

# Peace WITH ENDO PODCAST

## **PWE57: Pelvic Physical Therapy for Endometriosis with Jessica Delgado**

**Aubree:** Hi, love. This is episode 57 of the *Peace with Endo Podcast*. I'm your host, Aubree Deimler. I am an author, wellness coach and energy healer who helps women with endometriosis naturally manage pain, increase energy and find peace with endo.

Today's show features Jessica Delgado from Creative Therapeutics Physical Therapy. Jessica specializes in pelvic physical therapy and has extensive training and experience in the areas of pelvic pain and dysfunction.

In today's show Jessica shared what pelvic physical therapy is and how it can help with endometriosis; What to expect when you go in for a pelvic physical therapy visit; The connections between this root space of your body and emotions that can come up during and after treatment; and tips for managing pelvic physical therapy treatment when you've had past trauma or abuse in that area.

I hope our conversation is helpful and inspires you to look into pelvic physical therapy as another modality to naturally manage endometriosis, now on to the show.

Hey Jessica! Thanks so much for being on the show today.

**Jessica:** Hi Aubree, happy to be here.

**Aubree:** So will you share a bit of your story with us and how it lead you to what you're up to now?

**Jessica:** Sure. So, my background, so how I kind of first got into this kind of work, both of my parents are really into yoga and kind of conscious relaxation and my family has always kind of been into that kind of realm. Growing up I kind of always knew I wanted to go into some type of bodywork. I don't really... I didn't really at that time know what that meant, but I always just kind of kept my eyes and ears open and always tried to say yes to new experiences, and just kind of explore.

So, right after college I... I went to UCLA and right after college I had the opportunity to go to study abroad, so I went and I lived in Italy for a couple of years, and I was on... with these two little girls and they just kind of had really unbelievable experiences, which opened up a lot of doors for me, but one of them being they had a ski instructor who when we would go to Switzerland with them, which is just so crazy, they had this ski instructor who was also a pelvic therapist, so I wouldn't get on the slopes because I would probably kill myself, so her and I ended up doing kind of a lot of talking, and so she told me what she did, and invited me to her clinic, which the second that I stepped into that clinic it was just unbelievable and just seeing what pelvic physical therapy is and I immediately fell in love with the type of therapist that treats pelvic physical patients, and the type of patient population, and so it just really kind of jump started me into that world of PT.

When I got back to the States I immediately looked... immediately looked for pelvic physical therapy people that I could observe and then when I went to physical therapy school I went in knowing that this is exactly what I wanted to do coming out of it.

**Aubree:** Awesome. So, will you share a little bit about what pelvic physical therapy is, like what that entails?

**Jessica:** Yeah. So, with... well I'll kind of first explain what all physical therapists do, just so we're kind of all on the same page, and then I'll explain kind of what I do. So, all physical therapists, no matter who you go to, we're all looking at the same thing. It's called the neuromuscular skeletal system, so that is a very fancy way of saying muscles, ligaments, tendons, joints, nerves, fascia. All of it relates to the components of our body that relates to movement and function, so physical therapists have been termed the movement specialists, because we're trying to get you back to movement and functional activity, and return to sport and things like that.

So, most people think of a physical therapist as kind of an out patient orthopedic physical therapist, you know they're going to their knee, their back, their shoulder, their hip, their foot. They're going to help you sit, stand, walk, you know, drive, get back to sport, things like that. But I always tell my patients, you know, there's so many kinds of PT. There's vestibular, there's TMJ, there's pediatrics, there's neuro, there's respiratory, there's so many kinds of us, so I am one percent of all physical therapists.

I'm a pelvic physical therapist. I'm a subsection of all physical therapy, so we're looking the same... we typically look at the body kind of the same way as an out patient orthopedic therapist would, but we are trained to do internal and external, you know, pelvic examinations, so it's kind of challenging sometimes for my patients to understand what I'm doing because a lot of the time they come to me and the only experience that they've had with an internal pelvic exam is what they've done at the gynecologist's office.

