

About IBD Podcast Episode 117

How Physical Therapy Can Help People With IBD

When you think of Crohn's disease or ulcerative colitis, you might not think of physical therapy. But physical therapy and pelvic floor therapy can be integral to helping with function, pain, and having better bowel movements. To learn more, I connected with Nancy Cullinane, who is a Board-Certified Women's Health Clinical Specialist at Overlake Hospital and Clinics Outpatient Rehab in Washington State, and Christine Morgan, who is a Board-Certified Sports Clinical Specialist and the Director of Clinical Education at the Florida Southern College School of Physical Therapy. They describe the ways in which a physical therapist can help with some of the issues that crop up with inflammatory bowel disease (IBD) and how you can find a physical therapist to help you.

Concepts discussed on this episode include:

- Athletic Greens — AG1: <https://athleticgreens.com/ibdpod>
- The Sherman Prize: <https://shermanprize.org/>
- Academy of Pelvic Health Physical Therapy: <https://aptapelvichealth.org>
- American Physical Therapy Association: <https://www.choosept.com/>
- Herman & Wallace Pelvic Rehabilitation Institute: <https://hermanwallace.com/>

Social Media:

- Nancy Cullinane, PT, MHS, DPT, WCS on LinkedIn: <https://www.linkedin.com/in/nancy-cullinane-pt-mhs-dpt-wcs-405866b1/>
- FSC School of Physical Therapy on Instagram: <https://www.instagram.com/fsc.dpt/>
- Overlake Medical Center & Clinics on Facebook: <https://www.facebook.com/overlakemedicalcenter>

Find Amber J Tresca at:

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Credits:

- Mix and sound design is by Mac Cooney:
<https://www.facebook.com/michaelandrewcooney>
- Theme music, IBD Dance Party, is from @Cooney
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[MUSIC: IBD Dance Party]

Amber Tresca 0:00

Hey everybody, its Amber, I want to tell you real quick about the Sherman prize. The Sherman prize is an award created by Bruce and Cynthia Sherman to recognize those who are making great contributions to the field of research and care in inflammatory bowel disease. The Sherman family has been touched by IBD. And their goal is to create a ripple effect that spreads awareness fosters innovation, and provides inspiration in the hope that in the future, other families won't have to contend with IBD in the way that theirs has.

Amber Tresca 0:29

Every year. The Sherman prize honors three people who go above and beyond to contribute to the IBD community by generating positive benefits on behalf of patients, their families and caregivers, and the future trajectory of the field. winners received national recognition and a financial prize and a short video highlighting his or her achievements is produced and distributed. Nominees can be IBD, clinicians, surgeons, researchers, or academics who are making exceptional contributions to transforming IBD care. What's more, anyone can make a nomination for the prize this year in 2022. The nominations closed on June 8. So if there's someone you would like to nominate, go to [Sherman prize.org](https://shermanprize.org), to learn more and to submit a nomination once more. That's [Sherman prize.org](https://shermanprize.org).

Amber Tresca 1:21

I'm Amber Tresca. And this is about IBD. It's my mission to educate people living with Crohn's disease or ulcerative colitis, about their disease, and to bring awareness to the patient journey.

Amber Tresca 1:31

Welcome to Episode 117. I've said it before, but it's worth repeating. Inflammatory bowel disease affects the whole person. These diseases and their treatments cause other issues in our bodies. And one potential way of treating some of these problems is with physical therapy. I thought about physical therapy based on the way that I have engaged with it in my life, such as when I dislocated my knee or when I broke my foot. But there is so much more help available for people who live with IBD.

Amber Tresca 1:59

A physical therapist can help us undo some of the damage that's being done because we're doubled over in pain, or because we've been inactive due to a flare up. To learn more, I connected with Nancy coolin, who was a board certified Women's Health Clinical specialist at

Overlake. Hospital and Clinics outpatient rehab in Washington State. And Christine Morgan who is a board certified sports clinical specialist, and the Director of Clinical Education at the Florida Southern College School of Physical Therapy, they describe the ways in which a physical therapist can help with some of the issues that crop up with IBD, and how you can find a physical therapist to help you.

