



Department of OCCUPATIONAL THERAPY

Bridging Gaps in Pelvic Floor Care: Research, Education, and Connection to Occupational Therapy

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Background

Approximately 1 in 4 women within the United States experience at least one PFD in their lifetime, with the numbers only increasing as women age (Kenne et al., 2022; Nygaard, 2008).

It is projected that the number of women within the United States with PFDs will increase from 28.1 million to 43.8 million in 2050 and it is estimated 25% to 30% of women in the United States will have at least 1 pelvic floor disorder in their lifetime (Dieter et al., 2015; Kenne et al. 2022; Wu et al., 2009).

Despite the high prevalence of pelvic floor dysfunction (PFD), women often go undiagnosed and untreated (Akselrud & Vestal, 2021; Blacker et al., 2020; Burkhart et al., 2021).

Purpose

Identify the gap in early identification and management of pelvic floor dysfunction (PFD), emphasize the role of pelvic floor occupational therapy in treating PFDs, and to increase the awareness of pelvic floor therapy within the healthcare system.

Objective: To support occupational therapy within a pelvic floor setting as well as seeking to enhance patient education, promote preventative care, and empower other practitioners to engage more confidently in conversations surrounding pelvic wellness.

Location: Capstone project and study were conducted at a local Cincinnati hospital.

Patient Pelvic Health Survey

Aim: Discern the prevalence of PFD's in patients at a local Cincinnati hospital's OBGYN clinics.

Logistics: IRB approved, survey included a Pelvic Health Screening Tool & demographic questions.

Recruitment: Survey was placed into 3 participating OB/GYN offices with a recruitment flyer for 5 weeks, participants had the option to take survey via QR code or on paper

Chart 1: Population of Survey Participants

Participant Age Range	#
18-24	4
25-34	13
35-44	5
45-54	5
65-74	4
Total	30

Staff Perception Survey

Aim: Discern provider perception of prevalence of PFD, in patients at a local Cincinnati hospital's OBGYN clinics.

Logistics: IRB approved, survey included questions about perceptions and experience with pelvic health.

Recruitment: Staff survey was initially sent to the office manager, who forwarded the pre-written recruitment email to all staff, follow up sent 3 weeks later, survey was open for 5 weeks

Chart 1: Population of Survey Participants

Participant Provider Type	#
MD	2
Nurse	1
Medical assistant	4
Total	7

Results

All 30 participants screened positive for pelvic floor dysfunction (PFD) based on their answers from the Pelvic Health Screening Tool

Table 1: Average Number of Pelvic Health Symptoms by Age Group

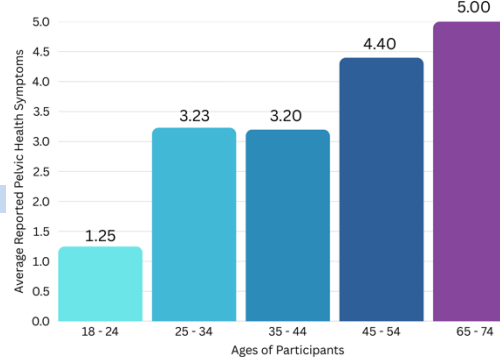


Table 2: Participants Receiving Pelvic Floor Therapy

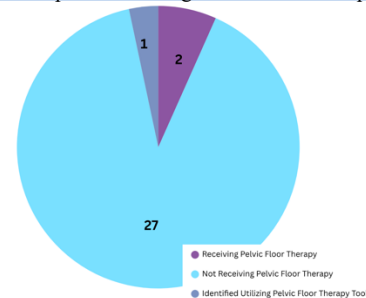
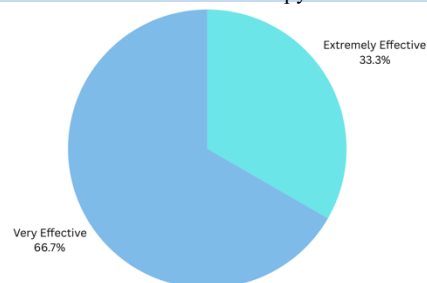


Table 3: Provider Perception (nurse & MD) on Effectiveness of Pelvic Floor Therapy



Discussion & Limitations

- Within the patient study all 30 participants screened positive for pelvic floor dysfunction, however this result is not generalizable to the entire population but suggests that PFD may be significantly under diagnosed.
- Despite symptom presentation, 97% of patients have not received pelvic floor therapy, implying there may be systemic barriers in place (i.e., limited screening practices, insufficient patient education, lack of bodily awareness, stigma, lack of knowledge about available treatment option).
- Due to the limited sample size and limited staff represented, the results from this survey may not be generalizable
- Fact that direct patient care providers (MD, nurse) stated they recommend pelvic floor therapy 75-100% of the time & agree it is effective indicates strong provider support for intervention as well as emphasizes the stigma surrounding PFD is still present in our current society.

Conclusion

Findings indicate a substantial gap between the prevalence of PFDs and the systems designed to assess and detect them. Results emphasize need for improved screening tools, better patient education, increased access, and integration of pelvic floor therapy services into general, routine OB/GYN care.