So, I really explain to them that I don't use a speculum. I don't have stirrups. I use a water-based lubricant, a latex-free glove, and I'm not going in as high as where a gynecologist would go and really what a gynecologist is looking at is the cervix, the uterus, the ovaries, the fallopian tubes, etcetera. So, what I'm looking at is the musculature, you know, the fascia, the ligaments, the tendons, etcetera, that are inside the pelvis. They're really creating the basket that holds the internal pelvic organs, if that makes sense?

**Aubree:** Nice. So, how does this help then?

**Jessica:** Speaking specifically to the endo population, since that's what this podcast is about so endometriosis for whatever reason, there's many theories as I'm sure you know. The endometrial tissue can come outside of the uterus and it can attach itself to any of the internal abdominal organs, so typically when I see my patients, really common signs and symptoms that they kind of report are you know local or generalized pelvic pain, especially when they're ovulating or on their menses, pain with intercourse, pain post intercourse, GI issues, you know, pain with bowel movements, so what I like to tell my patients is if something inside of the body is being irritated, our body has this amazing and beautiful way to kind of defend against that, right?

So, it's all the musculature, all those things can kind of guard against it and as our body's natural defense mechanism to do that and a big example that I like to give is if I'm going to go punch someone in the stomach their abdominals are going to contract to guard against me, you know, pounding down on their internal organs. The muscles kind of create that primary defense.

So, with my endometriosis patients there's something inside the abdominal cavity or the pelvic cavity is being irritated, all of the musculature of the trunk, both in the front and in the back and all the pelvic girdle, internal and external, can contract, thinking that it's helping the body by guarding, so unfortunately the muscles are doing more harm than good, sometimes because all that contraction around the... around those, you know, organs and things can exacerbate my patient's symptoms because muscles don't like to be tight. Tight muscles can get pissed off and send pain all other places.

So, what I do is with PT is I go through and I can kind of manually release the musculature of the pelvis internally and externally. I do scar mobilization, because a lot of my endo patients are coming to me and they have had multiple surgeries, you know, and different, you know, surgical interventions and so manually we can kind of get in there and release all of those... that musculature system and structural support so that it reduces their pain.

**Aubree:** Really it's all about that pelvic floor muscle, right? Is that what you're working on?

**Jessica:** Yeah. So it's... it's the pelvic musculature, you know, it's the same muscles that you would kind of use to a kegel, right? Or contract down inside of your pelvis, but that's kind of what I like to explain to my patients is it's everything. So, pelvic physical therapy... everything in the pelvic girdle, but also everything externally, you know, your quads, your hamstrings, your abductors, your gluts, your abdominal muscles, everything can just ramp up and just cause this lumbopelvic pain that I see all the time.

So, yes getting in there and mobilizing it, and releasing it you know whether that be with my hands or with my gua sha tool or cupping or you know using some modalities or something, but getting up and training the body and teaching the body, hey I know you're trying to do a good job, and I know you're trying to protect this patient, but you're harming her in some way. You need to relax. You need to chill out, dude.

**Aubree:** Right. And I know from experience you know living a whole life having horrible periods that a lot... that muscle can easily get like tense and like tight and I think that comes into play with sex as well, I assume, especially when you have pain with sex and then everything's like so tight down there.

**Jessica:** Right.

**Aubree:** So what results then have you seen with pelvic physical therapy and endometriosis?

**Jessica:** So, if I can go back just a little bit in terms of other treatments for endo because I... I really would like to tell my patients because some women aren't super keen on doing an internal... you know... manipulation of these muscles because of kind of what you just said. A lot of women have these experiences of having this pain, and typically for me I see my patients, you know, and they've already had this pain for five, ten plus years, so you know, a lot of women can maybe potentially guard against me, or maybe not feel as keen to do it. It also kind of a lot of, you know, psychological stuff and emotional... you know... things that kind of surround the pelvis as well, so I think to tread lightly with manual treatment and... you know... is one thing, to do the manual treatment is another.

