 evidence-based clinical practice guideline from the American Physical Therapy's Academy of Pelvic Health Physical Therapy. LaCross JA, Borello-France D, Marchetti GF, et al. JWHPT 2022; 46(3):147-153. Doi:10.1097/JWH.000000000000245.

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?