Amber Tresca 2:41

Nancy and Christie, thank you so much for coming on about IBD. Our topic today is physical therapy and IBD. I'm super excited to learn more about this topic, because it is something that I don't know much about myself. And I'm really looking forward to picking both of your brains. So let's get started though with some introductions so that everyone understands who you are. So I wonder, Nancy, if you would tell us a little bit about yourself.

Nancy Cullinane, PT, MHS, DPT, WCS 3:08

Well, I have been a physical therapist for 30 years. And the wonderful thing about this profession is that you can jump around in a lot of different specialty areas. So I started out in acute care. And then I worked in stroke rehab for a while. And I worked in pediatrics for a while and then I jumped to orthopedics where I stayed for kind of a long time. And because my hands were getting sore from all the manual physical therapy and orthopedics, I decided to take a, was then called women's health course, now it's called pelvic health. And I found my calling.

Nancy Cullinane, PT, MHS, DPT, WCS 3:44

So I have been a pelvic health therapist for about less 20 years and work in a in an urban setting. In that specialty. There are six of us it's a pretty large setting and then I am embedded in the urogynecology department one day a week.

Amber Tresca 3:59

Okay, great. Christy, why don't you tell us a little bit about yourself and your background?

Christine Morgan, PT, DPT, SCS 4:05

Yes, so I am also a physical therapist for a little over 11 years, and I am a Board Certified Clinical specialist in sports, physical therapy. I worked most of my career for UF Health in Gainesville, and I used to be in charge of a running medicine clinic. But I transitioned into education about eight years ago and now I'm currently the Director of Clinical Education and an assistant professor at Florida Southern College in Lakeland, Florida.

Christine Morgan, PT, DPT, SCS 4:35

And although I mostly saw the sports population, I was involved with many therapists who treated pelvic conditions and so I've also taken an interest in working on the orthopedic side of those who also have pelvic issues, cuz I'm sure Nancy will get into much more detail but the pelvic floor is made of muscles. And so it does affect those who have pelvic or abdominal issues as well.

Amber Tresca 5:06

Makes perfect sense to me. So, what I want to understand first, though, is how physical therapy can relate to IBD, the symptoms of IBD, the extra intestinal manifestations of IBD, which my brain immediately goes to one of the big ones, which is arthritis, but I'm sure that there are plenty of others that Petey can address. Christie, what are the type of things that PT can help with in terms of IBD symptoms and extra intestinal manifestations?

Christine Morgan, PT, DPT, SCS 5:35

Absolutely. So, again, the extra intestinal manifestations really meaning anything outside of the GI system. So you hit it on the head, I mean, one of the big ones we would work with would be more arthritic symptoms, as well as a lot of patients who have Crohn's or colitis may end up developing ankylosing spondylitis. So physical therapists are often involved with treatment of that as well. And then as many also know, those with IBD can develop osteoporosis or osteopenia, particularly if they've had long term steroid use.

Christine Morgan, PT, DPT, SCS 6:09

And then they might develop compensatory postures, meaning they kind of get into that curled position that we often see just from being in a lot of abdominal pain. So physical therapy can help with a lot of those conditions. Just by doing different treatments for musculoskeletal or neuromuscular issues related to those, we also can treat just general chronic pain from systemic inflammation. And as well as just screening for other red flag conditions that can often be seen with IBD. And making sure to either rule out or refer back to a physician. And that could be conditions like thromboembolisms, skin cancer, or pulmonary disease.

Amber Tresca 6:45

So you see a lot of people who have chronic abdominal pain, because of their IBD. And then they seek out physical therapy in order to deal with what that has been done to their back and their spine. That's why That's wild. Like that's terrible. But it makes a lot of sense, like I understand.

Amber Tresca 7:07

So Nancy, you might see more of pelvic floor issues. So what are some of the extra intestinal manifestations or the or the IBD symptoms to where physical therapy might help in the pelvic floor area?