There's so many things that pelvic physical therapists can do for women and especially at my clinic I think we do a really good job of treating really holistically and being aware of a lot of these... the background for patients with endometriosis, you know, we give a lot of nutritional support and we kind of talk about that. We give them resources that... if they don't want to get it from us directly. We can go, you know, to our resources outside. We work a ton on conscious relaxation and breathing and yoga recommendations. If you don't know who yoga with Adriene is, I highly recommend looking her up. She's a YouTube yoga instructor who just does unbelievable work, but also like meditation apps, like Insight Timer, Brain Zone, Calm.

One of my favorite things to do with my patients is teach them self-release, internal pelvic floor muscles self-release with their own hand, teaching them what a Therawand is, so kind of an external tool to do internal pelvic release. I also really love when the partners come in, as the partners come on and do what I do. They can learn to release those muscles, whether it just be symptomatic relief whenever my patients need it, whether it's before, during or after intercourse or using a vaginal dilator.

We talk a lot about bladder education and bowel education, bowel routine, toileting posture, you know, postural and functional activity modification, biofeedback, so pelvic physical therapists try to treat really holistically and again that's kind of why I went into this field, because it is holistic and it's technically considered conservative treatment because we don't do any surgery. We don't and we can't prescribe medication. This is strictly looking at the whole person and seeing how we can best help them.

**Aubree:** Nice. And I know a lot of ladies with endo struggle with the bladder type issues, so what kind of results have you seen with that?

**Jessica:** Yeah. So... so knowing all that and kind of knowing about my treatment would entail and how I'm looking at the body the results... they're kind of... they kind of scan the globe, if I'm being honest with you. So, it's a little bit of a loaded question because number one, as I'm sure you know, endometriosis there's kind of a latent diagnosis a lot of the times. There's a little bit of a shortage in the ability to diagnosis it, some... you know the best way to diagnosis this is to go do the laparoscopy and you know that's also a treatment, which is awesome.

But then also on the other hand it's because pelvic physical therapists are so few and far between my patients have a super long wait list, so I don't get them until three, four months down the line period. Well if you're kind of... if you're looking at chronicity, you know, in terms of, you know, the body. They say that something becomes chronic after three months, so I'm also getting them when they're already in that chronic state, if that makes sense?

And also they... because of the latency in diagnoses my patients... I just have... my heart really goes out to them because a lot of them do have some of the bladder symptoms, like your saying, or the bowel symptoms especially, and some... a lot of the GI issues and all those things, so they see so many specialists by the time they get to me, have had, you know, rounds of different types of birth control, been on different medications, and have had multiple surgeries, all of these things, and you know, that just kind of compounds so by the time that they get to me it's not like I'm... I get this like brand new like oh I just got diagnosed yesterday.

Typically these patients have really had to go through a lot of other interventions and then they get to me, so in terms of the results that I get, you know, I really follow

the methodology of if you teach a man to fish they can feed themselves for life, so I really hit home all of these types of treatment and self-treatments that I can give my patients to do, so that they're independent from me and I think that the best patients utilize all those resources and really also kind of seek outside resources like a myofascial release therapist or a massage therapist or a counselor if they need it or you know, an acupuncturist, whatever it may be, so I think....

I think I'm very confident in my abilities to treat my patient, but it kind of depends on also what they present as and their comorbidities. Kind of along those same lines, a lot of my endometriosis patients, unfortunately also have other comorbidities like PCOS, which is polycystic ovaries or adenomyosis, so it just kind of depends on their medical complexity as well.

**Aubree:** Right and endometriosis is certainly complicated and I agree that there is a lot of different components that need to be considered and it sounds like this is just another tool in the toolbox, per say, to help... to help you find some relief in certain ways.

**Jessica:** Right. Exactly.

**Aubree:** So, if someone were to come see you for pelvic physical therapy like what would they expect, like what's a visit like with you?

