

Integrative Rehabilitation for Rectal Prolapse: A Multimodal Pain-Relief Approach Combining Acupressure and Physical Therapy

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Introduction

An integrative physical therapy model takes a “whole-person” approach to rehabilitation, focusing on maximizing the body’s ability to self-heal and nervous system regulation and exploring the mind, body, and spirit aspects of movement.

Rectal prolapse significantly affects quality of life, with surgical intervention often being the primary treatment option. However, limited evidence exists supporting non-surgical rehabilitation approaches.

Complementary and Alternative Medicine (CAM) therapies, such as acupressure, have gained attention for their potential to improve fascial health, regulate the nervous system, and enhance musculoskeletal function.

While acupressure has been studied in pelvic health symptom management, its role in rectal prolapse rehabilitation remains underexplored.

This case report highlights the integration of acupressure within a multimodal rehabilitation program aimed at symptom relief and functional improvement in a patient with severe rectal prolapse.

Aim

To evaluate the effectiveness of a multimodal rehabilitation approach, including acupressure, pelvic floor retraining, and functional movement strategies, in the non-surgical management of rectal prolapse.

Method

- 71-year-old female patient
- Chronic rectal prolapse
- Significant functional limitations, including an inability to stand or participate in activities of daily living (ADLs) after each bowel movement.
- 10 cm rectal prolapse post-bowel movement, accompanied by pain rated 5/10 on the Numeric Pain

- Rating Scale (NPRS), requiring several hours of bed rest until spontaneous prolapse reduction.
- Outcome measures included Pelvic Floor Distress Inventory-20 (PFDI-20), an outcome measure ranging from 0 to 300, with higher scores indicating greater symptom distress.
- Outcome measures also included qualitative symptom reports.

Method, cont.

• Multimodal rehabilitation approach

- Patient education
- Pelvic floor muscle training (PFMT)
- Manual therapy
 - Abdominal massage and fascial mobilization
- Breathing and mindfulness training
- Postural and functional retraining
- Therapeutic exercises
 - Hip and pelvic girdle stretches

- Acupressure for symptom relief, nervous system downregulation, and improved bowel and bladder function. (See figures 1-3).
- Over 7 weekly visits, the patient progressed through a gentle pelvic floor strengthening program, incorporating breathing and mindfulness strategies to promote muscle relaxation. She was also trained to use pelvic floor acupressure techniques post-bowel movement to effectively and quickly reduce prolapse.

Figure 1. Acupressure points for rectal prolapse, inferior view.

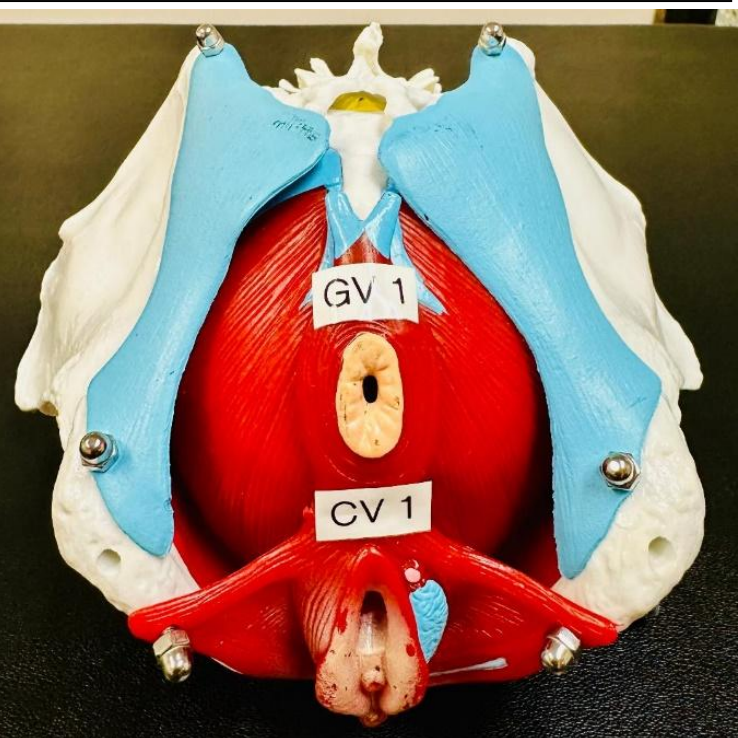


Figure 2. Acupressure points for rectal prolapse, posterior view.