Nancy Cullinane, PT, MHS, DPT, WCS 7:19

Yeah, most of the patients that that I see, well in the bowel realm have either fecal incontinence, physical urgency, pain, pelvic pain, abdominal pain, sometimes, orthopedic pain kind of overlaps, and we have to sort of peel the layers of the onion off and figure out where those different pains are coming from constipation.

Nancy Cullinane, PT, MHS, DPT, WCS 7:42

And then frequently, with people with IBD. The term dysinergia or tenesmus might be another term that you hear use for that. And it is it means that when the person thinks they're pushing and lengthening their pelvic floor muscles, which is what you have to do to have a bowel

movement, they're doing the opposite, and they're shortening and pulling it up, and you don't know you're doing it.

Nancy Cullinane, PT, MHS, DPT, WCS 8:09

And as you can imagine, without getting too graphic, it makes for a lot of difficulty emptying their will also very often times be other other kinds of things that go with it that patients didn't connect so your pelvic floor is responsible for your urinary system, your bowel system, your sexual function, and for holding up all those pelvic organs so people might also have bladder some bladder issues, some prolapse of their pelvic organs, so your bladder, your uterus, your your bowel. And then like we started out this question, abdominal pain, back pain, it can really blend together. And, and really, we do have the skills to tease out the etiology of where those pains are coming from.

Amber Tresca 9:01

Which is amazing, because when someone asks you, where your pain is coming from, and you just feel like well, it's everywhere. It's all on my it's, you know, it's all over my abdomen, it's all over my back, and trying to describe it can be can be really difficult. So how do you help someone understand, like where exactly their pain is coming from?

Nancy Cullinane, PT, MHS, DPT, WCS 9:23

Let's say for in the orthopedic world, we will put that person through a series of tests and, and joints and muscles have places that they commonly refer to and likewise in your pelvic floor that musculature has places that it very commonly refers to and so lots of times referred pain that's coming from pelvic floor muscles itself will go into the, the lower abdomen, on the sides. We'll figure that all out by doing an examination that entails the all of it. So the pelvic floor, the spine, the hip keeps the sacrum, everything, everything in the neighborhood to tease out where things are coming from.

Nancy Cullinane, PT, MHS, DPT, WCS 10:07

And then I would say orthopedic pain has a certain quality, whereas pain coming from your viscera or your organs has a whole different quality to it. So a lot of it is listening to the person's story. And when does your pain happen? And what makes it better? And what makes it worse? And it's putting all those pieces of the puzzle together that help us drill down what's happening.

Amber Tresca 10:33

Can you just describe briefly that What do you mean by referred pain? What does that mean?

Nancy Cullinane, PT, MHS, DPT, WCS 10:38

So, for example, a person might have some hip joint pathology, and go to their doctor and complain a pain in the knee. And so the doctor will do a thorough hip exam, but they also want to rule out joints above and below and this is just kind of standard musculoskeletal medicine. And lo and behold, you determine there's nothing abnormal about that knee exam, that pains, but I can reproduce that pain when I put the person through the hip exam, so they can figure out that it's coming from the hip.

Amber Tresca 11:08

Yeah, I think that's where it gets really tricky, right to understand where your pain is coming from.

Nancy Cullinane, PT, MHS, DPT, WCS 11:13

Yeah. And, and I get, I guess, I would also say, pain from inflammation, when the person is just in a crazy flare, you know, a lot of those differential diagnostic tests will be relatively meaningless, because it nothing makes it better, nothing makes it worse. This person is not going to benefit so much from from PT in that, in that regard, maybe there's some things we can do for that person to help with pain control, but in terms of, you know, addressing the source, it's yes, the GIs realm.

[MUSIC: About IBD Transition]

Amber Tresca 12:04

What are the ways that people with IBD can be helped by physical therapy? Because I feel like patients may not be connecting the dots on that they may be like me, and they immediately think of arthritis. And that maybe that's the only time that they would need physical therapy. But that's not true.