**Jessica:** So most clinics you're given an hour, so let's say you come in for an initial evaluation most clinics you get an hour. At mine you get an hour to an hour and a half, because we really, really like to kind of go into a depth you know discussion of their symptoms. We really try to give my... our women a space to kind of speak freely and extensively about their symptoms and how it impacts, you know, their functional wise and so that, you know, we like to give them a good amount of time to do that.

So, it's typically after the subjective part, so just kind of talking things through, and you know, we ask about all... a ton of questions. I always tell my patients we're going to kind of be here for awhile, so feel free to move around, lay down if you want, let's get a heat pack on you, because we're going to discuss everything from intercourse to bowel function, to bladder function, to your surgical history, obstetrics history, I mean you name it. We're really going to through it. So, we kind of try to make them comfortable. So, that's one component of it.

Also they come... most clinics... every clinic I've worked at my women and I are in a private room, which they can always opt to have a second person in the room at any time during the evaluation or each additional treatment, and then once that subjective portion is over I will say alright I'm going to have you undress from the waist down and I'm going to, you know, get ready to do the internal exam on you, if they opt to do that, and if not, I say no worries we don't have to do the internal exam today, we can kind of postpone it. I can check externally, if you want, and you can

tell me in the future time if you want to do the internal exam, so I try to kind of leave that open to the patient, kind of depending on what they're... what they're feeling and what they want.

And I think one of the best things, at least, I can tell my patients is if at any point during the internal exam you want to stop, you want to pause, you change your mind. It is your body, not mine, and you're one hundred percent in control, just tell me, and I think that that can really help my patients because, like I said earlier, pelvic PT is rare, most women have no idea what I'm doing. They kind of compare it to a gynecological exam, and there's a ton of emotional connection, you know, in the pelvis, and their symptoms and all those things, so it can be quite emotional for a lot of patients, so we just try and really be sensitive to that before we do the internal exam, but that's typically how it would go.

And then once the internal exam is over, you know, I cover my patient back up and they sit up and we discuss their symptoms. We discuss what I'm finding, how it relates to their symptoms and I... you know... we talk about what treatment would look like for them.

**Aubree:** So, and you mentioned the emotional component, so what connections have you found between that space of the body, that pelvic, root space and emotions that can come up, you know, during or after treatment?

**Jessica:** So, so, so many, so, especially because my patients have had these symptoms for a long time. It impacts them in so many forms and so many ways that it is just astounding to me the strength and the... you know... fortitude that my endometriosis patients have because really you guys just keep on keeping on. It is really incredible and especially with the emotional part, you know, to have those symptoms for that long I can just always tell that self-emotion obviously applies, there's a big part to it, and that leads to a lot of self-doubt that we do a lot of insecurity, a lot self-judgment, and to be honest with you a lot of guilt, you know, especially if there's a partner involved.

Intercourse is not... you know... it can I guess be a one way street, but it also is typically a... typically a two man job and so a lot of times the partner's impacted and you know the partner wants to help and doesn't want to put my women in pain or... so you know having that partner, you know, component is a really big thing, and also just family. I mean do my patients have kids? Are they in so much pain that they... you know... doing little tasks throughout the day, is that going to flare their symptoms? Or can they do those tasks throughout the day? And you know other people are impacted by their symptoms in a very large way.

And so the emotional part of endometriosis is a huge, huge, huge component to their healing and I think the best thing that my patients can do, or the best thing that I can equip them to do is, you know, is to just really know yourself, know your limits. If you don't want to try internal work one day, that's awesome. You want to have

somebody else in the room, that's amazing. You want to go do yoga before come to me, you want to work with a counselor, a therapist, you know, anybody. Do it and get this emotional release out. Get it out, because a lot of the times I see that emotion manifest physically and the body will take a little bit more of a hit, because emotional states can be so high as it relates to the pelvis.

