



# Women's Health OT Pioneer Series:

Examining a **Biomechanical Approach** vs. a  
**Biopsychosocial Approach** in Pelvic Floor Therapy



# A Psychologically Informed Practice

- The whole person



# Biopsychosocial Approach

- Understand the biomechanics and tissue pathology.

But it's crucial to implement the biopsychosocial approach at the same time.

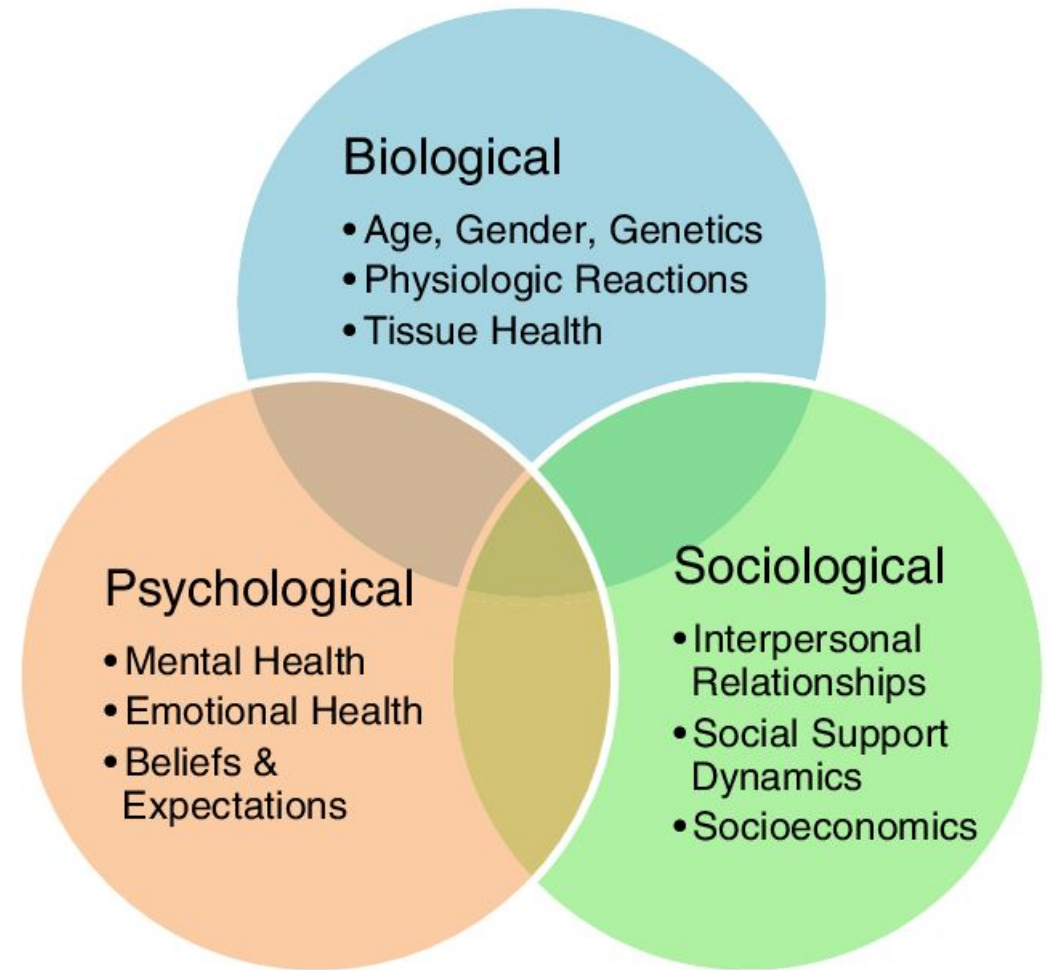


Image courtesy of  
[https://www.researchgate.net/profile/Jordan\\_Gliedt](https://www.researchgate.net/profile/Jordan_Gliedt)



# Distress Assessment Tools

- [Pain Catastrophizing Scale](#) (PCS)
- [The Depression Anxiety Stress Scale](#) (DASS)
- [Positive and Negative Affect Schedule](#) (PANAS)
- [Tampa Scale for Kinesiophobia](#) (TSK)
- [Context Sensitivity Index](#) (CSI)



# Listening

- Listen to them; they tell you how they need to get better; they tell you what you need to do.
- Cho pho use



# The Truth About Pain

- Pain is produced in the brain
- Pain is complex, multifactorial neurochemical phenomena



# Words Matter

- Tissue Injury (seems transitory) vs Tissue Damage (seems permanent)
- Persistent Pain vs Chronic Pain (holds space for neuroplasticity)



# Whole Person Approach

- Whole body is sensitized – not just the pelvic floor.
- We can't just treat the pelvic floor.
- The Pelvic Floor is often a Symptom (not the driver).





# OT's Special Sauce

- Always evaluating our clients as individuals



# Meet Them Where They Are

- We are facilitators of change; we are not responsible for their healing
- Health is a journey; not a destination



# Consent

- Words, Eye Contact, Body Language



# Our Clients Are Their Own Best Therapist





# Self Efficacy

- “People not only gain understanding through reflection, they evaluate and alter their own thinking”
- “The self is...partly fashioned through the continued exercise of self-influence”

- **Albert Bandura**

*Social Foundations of Thought and Action: A Social-Cognitive Theory*

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