Christine Morgan, PT, DPT, SCS 12:21

Absolutely. Yes. So and there are lots of things that can be done for those more joint pain type situations and can be more involved than I think what people typically think of when they think of physical therapy, the traditional route would be to do therapeutic exercise, manual therapy, which that might include soft tissue massage, it might include joint mobilizations to help improve motion in the joint and help with pain alleviation. It could be teaching different stretches.

Christine Morgan, PT, DPT, SCS 12:53

And then there's also something we do called neuromuscular training, which is retraining the muscles when they should be firing. When referring back to when we talked about compensatory postures, a lot of times it's it's retraining the muscles what they need to be doing in order to be in the best position possible. We also use lots of different modalities. You know, most people when they think of PT, they think of heat, heat packs, or ice packs, electrical stimulation, or ultrasound.

Christine Morgan, PT, DPT, SCS 13:22

A lot of PTs nowadays are getting certified in dry needling, which is very similar to acupuncture. But it's it's not based around the science of meridians, but it's used to relieve muscle trigger points. And then there's also traction that can be used in cases like neck or low back pain, and then just functional training to help get back to either just domestic tasks, or self care if that's become difficult because of symptoms. Additionally, when we're talking about things like osteoporosis, or sarcopenia, which means that the muscles have kind of been wasting away and

just general weakness. You know, we'll do a lot of focus, strengthening exercises, as well as working on balance to make sure that there's not an increased risk of falls. Because as you can imagine, if you fall and your bones are weak, you're much more likely to have a fracture.

Christine Morgan, PT, DPT, SCS 14:15

And then there's a lot that we can do for just general fatigue and chronic pain management. And this is an area being in education now has really evolved in the last 10 years. But I think what a lot of people don't realize is that now physical therapy is a doctoral level degree. And a lot of what we're taught to do is the stem differential diagnosis that Nancy was speaking of, and to really know when it's something we can treat versus something that needs to be seen by somebody else. And we're also teaching them who they need to refer to based on what the issue is. But when it comes to chronic pain, a lot of it is going to be knowing what community resources are available and helping to direct the patient to the correct community resource that might be psychology that might be support groups, it might be meditation or mindfulness. And it might be finding support for families or friends or caregivers as well. We help with goal setting for what would be reasonable pain management.

Christine Morgan, PT, DPT, SCS 15:18

Again, we're not GIs, we don't do medications. So to say that we would completely alleviate someone's pain wouldn't be reasonable. But we can talk about what is reasonable and kind of just help to reframe what expectations can be. A lot of times it involves graded exposure to exercise. So if someone again, has been in a bad flare, and they're used to just laying on the couch, or in the bed in a fetal position, it's painful to get out of that position, and it takes time. And so it's assisting just with that process.

Christine Morgan, PT, DPT, SCS 15:52

Some PTs actually specialize in aquatic physical therapy. And that can be a great place for patients to start to, you know, it's usually warmer water, and it's just going through some gentle movements to get moving. Again, PTs can also do sensory desensitization techniques. So again, when you're used to being really sensitive to pain all the time, it's about managing getting out of that. And then just other general pain, neuroscience education. So just teaching the patients you know what to expect, what is your brain has just gotten really sensitive to anything you do hurts, but it's not actually hurting. And so we need to retrain your brain that what you're doing isn't going to make you worse. And then we also help just by teaching to keep different logs and diaries, as far as sleep hygiene, energy level and activity, pacing or aerobic exercise, and then a lot of focus on breathing and relaxation exercises, and just general coping skills.

Amber Tresca 16:56

This is going far beyond I think, I mean, I'm preaching to the choir here, but you know, it goes far beyond what people think of as physical therapy. I mean, when I went to physical therapy, it was because I hurt my knee. And she taught me the exercises to get it straightened out. And then she gave me a massage, you know?

Christine Morgan, PT, DPT, SCS 17:13

Absolutely. Absolutely.

Amber Tresca 17:15

And it was fantastic. But but this is, you know, far beyond any of that.