**Aubree:** Absolutely, and I know that space is like a storage depot, like the pelvic bowl. I feel like a lot...

**Jessica:** Totally.

**Aubree:** ... can get gathered in there. So, as you're going in and trying to relax some of that, like relax some of those muscles and kind of like get... release some of that tension that's been in there, do you find that that like moves some of those emotions out?

**Jessica:** Oh yes. 100 percent. And I, you know, I have women, you know, cry during treatment, you know, when I'm doing internal work. We can stop. We can pause. I always ask them, but why I... why I love working with this patient population, because I really pass no judgment. I just want to do what's right for my patient. I want them to feel as comfortable as possible and I want their experience to be unique and really individualized, and so I always tell my patients hey you want to cry, you cry. You want to cover yourself with a blanket while we do this internal work, you want to not look at me at all and put some headphones in and listen to some guided meditation or music. You want to put some heat packs on while we work this.

I mean emotions are going to come out, so what can I do to best help you manage and work through it, and control it, and we can really just be creative and make this treatment unique for you, so that you get the best physical relief as possible, knowing that we're going to have some emotional barriers to this and that's cool, just communicate that with me.

**Aubree:** Right.

**Jessica:** You know I think that's the best thing that I can do for my patients is give them the ability to do that.

**Aubree:** Absolutely and I think... one thing I've found on my journey of I think one, learning how to relax has been a big part of my issue (laughs) you know especially as I've experienced that hands on type work, especially in that lower pelvic and then lower part of the body, and I've had people tell me that like you need to relax, like you need to learn to release this. I think a lot of times you can just hold that tension in there, like you said earlier as a protection type thing, so it sounds like then you need to find somebody who you can trust, who you feel safe to sort of release some of that stuff that's going to come up.

**Jessica:** Oh absolutely, absolutely, and I think I always encourage my women, you know, number one you're going to have to trust me, whatever I'm telling you, go out and research, go... go look at, you know, what other women are saying who have similar symptoms, who have other, you know, all of that stuff and I really... because it is so personal, you know, and there is so much that's going to come up, and so I just like to really tell my patients just communicate, communicate, communicate.

And if you can't find somebody that you can trust who's going to be doing this very private work on you and teaching you to trust them and trust yourself and relax your body and be vulnerable and work in a... you know... very... you know... private place... trust your gut, and if something feels off, it typically is, right? So, I like to really encourage my women to research and educate themselves, and really know themselves and communicate on how we can best help you.

**Aubree:** Absolutely and it's Ok I think a part of healing, at least for me, has been learning to feel some of that stuff, and it's Ok to allow those emotions to come up, because then they... it's moving out as part of the process I think is feeling through it...

**Jessica:** Oh yeah.

**Aubree:** Which may not always be easy, but (laughs)

**Jessica:** (laughs) Yes that's also kind of a... a really challenging thing to do for my patients and that's... that's kind of the other thing is you know I typically see my patients, you know, for twelve weeks, so typically once a week. For me in particular I only see my patients on 30-minute intervals, so the eval is long, but treatments are about 30 minutes, so I, you know... the best thing that I can do for my patients is make them comfortable honestly and trust me as soon as possible and give them as many tools for them to learn how to do that conscious relaxation and... and control these symptoms to the best of their ability, and it may not be fast.

It may not be fast at all. It may take years to do, but at least I can set you on the right path, and I can give you these tools to... whether you can apply them now, whether your body's responding now, or whether your in the mental space to apply them at this time. I mean those... those components play a big factor in this is... are you ready to do this kind of work? Because if you're not, that's totally cool, but at least know that these are the resources that are available to you, so when you do decide to make that choice for yourself, you at least at making an educated decision and you can guide through it with a little bit more ease.

**Aubree:** Right. Do you have tips for someone who may be listening who wants to try pelvic physical therapy, but may have had some past trauma in the pelvic space in the past? Have you come across patients like that and do you have tips to kind of work through some of that?

