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Systemic and Individual Contributors to the Underutilization of Pelvic Floor Physical Therapy: A Scoping Review Protocol

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ADMINISTRATIVE INFORMATION**Support** - No support.**Review Stage at time of this submission** - Piloting of the study selection process.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202690130**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 30 September 2026 and was last updated on 30 September 2026.**INTRODUCTION**

Review question / Objective Population: intra partum, postpartum, puerperium, prenatal/antepartum, perinatal individuals
 Concept: What external or internal barriers prevent attendance or completion of therapy regimen?
 Context: Pelvic floor physical therapy referral from a healthcare provider.

Background The pelvic floor includes muscles, ligaments, and fascia that are vital for muscle tone and stability in the pelvic girdle. Pregnancy and childbirth are considered major risk factors for pelvic floor dysfunction, which is reported in 46% of postnatal women. During pregnancy, hormonal changes relax the pelvic floor muscles to accommodate the fetus. Pelvic floor dysfunction can include pelvic organ prolapse, urinary incontinence, fecal incontinence, and pelvic-perineal region pain syndrome. These disorders are disabling and may lead to social isolation, reduce

participation in leisure activities, and affect the performance of certain tasks¹.

The first-line treatment of many pelvic floor disorders is pelvic floor physical therapy, which is also referred to as pelvic floor muscle training. This minimally invasive treatment is carried out by a trained physical therapist. Manual therapy, biofeedback stimulation, behavioral education, and home exercises may be involved. These treatments are designed to facilitate proper coordination of the pelvic floor through strengthening and relaxation.

Rationale Despite strong evidence for the efficacy of postpartum pelvic floor physical therapy (PFPT) in reducing pelvic floor dysfunction, these therapies are not frequently utilized in standard postpartum care in the United States. Many patients do not discuss incontinence concerns with a healthcare provider to any degree. Various physical, social, and systemic barriers have been identified as possible contributing factors to the underutilization of PFPT, but there are few large-

scale syntheses of barriers in the United States. A greater understanding of the elements that prevent patients from attending PFPT will allow providers to adjust their approach to postpartum care.

METHODS

Strategy of data synthesis A structured search of PubMed, Embase, Cochrane Library, Web of Science, and MEDLINE will be performed for articles published from 2021 through 2026. Collected data will be synthesized descriptively due to the variety of included measures.

Search terms for databases include:

Embase: ('pregnant person'/exp OR 'prenatal care'/exp OR 'puerperium'/exp) AND ('barrier*' OR 'financial' OR 'wait time' OR 'insurance' OR 'cost' OR 'reimbursement' OR 'geographic disparit*' OR 'access to care' OR 'rural population'/exp OR 'rural health car'/exp OR 'health care access'/exp OR 'health care disparity'/exp OR 'insurance'/exp OR 'patient transport'/exp OR 'health care planning'/exp) AND ('pelvic floor therapy' OR 'physiotherapy' OR 'physical therapy' OR 'pelvic floor disorder' OR 'pelvic floor disorder'/exp) AND (2021:py OR 2022:py OR 2023:py OR 2024:py OR 2025:py OR 2026:py) AND ('female':sx AND ('adult':ag OR 'aged':ag))

PubMed: (('Pregnant People'[Mesh] OR "Prenatal Care"[Mesh] OR "Postpartum Period"[Mesh]) AND ('Pelvic floor therapy' OR 'physiotherapy' OR 'physical therapy' OR 'pelvic floor disorder' OR "Pelvic Floor Disorders"[Mesh])) AND ("financial" OR "wait time" OR "insurance" OR "cost" OR "reimbursement" OR "geographic disparit*" OR "access to care" OR "Rural Population"[Mesh] OR "Rural Health Services"[Mesh] OR "Health Services Accessibility"[Mesh] OR "Healthcare Disparities"[Mesh] OR "Insurance Coverage"[Mesh] OR "Health Care Costs"[Mesh] OR "Transportation of Patients"[Mesh] OR "Medically Underserved Area"[Mesh])

Filters applied: Publication date: last 5 years; Language: English; Species: Humans; Sex: Female; Age: Adult (19+ years).