Christine Morgan, PT, DPT, SCS 17:19

Right, right. And, you know, it's just like anything else, I used to be a foot and ankle specialist. I didn't spend as much time on those chronic pain issues if someone came to see me for an ankle sprain. But, you know, if they, if they fractured their ankle, and they had been either non weight bearing or in a cast for three months, and there were complications, then yeah, you have to add a lot of this. And and so that's the case, too. If you're dealing with an autoimmune disease, you have to treat it differently than you would if it was just a trauma or a simple injury.

Amber Tresca 17:54

Right, right. Yeah, that makes perfect sense.

Christine Morgan, PT, DPT, SCS 17:57

And a major goal for a lot of this type of treatment isn't to stay in physical therapy forever it is to teach the patient how to become independent and how to manage mostly independently. A lot of people who are in PT for chronic pain, do end up coming back. That's expected. But but the goal is really to give tools that the patient can use on their own

Amber Tresca 18:24

Until they need to come back for a touch up for whatever...

Christine Morgan, PT, DPT, SCS 18:26

Right. Exactly, a tune up

Amber Tresca 18:28

A tune up. Yeah, that's right. So Nancy, how about in the pelvic floor realm? What are the ways that people with IBD can be helped. You touched on this a little bit, in IBD, we think of a lot of times diarrhea, but there can also be constipation issues, right?

Nancy Cullinane, PT, MHS, DPT, WCS 18:43

Absolutely. And you know, all the all the interventions that Christie just rattled off, you know, we're using a lot of those same things in the pelvic floor realm, it maybe just looks different, because it's the pelvic floor. Patients will often say, you know, how is it that I can have constipation and diarrhea at the same time, and you know, the job of your colon is to just keep sucking, you know, sucking the water out and making what came in a slush into a harder form so that you can get it out. And so when people have a hard time fully evacuating, so they'll have some older stool in there, that is harder and the new stool, sorry, this might be a little gross, but so the newer stool is softer. And so, you know, I'll show a picture of the Bristol stool chart

and ask people and I'll give everybody their own Bristol stool chart and ask them, you know, what does it look like and some people are: Well, it's everything.

Nancy Cullinane, PT, MHS, DPT, WCS 19:38

And when that's the answer, I know that that person is doing some incomplete evacuating and we need to get that person a combination of exercise and dietary kinds of things to get a uniform look and stool. And this is all best case scenario in in reality, you know, as you all know, people with IBD lots of times circumstances beyond their control. Hiccups and things are not making sense for a little while. But eventually, as the disease calms down, as long as they have the tools and know what they need to do to have optimum function of their bowel, they're just going to function better.

Nancy Cullinane, PT, MHS, DPT, WCS 20:18

So yeah, so people can have some fecal incontinence happening at the same time that they have some constipation. And I use the analogy of my, with my biceps really often in clinic and say, so, you know, my biceps is hanging out here and this really contracted short position, I'm not gonna be able to lift very much weight, right. And they go, yeah, and I go, Well, you know, to have a bowel movement, you have to put your put your biceps down there with your straight elbow position. It's not the greatest system that we got, but it's the only one we got. So you have to be able to get that length, position wise in order to fully evacuate your bowel. And if you're in this really short, overactive position, right there, that's a barrier. And when you hang out in that short, overactive position for a prolonged period of time, you lose your strength, and you lose your call it your fuel economy, so you're blowing through all your gasoline in that short, overactive position. And then when you really need it, like to evacuate your bowl, you don't have the strength to push it out.

Nancy Cullinane, PT, MHS, DPT, WCS 21:24

So you know, people always come in and go teach me how to do the Kegels and a lot of folks, it's, well, I need to teach you how to stop doing okay, cool. Thank you. And then when you stopped doing the Kegels, all the time, you're gonna have better fuel economy. So that's a big, huge, that's a huge piece of what we do with our bow patients, regardless of whether it's incontinence or urgency or some kind of pain syndrome. But you know, we treat what we find, and sure every now and again, the person just has, you know, the the length and bicep, they're really over the really lengthened, weak pelvic floor muscle and they just need strengthening. But I would say that is way the anomaly most of the time, it's the overactive short muscle and that's just a much, that's a much harder thing to do. It takes more time to treat that.