**Jessica:** Yeah, so that's... that unfortunately kind of is something that I do see quite a bit, so on our intake forms at my clinic we have a space that's available to our women to write down if they've had any past emotional or physical abuse, so just knowing that ahead of time gives them the ability to jot it down rather than to potentially bringing it up verbally, which some women don't want to talk about it, so we can just see that on the intake form and then whether they... so we know it at that point, and whether they want to actually discuss it and bring it up during the eval or treatment is totally up to them.

But I do think there's such a large benefit in us at least knowing it because we approach all of our patients with the utmost sensitivity, but especially if they've had a past issue of trauma or any type of abuse, I do... we are especially sensitive to those patients and we really, really try to just be as connected with them as possible and give them that space to... you know... feel open and really just encourage them to just be like hey this space is open, this space... there's no threat, there's no danger here, you know, again how can I best help you.

And I will say a lot of those patients don't necessarily want internal work to be done on the first treatment or, you know, they kind of opt to do kind of a combination of Jessica can we do internal work today? Can we do external work today? I don't want any manual work today. Can we do some biofeedback instead? So, those... yeah I just think we just try to be really hypersensitive to those women and just equip them as much as they can with the ability to be like Ok Jessica I don't want to do this today, and hey that's cool. No issues. Let's just not do it.

**Aubree:** Right, so learning to communicate it sounds like, listening to your body.

**Jessica:** Yes. Listening to your body and... and also we really try to just read those patients as well, because a lot of times the... well I don't want to generalize but I'd say a good majority of them have a challenging time communicate what they're feeling and they don't necessarily know what they're feeling. They'll come back to the next treatment and tell me, you know, how they felt during the treatment before, prior to that.

So I tried to read my patients as much as possible if I at all can tell that they're uncomfortable, I'll adjust. I'll reposition them. I'll come out. We'll do whatever we have to do. Yeah and I also... we try to be very in tune with just reading the physical signs of patients who may have had a past history of abuse, just so we can be sensitive to it and not ever put them in a position where they feel uncomfortable at all, especially if they're not able to communicate that with us. So we try to be very in tune with it.

**Aubree:** Well awesome. Thank you Jessica so much for sharing some of your knowledge and your wisdom with us today. Do you have final words of inspiration for our listeners?

**Jessica:** I do. I don't want... I want women to obviously be pain free. I want them to live their best lives as possible and I want people to feel confident in coming to a physical therapist and approaching physical therapists who work with the pelvis because I've yet to meet a bad PT who works on pelvic. I love what I do. I love this realm of physical therapy and I think that it could be a very, very, very helpful tool for many women to manage this holistically, and especially because they are so many obviously surgical interventions and medical and prescription medications and things like that, that these women have to go through and take and things like that.

I think this is a huge, huge, huge supplement to all of... all of that and I... I think it's highly effective and I think if they can communicate and feel comfortable with it and get themselves to the clinic and find a pelvic PT I... I really do think it's some invaluable knowledge that can be very helpful to them, not just in the short term, but definitely in the long term as well.

**Aubree:** Absolutely. So, do you have a success story that you can share of somebody who's worked with you and some results that they've seen?

**Jessica:** Yeah. So, I love my patients all very equally, but I do have this one who just... I hold so dear to my heart. She has had... oh my gosh... multiple, I'd say 17 laparoscopies. She had adeno. She also had PCOS. She had a history of pretty severe fibroids and cysts on her ovaries and uterus. She has lumbar spine issues and disc herniation. I mean just anything and everything and I got her at the age of 14.

She had been told that she needed a hysterectomy, which is a whole other topic, but she denied the hysterectomy, which I was very happy for her, because I have seen that before where at a very young age women get these hysterectomies thinking it's going to cure endometriosis, so anyway this particular patient she comes to me. She's 32 years old and she's had, you know, 20 plus interventions happen to her pelvis at this point, and so she just had a ton of scar tissue build up, just a ton of stuff that manually we had to work through and she was just hyper-compliant with everything that I taught her.