Cochrane Library: (pregnan* OR prenatal OR antepartum OR antenatal OR perinatal OR puerperium OR postpartum OR postnatal OR obstetric*) AND (barrier* OR financial OR 'wait time*' OR insurance* OR 'cost' OR cost OR 'reimbursement' OR reimbursement OR 'transportation' OR transportation OR 'rural' OR rural OR 'geographic disparit*' OR 'access' OR access OR 'access to care' OR 'access to care') AND ('pelvic floor therapy' OR 'physiotherapy' OR

'physiotherapy' OR 'physical therapy' OR 'physical therapy' OR 'pelvic floor disorder' OR 'pelvic floor disorder')

Filters applied: Last 5 years

Web of Science: (TS=("pregnant person*" OR pregnan* OR pregnanc* OR prenatal OR "prenatal care" OR antepartum OR antenatal OR perinatal OR puerperium OR postpartum OR postnatal OR obstetric*)) AND (TS=("pelvic floor therapy" OR physiotherapy OR "physical therapy" OR "pelvic health physical therapy" OR "pelvic health physiotherapy" OR "pelvic floor rehabilitation" OR "pelvic floor muscle training" OR PFMT OR "pelvic floor disorder*" OR "pelvic floor dysfunction")) AND (TS=(barrier* OR financial OR insurance* OR cost OR reimbursement OR "health care cost*" OR "healthcare cost*" OR "wait time" OR "wait times" OR transportation OR transport* OR rural OR "rural population*" OR "rural health*" OR access OR "access to care" OR "health care access" OR "healthcare access" OR "geographic disparit*" OR "health care disparit*" OR "healthcare disparit*" OR "health care planning" OR "healthcare planning"))

Filters applied: Publication years 2021-2026, English

MEDLINE: (pregnan* OR prenatal OR antepartum OR antenatal OR perinatal OR puerperium OR postpartum OR postnatal OR obstetric*) AND ('pelvic floor therapy' OR 'physiotherapy'/exp OR 'physiotherapy' OR 'physical therapy'/exp OR 'physical therapy' OR 'pelvic floor disorder'/exp OR 'pelvic floor disorder') AND (barrier* OR financial OR 'wait time*' OR insurance* OR 'cost'/exp OR cost OR 'reimbursement'/exp OR reimbursement OR 'transportation'/exp OR transportation OR 'rural'/exp OR rural OR 'geographic disparit*' OR 'access'/exp OR access OR 'access to care'/exp OR 'access to care')

Filters applied: Women, adults 19+, English, Peer-reviewed, Past 5 years.

Eligibility criteria Participants: intra partum, postpartum, puerperium, prenatal/antepartum, perinatal, all who have received a referral for a therapy from a physician

Concept: attitudes, physical barriers

Context: pelvic health/floor/urogenital dysfunction, women's health physical therapy.

Source of evidence screening and selection This review will be guided by the PRISMA extension for Scoping Reviews (PRISMA-ScR). Title and abstract screening and full-text review will

be carried out by two independent reviewers. Any disagreements will be corrected by a third reviewer.

Data management All retrieved citations will be imported into Covidence for data management. Duplicate records will be identified and removed. Two reviewers will independently screen titles, abstracts, and full texts according to predefined eligibility criteria. Any disagreements will be resolved through a third reviewer.

Reporting results / Analysis of the evidence

Data will be synthesized using descriptive and thematic analysis. Findings will be summarized in tables and narrative form to map the current evidence on pelvic floor therapy and identify knowledge gaps.

Presentation of the results Prisma Table; Table of Included Studies (describing publication date, outcomes, study type); Flow Diagram of External and Internal Barriers Found.

Language restriction English due to limitations of current research team.

Country(ies) involved United States of America.

Keywords Pelvic Floor; Risk Factors; Female; Pregnancy; Pelvic Floor Disorders; Patient Care; Physical Therapy Modalities; Physical Therapists; Postpartum Period;.

Dissemination plans We plan to share results through a published manuscript and possible poster presentations at medical conferences.

Contributions of each author

Author 1 - Caty Allen - The author will participate in study screening, full-text review, data extraction, data synthesis, and manuscript preparation.

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