[MUSIC: About IBD Transition]

Amber Tresca 22:23

I'm excited to tell you about my partnership with a product I use every day. I started taking AG1 because I know I have some vitamin deficiencies and I wanted something that my body could tolerate and absorb. I'm also really lazy and I wanted something that was easy for me to use.

Now I've been using it for several weeks, and I love it. It doesn't taste like it's super healthy. It has kind of this mild tropical taste. And I actually look forward to it every morning.

Amber Tresca 22:46

I'm going back to traveling to conferences soon and I have some travel packs and they are super convenient. So what is this stuff with one delicious scoop of ag one you're absorbing 75 high quality vitamins, minerals, Whole Foods source superfoods, probiotics, and adaptogens to help you start your day, right. This special blend of ingredients supports your gut health, your nervous system, your immune system, your energy, recovery, focus, and aging, all of the things plus it's lifestyle friendly. Whether you eat keto, Paleo vegan, dairy free or gluten free. It's also cheaper than getting all the different supplements yourself.

Amber Tresca 23:23

And for every purchase, and I love this part, they donate to organizations helping to get nutritious food to kids in need, including No Kid Hungry here in the United States. Right now it's time to reclaim your health and arm your immune system with convenient daily nutrition. It's just one scoop and a cup of water every day. That's it. No need for a million different pills and supplements to look out for your health. To make it easy athletic greens is going to give you a free one year supply of immune supporting vitamin D and five free travel packs with your first purchase. All you have to do is visit athleticgreens.com/ibdpod, again, that is athleticgreens.com/ibdpod to take ownership over your health and pick up the ultimate daily nutritional insurance.

[MUSIC: About IBD Transition]

Amber Tresca 24:17

Nancy, this all sounds great listeners are right now saying this sounds fantastic. Got to deal with some of my issues. Some of my chronic pain, some of my fatigue, some of my go to the bathroom over and over again. And maybe we can straighten some of that out. But what does it look like when a patient comes in to see you? Where do you start? And then how does treatment evolve over time?

Nancy Cullinane, PT, MHS, DPT, WCS 24:38

Um, you know, really, I don't think it looks a whole lot different in somebody with IBD. Initially, we're going to take your history and get the whole picture. Of course if the person has IBD that's in the back of my head and and it really also depends on where they are in their disease process at the moment. So for example, I can think of one person I had who came from her rheumatologist for fecal incontinence, lady in her older in her late 60s with fecal incontinence and she had a couple of other autoimmune things going on. And you know, it was just really obvious to me she needed a GI workup, so I didn't treat her for very long, sent her back. And so a rheumatologist I work with quite a lot and probably took her six months to get a diagnosis of Crohn's. So I didn't do a tremendous amount with her in the beginning.

Nancy Cullinane, PT, MHS, DPT, WCS 25:26

But after it all got sorted out, she came back and we did the whole comprehensive treatment plan. On the other end of the spectrum, and I have somebody on my caseload right now who has IBD that's never been all that severe. She controls it with salicylates, she's pregnant. And her whole reason for being there with me right now is she cannot tolerate perineal massage and preparation for labor and delivery. That's what she wants to she wants to have a non instrumented birth, her last one was vacuum assist, and she had a lot of pelvic floor trauma from that. And, and she likes she would like to avoid C-section. So our whole focus here in this beginning, is on lengthening her pelvic floor and doing a lot of sensory kinds of things that Christie was alluding to earlier, to try and and change her brain that when she starts doing perineal massage or her spouse starts doing perineal, perineal massage for her in preparation for childbirth, she gets these kind of crazy symptoms, and she just happens to have IBD.

Nancy Cullinane, PT, MHS, DPT, WCS 25:26

But we see a lot of people with those diagnoses. And so that's really our our whole focus in the first four weeks that I'm seeing her and then we hit she has agreed she's going to come back postpartum. And we'll deal with some of the other issues where our focus is just going to be labor and delivery. So it really depends on kind of what the person's goals are and where they're at in their disease process.