Her partner came in. He learned to do treatment on her. We have a yoga therapist, who was also a physical therapist come to our clinic. She has endometriosis also, and so she was able to do some guided meditations and teach my patient and I think that this patient she came down on half of her pain medications, which is incredible. We got her to a point where her surgeon has gotten the last of her endometriosis, and so she was coming to me and we have kept her, you know, pain levels at a two out of ten or less for the last year and a half, and so she is able to play with her daughter.

She just recently got pregnant again, which was an issue for her. She was having infertility issues. So that's a huge success story for us because she feels like she's

living her best life for herself, for her husband, for family and she is happy, and for a long time she wasn't, so she... big success. Big.

**Aubree:** That's great.

**Jessica:** Yeah.

**Aubree:** And I think a lot of what you hear out there is, you know, you just have to get the surgery, you have to do the wide excision and get... get everything cut off and you're going to be fine, but there is a lot of stuff that can come not only from surgery, but like we said just having endometriosis, having that tension, having that holding, I guess in that pelvic space, so it sounds like this is just a modality that can definitely help and I think is needed as part of the holistic treatment component.

**Jessica:** Absolutely and I think a lot of my patients just because they have had such a history of working through the medical system, they're put off by it and they're tired of it, so by the time they get to me, you know, they... they just kind of throw their hands up like Ok well what else... what are you going to do for me that somebody else hasn't already done, and to be honest with you I like being that person.

I like being that person to be like hey girl I'm not going to cut you open. I'm not prescribing you any more medication, like let's see how I can teach you to manage these symptoms without having to do any of that stuff and give you the tools to feel like you have a little bit more control, and I think that that's really invaluable.

**Aubree:** Absolutely. Well thanks again Jessica for coming on and sharing a bit with us today. How can our listeners connect with you further?

**Jessica:** So I am currently at Creative Therapeutics Physical Therapy. That's in Fresno, California, in the central valley. I will be moving to Palo Alto in the very near future, so they can always kind of call my clinic if they're interested in getting set up with a pelvic PT.

I would love to give you guys a resource, so it's called Herman & Wallace on the Herman & Wallace website they're incredible. There's a blog. They have a Facebook page, but one of the things they also have on there is a PT locator, so you can type in your zip code and you can find the closest pelvic therapy therapist to you, and a lot of the times...

So I do have an Instagram. It's called @thepeacefulpelvis, but I know a lot of the times women will kind of message me and ask me, you know, questions over message, and to be honest with you I'm not the biggest fan of that, because you have to meet the person and I have to examine them. I'm still... you know... a physical therapist. I have to see what their body is doing, so I always recommend to my women, ask your doctors for a referral to a pelvic PT, find a pelvic PT, and get yourself there if you're willing to, so you can chat with somebody like me.

**Aubree:** I'll be sure to include a link to the resource as well as a link to your website if people do want to connect with you further.

**Jessica:** Perfect. Yeah, that would be amazing.

**Aubree:** And thanks again for coming on and sharing with us today. I appreciate it.

**Jessica:** Of course. Thanks so much for having me.

**Aubree:** If you enjoyed this episode I invite you to subscribe to continue on the journey. Please leave us a positive review, and share with your friends, so more endo sisters can find the show and get on track to finding peace with endo.

If you want to connect with me further and see how we can work together, head on over to [peacewithendo.com](http://peacewithendo.com) or you can find me on Facebook, Twitter and Instagram @peacewithendo.

I do share more of the emotional and spiritual connections with endometriosis in my newest book, *Energetics of Endo*, including a deep dive into the emotional storage box of the pelvic bowl and deeper root connections that bring up oh so much stuff. I continue to receive messages from some of you about how the book has shifted your perspective and inspired you to explore different modalities, such as pelvic physical therapy, that we talked about today.

You can get an autographed copy of *Energetics of Endo* over at [peacewithendo.com](http://peacewithendo.com) or on Amazon.

Thanks so much for tuning in. I hope you find some peace in your day today. Sending you so much love. Bye for now.

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