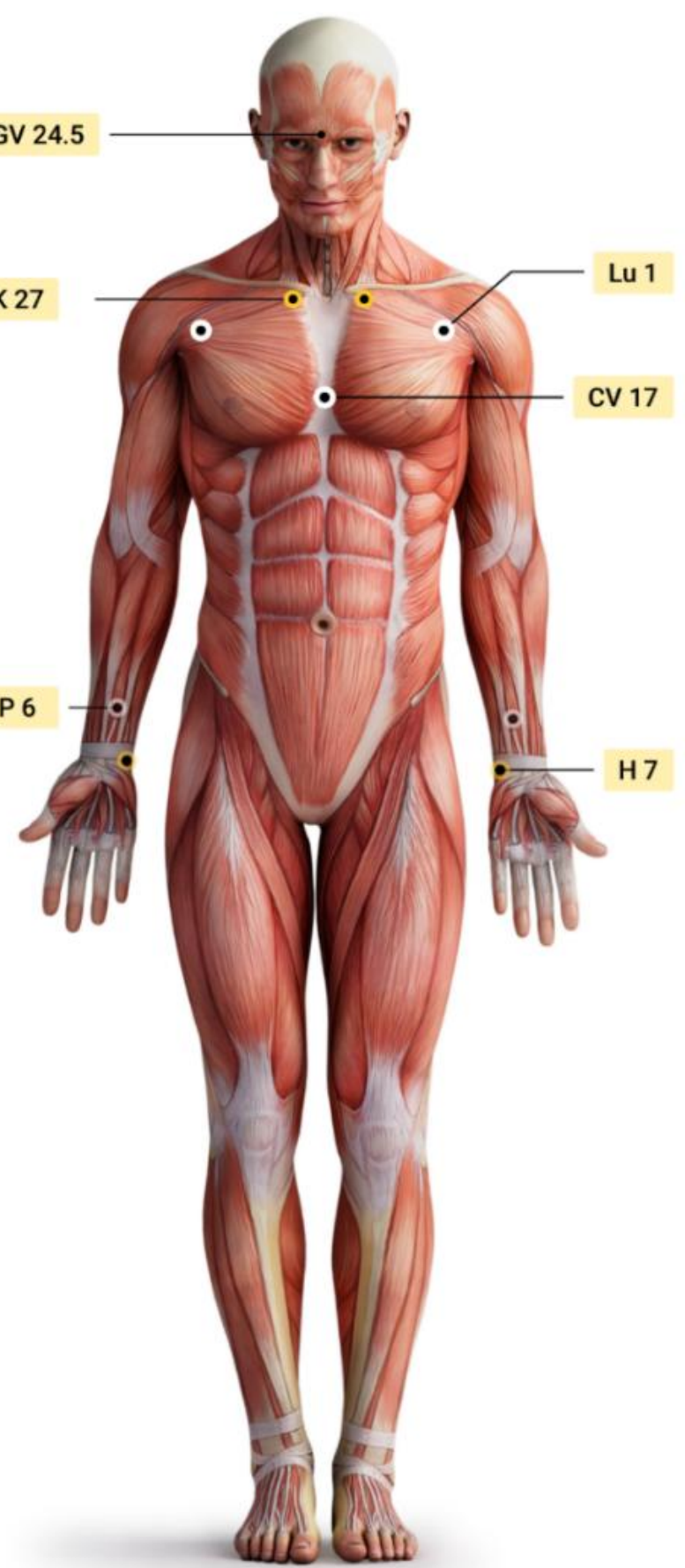
Results

By visit 7, the PFDI-20 score decreased to 84.28, exceeding the minimally important change (MIC) threshold. Subscale improvements were noted: POPDI-6 reduced from 33.33 to 0, CRADI-8 from 68.75 to 59.28, and PFDI-8 from 118.75 to 25. The patient

reported a 90% reduction in prolapse severity, along with restored ability to perform ADLs without post-bowel movement limitations. Additional improvements included reduced urinary urgency, improved pelvic floor muscle coordination, and increased walking and standing tolerance.

Acupressure Points

Meridian	Anatomical location	Traditional Chinese Medicine indications
Conception Vessel 17	On midline of sternum, level with the 4th intercostal space	Main point for emotional healing, stress and anxiety
Governing Vessel 24.5	Center of the forehead between the eyebrows (Yin Tang point)	Memory, concentration, calming point for anxiety
Kidney 27	Lower border of the proximal end of the clavicle	Chest opening point: asthma, helps fatigue
Lung 1	Below the coracoid process on the clavicular head of pec major	Asthma, respiratory conditions, calming
Pericardium 6	On the anterior distal forearm, 3 fingers above the wrist crease (Sea Bands point)	Nausea, travel sickness, emotional imbalance, insomnia, irregular menstrual periods
Heart 7	Located on the transverse wrist crease, in the small depression between the pisiform & ulna	Anxiety, Insomnia, wrist pain
Bladder 10	On the lateral border of the trapezius, at the level between C1 and C2	Stimulates the autonomic nervous system.



Conclusion

This case suggests a multimodal rehabilitation program integrating acupressure with traditional pelvic floor therapy may serve as an effective non-surgical intervention for rectal prolapse. Improvements in symptom control, functional mobility, and self-management highlight the potential of acupressure as a conservative approach to prolapse care. Further research is warranted to explore the mechanistic effects of acupressure on pelvic floor function and its role in clinical rehabilitation programs.

Figure 4. Integrative Physiotherapy