Christine Morgan, PT, DPT, SCS 26:57

Yeah, I think Nancy touched on something important too, as a ortho sports therapist, the vast majority of people I saw who had IBD weren't necessarily coming to me for their IBD symptoms. They were sent for an another issue, and it happened to come up that they had IBD. But there's really important questions that need to be asked along with that as far as how their nutrition is, what kind of medications they're on, and what kind of side effects are part of that. And I think because we have such large community resources to we're really in a great place to be able to refer them to where they need to go.

Amber Tresca 27:42

How can a person who lives with IBD, talk to their team about getting a referral to a physical therapist, or find a physical therapist maybe even on their own? If they can?

Christine Morgan, PT, DPT, SCS 27:55

Absolutely. So ideally, the patient with IBD would go to their gastroenterologist. And, you know, maybe they say, I heard this podcast. I would like to try it...

Amber Tresca 28:09

[Laughter] And then their gastro rolls his eyes...

Christine Morgan, PT, DPT, SCS 28:12

Yes, yeah. I and I know, a lot of times, you know, their first goal, especially if there's arthritic symptoms is just to send to rheumatology, often rheumatology is going to try a different medication. So perhaps we want to try a non pharmacological approach. So in that case, you know, see if there is someone in the GIs health system who does physical therapy, if that's not

an option in most states, but also depending on insurance, most people are going to be able to see physical therapists via direct access, meaning that they do not have to have a referral. So again, you would need to check with your state and with your insurance company, if that's something that would still be covered.

Christine Morgan, PT, DPT, SCS 29:01

But if you're, you know, if you're either looking for direct access, or if your GI is happy to write you a script for PT, but doesn't know who to send you to, if you're looking for a pelvic therapist, because that is a specialty area, there's two different ways to look you can look either on the American Physical Therapy, pelvic health Academy's website, or the Herman and Wallace pelvic Rehabilitation Institute. Both of those have a find a PT function that you can search by zip code, and I believe we can get both of those links in the Episode Notes. And then if it's not for pelvic symptoms, but more of that arthritic symptoms or concerns about osteoporosis or just the chronic pain management, you can look on the American Physical Therapy Association's website which is choosept.com and you can pick one whatever ailment you would like, you can search for aquatic therapists, you can search for orthopedic therapists. So there's lots of different things you can look for on that website as well.

Nancy Cullinane, PT, MHS, DPT, WCS 30:11

I think word of mouth is a big deal, too. I think if you belong to a local IBD support group, you know, just picking the brains of other people who are there is helpful. And, and just know that federal payers, Medicare and Medicaid do require a physician referral, it can come from any physician.

Amber Tresca 30:31

Yes, that's super important to know. Thank you so much for that. And now, I don't like to put everything on patients. So I like to put some of this back on our gastroenterologists or our rheumatologists. So what do you want those folks to know about referring patients with IBD to physical therapy,

Christine Morgan, PT, DPT, SCS 30:50

I'll just start with my experience has been that a lot of IBD patients have to hurry up and wait, you know, it takes forever to get the diagnosis after the signs and symptoms have been going on for a while. And then it takes an additional forever to actually start a treatment. And then it usually takes a couple more months for that treatment to start working. And I mean, a medication. And so the main takeaway I would like physicians to know is that there are pain management tools out there that don't have to be medication related that we can help with in the meantime.

Amber Tresca 31:29

So this could be a bridge, almost, I mean, I know I went through step therapy, for instance, myself, right. So it was waiting for a while for my nurse to fight it out with my insurance company to get what I needed. So what if I had gotten a referral to a physical therapist and had maybe gotten some of the pain issues addressed?

Christine Morgan, PT, DPT, SCS 31:49

Absolutely.

Nancy Cullinane, PT, MHS, DPT, WCS 31:50

Yeah. And I think people that have chronic inflammation typically have a greater incidence of pain and fatigue and depression. And, and I think, we therapists just think so much in terms of function, whereas I get it, if you're a GI, you're focused on the person's labs. And it is a different focus, but there's so many improvements in quality of life and function that we can offer patients.

