

meet Brande Moffatt...a specialist who followed her dream

Brande Moffatt is a women's health physical therapist who specializes in the treatment of Pelvic Floor Dysfunction. She holds a master's degree in physical therapy and has been specializing in women's health for the past 10 years. She had been practicing at the GOA Wellness Center, but has recently moved her office to 1822 Buenaventura Blvd. She can be contacted at 242-1728. More information about her work can be found on her Web site at www.brandemoffatt.com.

Q. YOU ARE A PHYSICAL THERAPIST WHO SPECIALIZES IN WOMEN'S HEALTH. WHY DID YOU SELECT THIS SPECIALTY?

A. I had been working in acute rehab right out of graduate school, mostly with patients who had suffered from traumatic brain and spinal cord injuries, as well as with patients who had undergone orthopedic or neurological surgeries. As much as I loved working with these populations, at the end of the day I found myself horribly saddened and worried about everyone. One night I had a dream that I should be working in women's health. I vaguely knew of it as an option for physical therapy, but I had no real experience in that arena. I told my husband, who is also a physical therapist. He laughingly said "Great, Brande, but what do you know about it?" Though I didn't know much about it at the time, I thought it would be a good fit as most people are comfortable sharing personal information with me. So I started taking course after course, and the more I learned, the more I realized how perfect it was for me and how much a women's health physical therapist was needed in Redding. Here I am almost 10 years later, thrilled that I made the leap to "follow my dream."

Q. DESCRIBE YOUR PATIENT BASE. ARE THEY MOSTLY FEMALE? IS THERE AN AVERAGE AGE? ARE THEY REFERRED FROM THEIR PRIMARY CARE PHYSICIAN?

A. My patients range in age from 5 to 95 years old and are 85 percent female, although I do see men and children as well. Anyone with a pelvic floor can have pelvic floor problems - and that is every one of us. On average, I see young women in their childbearing years, as well as several women in the peri- and post-menopausal years. Most of my patients come from OB or GYN referrals, some primary care and occasionally from urology and psychology.

Q. WHAT TYPES OF CONDITIONS DO YOU TREAT IN THESE PATIENTS?

A. I treat women with pregnancy and postpartum musculoskeletal issues, pelvic floor dysfunction, including supportive problems/prolapse and urinary and fecal incontinence, as well as hypertonus pain syndromes (like pain with intercourse, with gynecological exams, sitting, etc).

Q. WHAT SORT OF TREATMENTS DO YOU PERFORM?

A. I perform many of the same treatments that a traditional physical therapist would perform, only my focus area is generally the pelvic floor,

both internally and externally. I utilize manual therapy techniques including myofascial release, connective tissue and scar mobilization, muscle energy techniques, strain/counterstrain, joint mobilization and, of course, therapeutic exercise. I also teach individual Pilates exercise on the Reformer (a form of progressive lumbopelvic stabilization exercise).

I often will use intravaginal surface electromyography/biofeedback to instruct patients in proper pelvic floor strengthening exercises, as well as for downtraining and relaxation. I use various modalities including ultrasound, infrared/light therapy, electrical stimulation for pain control and muscle re-education. Most importantly, I am an educator. I teach my patients about the things that most people have never openly discussed with them (including proper voiding techniques, normal bowel and bladder function, self management strategies for dealing with pelvic pain, pain with intercourse, proper breathing and body mechanics, etc.).

Q. ARE THERE PREVENTIVE MEASURES THAT WOMEN CAN TAKE TO PROTECT THEIR PELVIC FLOOR?

A. There is so much that both women and men can do to prevent pelvic floor problems, but the one universal problem I see over and over again is improper breathing, especially when combined with lifting. Just having an awareness of how to utilize your internal "pelvic brace" with the appropriate breathing mechanics can help to prevent problems with prolapse and low back pain, and can even improve problems that have already occurred. Not everyone can be "fixed," but certainly everyone leaves feeling empowered with the knowledge that they know how to properly utilize their pelvic floor. On the opposite side of the spectrum are the people that need to learn how not to hold their tension in the pelvic floor, and this is the area most of my male patients and type-A personalities fit in to.

Q. WHAT ARE THE BENEFITS OF HAVING A HEALTHY PELVIS?

A. Think of the pelvic floor as a bowl that is the foundation of our intrapelvic and abdominal organs. Without a healthy pelvic floor, the bottom is falling out of your program. Not everyone should be doing the same exercises. For some, the issue is weakness and lack of support, and certainly they should be strengthening; although for others the issue is more of a shortened, hypertonic, but weak pelvic floor, that needs to first be lengthened and then strengthened appropriately.

Just remember these key words: It is just as important to relax the pelvic floor as it is to contract the pelvic floor. A balanced program will address range of motion first and then strengthening - just like in other areas of physical therapy.