[MUSIC: About IBD Transition]

Amber Tresca 32:40

I wonder if either of you has any funny stories, any embarrassing stories, anything that you can share, let's not violate any HIPAA laws or anything like that. But anything that you can tell me about the world of physical therapy, from your experience,

Nancy Cullinane, PT, MHS, DPT, WCS 32:57

Oh, I can say twice. Within the last year, I've had some elderly little ladies come in for pelvic physical therapy with their shorts and their tennis shoes ready to exercise. And when they were given the information at the front desk that explains what pelvic PT is, and you know, and we meet and go through the history, and I start explaining the exam. They're just completely flabbergasted. And I had one that said she was just sure that that's not what her doctor had in mind. And she had to leave it. And of course, you know, she called her doctor and her doctor said, yeah, that's why I'm sending you there. She did come back.

Amber Tresca 33:39

Well, so let me ask you this, though, then because, okay, somebody's sending you for physical for therapy. I feel like you should be given a little bit of a heads up as to what's gonna happen when you get there. Right?

Nancy Cullinane, PT, MHS, DPT, WCS 33:51

I mean, ideally, and, you know, we have in my institution, we have put together a very comprehensive what to expect brochure handout, and we communicate with our referral sources and, and try and get them to give that out to people. But you know, I think sometimes if it's a busy day in the office, they might forget Yeah, yeah. So I think that be it. People do fall through the cracks and come in not knowing what that what what it's all about, oh, goodness, and that's okay. You know, it's alright, we do I always start my spiel by telling people that we don't do anything without their express consent. And they have the right to, they have the right to not consent, and they have the right to change their mind.

Amber Tresca 34:34

Yeah, that's an important point. Patients always have that right to refuse anything that's going on, or to make their wishes known about that. But that I think that also tells you that those two gals were not googling anything before they went in to see you. [Laughter]

Nancy Cullinane, PT, MHS, DPT, WCS 34:50

No.

Amber Tresca 34:56

Which might be good.

Christine Morgan, PT, DPT, SCS 34:57

And this is like making it not as funny but I do think that goes back to the things that we want GIs and rheumatologists to know is that when you refer to physical therapy, make sure the patient understands there's an internal exam and like you said, the running shoes aren't going to be of much help at that initial evaluation.

Amber Tresca 35:17

Well, I mean, the one she ran out of there so she needed them. [Laughter]

Amber Tresca 35:27

Nancy, Christie, thank you so much for opening my eyes about this, because I really was not thinking beyond my own, you know, issues, like I said, from an injury and then receiving some physical therapy. But there's so much more that you are doing and thank you so much for what you're doing for patients, it is really clearly needed. And I think a lot of patients are very interested in non pharmacological ways to treat their pain and other symptoms that they're experiencing. And you guys are presenting a great option that I hope more patients take advantage of. So thank you so much for your time.

[MUSIC: About IBD Dance Party]

Nancy Cullinane, PT, MHS, DPT, WCS 36:04

Thank you so much for having us.

Christine Morgan, PT, DPT, SCS 36:06

Thank you so much.

Amber Tresca 36:14

Hey, super listener, thanks to Nancy Cullinane and Christy Morgan for sharing their knowledge and experience of how physical therapy can benefit people who live with an IBD. This is a growing area of interest, and I really look forward to learning more and helping connect patients to resources.

Amber Tresca 36:29

With that in mind, links to a written transcript everyone's social media handles and more information on the topics we discussed is in the show notes and on my episode 117 page on aboutibd.com As always, you can follow me Amber Tresca across all social media as about IBD.

Amber Tresca 36:47

Thanks for listening. And remember until next time, I want you to know more about IBD.

Amber Tresca 36:55

About IBD is a production of Mal and Tal enterprises. It is written, produced, and directed by me, Amber Tresca.

Amber Tresca 37:02

Mix and sound design is by Mac Cooney. Theme music is from Cooney Studio.

Amber Tresca 37:11

And I love this idea of the bowel realm. I made a note that you said the bowel realm. I'm gonna use that I don't know how how...

Nancy Cullinane, PT, MHS, DPT, WCS 37:18

Just another day in my life. [Laughter]